

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
10021		A	A	XXX	N	N	D	N	N	N	-	-	50.88	84.54
10022		A	A	XXX	N	N	D	N	N	N	-	-	47.97	96.20
10030		A	A	000	Y	N	D	N	N	N	-	-	101.23	375.24
10035		A	A	000	Y	Y	D	N	N	N	-	-	63.34	340.79
10036		A	A	ZZZ	N	N	D	N	N	N	-	-	31.27	296.27
10040		A	A	010	Y	N	N	N	N	N	-	-	50.88	75.26
10060		A	A	010	Y	N	N	N	N	N	-	-	68.37	81.89
10061		A	A	010	Y	N	N	N	N	N	-	-	127.47	143.90
10080		A	A	010	Y	N	N	N	N	N	-	-	72.35	121.90
10081		A	A	010	Y	N	N	N	N	N	-	-	121.90	185.77
10120		A	A	010	Y	N	N	N	N	N	-	-	72.61	104.68
10121		A	A	010	Y	N	N	N	N	N	-	-	133.30	190.54
10140		A	A	010	Y	N	N	N	N	N	-	-	84.27	113.42
10160		A	A	010	Y	N	N	N	N	N	-	-	67.58	89.84
10180		A	A	010	Y	N	N	N	N	N	-	-	129.06	172.78
11000		A	A	000	Y	N	N	N	N	N	-	-	20.94	37.63
11001		A	A	ZZZ	N	N	N	N	N	N	-	-	10.60	15.11
11004		A	A	000	Y	N	N	N	N	N	-	-	433.01	433.01
11005		A	A	000	N	N	D	N	N	N	-	-	592.28	592.28
11006		A	A	000	Y	N	N	N	N	N	-	-	532.12	532.12
11008		A	A	ZZZ	N	N	D	N	N	N	-	-	208.29	208.29
11010		A	A	010	Y	B	N	N	N	N	-	-	207.76	349.27
11011		A	A	000	Y	B	N	N	N	N	-	-	222.34	376.83
11012		A	A	000	Y	B	N	N	N	N	-	-	314.56	495.55
11042		A	A	000	Y	N	N	N	N	N	-	-	45.05	80.56
11043		A	A	000	Y	N	N	N	N	N	-	-	113.69	160.59
11044		A	A	000	Y	N	N	N	N	N	-	-	169.87	222.34
11045		A	A	ZZZ	N	N	D	N	N	N	-	-	19.35	28.89
11046		A	A	ZZZ	N	N	D	N	N	N	-	-	41.61	52.21
11047		A	A	ZZZ	N	N	D	N	N	N	-	-	74.20	89.57
11055		A	R	000	Y	N	N	N	N	N	-	-	11.93	32.60
11056		A	R	000	Y	N	N	N	N	N	-	-	16.43	39.75
11057		A	R	000	Y	N	N	N	N	N	-	-	22.00	45.32
11100		A	A	000	Y	N	N	N	N	N	-	-	35.51	71.55
11101		A	A	ZZZ	N	N	N	N	N	N	-	-	18.29	23.06
11200		A	A	010	Y	N	N	N	N	N	-	-	51.41	61.48
11201		A	A	ZZZ	N	N	N	N	N	N	-	-	12.46	13.78
11300		A	A	000	Y	N	D	N	N	N	-	-	25.71	65.99
11301		A	A	000	Y	N	D	N	N	N	-	-	39.22	81.89
11302		A	A	000	Y	N	D	N	N	N	-	-	45.85	96.20
11303		A	A	000	Y	N	D	N	N	N	-	-	54.33	106.80
11305		A	A	000	Y	N	D	N	N	N	-	-	28.36	67.05
11306		A	A	000	Y	N	D	N	N	N	-	-	38.16	83.21
11307		A	A	000	Y	N	D	N	N	N	-	-	49.03	98.85
11308		A	A	000	Y	N	D	N	N	N	-	-	54.06	103.62
11310		A	A	000	Y	N	D	N	N	N	-	-	34.45	77.38
11311		A	A	000	Y	N	D	N	N	N	-	-	47.70	76.85
11312		A	A	000	Y	N	D	N	N	N	-	-	57.24	110.24
11313		A	A	000	Y	N	D	N	N	N	-	-	73.41	128.26
11400		A	A	010	Y	N	N	N	N	N	-	-	56.98	85.60
11401		A	A	010	Y	N	N	N	N	N	-	-	73.67	103.09
11402		A	A	010	Y	N	N	N	N	N	-	-	81.62	115.01
11403		A	A	010	Y	N	N	N	N	N	-	-	105.21	133.83
11404		A	A	010	Y	N	N	N	N	N	-	-	116.34	152.11
11406		A	A	010	Y	N	N	N	N	N	-	-	179.94	222.60
11420		A	A	010	Y	N	N	N	N	N	-	-	57.24	83.74
11421		A	A	010	Y	N	N	N	N	N	-	-	78.18	108.39
11422		A	A	010	Y	N	N	N	N	N	-	-	96.99	122.43
11423		A	A	010	Y	N	N	N	N	N	-	-	111.57	139.92

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
11424		A	A	010	Y	N	N	N	N	N	-	-	129.32	163.51
11426		A	A	010	Y	N	N	N	N	N	-	-	200.61	237.44
11440		A	A	010	Y	N	N	N	N	N	-	-	71.82	92.49
11441		A	A	010	Y	N	N	N	N	N	-	-	92.75	116.07
11442		A	A	010	Y	N	N	N	N	N	-	-	102.82	130.12
11443		A	A	010	Y	N	N	N	N	N	-	-	126.94	155.82
11444		A	A	010	Y	N	N	N	N	N	-	-	162.98	197.16
11446		A	A	010	Y	N	N	N	N	N	-	-	235.06	275.87
11450		A	A	090	Y	Y	N	N	N	N	-	-	183.38	266.86
11451		A	A	090	Y	Y	D	N	N	N	-	-	235.59	339.20
11462		A	A	090	Y	Y	D	N	N	N	-	-	174.37	259.70
11463		A	A	090	Y	Y	D	N	N	N	-	-	236.38	342.12
11470		A	A	090	Y	N	N	N	N	N	-	-	202.99	287.79
11471		A	A	090	Y	N	D	N	N	N	-	-	253.34	356.69
11600		A	A	010	Y	N	N	N	N	N	-	-	85.60	132.77
11601		A	A	010	Y	N	N	N	N	N	-	-	106.80	157.94
11602		A	A	010	Y	N	N	N	N	N	-	-	117.40	171.19
11603		A	A	010	Y	N	N	N	N	N	-	-	141.51	197.43
11604		A	A	010	Y	N	N	N	N	N	-	-	156.09	219.16
11606		A	A	010	Y	N	N	N	N	N	-	-	234.53	316.94
11620		A	A	010	Y	N	N	N	N	N	-	-	86.39	133.83
11621		A	A	010	Y	N	N	N	N	N	-	-	107.59	158.47
11622		A	A	010	Y	N	N	N	N	N	-	-	123.23	177.55
11623		A	A	010	Y	N	N	N	N	N	-	-	153.70	209.88
11624		A	A	010	Y	N	N	N	N	N	-	-	174.64	237.18
11626		A	A	010	Y	N	N	N	N	N	-	-	214.92	286.73
11640		A	A	010	Y	N	N	N	N	N	-	-	89.31	137.80
11641		A	A	010	Y	N	N	N	N	N	-	-	111.83	164.04
11642		A	A	010	Y	N	N	N	N	N	-	-	132.50	188.15
11643		A	A	010	Y	N	N	N	N	N	-	-	166.69	223.13
11644		A	A	010	Y	N	N	N	N	N	-	-	207.50	276.40
11646		A	A	010	Y	N	N	N	N	N	-	-	288.59	363.05
11719		A	R	000	Y	N	N	N	N	N	-	-	5.30	9.81
11720		A	A	000	N	N	N	N	N	N	-	-	10.87	22.53
11721		A	A	000	N	N	N	N	N	N	-	-	18.02	31.27
11730		A	A	000	Y	N	N	N	N	N	-	-	39.75	72.08
11732		A	A	ZZZ	N	N	N	N	N	N	-	-	13.25	22.00
11740		A	A	000	Y	N	N	N	N	N	-	-	22.79	33.92
11750		A	A	010	Y	N	N	N	N	N	-	-	72.35	105.47
11755		A	A	000	Y	N	D	N	N	N	-	-	55.39	90.37
11760		A	A	010	Y	N	N	N	N	N	-	-	80.56	128.00
11762		A	A	010	Y	N	N	N	N	N	-	-	130.91	192.66
11765		A	A	010	Y	N	N	N	N	N	-	-	65.46	113.16
11770		A	A	010	Y	N	N	N	N	N	-	-	134.89	193.45
11771		A	A	090	Y	N	N	N	N	N	-	-	318.27	408.10
11772		A	A	090	Y	N	N	N	N	N	-	-	416.05	491.05
11900		A	A	000	Y	N	N	N	N	N	-	-	22.79	38.69
11901		A	A	000	Y	N	N	N	N	N	-	-	35.25	49.03
11920		Not Covered	R	000	Y	N	D	N	N	N	-	-	82.42	119.52
11921		Not Covered	R	000	Y	N	D	N	N	N	-	-	96.20	136.74
11922		Not Covered	R	ZZZ	N	N	D	N	N	N	-	-	21.73	41.87
11950		Not Covered	R	000	Y	N	D	N	N	N	-	-	34.45	49.03
11951		Not Covered	R	000	Y	N	D	N	N	N	-	-	52.21	70.76
11952		Not Covered	R	000	Y	N	D	N	N	N	-	-	70.76	92.22
11954		Not Covered	R	000	Y	N	D	N	N	N	-	-	82.68	109.98
11960		A	A	090	Y	N	N	N	N	N	-	-	677.61	677.61
11970		A	A	090	Y	Y	N	N	N	N	-	-	436.46	436.46
11971		A	A	090	Y	Y	D	N	N	N	-	-	223.66	321.18
11976		A	R	000	Y	N	D	N	N	N	-	-	68.64	100.70

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
11980		A	A	000	Y	N	N	N	N	N	-	-	41.34	66.25
11981		A	A	XXX	Y	N	D	N	N	N	-	-	62.01	99.38
11982		A	A	XXX	Y	N	D	N	N	N	-	-	73.94	111.57
11983		A	A	XXX	Y	N	D	N	N	N	-	-	131.18	163.51
12001		A	A	000	Y	N	N	N	N	N	-	-	32.33	62.54
12002		A	A	000	Y	N	N	N	N	N	-	-	42.93	76.32
12004		A	A	000	Y	N	N	N	N	N	-	-	53.80	90.10
12005		A	A	000	Y	N	N	N	N	N	-	-	70.49	113.95
12006		A	A	000	Y	N	N	N	N	N	-	-	86.66	135.68
12007		A	A	000	Y	N	N	D	N	N	-	-	109.18	157.94
12011		A	A	000	Y	N	N	N	N	N	-	-	40.55	76.32
12013		A	A	000	Y	N	N	N	N	N	-	-	43.20	80.83
12014		A	A	000	Y	N	N	N	N	N	-	-	55.92	94.87
12015		A	A	000	Y	N	N	N	N	N	-	-	69.96	114.48
12016		A	A	000	Y	N	N	N	N	N	-	-	95.14	145.22
12017		A	A	000	Y	N	D	N	N	N	-	-	114.75	114.75
12018		A	A	000	Y	N	Y	N	N	N	-	-	130.12	130.12
12020		A	A	010	Y	N	N	N	N	N	-	-	135.42	194.25
12021		A	A	010	Y	N	N	N	N	N	-	-	99.38	115.28
12031		A	A	010	Y	N	N	N	N	N	-	-	109.45	163.24
12032		A	A	010	Y	N	N	N	N	N	-	-	138.86	206.97
12034		A	A	010	Y	N	N	N	N	N	-	-	150.26	216.77
12035		A	A	010	Y	N	N	N	N	N	-	-	174.11	263.15
12036		A	A	010	Y	N	N	N	N	N	-	-	204.85	295.21
12037		A	A	010	Y	N	D	D	N	N	-	-	240.36	337.08
12041		A	A	010	Y	N	N	N	N	N	-	-	107.86	163.51
12042		A	A	010	Y	N	N	N	N	N	-	-	143.90	200.08
12044		A	A	010	Y	N	N	N	N	N	-	-	155.82	248.04
12045		A	A	010	Y	N	N	N	N	N	-	-	193.45	276.40
12046		A	A	010	Y	N	D	N	N	N	-	-	227.90	335.23
12047		A	A	010	Y	N	Y	D	N	N	-	-	255.73	370.74
12051		A	A	010	Y	N	N	N	N	N	-	-	122.96	177.82
12052		A	A	010	Y	N	N	N	N	N	-	-	146.81	203.79
12053		A	A	010	Y	N	N	N	N	N	-	-	157.41	238.24
12054		A	A	010	Y	N	N	N	N	N	-	-	161.65	249.37
12055		A	A	010	Y	N	N	N	N	N	-	-	220.22	322.77
12056		A	A	010	Y	N	D	N	N	N	-	-	276.93	385.84
12057		A	A	010	Y	N	Y	D	N	N	-	-	311.38	411.55
13100		A	A	010	Y	N	N	N	N	N	-	-	149.20	230.82
13101		A	A	010	Y	N	N	N	N	N	-	-	181.79	271.89
13102		A	A	ZZZ	N	N	N	N	N	N	-	-	54.86	84.80
13120		A	A	010	Y	N	N	N	N	N	-	-	170.13	241.68
13121		A	A	010	Y	N	N	N	N	N	-	-	193.19	294.42
13122		A	A	ZZZ	N	N	N	N	N	N	-	-	63.34	93.02
13131		A	A	010	Y	N	N	N	N	N	-	-	181.26	266.59
13132		A	A	010	Y	N	N	N	N	N	-	-	228.43	330.19
13133		A	A	ZZZ	N	N	N	N	N	N	-	-	96.46	125.61
13151		A	A	010	Y	N	N	N	N	N	-	-	208.03	292.83
13152		A	A	010	Y	N	N	N	N	N	-	-	252.81	352.45
13153		A	A	ZZZ	N	N	N	N	N	N	-	-	103.88	136.48
13160		A	A	090	Y	N	N	N	N	N	-	-	581.41	581.41
14000		A	A	090	Y	N	N	N	N	N	-	-	358.81	433.81
14001		A	A	090	Y	N	N	N	N	N	-	-	472.23	563.39
14020		A	A	090	Y	N	N	N	N	N	-	-	404.39	484.42
14021		A	A	090	Y	N	N	N	N	N	-	-	514.90	609.24
14040		A	A	090	Y	N	N	N	N	N	-	-	452.62	532.65
14041		A	A	090	Y	N	N	N	N	N	-	-	558.62	660.65
14060		A	A	090	Y	N	N	N	N	N	-	-	482.30	545.37
14061		A	A	090	Y	N	N	N	N	N	-	-	597.05	709.94

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
14301		A	A	090	Y	N	Y	N	N	N	-	-	636.53	757.90
14302		A	A	ZZZ	N	N	Y	N	N	N	-	-	162.98	162.98
14350		A	A	090	Y	N	D	N	N	N	-	-	491.58	491.58
15002		A	A	000	N	N	D	N	N	N	-	-	166.42	243.54
15003		A	A	ZZZ	N	N	D	N	N	N	-	-	34.45	53.27
15004		A	A	000	N	N	D	N	N	N	-	-	195.84	278.78
15005		A	A	ZZZ	N	N	D	N	N	N	-	-	67.84	89.04
15040		A	A	000	N	N	N	N	N	N	-	-	93.02	173.05
15050		A	A	090	Y	N	N	N	N	N	-	-	315.88	389.29
15100		A	A	090	Y	N	N	N	N	N	-	-	516.49	605.53
15101		A	A	ZZZ	N	N	N	N	N	N	-	-	81.36	128.79
15110		A	A	090	Y	N	N	N	N	N	-	-	502.71	567.90
15111		A	A	ZZZ	N	N	N	N	N	N	-	-	79.77	87.45
15115		A	A	090	Y	N	N	N	N	N	-	-	495.29	559.42
15116		A	A	ZZZ	N	N	N	D	N	N	-	-	112.63	122.70
15120		A	A	090	Y	N	N	N	N	N	-	-	503.24	598.64
15121		A	A	ZZZ	N	N	N	D	N	N	-	-	96.99	144.43
15130		A	A	090	Y	N	N	N	N	N	-	-	399.89	465.61
15131		A	A	ZZZ	N	N	N	D	N	N	-	-	67.31	72.61
15135		A	A	090	Y	N	N	N	N	N	-	-	533.45	599.17
15136		A	A	ZZZ	N	N	N	D	N	N	-	-	67.31	72.08
15150		A	A	090	Y	N	N	N	N	N	-	-	467.99	505.89
15151		A	A	ZZZ	N	N	N	N	N	N	-	-	84.27	90.37
15152		A	A	ZZZ	N	N	N	N	N	N	-	-	110.77	116.87
15155		A	A	090	Y	N	N	N	N	N	-	-	528.94	568.69
15156		A	A	ZZZ	N	N	N	D	N	N	-	-	115.28	121.37
15157		A	A	ZZZ	N	N	N	D	N	N	-	-	126.14	135.15
15200		A	A	090	Y	N	N	N	N	N	-	-	484.42	584.06
15201		A	A	ZZZ	N	N	N	N	N	N	-	-	58.57	102.29
15220		A	A	090	Y	N	N	N	N	N	-	-	440.17	537.69
15221		A	A	ZZZ	N	N	N	N	N	N	-	-	52.74	94.08
15240		A	A	090	Y	N	N	N	N	N	-	-	572.67	653.49
15241		A	A	ZZZ	N	N	N	N	N	N	-	-	81.36	128.00
15260		A	A	090	Y	N	N	N	N	N	-	-	614.80	709.14
15261		A	A	ZZZ	N	N	N	N	N	N	-	-	101.50	148.93
15271		A	A	000	Y	N	N	N	N	N	-	-	62.01	98.32
15272		A	A	ZZZ	N	N	N	N	N	N	-	-	12.99	19.08
15273		A	A	000	Y	N	N	N	N	N	-	-	151.05	212.80
15274		A	A	ZZZ	N	N	N	N	N	N	-	-	34.45	50.35
15275		A	A	000	Y	N	N	N	N	N	-	-	69.70	104.15
15276		A	A	ZZZ	N	N	N	N	N	N	-	-	18.82	24.65
15277		A	A	000	Y	N	N	D	N	N	-	-	170.13	233.20
15278		A	A	ZZZ	N	N	N	D	N	N	-	-	43.20	60.42
15570		A	A	090	Y	N	N	N	N	N	-	-	531.06	642.89
15572		A	A	090	Y	N	N	N	N	N	-	-	537.16	626.20
15574		A	A	090	Y	N	N	N	N	N	-	-	548.82	639.98
15576		A	A	090	Y	N	N	N	N	N	-	-	479.92	563.92
15600		A	A	090	Y	N	D	N	N	N	-	-	144.43	219.16
15610		A	A	090	Y	N	D	N	N	N	-	-	169.07	242.21
15620		A	A	090	Y	N	N	N	N	N	-	-	228.17	299.45
15630		A	A	090	Y	N	N	N	N	N	-	-	244.33	315.35
15650		A	A	090	Y	N	D	N	N	N	-	-	271.63	348.48
15730		A	A	090	Y	N	N	D	N	N	-	-	660.12	1,064.77
15731		A	A	090	Y	N	D	N	N	N	-	-	720.54	792.88
15733		A	A	090	Y	N	N	D	N	N	-	-	755.25	755.25
15734		A	A	090	Y	N	Y	D	N	N	-	-	1,108.76	1,108.76
15736		A	A	090	Y	N	N	D	N	N	-	-	889.87	889.87
15738		A	A	090	Y	N	Y	D	N	N	-	-	959.83	959.83
15740		A	A	090	Y	N	N	N	N	N	-	-	609.77	712.85

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
15750		A	A	090	Y	N	Y	N	N	N	-	-	659.85	659.85
15756		A	A	090	Y	N	Y	Y	N	N	-	-	1,679.57	1,679.57
15757		A	A	090	Y	N	Y	Y	N	N	-	-	1,653.07	1,653.07
15758		A	A	090	Y	N	Y	Y	N	N	-	-	1,667.65	1,667.65
15760		A	A	090	Y	N	N	N	N	N	-	-	506.42	595.99
15770		A	A	090	Y	N	Y	D	N	N	-	-	475.41	475.41
15775	Not Covered		R	000	Y	N	D	N	N	N	-	-	164.04	214.12
15776	Not Covered		R	000	Y	N	D	N	N	N	-	-	257.58	338.67
15777		A	A	ZZZ	N	Y	N	N	N	N	-	-	160.06	160.06
15780	Not Covered		A	090	Y	N	D	N	N	N	-	-	505.62	647.93
15781	Not Covered		A	090	Y	N	N	N	N	N	-	-	306.61	384.25
15782	Not Covered		A	090	Y	N	D	N	N	N	-	-	302.63	412.34
15783	Not Covered		A	090	Y	N	D	N	N	N	-	-	265.27	335.23
15786	Not Covered		A	010	Y	N	N	N	N	N	-	-	99.11	170.66
15787	Not Covered		A	ZZZ	N	N	N	N	N	N	-	-	12.99	33.66
15788	Not Covered		R	090	Y	N	N	N	N	N	-	-	170.13	309.26
15789	Not Covered		R	090	Y	N	N	N	N	N	-	-	297.33	386.90
15792	Not Covered		R	090	Y	N	D	N	N	N	-	-	176.49	292.56
15793	Not Covered		A	090	Y	N	D	N	N	N	-	-	257.85	338.14
15819		A	A	090	Y	N	D	N	N	N	-	-	567.90	567.90
15820	Not Covered		A	090	Y	Y	D	N	N	N	-	-	348.74	385.31
15821	Not Covered		A	090	Y	Y	D	N	N	N	-	-	380.54	421.88
15822	Not Covered		A	090	Y	Y	N	N	N	N	-	-	272.42	308.46
15823		A	A	090	Y	Y	N	N	N	N	-	-	379.22	420.82
15824	Not Covered		R	000	Y	Y	D	N	N	N	-	-	-	-
15825	Not Covered		R	000	Y	Y	D	N	N	N	-	-	-	-
15826	Not Covered		R	000	Y	Y	D	N	N	N	-	-	-	-
15828	Not Covered		R	000	Y	Y	D	N	N	N	-	-	-	-
15829	Not Covered		R	000	Y	Y	D	N	N	N	-	-	-	-
15830		A	R	090	Y	N	Y	D	N	N	-	-	853.30	853.30
15832	Not Covered		A	090	Y	Y	Y	D	N	N	-	-	658.00	658.00
15833	Not Covered		A	090	Y	Y	D	N	N	N	-	-	625.93	625.93
15834	Not Covered		A	090	Y	Y	D	N	N	N	-	-	637.86	637.86
15835	Not Covered		A	090	Y	N	D	N	N	N	-	-	674.43	674.43
15836	Not Covered		A	090	Y	Y	D	N	N	N	-	-	566.04	566.04
15837	Not Covered		A	090	Y	N	D	N	N	N	-	-	516.49	607.65
15838	Not Covered		A	090	Y	N	D	N	N	N	-	-	455.54	455.54
15839	Not Covered		A	090	Y	N	D	N	N	N	-	-	531.06	622.49
15840		A	A	090	Y	N	N	N	N	N	-	-	720.54	720.54
15841		A	A	090	Y	N	Y	D	N	N	-	-	1,289.76	1,289.76
15842		A	A	090	Y	N	Y	D	N	N	-	-	1,972.40	1,972.40
15845		A	A	090	Y	N	Y	N	N	N	-	-	710.47	710.47
15847	Not Covered		C	YYY	N	N	Y	D	N	N	-	-	-	-
15850		B	B	XXX	N	N	N	N	N	N	-	-	30.48	60.95
15851		A	A	000	Y	N	N	N	N	N	-	-	33.66	67.84
15852		A	A	000	Y	N	N	N	N	N	-	-	34.45	34.45
15860		A	A	000	Y	N	D	N	N	N	-	-	80.30	80.30
15876	Not Covered		R	000	Y	N	D	N	N	N	-	-	-	-
15877	Not Covered		R	000	Y	N	D	N	N	N	-	-	-	-
15878	Not Covered		R	000	Y	Y	D	N	N	N	-	-	-	-
15879	Not Covered		R	000	Y	Y	D	N	N	N	-	-	-	-
15920		A	A	090	Y	N	D	N	N	N	-	-	439.64	439.64
15922		A	A	090	Y	N	Y	D	N	N	-	-	559.68	559.68
15931		A	A	090	Y	N	N	N	N	N	-	-	504.56	504.56
15933		A	A	090	Y	N	D	N	N	N	-	-	613.74	613.74
15934		A	A	090	Y	N	N	N	N	N	-	-	682.11	682.11
15935		A	A	090	Y	N	Y	D	N	N	-	-	792.88	792.88
15936		A	A	090	Y	N	N	D	N	N	-	-	648.46	648.46
15937		A	A	090	Y	N	N	D	N	N	-	-	751.01	751.01

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
15940		A	A	090	Y	N	N	N	N	N	-	-	508.54	508.54
15941		A	A	090	Y	N	D	N	N	N	-	-	650.31	650.31
15944		A	A	090	Y	N	D	N	N	N	-	-	641.57	641.57
15945		A	A	090	Y	N	D	N	N	N	-	-	710.20	710.20
15946		A	A	090	Y	N	N	D	N	N	-	-	1,186.41	1,186.41
15950		A	A	090	Y	N	N	N	N	N	-	-	430.10	430.10
15951		A	A	090	Y	N	D	D	N	N	-	-	628.32	628.32
15952		A	A	090	Y	N	Y	D	N	N	-	-	648.99	648.99
15953		A	A	090	Y	N	N	D	N	N	-	-	714.18	714.18
15956		A	A	090	Y	N	N	D	N	N	-	-	836.61	836.61
15958		A	A	090	Y	N	N	D	N	N	-	-	851.98	851.98
15999	Unlstd/Manu		C	YYY	Y	N	D	D	D	N	-	-	-	-
16000		A	A	000	Y	N	N	N	N	N	-	-	33.92	48.23
16020		A	A	000	Y	N	N	N	N	N	-	-	38.96	56.71
16025		A	A	000	Y	N	N	N	N	N	-	-	81.09	103.88
16030		A	A	000	Y	N	N	N	N	N	-	-	98.05	131.18
16035		A	A	000	Y	N	N	N	N	N	-	-	143.90	143.90
16036		A	A	ZZZ	N	N	N	N	N	N	-	-	61.22	61.22
17000		A	A	010	Y	N	N	N	N	N	-	-	36.84	45.32
17003		A	A	ZZZ	N	N	N	N	N	N	-	-	1.86	3.71
17004		A	A	010	N	N	N	N	N	N	-	-	71.02	99.64
17106		A	A	090	Y	N	N	N	N	N	-	-	196.90	239.30
17107		A	A	090	Y	N	N	N	N	N	-	-	250.16	306.34
17108		A	A	090	Y	N	D	N	N	N	-	-	380.28	453.15
17110		A	A	010	Y	N	N	N	N	N	-	-	48.76	75.53
17111		A	A	010	Y	N	N	N	N	N	-	-	60.42	89.84
17250		A	A	000	Y	N	N	N	N	N	-	-	26.50	54.06
17260		A	A	010	Y	N	N	N	N	N	-	-	50.09	66.25
17261		A	A	010	Y	N	N	N	N	N	-	-	65.19	98.85
17262		A	A	010	Y	N	N	N	N	N	-	-	83.21	120.84
17263		A	A	010	Y	N	N	N	N	N	-	-	92.49	132.24
17264		A	A	010	Y	N	N	N	N	N	-	-	99.38	142.04
17266		A	A	010	Y	N	N	N	N	N	-	-	116.07	160.86
17270		A	A	010	Y	N	N	N	N	N	-	-	71.29	104.15
17271		A	A	010	Y	N	N	N	N	N	-	-	79.50	113.16
17272		A	A	010	Y	N	N	N	N	N	-	-	91.69	129.32
17273		A	A	010	Y	N	N	N	N	N	-	-	103.88	143.90
17274		A	A	010	Y	N	N	N	N	N	-	-	127.20	170.66
17276		A	A	010	Y	N	N	N	N	N	-	-	152.91	198.49
17280		A	A	010	Y	N	N	N	N	N	-	-	64.93	96.99
17281		A	A	010	Y	N	N	N	N	N	-	-	89.84	123.49
17282		A	A	010	Y	N	N	N	N	N	-	-	103.35	141.78
17283		A	A	010	Y	N	N	N	N	N	-	-	129.59	170.40
17284		A	A	010	Y	N	N	N	N	N	-	-	151.85	195.84
17286		A	A	010	Y	N	N	N	N	N	-	-	203.79	251.75
17311		A	A	000	Y	N	N	N	N	N	-	-	275.87	456.07
17312		A	A	ZZZ	N	N	N	N	N	N	-	-	147.34	266.86
17313		A	A	000	Y	N	N	N	N	N	-	-	248.04	425.59
17314		A	A	ZZZ	N	N	N	N	N	N	-	-	137.01	254.40
17315		A	A	ZZZ	N	N	N	N	N	N	-	-	38.69	55.92
17340		A	A	010	Y	N	N	N	N	N	-	-	34.98	37.37
17360		A	A	010	Y	N	N	N	N	N	-	-	70.49	89.57
17380		C	R	000	Y	N	D	N	N	N	-	-	-	-
17999	Unlstd/Manu		C	YYY	Y	N	D	D	D	N	-	-	-	-
19000		A	A	000	Y	N	N	N	N	N	-	-	32.33	76.32
19001		A	A	ZZZ	N	N	N	N	N	N	-	-	15.90	19.35
19020		A	A	090	Y	Y	N	N	N	N	-	-	221.54	328.87
19030		A	A	000	Y	Y	N	N	N	N	-	-	56.98	112.36
19081		A	A	000	Y	Y	D	N	N	N	-	-	124.02	459.51

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
19082		A	A	ZZZ	N	N	D	N	N	N	-	-	62.54	375.24
19083		A	A	000	Y	Y	D	N	N	N	-	-	116.34	446.26
19084		A	A	ZZZ	N	N	D	N	N	N	-	-	58.30	359.87
19085		A	A	000	Y	Y	D	N	N	N	-	-	134.36	661.97
19086		A	A	ZZZ	N	N	D	N	N	N	-	-	67.58	532.12
19100		A	A	000	Y	Y	N	N	N	N	-	-	53.00	104.68
19101		A	A	010	Y	Y	N	N	N	N	-	-	162.71	239.03
19105		A	A	000	Y	Y	N	N	N	N	-	-	160.06	1,932.91
19110		A	A	090	Y	Y	N	N	N	N	-	-	249.10	341.32
19112		A	A	090	Y	Y	D	N	N	N	-	-	225.52	320.39
19120		A	A	090	Y	Y	N	N	N	N	-	-	303.43	354.84
19125		A	A	090	Y	Y	N	D	N	N	-	-	337.61	393.79
19126		A	A	ZZZ	N	N	N	D	N	N	-	-	122.70	122.70
19260		A	A	090	Y	N	Y	D	N	N	-	-	886.69	886.69
19271		A	A	090	Y	N	Y	D	N	N	-	-	1,185.08	1,185.08
19272		A	A	090	Y	N	Y	D	N	N	-	-	1,301.15	1,301.15
19281		A	A	000	Y	Y	D	N	N	N	-	-	73.94	162.98
19282		A	A	ZZZ	N	N	D	N	N	N	-	-	37.37	111.83
19283		A	A	000	Y	Y	D	N	N	N	-	-	74.73	183.38
19284		A	A	ZZZ	N	N	D	N	N	N	-	-	38.43	136.48
19285		A	A	000	Y	Y	D	N	N	N	-	-	63.60	341.32
19286		A	A	ZZZ	N	N	D	N	N	N	-	-	32.07	296.27
19287		A	A	000	Y	Y	D	N	N	N	-	-	94.34	564.72
19288		A	A	ZZZ	N	N	D	N	N	N	-	-	47.44	453.42
19294		Not Covered	A	ZZZ	N	N	D	N	N	N	-	-	122.43	122.43
19296		A	A	000	Y	Y	D	N	N	N	-	-	158.74	2,590.38
19297		A	A	ZZZ	N	N	D	N	N	N	-	-	71.82	71.82
19298		A	A	000	Y	Y	D	N	N	N	-	-	233.20	672.57
19300		A	A	090	Y	Y	N	N	N	N	-	-	299.72	371.00
19301		A	A	090	Y	Y	D	N	N	N	-	-	483.10	483.10
19302		A	A	090	Y	Y	Y	D	N	N	-	-	666.48	666.48
19303		A	A	090	Y	Y	Y	D	N	N	-	-	711.79	711.79
19304		A	A	090	Y	Y	Y	D	N	N	-	-	421.09	421.09
19305		A	A	090	Y	Y	Y	D	N	N	-	-	836.61	836.61
19306		A	A	090	Y	Y	Y	D	N	N	-	-	888.02	888.02
19307		A	A	090	Y	Y	Y	D	N	N	-	-	885.63	885.63
19316		A	A	090	Y	Y	Y	D	N	N	-	-	557.56	557.56
19318		A	A	090	Y	Y	Y	D	N	N	-	-	796.59	796.59
19324		A	A	090	Y	Y	D	N	N	N	-	-	378.95	378.95
19325		A	A	090	Y	Y	D	N	N	N	-	-	460.31	460.31
19328		A	A	090	Y	Y	N	N	N	N	-	-	355.10	355.10
19330		A	A	090	Y	Y	N	N	N	N	-	-	455.80	455.80
19340		A	A	090	Y	Y	N	D	N	N	-	-	722.13	722.13
19342		A	A	090	Y	Y	D	D	N	N	-	-	663.03	663.03
19350		A	A	090	Y	Y	N	N	N	N	-	-	483.36	579.56
19355		A	A	090	Y	Y	D	N	N	N	-	-	446.79	530.80
19357		A	A	090	Y	Y	Y	D	N	N	-	-	1,072.72	1,072.72
19361		A	A	090	Y	Y	Y	D	N	N	-	-	1,142.68	1,142.68
19364		A	A	090	Y	Y	Y	D	N	N	-	-	2,009.50	2,009.50
19366		A	A	090	Y	Y	Y	D	N	N	-	-	1,032.97	1,032.97
19367		A	A	090	Y	Y	Y	D	N	N	-	-	1,301.68	1,301.68
19368		A	A	090	Y	Y	Y	D	N	N	-	-	1,603.52	1,603.52
19369		A	A	090	Y	Y	Y	D	N	N	-	-	1,487.45	1,487.45
19370		A	A	090	Y	Y	N	N	N	N	-	-	492.90	492.90
19371		A	A	090	Y	Y	N	N	N	N	-	-	563.39	563.39
19380		A	A	090	Y	Y	N	N	N	N	-	-	555.44	555.44
19396		Not Covered	A	000	Y	Y	D	N	N	N	-	-	106.00	199.81
19499		Unlstd/Manu	C	YYY	Y	Y	D	D	D	N	-	-	-	-
20005		A	A	010	Y	N	N	N	N	N	-	-	171.19	221.28

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
20100		A	A	010	Y	Y	Y	N	N	N	-	-	451.30	451.30
20101		A	A	010	Y	N	N	N	N	N	-	-	155.56	311.64
20102		A	A	010	Y	N	N	N	N	N	-	-	189.21	339.47
20103		A	A	010	Y	N	D	N	N	N	-	-	254.40	406.25
20150		A	A	090	Y	Y	Y	D	N	N	-	-	738.82	738.82
20200		A	A	000	Y	N	N	N	N	N	-	-	70.76	142.31
20205		A	A	000	Y	N	N	N	N	N	-	-	116.60	201.93
20206		A	A	000	Y	N	N	N	N	N	-	-	42.67	156.35
20220		A	A	000	Y	N	N	N	N	N	-	-	51.94	113.42
20225		A	A	000	Y	N	N	N	N	N	-	-	77.65	342.91
20240		A	A	000	Y	N	N	N	N	N	-	-	111.30	111.30
20245		A	A	000	Y	N	N	N	N	N	-	-	259.97	259.97
20250		A	A	010	Y	N	N	N	N	N	-	-	285.41	285.41
20251		A	A	010	Y	N	Y	N	N	N	-	-	313.50	313.50
20500		A	A	010	Y	N	N	N	N	N	-	-	60.42	73.41
20501		A	A	000	Y	N	N	N	N	N	-	-	27.56	78.97
20520		A	A	010	Y	N	N	N	N	N	-	-	104.68	141.51
20525		A	A	010	Y	N	N	N	N	N	-	-	179.14	328.34
20526		A	A	000	Y	Y	N	N	N	N	-	-	42.40	54.86
20527		Not Covered	A	000	Y	Y	N	N	N	N	-	-	48.50	59.63
20550		A	A	000	Y	Y	N	N	N	N	-	-	28.89	37.37
20551		A	A	000	Y	N	N	N	N	N	-	-	30.74	42.14
20552		A	A	000	Y	N	N	N	N	N	-	-	27.56	38.43
20553		A	A	000	Y	N	N	N	N	N	-	-	31.01	43.99
20555		A	A	000	Y	N	D	N	N	N	-	-	238.50	238.50
20600		A	A	000	Y	Y	N	N	N	N	-	-	25.97	33.92
20604		A	A	000	Y	Y	N	N	N	N	-	-	33.92	50.35
20605		A	A	000	Y	Y	N	N	N	N	-	-	27.30	35.51
20606		A	A	000	Y	Y	N	N	N	N	-	-	39.22	56.18
20610		A	A	000	Y	Y	N	N	N	N	-	-	33.92	42.67
20611		A	A	000	Y	Y	N	N	N	N	-	-	44.79	63.34
20612		A	A	000	Y	N	N	N	N	N	-	-	30.74	42.40
20615		A	A	010	Y	N	N	N	N	N	-	-	115.28	166.16
20650		A	A	010	Y	N	N	D	N	N	-	-	113.69	147.61
20660		A	A	000	Y	N	N	N	N	N	-	-	188.15	188.15
20661		A	A	090	Y	N	N	N	N	N	-	-	365.44	365.44
20662		A	A	090	Y	N	D	N	N	N	-	-	367.82	367.82
20663		A	A	090	Y	Y	D	N	N	N	-	-	336.82	336.82
20664		A	A	090	Y	N	N	N	N	N	-	-	650.84	650.84
20665		A	A	010	Y	N	D	N	N	N	-	-	64.40	74.73
20670		A	A	010	Y	N	N	N	N	N	-	-	103.88	253.87
20680		A	A	090	Y	N	D	N	N	N	-	-	305.02	430.36
20690		A	A	090	Y	N	N	N	N	N	-	-	434.34	434.34
20692		A	A	090	Y	N	Y	D	N	N	-	-	810.37	810.37
20693		A	A	090	Y	N	N	N	N	N	-	-	318.27	318.27
20694		A	A	090	Y	N	N	N	N	N	-	-	242.48	298.13
20696		Not Covered	A	090	Y	N	Y	D	N	N	-	-	876.36	876.36
20697		Not Covered	A	000	N	N	Y	D	N	N	-	-	1,373.23	1,373.23
20802		A	A	090	Y	Y	Y	D	N	N	-	-	2,033.08	2,033.08
20805		A	A	090	Y	Y	Y	D	N	N	-	-	2,424.75	2,424.75
20808		A	A	090	Y	Y	Y	D	N	N	-	-	2,934.88	2,934.88
20816		A	A	090	Y	N	Y	D	N	N	-	-	1,523.75	1,523.75
20822		A	A	090	Y	N	Y	D	N	N	-	-	1,305.13	1,305.13
20824		A	A	090	Y	Y	Y	D	N	N	-	-	1,525.87	1,525.87
20827		A	A	090	Y	Y	Y	D	N	N	-	-	1,340.37	1,340.37
20838		A	A	090	Y	Y	Y	D	N	N	-	-	1,885.48	1,885.48
20900		A	A	000	Y	N	Y	D	N	N	-	-	138.60	284.88
20902		A	A	000	Y	N	Y	D	N	N	-	-	210.41	210.41
20910		A	A	090	Y	N	D	N	N	N	-	-	334.17	334.17

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
20912		A	A	090	Y	N	D	N	N	N	-	-	337.35	337.35
20920		A	A	090	Y	N	N	D	N	N	-	-	282.76	282.76
20922		A	A	090	Y	N	Y	D	N	N	-	-	356.16	421.09
20924		A	A	090	Y	N	Y	D	N	N	-	-	364.38	364.38
20926		A	A	090	Y	N	N	N	N	N	-	-	303.43	303.43
20930		B	B	XXX	N	N	N	N	N	N	-	-	-	-
20931		A	A	ZZZ	N	N	N	D	N	N	-	-	86.66	86.66
20936		B	B	XXX	N	N	N	N	N	N	-	-	-	-
20937		A	A	ZZZ	N	N	Y	D	N	N	-	-	128.00	128.00
20938		A	A	ZZZ	N	N	Y	D	N	N	-	-	142.31	142.31
20939		Not Covered	A	ZZZ	N	Y	D	N	N	N	-	-	49.82	49.82
20950		A	A	000	Y	N	D	N	N	N	-	-	65.72	168.01
20955		A	A	090	Y	N	Y	D	N	N	-	-	1,812.34	1,812.34
20956		A	A	090	Y	N	Y	D	N	N	-	-	1,956.50	1,956.50
20957		A	A	090	Y	N	Y	D	N	N	-	-	2,032.82	2,032.82
20962		A	A	090	Y	N	Y	D	N	N	-	-	1,957.03	1,957.03
20969		A	A	090	Y	N	Y	D	N	N	-	-	2,004.99	2,004.99
20970		A	A	090	Y	N	Y	D	N	N	-	-	2,116.03	2,116.03
20972		A	A	090	Y	N	Y	N	N	N	-	-	2,112.58	2,112.58
20973		A	A	090	Y	Y	Y	D	N	N	-	-	2,230.77	2,230.77
20974		A	A	000	N	N	N	N	N	N	-	-	36.57	53.27
20975		A	A	000	N	N	Y	D	N	N	-	-	132.77	132.77
20979		A	A	000	N	N	N	N	N	N	-	-	23.85	36.04
20982		A	A	000	Y	Y	N	N	N	N	-	-	269.24	2,558.05
20983		A	A	000	Y	Y	N	N	N	N	-	-	263.94	3,903.72
20985		Not Covered	A	ZZZ	N	N	D	N	N	N	-	-	109.98	109.98
20999		Unlstd/Manu	C	YYY	Y	N	D	D	D	N	-	-	-	-
21010		A	A	090	Y	Y	D	N	N	N	-	-	551.73	551.73
21011		A	A	090	Y	N	Y	N	N	N	-	-	183.65	240.09
21012		A	A	090	Y	N	Y	N	N	N	-	-	244.86	244.86
21013		A	A	090	Y	N	Y	N	N	N	-	-	288.59	363.85
21014		A	A	090	Y	N	Y	N	N	N	-	-	377.36	377.36
21015		A	A	090	Y	N	N	N	N	N	-	-	510.92	510.92
21016		A	A	090	Y	N	Y	N	N	N	-	-	737.76	737.76
21025		A	A	090	Y	N	N	N	N	N	-	-	537.42	625.93
21026		A	A	090	Y	N	N	N	N	N	-	-	352.45	427.45
21029		A	A	090	Y	N	D	N	N	N	-	-	456.60	540.60
21030		A	A	090	Y	Y	N	N	N	N	-	-	295.74	360.93
21031		A	A	090	Y	Y	N	N	N	N	-	-	209.09	274.81
21032		A	A	090	Y	N	N	N	N	N	-	-	206.17	276.93
21034		A	A	090	Y	N	Y	D	N	N	-	-	829.45	928.83
21040		A	A	090	Y	N	N	N	N	N	-	-	296.01	363.32
21044		A	A	090	Y	N	Y	D	N	N	-	-	626.20	626.20
21045		A	A	090	Y	N	Y	D	N	N	-	-	882.19	882.19
21046		A	A	090	Y	N	D	D	N	N	-	-	796.86	796.86
21047		A	A	090	Y	N	Y	D	N	N	-	-	950.56	950.56
21048		A	A	090	Y	N	D	D	N	N	-	-	813.29	813.29
21049		A	A	090	Y	N	Y	D	N	N	-	-	867.35	867.35
21050		A	A	090	Y	Y	D	N	N	N	-	-	646.34	646.34
21060		A	A	090	Y	Y	Y	D	N	N	-	-	589.10	589.10
21070		A	A	090	Y	Y	D	N	N	N	-	-	461.10	461.10
21073		Not Covered	A	090	Y	Y	D	N	N	N	-	-	181.79	267.12
21076		A	A	010	Y	N	D	N	N	N	-	-	602.88	705.96
21077		A	A	090	Y	Y	D	N	N	N	-	-	1,526.14	1,778.68
21079		A	A	090	Y	N	N	N	N	N	-	-	1,017.60	1,198.07
21080		A	A	090	Y	N	N	N	N	N	-	-	1,136.06	1,349.12
21081		A	A	090	Y	N	D	N	N	N	-	-	1,040.39	1,239.67
21082		A	A	090	Y	N	D	N	N	N	-	-	969.90	1,164.41
21083		A	A	090	Y	N	D	N	N	N	-	-	900.74	1,106.64

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
21084		A	A	090	Y	N	D	N	N	N	-	-	1,043.31	1,271.74
21085		A	A	010	Y	N	D	N	N	N	-	-	410.22	531.33
21086		A	A	090	Y	Y	D	N	N	N	-	-	1,126.52	1,319.17
21087		A	A	090	Y	N	D	N	N	N	-	-	1,120.16	1,321.03
21088		C	C	090	N	N	D	N	N	N	-	-	-	-
21089	Unlstd/Manu		C	YYY	N	N	N	D	D	N	-	-	-	-
21100		A	A	090	Y	N	D	N	N	N	-	-	289.65	491.84
21110		A	A	090	Y	N	N	N	N	N	-	-	463.75	547.76
21116		A	A	000	Y	Y	N	N	N	N	-	-	35.25	110.24
21120		A	A	090	Y	N	N	D	N	N	-	-	380.01	471.97
21121		A	A	090	Y	N	Y	N	N	N	-	-	465.08	537.95
21122		A	A	090	Y	N	Y	N	N	N	-	-	561.27	561.27
21123		A	A	090	Y	N	Y	D	N	N	-	-	655.35	655.35
21125		A	A	090	Y	N	Y	N	N	N	-	-	555.97	1,969.48
21127		A	A	090	Y	N	Y	D	N	N	-	-	640.77	2,513.00
21137		A	A	090	Y	N	Y	N	N	N	-	-	541.40	541.40
21138		A	A	090	Y	N	Y	D	N	N	-	-	663.56	663.56
21139		A	A	090	Y	N	Y	D	N	N	-	-	809.58	809.58
21141		A	A	090	Y	N	Y	D	N	N	-	-	985.27	985.27
21142		A	A	090	Y	N	Y	D	N	N	-	-	1,013.63	1,013.63
21143		A	A	090	Y	N	Y	D	N	N	-	-	1,062.65	1,062.65
21145		A	A	090	Y	N	Y	N	N	N	-	-	1,161.50	1,161.50
21146		A	A	090	Y	N	Y	D	N	N	-	-	1,210.52	1,210.52
21147		A	A	090	Y	N	Y	N	N	N	-	-	1,277.04	1,277.04
21150		A	A	090	Y	N	Y	N	N	N	-	-	1,198.33	1,198.33
21151		A	A	090	Y	N	Y	N	N	N	-	-	1,289.23	1,289.23
21154		A	A	090	Y	N	Y	D	N	N	-	-	1,420.40	1,420.40
21155		A	A	090	Y	N	Y	N	N	N	-	-	1,577.55	1,577.55
21159		A	A	090	Y	N	Y	D	N	N	-	-	1,894.22	1,894.22
21160		A	A	090	Y	N	Y	N	N	N	-	-	2,055.87	2,055.87
21172		A	A	090	Y	N	Y	D	N	N	-	-	1,580.99	1,580.99
21175		A	A	090	Y	N	Y	N	N	N	-	-	1,609.88	1,609.88
21179		A	A	090	Y	N	Y	N	N	N	-	-	1,103.73	1,103.73
21180		A	A	090	Y	N	Y	D	N	N	-	-	1,237.82	1,237.82
21181		A	A	090	Y	N	D	N	N	N	-	-	533.98	533.98
21182		A	A	090	Y	N	Y	D	N	N	-	-	1,549.99	1,549.99
21183		A	A	090	Y	N	Y	D	N	N	-	-	1,689.91	1,689.91
21184		A	A	090	Y	N	Y	N	N	N	-	-	1,821.08	1,821.08
21188		A	A	090	Y	N	Y	N	N	N	-	-	1,215.56	1,215.56
21193		A	A	090	Y	B	Y	D	N	N	-	-	927.77	927.77
21194		A	A	090	Y	B	Y	N	N	N	-	-	1,063.71	1,063.71
21195		A	A	090	Y	B	Y	N	N	N	-	-	1,031.65	1,031.65
21196		A	A	090	Y	B	Y	D	N	N	-	-	1,065.57	1,065.57
21198		A	A	090	Y	N	Y	D	N	N	-	-	837.40	837.40
21199		A	A	090	Y	N	Y	D	N	N	-	-	786.79	786.79
21206		A	A	090	Y	N	Y	D	N	N	-	-	859.66	859.66
21208		A	A	090	Y	N	D	N	N	N	-	-	598.64	1,204.43
21209		A	A	090	Y	N	Y	N	N	N	-	-	474.62	614.27
21210		A	A	090	Y	N	N	N	N	N	-	-	614.27	1,504.94
21215		A	A	090	Y	N	N	D	N	N	-	-	641.30	2,584.55
21230		A	A	090	Y	N	D	N	N	N	-	-	535.83	535.83
21235		A	A	090	Y	N	N	N	N	N	-	-	401.74	503.24
21240		A	A	090	Y	Y	Y	D	N	N	-	-	809.58	809.58
21242		A	A	090	Y	Y	Y	D	N	N	-	-	749.95	749.95
21243		A	A	090	Y	Y	Y	D	N	N	-	-	1,238.08	1,238.08
21244		A	A	090	Y	N	Y	D	N	N	-	-	753.13	753.13
21245		A	A	090	Y	N	Y	N	N	N	-	-	687.68	848.80
21246		A	A	090	Y	N	Y	N	N	N	-	-	639.45	639.45
21247		A	A	090	Y	Y	Y	D	N	N	-	-	1,190.91	1,190.91

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
21248		A	A	090	Y	N	N	N	N	N	-	-	648.99	779.63
21249		A	A	090	Y	N	D	N	N	N	-	-	924.59	1,104.52
21255		A	A	090	Y	Y	Y	D	N	N	-	-	1,020.52	1,020.52
21256		A	A	090	Y	Y	Y	D	N	N	-	-	900.21	900.21
21260		A	A	090	Y	N	Y	D	N	N	-	-	1,008.59	1,008.59
21261		A	A	090	Y	N	Y	D	N	N	-	-	1,795.11	1,795.11
21263		A	A	090	Y	N	Y	D	N	N	-	-	1,658.37	1,658.37
21267		A	A	090	Y	Y	Y	D	N	N	-	-	1,179.52	1,179.52
21268		A	A	090	Y	Y	Y	D	N	N	-	-	1,480.82	1,480.82
21270		A	A	090	Y	Y	Y	D	N	N	-	-	544.84	714.97
21275		A	A	090	Y	N	Y	D	N	N	-	-	604.73	604.73
21280		A	A	090	Y	Y	D	N	N	N	-	-	399.36	399.36
21282		A	A	090	Y	Y	N	N	N	N	-	-	266.33	266.33
21295		A	A	090	Y	Y	D	N	N	N	-	-	129.32	129.32
21296		A	A	090	Y	Y	D	N	N	N	-	-	289.65	289.65
21299	Unlstd/Manu		C	YYY	Y	N	D	D	D	N	-	-	-	-
21310		A	A	000	Y	N	N	N	N	N	-	-	20.14	90.37
21315		A	A	010	Y	N	N	N	N	N	-	-	106.00	185.24
21320		A	A	010	Y	N	N	N	N	N	-	-	95.40	172.25
21325		A	A	090	Y	N	D	N	N	N	-	-	323.57	323.57
21330		A	A	090	Y	N	D	N	N	N	-	-	393.53	393.53
21335		A	A	090	Y	N	N	N	N	N	-	-	507.48	507.48
21336		A	A	090	Y	N	D	N	N	N	-	-	447.06	447.06
21337		A	A	090	Y	N	D	N	N	N	-	-	206.17	276.13
21338		A	A	090	Y	N	D	N	N	N	-	-	457.66	457.66
21339		A	A	090	Y	N	Y	D	N	N	-	-	522.85	522.85
21340		A	A	090	Y	N	D	N	N	N	-	-	532.12	532.12
21343		A	A	090	Y	N	Y	D	N	N	-	-	760.02	760.02
21344		A	A	090	Y	N	Y	Y	N	N	-	-	990.57	990.57
21345		A	A	090	Y	N	D	N	N	N	-	-	444.41	539.81
21346		A	A	090	Y	N	N	D	N	N	-	-	630.97	630.97
21347		A	A	090	Y	N	Y	D	N	N	-	-	712.59	712.59
21348		A	A	090	Y	N	Y	Y	N	N	-	-	775.66	775.66
21355		A	A	010	Y	Y	D	N	N	N	-	-	225.78	293.62
21356		A	A	010	Y	Y	D	N	N	N	-	-	268.18	347.42
21360		A	A	090	Y	Y	Y	N	N	N	-	-	382.40	382.40
21365		A	A	090	Y	Y	Y	D	N	N	-	-	804.54	804.54
21366		A	A	090	Y	Y	Y	Y	N	N	-	-	924.85	924.85
21385		A	A	090	Y	Y	Y	D	N	N	-	-	545.64	545.64
21386		A	A	090	Y	Y	Y	N	N	N	-	-	501.91	501.91
21387		A	A	090	Y	Y	Y	N	N	N	-	-	569.75	569.75
21390		A	A	090	Y	Y	Y	D	N	N	-	-	568.43	568.43
21395		A	A	090	Y	Y	Y	D	N	N	-	-	731.14	731.14
21400		A	A	090	Y	Y	D	N	N	N	-	-	109.45	132.24
21401		A	A	090	Y	Y	Y	N	N	N	-	-	227.37	354.84
21406		A	A	090	Y	Y	Y	D	N	N	-	-	411.28	411.28
21407		A	A	090	Y	Y	Y	D	N	N	-	-	459.51	459.51
21408		A	A	090	Y	Y	Y	Y	N	N	-	-	651.11	651.11
21421		A	A	090	Y	N	D	N	N	N	-	-	435.13	509.60
21422		A	A	090	Y	N	Y	D	N	N	-	-	480.45	480.45
21423		A	A	090	Y	N	Y	Y	N	N	-	-	566.57	566.57
21431		A	A	090	Y	N	Y	N	N	N	-	-	507.48	507.48
21432		A	A	090	Y	N	Y	N	N	N	-	-	512.78	512.78
21433		A	A	090	Y	N	Y	D	N	N	-	-	1,267.23	1,267.23
21435		A	A	090	Y	N	Y	N	N	N	-	-	1,017.60	1,017.60
21436		A	A	090	Y	N	Y	Y	N	N	-	-	1,484.53	1,484.53
21440		A	A	090	Y	N	D	N	N	N	-	-	322.51	393.53
21445		A	A	090	Y	N	Y	N	N	N	-	-	438.84	534.77
21450		A	A	090	Y	N	D	N	N	N	-	-	319.33	385.31

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
21451		A	A	090	Y	N	D	N	N	N	-	-	437.25	515.16
21452		A	A	090	Y	N	D	N	N	N	-	-	254.93	427.18
21453		A	A	090	Y	N	D	N	N	N	-	-	540.07	625.14
21454		A	A	090	Y	N	D	D	N	N	-	-	404.39	404.39
21461		A	A	090	Y	N	N	D	N	N	-	-	655.08	1,431.80
21462		A	A	090	Y	N	Y	D	N	N	-	-	735.91	1,532.50
21465		A	A	090	Y	Y	Y	D	N	N	-	-	671.78	671.78
21470		A	A	090	Y	N	Y	D	N	N	-	-	870.00	870.00
21480		A	A	000	Y	Y	N	N	N	N	-	-	23.85	67.05
21485		A	A	090	Y	Y	D	N	N	N	-	-	438.05	528.41
21490		A	A	090	Y	Y	Y	D	N	N	-	-	663.03	663.03
21497		A	A	090	Y	N	D	N	N	N	-	-	390.88	459.25
21499	Unlstd/Manu		C	YYY	Y	N	D	D	D	N	-	-	-	-
21501		A	A	090	Y	N	N	N	N	N	-	-	229.76	314.29
21502		A	A	090	Y	N	Y	N	N	N	-	-	371.80	371.80
21510		A	A	090	Y	N	D	N	N	N	-	-	323.83	323.83
21550		A	A	010	Y	N	N	N	N	N	-	-	112.36	179.41
21552		A	A	090	Y	N	Y	N	N	N	-	-	328.07	328.07
21554		A	A	090	Y	N	Y	N	N	N	-	-	537.16	537.16
21555		A	A	090	Y	N	N	N	N	N	-	-	220.48	290.71
21556		A	A	090	Y	N	N	N	N	N	-	-	382.66	382.66
21557		A	A	090	Y	N	Y	D	N	N	-	-	698.54	698.54
21558		A	A	090	Y	N	Y	D	N	N	-	-	991.37	991.37
21600		A	A	090	Y	N	Y	D	N	N	-	-	400.15	400.15
21610		A	A	090	Y	N	Y	N	N	N	-	-	917.96	917.96
21615		A	A	090	Y	Y	Y	D	N	N	-	-	460.84	460.84
21616		A	A	090	Y	Y	Y	N	N	N	-	-	539.54	539.54
21620		A	A	090	Y	N	Y	D	N	N	-	-	369.15	369.15
21627		A	A	090	Y	N	Y	N	N	N	-	-	391.67	391.67
21630		A	A	090	Y	N	Y	D	N	N	-	-	903.12	903.12
21632		A	A	090	Y	N	Y	D	N	N	-	-	901.27	901.27
21685		A	A	090	Y	N	Y	D	N	N	-	-	707.82	707.82
21700		A	A	090	Y	Y	Y	N	N	N	-	-	271.36	271.36
21705		A	A	090	Y	Y	Y	N	N	N	-	-	407.57	407.57
21720		A	A	090	Y	N	Y	N	N	N	-	-	388.76	388.76
21725		A	A	090	Y	N	Y	D	N	N	-	-	391.94	391.94
21740		A	A	090	Y	N	Y	D	N	N	-	-	776.45	776.45
21742		C	C	090	Y	N	Y	D	N	N	-	-	-	-
21743		C	C	090	Y	N	Y	D	N	N	-	-	-	-
21750		A	A	090	Y	N	Y	D	N	N	-	-	510.39	510.39
21811	Not Covered		A	000	Y	Y	Y	N	N	N	-	-	450.50	450.50
21812	Not Covered		A	000	Y	Y	Y	N	N	N	-	-	548.29	548.29
21813	Not Covered		A	000	Y	Y	Y	N	N	N	-	-	751.28	751.28
21820		A	A	090	Y	N	N	N	N	N	-	-	100.44	99.11
21825		A	A	090	Y	N	Y	D	N	N	-	-	395.12	395.12
21899	Unlstd/Manu		C	YYY	Y	N	D	D	D	N	-	-	-	-
21920		A	A	010	Y	N	N	N	N	N	-	-	113.95	176.49
21925		A	A	090	Y	N	N	N	N	N	-	-	257.05	316.94
21930		A	A	090	Y	N	N	N	N	N	-	-	264.74	334.43
21931		A	A	090	Y	N	Y	N	N	N	-	-	346.09	346.09
21932		A	A	090	Y	N	Y	N	N	N	-	-	487.34	487.34
21933		A	A	090	Y	N	Y	N	N	N	-	-	544.05	544.05
21935		A	A	090	Y	N	N	D	N	N	-	-	757.37	757.37
21936		A	A	090	Y	N	Y	D	N	N	-	-	1,051.79	1,051.79
22010		A	A	090	Y	N	D	N	N	N	-	-	704.11	704.11
22015		A	A	090	Y	N	N	N	N	N	-	-	697.48	697.48
22100		A	A	090	Y	N	Y	D	N	N	-	-	680.26	680.26
22101		A	A	090	Y	N	Y	D	N	N	-	-	676.55	676.55
22102		A	A	090	Y	N	Y	D	N	N	-	-	580.09	580.09

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
22103		A	A	ZZZ	N	N	Y	D	N	N	-	-	107.06	107.06
22110		A	A	090	Y	N	Y	D	N	N	-	-	776.98	776.98
22112		A	A	090	Y	N	Y	D	N	N	-	-	849.06	849.06
22114		A	A	090	Y	N	Y	D	N	N	-	-	849.06	849.06
22116		A	A	ZZZ	N	N	Y	D	N	N	-	-	108.65	108.65
22206		A	A	090	Y	N	Y	D	N	N	-	-	1,840.43	1,840.43
22207		A	A	090	Y	N	Y	D	N	N	-	-	1,807.57	1,807.57
22208		A	A	ZZZ	N	N	Y	D	N	N	-	-	456.86	456.86
22210		A	A	090	Y	N	Y	D	N	N	-	-	1,345.67	1,345.67
22212		A	A	090	Y	N	Y	D	N	N	-	-	1,104.26	1,104.26
22214		A	A	090	Y	N	Y	D	N	N	-	-	1,107.70	1,107.70
22216		A	A	ZZZ	N	N	Y	D	N	N	-	-	277.19	277.19
22220		A	A	090	Y	N	Y	D	N	N	-	-	1,197.27	1,197.27
22222		A	A	090	Y	N	Y	D	N	N	-	-	1,332.42	1,332.42
22224		A	A	090	Y	N	Y	D	N	N	-	-	1,174.22	1,174.22
22226		A	A	ZZZ	N	N	Y	D	N	N	-	-	277.19	277.19
22310		A	A	090	Y	N	N	N	N	N	-	-	206.17	222.34
22315		A	A	090	Y	N	N	N	N	N	-	-	562.60	635.47
22318		A	A	090	Y	N	Y	Y	N	N	-	-	1,246.03	1,246.03
22319		A	A	090	Y	N	Y	Y	N	N	-	-	1,407.42	1,407.42
22325		A	A	090	Y	N	Y	D	N	N	-	-	1,076.17	1,076.17
22326		A	A	090	Y	N	Y	D	N	N	-	-	1,127.31	1,127.31
22327		A	A	090	Y	N	Y	D	N	N	-	-	1,125.72	1,125.72
22328		A	A	ZZZ	N	N	Y	D	N	N	-	-	217.57	217.57
22505		A	A	010	Y	N	N	N	N	N	-	-	96.46	96.46
22510		A	A	010	Y	N	N	N	N	N	-	-	319.86	1,123.60
22511		A	A	010	Y	N	N	N	N	N	-	-	298.66	1,107.44
22512		A	A	ZZZ	N	N	N	N	N	N	-	-	154.76	635.47
22513		A	A	010	Y	N	N	N	N	N	-	-	385.58	4,666.92
22514		A	A	010	Y	N	N	N	N	N	-	-	358.28	4,641.48
22515		A	A	ZZZ	N	N	N	N	N	N	-	-	168.01	2,806.09
22526		Not Covered	N	010	N	N	N	N	N	N	-	-	247.25	1,538.33
22527		Not Covered	N	ZZZ	N	N	N	N	N	N	-	-	118.19	1,291.08
22532		A	A	090	Y	N	Y	Y	N	N	-	-	1,351.24	1,351.24
22533		A	A	090	Y	N	Y	Y	N	N	-	-	1,234.11	1,234.11
22534		A	A	ZZZ	N	N	Y	Y	N	N	-	-	275.87	275.87
22548		A	A	090	Y	N	Y	Y	N	N	-	-	1,509.97	1,509.97
22551		A	A	090	Y	N	Y	Y	N	N	-	-	1,294.00	1,294.00
22552		A	A	ZZZ	N	N	Y	Y	N	N	-	-	306.87	306.87
22554		A	A	090	Y	N	Y	Y	N	N	-	-	940.22	940.22
22556		A	A	090	Y	N	Y	Y	N	N	-	-	1,255.31	1,255.31
22558		A	A	090	Y	N	Y	Y	N	N	-	-	1,149.31	1,149.31
22585		A	A	ZZZ	N	N	Y	Y	N	N	-	-	251.22	251.22
22586		A	A	090	Y	N	Y	Y	N	N	-	-	1,538.59	1,538.59
22590		A	A	090	Y	N	Y	Y	N	N	-	-	1,194.89	1,194.89
22595		A	A	090	Y	N	Y	Y	N	N	-	-	1,139.24	1,139.24
22600		A	A	090	Y	N	Y	Y	N	N	-	-	967.52	967.52
22610		A	A	090	Y	N	Y	Y	N	N	-	-	945.26	945.26
22612		A	A	090	Y	N	Y	Y	N	N	-	-	1,189.06	1,189.06
22614		A	A	ZZZ	N	N	Y	Y	N	N	-	-	300.25	300.25
22630		A	A	090	Y	N	Y	Y	N	N	-	-	1,189.59	1,189.59
22632		A	A	ZZZ	N	N	Y	Y	N	N	-	-	249.10	249.10
22633		A	A	090	Y	N	Y	Y	N	N	-	-	1,397.61	1,397.61
22634		A	A	ZZZ	N	N	Y	Y	N	N	-	-	381.07	381.07
22800		A	A	090	Y	N	Y	D	N	N	-	-	1,004.62	1,004.62
22802		A	A	090	Y	N	Y	D	N	N	-	-	1,575.69	1,575.69
22804		A	A	090	Y	N	Y	D	N	N	-	-	1,818.43	1,818.43
22808		A	A	090	Y	N	Y	D	N	N	-	-	1,399.73	1,399.73
22810		A	A	090	Y	N	Y	D	N	N	-	-	1,465.72	1,465.72

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
22812		A	A	090	Y	N	Y	D	N	N	-	-	1,635.32	1,635.32
22818		A	A	090	Y	N	Y	Y	Y	N	-	-	1,610.14	1,610.14
22819		A	A	090	Y	N	Y	Y	Y	N	-	-	1,850.50	1,850.50
22830		A	A	090	Y	N	Y	D	N	N	-	-	604.47	604.47
22840		A	A	ZZZ	N	N	Y	D	N	N	-	-	583.27	583.27
22841		B	B	XXX	N	N	N	N	N	N	-	-	-	-
22842		A	A	ZZZ	N	N	Y	Y	N	N	-	-	585.92	585.92
22843		A	A	ZZZ	N	N	Y	Y	N	N	-	-	626.46	626.46
22844		A	A	ZZZ	N	N	Y	Y	N	N	-	-	752.87	752.87
22845		A	A	ZZZ	N	N	Y	Y	N	N	-	-	562.60	562.60
22846		A	A	ZZZ	N	N	Y	Y	N	N	-	-	583.80	583.80
22847		A	A	ZZZ	N	N	Y	Y	N	N	-	-	607.12	607.12
22848		A	A	ZZZ	N	N	Y	Y	N	N	-	-	274.54	274.54
22849		A	A	090	Y	N	Y	D	N	N	-	-	974.41	974.41
22850		A	A	090	Y	N	Y	D	N	N	-	-	536.63	536.63
22852		A	A	090	Y	N	Y	D	N	N	-	-	514.10	514.10
22853		A	A	ZZZ	N	N	Y	Y	N	N	-	-	189.74	189.74
22854		A	A	ZZZ	N	N	Y	Y	N	N	-	-	245.39	245.39
22855		A	A	090	Y	N	Y	D	N	N	-	-	831.57	831.57
22856	Not Covered		A	090	Y	N	Y	Y	N	N	-	-	1,235.43	1,235.43
22857	Not Covered		R	090	Y	N	Y	Y	N	N	-	-	1,270.68	1,270.68
22858	Not Covered		A	ZZZ	N	N	Y	Y	N	N	-	-	392.20	392.20
22859		A	A	ZZZ	N	N	Y	Y	N	N	-	-	245.39	245.39
22861	Not Covered		A	090	Y	N	Y	Y	N	N	-	-	1,802.27	1,802.27
22862	Not Covered		R	090	Y	N	Y	Y	Y	N	-	-	1,789.28	1,789.28
22864	Not Covered		A	090	Y	N	Y	Y	N	N	-	-	1,605.37	1,605.37
22865	Not Covered		R	090	Y	N	Y	Y	Y	N	-	-	1,522.96	1,522.96
22867	Not Covered		A	090	Y	N	Y	N	N	N	-	-	687.68	687.68
22868	Not Covered		A	ZZZ	N	N	Y	Y	N	N	-	-	179.14	179.14
22869	Not Covered		A	090	Y	N	Y	N	N	N	-	-	388.76	388.76
22870	Not Covered		A	ZZZ	N	N	Y	Y	N	N	-	-	102.82	102.82
22899	Unlstd/Manu		C	YYY	Y	N	Y	D	D	N	-	-	-	-
22900		A	A	090	Y	N	Y	D	N	N	-	-	415.52	415.52
22901		A	A	090	Y	N	Y	D	N	N	-	-	492.64	492.64
22902		A	A	090	Y	N	Y	D	N	N	-	-	240.62	310.05
22903		A	A	090	Y	N	Y	D	N	N	-	-	323.30	323.30
22904		A	A	090	Y	N	Y	D	D	N	-	-	779.10	779.10
22905		A	A	090	Y	N	Y	D	D	N	-	-	992.16	992.16
22999	Unlstd/Manu		C	YYY	Y	N	D	D	D	N	-	-	-	-
23000		A	A	090	Y	Y	Y	D	N	N	-	-	264.74	401.21
23020		A	A	090	Y	Y	Y	N	N	N	-	-	498.73	498.73
23030		A	A	010	Y	N	N	N	N	N	-	-	186.56	308.99
23031		A	A	010	Y	Y	N	N	N	N	-	-	155.82	285.94
23035		A	A	090	Y	Y	Y	N	N	N	-	-	491.31	491.31
23040		A	A	090	Y	Y	Y	D	N	N	-	-	518.87	518.87
23044		A	A	090	Y	Y	N	D	N	N	-	-	410.22	410.22
23065		A	A	010	Y	Y	N	N	N	N	-	-	120.05	152.11
23066		A	A	090	Y	Y	N	N	N	N	-	-	256.26	386.11
23071		A	A	090	Y	Y	Y	N	N	N	-	-	307.40	307.40
23073		A	A	090	Y	Y	Y	N	N	N	-	-	509.60	509.60
23075		A	A	090	Y	Y	N	N	N	N	-	-	236.91	329.93
23076		A	A	090	Y	Y	N	N	N	N	-	-	393.00	393.00
23077		A	A	090	Y	Y	Y	D	N	N	-	-	842.44	842.44
23078		A	A	090	Y	Y	Y	D	N	N	-	-	1,062.92	1,062.92
23100		A	A	090	Y	Y	Y	D	N	N	-	-	360.40	360.40
23101		A	A	090	Y	Y	N	D	N	N	-	-	328.60	328.60
23105		A	A	090	Y	Y	Y	D	N	N	-	-	460.84	460.84
23106		A	A	090	Y	Y	N	D	N	N	-	-	356.69	356.69
23107		A	A	090	Y	Y	Y	D	N	N	-	-	477.80	477.80

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
23120		A	A	090	Y	Y	Y	D	N	N	-	-	419.76	419.76
23125		A	A	090	Y	Y	Y	D	N	N	-	-	514.63	514.63
23130		A	A	090	Y	Y	N	D	N	N	-	-	439.11	439.11
23140		A	A	090	Y	Y	N	N	N	N	-	-	386.64	386.64
23145		A	A	090	Y	Y	Y	D	N	N	-	-	503.50	503.50
23146		A	A	090	Y	Y	D	N	N	N	-	-	448.65	448.65
23150		A	A	090	Y	Y	Y	D	N	N	-	-	480.45	480.45
23155		A	A	090	Y	Y	Y	D	N	N	-	-	575.85	575.85
23156		A	A	090	Y	Y	Y	N	N	N	-	-	490.78	490.78
23170		A	A	090	Y	Y	N	N	N	N	-	-	404.39	404.39
23172		A	A	090	Y	Y	Y	N	N	N	-	-	408.63	408.63
23174		A	A	090	Y	Y	Y	D	N	N	-	-	548.55	548.55
23180		A	A	090	Y	Y	N	D	N	N	-	-	474.62	474.62
23182		A	A	090	Y	Y	Y	N	N	N	-	-	473.82	473.82
23184		A	A	090	Y	Y	Y	D	N	N	-	-	527.35	527.35
23190		A	A	090	Y	Y	Y	D	N	N	-	-	413.14	413.14
23195		A	A	090	Y	Y	Y	D	N	N	-	-	548.82	548.82
23200		A	A	090	Y	Y	Y	D	N	N	-	-	1,114.59	1,114.59
23210		A	A	090	Y	Y	Y	D	N	N	-	-	1,312.28	1,312.28
23220		A	A	090	Y	Y	Y	D	N	N	-	-	1,443.19	1,443.19
23330		A	A	010	Y	Y	D	N	N	N	-	-	118.72	187.89
23333		A	A	090	Y	Y	D	N	N	N	-	-	334.17	334.17
23334		A	A	090	Y	Y	N	D	N	N	-	-	784.93	784.93
23335		A	A	090	Y	Y	N	D	N	N	-	-	937.04	937.04
23350		A	A	000	Y	Y	N	N	N	N	-	-	37.63	88.25
23395		A	A	090	Y	N	Y	D	N	N	-	-	933.33	933.33
23397		A	A	090	Y	N	Y	D	N	N	-	-	832.10	832.10
23400		A	A	090	Y	Y	Y	D	N	N	-	-	708.61	708.61
23405		A	A	090	Y	N	Y	D	N	N	-	-	447.59	447.59
23406		A	A	090	Y	N	Y	N	N	N	-	-	558.62	558.62
23410		A	A	090	Y	Y	Y	D	N	N	-	-	595.72	595.72
23412		A	A	090	Y	Y	Y	D	N	N	-	-	618.25	618.25
23415		A	A	090	Y	Y	N	D	N	N	-	-	503.50	503.50
23420		A	A	090	Y	Y	Y	D	N	N	-	-	703.84	703.84
23430		A	A	090	Y	Y	Y	D	N	N	-	-	537.69	537.69
23440		A	A	090	Y	Y	Y	D	N	N	-	-	546.96	546.96
23450		A	A	090	Y	Y	Y	D	N	N	-	-	692.98	692.98
23455		A	A	090	Y	Y	Y	D	N	N	-	-	727.16	727.16
23460		A	A	090	Y	Y	Y	D	N	N	-	-	797.39	797.39
23462		A	A	090	Y	Y	Y	D	N	N	-	-	780.16	780.16
23465		A	A	090	Y	Y	Y	D	N	N	-	-	818.59	818.59
23466		A	A	090	Y	Y	Y	D	N	N	-	-	819.65	819.65
23470		A	A	090	Y	Y	Y	D	N	N	-	-	876.62	876.62
23472		A	A	090	Y	Y	Y	D	N	N	-	-	1,067.16	1,067.16
23473		A	A	090	Y	Y	Y	D	N	N	-	-	1,192.50	1,192.50
23474		A	A	090	Y	Y	Y	D	N	N	-	-	1,288.70	1,288.70
23480		A	A	090	Y	Y	N	D	N	N	-	-	598.11	598.11
23485		A	A	090	Y	Y	Y	D	N	N	-	-	693.51	693.51
23490		A	A	090	Y	Y	Y	N	N	N	-	-	628.58	628.58
23491		A	A	090	Y	Y	Y	D	N	N	-	-	740.94	740.94
23500		A	A	090	Y	Y	N	N	N	N	-	-	154.50	152.91
23505		A	A	090	Y	Y	N	N	N	N	-	-	234.79	248.84
23515		A	A	090	Y	Y	Y	D	N	N	-	-	519.67	519.67
23520		A	A	090	Y	Y	D	N	N	N	-	-	164.83	163.24
23525		A	A	090	Y	Y	D	N	N	N	-	-	251.75	271.10
23530		A	A	090	Y	Y	Y	N	N	N	-	-	413.40	413.40
23532		A	A	090	Y	Y	Y	N	N	N	-	-	451.03	451.03
23540		A	A	090	Y	Y	N	N	N	N	-	-	159.53	157.94
23545		A	A	090	Y	Y	D	N	N	N	-	-	217.57	238.77

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
23550		A	A	090	Y	Y	Y	D	N	N	-	-	404.92	404.92
23552		A	A	090	Y	Y	Y	D	N	N	-	-	472.23	472.23
23570		A	A	090	Y	Y	N	N	N	N	-	-	167.22	163.51
23575		A	A	090	Y	Y	D	N	N	N	-	-	267.39	284.35
23585		A	A	090	Y	Y	Y	D	N	N	-	-	713.91	713.91
23600		A	A	090	Y	Y	N	N	N	N	-	-	214.65	227.64
23605		A	A	090	Y	Y	N	N	N	N	-	-	300.78	327.01
23615		A	A	090	Y	Y	Y	D	N	N	-	-	641.83	641.83
23616		A	A	090	Y	Y	Y	Y	N	N	-	-	906.30	906.30
23620		A	A	090	Y	Y	N	N	N	N	-	-	179.14	188.15
23625		A	A	090	Y	Y	N	N	N	N	-	-	248.31	266.59
23630		A	A	090	Y	Y	Y	D	N	N	-	-	563.39	563.39
23650		A	A	090	Y	Y	N	N	N	N	-	-	203.52	221.28
23655		A	A	090	Y	Y	N	N	N	N	-	-	285.94	285.94
23660		A	A	090	Y	Y	Y	D	N	N	-	-	420.03	420.03
23665		A	A	090	Y	Y	N	N	N	N	-	-	280.37	300.25
23670		A	A	090	Y	Y	Y	D	N	N	-	-	634.41	634.41
23675		A	A	090	Y	Y	N	N	N	N	-	-	355.90	388.76
23680		A	A	090	Y	Y	Y	D	N	N	-	-	675.49	675.49
23700		A	A	010	Y	Y	N	N	N	N	-	-	141.51	141.51
23800		A	A	090	Y	Y	Y	D	N	N	-	-	749.16	749.16
23802		A	A	090	Y	Y	Y	D	N	N	-	-	938.63	938.63
23900		A	A	090	Y	N	Y	N	N	N	-	-	1,019.72	1,019.72
23920		A	A	090	Y	Y	Y	D	N	N	-	-	824.68	824.68
23921		A	A	090	Y	Y	N	N	N	N	-	-	336.02	336.02
23929	Unlstd/Manu		C	YYY	Y	N	Y	D	D	N	-	-	-	-
23930		A	A	010	Y	Y	N	N	N	N	-	-	157.68	249.10
23931		A	A	010	Y	Y	N	N	N	N	-	-	113.16	196.90
23935		A	A	090	Y	Y	D	N	N	N	-	-	361.99	361.99
24000		A	A	090	Y	Y	D	D	N	N	-	-	342.12	342.12
24006		A	A	090	Y	Y	Y	Y	N	N	-	-	513.31	513.31
24065		A	A	010	Y	Y	N	N	N	N	-	-	118.99	176.76
24066		A	A	090	Y	Y	N	N	N	N	-	-	298.66	432.22
24071		A	A	090	Y	Y	Y	N	N	N	-	-	297.60	297.60
24073		A	A	090	Y	Y	Y	N	N	N	-	-	508.54	508.54
24075		A	A	090	Y	Y	N	N	N	N	-	-	238.50	342.38
24076		A	A	090	Y	Y	N	N	N	N	-	-	395.12	395.12
24077		A	A	090	Y	Y	N	D	N	N	-	-	763.73	763.73
24079		A	A	090	Y	Y	Y	D	N	N	-	-	981.30	981.30
24100		A	A	090	Y	Y	Y	D	N	N	-	-	299.19	299.19
24101		A	A	090	Y	Y	Y	N	N	N	-	-	358.02	358.02
24102		A	A	090	Y	Y	Y	D	N	N	-	-	443.61	443.61
24105		A	A	090	Y	Y	N	N	N	N	-	-	248.31	248.31
24110		A	A	090	Y	Y	N	D	N	N	-	-	422.94	422.94
24115		A	A	090	Y	Y	Y	D	N	N	-	-	535.57	535.57
24116		A	A	090	Y	Y	Y	N	N	N	-	-	628.32	628.32
24120		A	A	090	Y	Y	D	N	N	N	-	-	380.81	380.81
24125		A	A	090	Y	Y	Y	D	N	N	-	-	448.38	448.38
24126		A	A	090	Y	Y	Y	N	N	N	-	-	469.85	469.85
24130		A	A	090	Y	Y	N	D	N	N	-	-	364.91	364.91
24134		A	A	090	Y	Y	Y	N	N	N	-	-	542.72	542.72
24136		A	A	090	Y	Y	N	N	N	N	-	-	456.60	456.60
24138		A	A	090	Y	Y	Y	N	N	N	-	-	485.75	485.75
24140		A	A	090	Y	Y	Y	N	N	N	-	-	508.01	508.01
24145		A	A	090	Y	Y	N	D	N	N	-	-	427.98	427.98
24147		A	A	090	Y	Y	N	D	N	N	-	-	447.32	447.32
24149		A	A	090	Y	Y	Y	D	N	N	-	-	850.39	850.39
24150		A	A	090	Y	Y	Y	D	N	N	-	-	1,144.80	1,144.80
24152		A	A	090	Y	Y	Y	D	N	N	-	-	992.16	992.16

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
24155		A	A	090	Y	Y	Y	D	N	N	-	-	622.49	622.49
24160		A	A	090	Y	Y	N	D	N	N	-	-	922.47	922.47
24164		A	A	090	Y	Y	N	D	N	N	-	-	527.35	527.35
24200		A	A	010	Y	Y	D	N	N	N	-	-	99.38	143.37
24201		A	A	090	Y	Y	N	N	N	N	-	-	262.35	383.72
24220		A	A	000	Y	Y	D	N	N	N	-	-	50.09	107.06
24300		A	A	090	Y	Y	N	N	N	N	-	-	291.50	291.50
24301		A	A	090	Y	N	Y	D	N	N	-	-	543.78	543.78
24305		A	A	090	Y	N	D	N	N	N	-	-	413.93	413.93
24310		A	A	090	Y	N	D	N	N	N	-	-	335.23	335.23
24320		A	A	090	Y	N	Y	D	N	N	-	-	567.90	567.90
24330		A	A	090	Y	Y	Y	N	N	N	-	-	521.26	521.26
24331		A	A	090	Y	Y	Y	N	N	N	-	-	572.14	572.14
24332		A	A	090	Y	Y	N	N	N	N	-	-	442.02	442.02
24340		A	A	090	Y	Y	Y	D	N	N	-	-	441.23	441.23
24341		A	A	090	Y	Y	Y	D	N	N	-	-	535.04	535.04
24342		A	A	090	Y	Y	Y	D	N	N	-	-	561.54	561.54
24343		A	A	090	Y	Y	Y	D	N	N	-	-	507.74	507.74
24344		A	A	090	Y	Y	Y	D	N	N	-	-	800.30	800.30
24345		A	A	090	Y	Y	Y	D	N	N	-	-	505.36	505.36
24346		A	A	090	Y	Y	Y	D	N	N	-	-	799.24	799.24
24357		A	A	090	Y	Y	D	N	N	N	-	-	298.92	298.92
24358		A	A	090	Y	Y	D	N	N	N	-	-	374.98	374.98
24359		A	A	090	Y	Y	D	N	N	N	-	-	476.47	476.47
24360		A	A	090	Y	Y	Y	D	N	N	-	-	655.35	655.35
24361		A	A	090	Y	Y	Y	D	N	N	-	-	734.85	734.85
24362		A	A	090	Y	Y	Y	N	N	N	-	-	775.39	775.39
24363		A	A	090	Y	Y	Y	N	N	N	-	-	1,065.83	1,065.83
24365		A	A	090	Y	Y	Y	D	N	N	-	-	463.49	463.49
24366		A	A	090	Y	Y	Y	D	N	N	-	-	491.58	491.58
24370		A	A	090	Y	Y	Y	N	N	N	-	-	1,130.49	1,130.49
24371		A	A	090	Y	Y	Y	N	N	N	-	-	1,324.47	1,324.47
24400		A	A	090	Y	Y	Y	D	N	N	-	-	593.87	593.87
24410		A	A	090	Y	Y	Y	D	N	N	-	-	771.68	771.68
24420		A	A	090	Y	Y	Y	D	N	N	-	-	723.19	723.19
24430		A	A	090	Y	Y	Y	D	N	N	-	-	768.50	768.50
24435		A	A	090	Y	Y	Y	D	N	N	-	-	779.63	779.63
24470		A	A	090	Y	Y	Y	N	N	N	-	-	485.75	485.75
24495		A	A	090	Y	Y	D	N	N	N	-	-	526.03	526.03
24498		A	A	090	Y	Y	Y	D	N	N	-	-	630.97	630.97
24500		A	A	090	Y	Y	N	N	N	N	-	-	228.70	250.43
24505		A	A	090	Y	Y	N	N	N	N	-	-	318.53	350.33
24515		A	A	090	Y	Y	Y	D	N	N	-	-	635.21	635.21
24516		A	A	090	Y	Y	Y	Y	N	N	-	-	624.87	624.87
24530		A	A	090	Y	Y	N	N	N	N	-	-	242.48	266.33
24535		A	A	090	Y	Y	N	N	N	N	-	-	407.04	438.58
24538		A	A	090	Y	Y	N	N	N	N	-	-	537.42	537.42
24545		A	A	090	Y	Y	Y	D	N	N	-	-	675.75	675.75
24546		A	A	090	Y	Y	Y	Y	N	N	-	-	756.31	756.31
24560		A	A	090	Y	Y	N	N	N	N	-	-	201.14	223.66
24565		A	A	090	Y	Y	N	N	N	N	-	-	349.27	378.16
24566		A	A	090	Y	Y	N	N	N	N	-	-	515.96	515.96
24575		A	A	090	Y	Y	Y	D	N	N	-	-	529.74	529.74
24576		A	A	090	Y	Y	N	N	N	N	-	-	213.59	236.91
24577		A	A	090	Y	Y	N	N	N	N	-	-	359.61	390.35
24579		A	A	090	Y	Y	Y	D	N	N	-	-	604.73	604.73
24582		A	A	090	Y	Y	N	N	N	N	-	-	581.94	581.94
24586		A	A	090	Y	Y	Y	D	N	N	-	-	789.97	789.97
24587		A	A	090	Y	Y	Y	D	N	N	-	-	798.71	798.71

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
24600		A	A	090	Y	Y	N	N	N	N	-	-	237.18	258.11
24605		A	A	090	Y	Y	N	N	N	N	-	-	335.76	335.76
24615		A	A	090	Y	Y	Y	D	N	N	-	-	515.96	515.96
24620		A	A	090	Y	Y	D	N	N	N	-	-	394.85	394.85
24635		A	A	090	Y	Y	Y	D	N	N	-	-	485.22	485.22
24640		A	A	010	Y	Y	D	N	N	N	-	-	54.86	68.90
24650		A	A	090	Y	Y	N	N	N	N	-	-	167.22	181.79
24655		A	A	090	Y	Y	N	N	N	N	-	-	281.43	307.67
24665		A	A	090	Y	Y	Y	D	N	N	-	-	469.58	469.58
24666		A	A	090	Y	Y	Y	D	N	N	-	-	528.68	528.68
24670		A	A	090	Y	Y	N	N	N	N	-	-	183.65	202.73
24675		A	A	090	Y	Y	N	N	N	N	-	-	293.62	320.39
24685		A	A	090	Y	Y	Y	D	N	N	-	-	470.38	470.38
24800		A	A	090	Y	Y	Y	D	N	N	-	-	603.14	603.14
24802		A	A	090	Y	Y	Y	N	N	N	-	-	730.87	730.87
24900		A	A	090	Y	Y	Y	D	N	N	-	-	537.16	537.16
24920		A	A	090	Y	Y	Y	D	N	N	-	-	532.39	532.39
24925		A	A	090	Y	Y	Y	N	N	N	-	-	404.39	404.39
24930		A	A	090	Y	Y	Y	N	N	N	-	-	563.39	563.39
24931		A	A	090	Y	Y	Y	N	N	N	-	-	681.58	681.58
24935		A	A	090	Y	Y	D	N	N	N	-	-	841.11	841.11
24940		C	C	090	Y	Y	Y	N	N	N	-	-	-	-
24999		Unlstd/Manu	C	YYY	Y	Y	D	D	D	N	-	-	-	-
25000		A	A	090	Y	Y	N	N	N	N	-	-	237.71	237.71
25001		A	A	090	Y	Y	N	N	N	N	-	-	243.27	243.27
25020		A	A	090	Y	Y	N	N	N	N	-	-	404.39	404.39
25023		A	A	090	Y	Y	D	N	N	N	-	-	794.21	794.21
25024		A	A	090	Y	Y	N	N	N	N	-	-	561.80	561.80
25025		A	A	090	Y	Y	D	N	N	N	-	-	888.81	888.81
25028		A	A	090	Y	Y	N	N	N	N	-	-	370.74	370.74
25031		A	A	090	Y	Y	D	N	N	N	-	-	252.55	252.55
25035		A	A	090	Y	Y	D	N	N	N	-	-	420.82	420.82
25040		A	A	090	Y	Y	D	N	N	N	-	-	405.19	405.19
25065		A	A	010	Y	Y	N	N	N	N	-	-	115.54	174.37
25066		A	A	090	Y	Y	N	N	N	N	-	-	255.46	255.46
25071		A	A	090	Y	Y	Y	N	N	N	-	-	309.79	309.79
25073		A	A	090	Y	Y	Y	N	N	N	-	-	385.84	385.84
25075		A	A	090	Y	Y	N	N	N	N	-	-	227.90	332.31
25076		A	A	090	Y	Y	N	N	N	N	-	-	372.86	372.86
25077		A	A	090	Y	Y	N	N	N	N	-	-	647.13	647.13
25078		A	A	090	Y	Y	Y	N	N	N	-	-	857.28	857.28
25085		A	A	090	Y	Y	Y	N	N	N	-	-	321.45	321.45
25100		A	A	090	Y	Y	D	N	N	N	-	-	246.45	246.45
25101		A	A	090	Y	Y	D	N	N	N	-	-	287.26	287.26
25105		A	A	090	Y	Y	D	D	N	N	-	-	344.50	344.50
25107		A	A	090	Y	Y	Y	D	N	N	-	-	440.96	440.96
25109		A	A	090	Y	Y	N	N	N	N	-	-	385.84	385.84
25110		A	A	090	Y	Y	N	N	N	N	-	-	242.74	242.74
25111		A	A	090	Y	Y	N	N	N	N	-	-	227.11	227.11
25112		A	A	090	Y	Y	N	N	N	N	-	-	275.87	275.87
25115		A	A	090	Y	Y	N	N	N	N	-	-	546.43	546.43
25116		A	A	090	Y	Y	D	D	N	N	-	-	429.30	429.30
25118		A	A	090	Y	Y	N	N	N	N	-	-	271.36	271.36
25119		A	A	090	Y	Y	Y	D	N	N	-	-	358.81	358.81
25120		A	A	090	Y	Y	D	D	N	N	-	-	355.37	355.37
25125		A	A	090	Y	Y	D	N	N	N	-	-	427.45	427.45
25126		A	A	090	Y	Y	Y	N	N	N	-	-	430.63	430.63
25130		A	A	090	Y	Y	D	N	N	N	-	-	318.27	318.27
25135		A	A	090	Y	Y	Y	D	N	N	-	-	402.27	402.27

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
25136		A	A	090	Y	Y	Y	D	N	N	-	-	354.31	354.31
25145		A	A	090	Y	Y	Y	N	N	N	-	-	372.33	372.33
25150		A	A	090	Y	Y	N	D	N	N	-	-	409.43	409.43
25151		A	A	090	Y	Y	Y	D	N	N	-	-	418.70	418.70
25170		A	A	090	Y	Y	Y	D	N	N	-	-	1,086.77	1,086.77
25210		A	A	090	Y	N	D	D	N	N	-	-	347.68	347.68
25215		A	A	090	Y	Y	Y	D	N	N	-	-	443.61	443.61
25230		A	A	090	Y	Y	N	D	N	N	-	-	309.52	309.52
25240		A	A	090	Y	Y	D	D	N	N	-	-	305.55	305.55
25246		A	A	000	Y	Y	N	N	N	N	-	-	54.86	109.98
25248		A	A	090	Y	Y	N	N	N	N	-	-	296.54	296.54
25250		A	A	090	Y	Y	Y	N	N	N	-	-	381.87	381.87
25251		A	A	090	Y	Y	Y	N	N	N	-	-	522.32	522.32
25259		A	A	090	Y	Y	N	N	N	N	-	-	291.50	291.50
25260		A	A	090	Y	N	N	N	N	N	-	-	451.56	451.56
25263		A	A	090	Y	N	Y	N	N	N	-	-	452.09	452.09
25265		A	A	090	Y	N	Y	N	N	N	-	-	547.23	547.23
25270		A	A	090	Y	N	D	N	N	N	-	-	350.60	350.60
25272		A	A	090	Y	N	D	N	N	N	-	-	401.74	401.74
25274		A	A	090	Y	N	D	D	N	N	-	-	486.81	486.81
25275		A	A	090	Y	Y	D	D	N	N	-	-	482.83	482.83
25280		A	A	090	Y	N	D	D	N	N	-	-	404.39	404.39
25290		A	A	090	Y	N	N	N	N	N	-	-	311.91	311.91
25295		A	A	090	Y	N	N	N	N	N	-	-	376.04	376.04
25300		A	A	090	Y	Y	Y	N	N	N	-	-	497.67	497.67
25301		A	A	090	Y	Y	Y	N	N	N	-	-	463.49	463.49
25310		A	A	090	Y	N	Y	D	N	N	-	-	444.94	444.94
25312		A	A	090	Y	N	Y	D	N	N	-	-	517.81	517.81
25315		A	A	090	Y	Y	Y	N	N	N	-	-	559.95	559.95
25316		A	A	090	Y	Y	Y	N	N	N	-	-	665.15	665.15
25320		A	A	090	Y	Y	Y	N	N	N	-	-	708.35	708.35
25332		A	A	090	Y	Y	Y	N	N	N	-	-	608.97	608.97
25335		A	A	090	Y	Y	Y	N	N	N	-	-	687.41	687.41
25337		A	A	090	Y	Y	N	N	N	N	-	-	642.36	642.36
25350		A	A	090	Y	Y	Y	N	N	N	-	-	486.01	486.01
25355		A	A	090	Y	Y	Y	N	N	N	-	-	556.24	556.24
25360		A	A	090	Y	Y	Y	D	N	N	-	-	470.91	470.91
25365		A	A	090	Y	Y	Y	N	N	N	-	-	666.21	666.21
25370		A	A	090	Y	Y	Y	N	N	N	-	-	731.93	731.93
25375		A	A	090	Y	Y	Y	D	N	N	-	-	694.57	694.57
25390		A	A	090	Y	Y	Y	D	N	N	-	-	555.97	555.97
25391		A	A	090	Y	Y	Y	D	N	N	-	-	726.37	726.37
25392		A	A	090	Y	Y	Y	N	N	N	-	-	739.88	739.88
25393		A	A	090	Y	Y	Y	N	N	N	-	-	827.60	827.60
25394		A	A	090	Y	Y	Y	D	N	N	-	-	569.75	569.75
25400		A	A	090	Y	Y	Y	D	N	N	-	-	582.21	582.21
25405		A	A	090	Y	Y	Y	D	N	N	-	-	753.13	753.13
25415		A	A	090	Y	Y	Y	D	N	N	-	-	705.43	705.43
25420		A	A	090	Y	Y	Y	D	N	N	-	-	854.36	854.36
25425		A	A	090	Y	Y	Y	D	N	N	-	-	701.46	701.46
25426		A	A	090	Y	Y	Y	D	N	N	-	-	822.56	822.56
25430		A	A	090	Y	Y	N	N	N	N	-	-	528.94	528.94
25431		A	A	090	Y	Y	Y	D	N	N	-	-	573.46	573.46
25440		A	A	090	Y	Y	Y	D	N	N	-	-	555.97	555.97
25441		A	A	090	Y	Y	Y	D	N	N	-	-	682.64	682.64
25442		A	A	090	Y	Y	Y	D	N	N	-	-	580.88	580.88
25443		A	A	090	Y	Y	Y	D	N	N	-	-	566.84	566.84
25444		A	A	090	Y	Y	Y	N	N	N	-	-	600.49	600.49
25445		A	A	090	Y	Y	N	D	N	N	-	-	521.26	521.26

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
25446		A	A	090	Y	Y	Y	D	N	N	-	-	853.04	853.04
25447		A	A	090	Y	Y	Y	D	N	N	-	-	596.52	596.52
25449		A	A	090	Y	Y	Y	D	N	N	-	-	748.89	748.89
25450		A	A	090	Y	Y	N	N	N	N	-	-	444.94	444.94
25455		A	A	090	Y	Y	N	N	N	N	-	-	524.97	524.97
25490		A	A	090	Y	Y	Y	N	N	N	-	-	521.26	521.26
25491		A	A	090	Y	Y	Y	N	N	N	-	-	536.63	536.63
25492		A	A	090	Y	Y	Y	N	N	N	-	-	658.00	658.00
25500		A	A	090	Y	Y	N	N	N	N	-	-	175.17	190.54
25505		A	A	090	Y	Y	N	N	N	N	-	-	321.45	349.54
25515		A	A	090	Y	Y	Y	D	N	N	-	-	482.04	482.04
25520		A	A	090	Y	Y	N	N	N	N	-	-	385.31	404.92
25525		A	A	090	Y	Y	Y	Y	N	N	-	-	566.57	566.57
25526		A	A	090	Y	Y	Y	Y	N	N	-	-	693.77	693.77
25530		A	A	090	Y	Y	N	N	N	N	-	-	165.36	182.32
25535		A	A	090	Y	Y	N	N	N	N	-	-	319.59	343.18
25545		A	A	090	Y	Y	Y	D	N	N	-	-	446.00	446.00
25560		A	A	090	Y	Y	N	N	N	N	-	-	175.70	193.72
25565		A	A	090	Y	Y	N	N	N	N	-	-	331.52	364.91
25574		A	A	090	Y	Y	Y	Y	N	N	-	-	484.95	484.95
25575		A	A	090	Y	Y	Y	D	N	N	-	-	651.64	651.64
25600		A	A	090	Y	Y	N	N	N	N	-	-	215.71	227.90
25605		A	A	090	Y	Y	N	N	N	N	-	-	362.26	383.99
25606		A	A	090	Y	Y	N	N	N	N	-	-	476.21	476.21
25607		A	A	090	Y	Y	Y	N	N	N	-	-	528.41	528.41
25608		A	A	090	Y	Y	Y	N	N	N	-	-	594.66	594.66
25609		A	A	090	Y	Y	Y	N	N	N	-	-	757.11	757.11
25622		A	A	090	Y	Y	N	N	N	N	-	-	194.51	212.53
25624		A	A	090	Y	Y	D	N	N	N	-	-	308.73	337.35
25628		A	A	090	Y	Y	Y	N	N	N	-	-	518.08	518.08
25630		A	A	090	Y	Y	N	N	N	N	-	-	197.16	213.86
25635		A	A	090	Y	Y	D	N	N	N	-	-	294.95	321.45
25645		A	A	090	Y	Y	Y	N	N	N	-	-	411.02	411.02
25650		A	A	090	Y	Y	N	N	N	N	-	-	209.88	223.66
25651		A	A	090	Y	Y	D	N	N	N	-	-	345.03	345.03
25652		A	A	090	Y	Y	N	D	N	N	-	-	448.12	448.12
25660		A	A	090	Y	Y	D	N	N	N	-	-	295.74	295.74
25670		A	A	090	Y	Y	Y	D	N	N	-	-	434.60	434.60
25671		A	A	090	Y	Y	N	N	N	N	-	-	380.81	380.81
25675		A	A	090	Y	Y	D	N	N	N	-	-	278.52	304.49
25676		A	A	090	Y	Y	Y	N	N	N	-	-	453.15	453.15
25680		A	A	090	Y	Y	D	N	N	N	-	-	372.59	372.59
25685		A	A	090	Y	Y	Y	N	N	N	-	-	533.98	533.98
25690		A	A	090	Y	Y	D	N	N	N	-	-	343.97	343.97
25695		A	A	090	Y	Y	Y	D	N	N	-	-	458.45	458.45
25800		A	A	090	Y	Y	Y	D	N	N	-	-	528.94	528.94
25805		A	A	090	Y	Y	Y	D	N	N	-	-	614.01	614.01
25810		A	A	090	Y	Y	Y	D	N	N	-	-	625.93	625.93
25820		A	A	090	Y	Y	Y	D	N	N	-	-	440.43	440.43
25825		A	A	090	Y	Y	Y	D	N	N	-	-	543.25	543.25
25830		A	A	090	Y	Y	Y	D	N	N	-	-	679.20	679.20
25900		A	A	090	Y	Y	D	N	N	N	-	-	510.13	510.13
25905		A	A	090	Y	Y	Y	N	N	N	-	-	508.27	508.27
25907		A	A	090	Y	Y	Y	N	N	N	-	-	442.82	442.82
25909		A	A	090	Y	Y	Y	N	N	N	-	-	496.08	496.08
25915		A	A	090	Y	Y	Y	N	N	N	-	-	859.40	859.40
25920		A	A	090	Y	Y	D	N	N	N	-	-	502.18	502.18
25922		A	A	090	Y	Y	Y	N	N	N	-	-	439.37	439.37
25924		A	A	090	Y	Y	Y	N	N	N	-	-	490.78	490.78

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
25927		A	A	090	Y	Y	D	N	N	N	-	-	576.64	576.64
25929		A	A	090	Y	Y	Y	N	N	N	-	-	430.63	430.63
25931		A	A	090	Y	Y	N	N	N	N	-	-	528.68	528.68
25999		Unlstd/Manu	C	YYY	Y	Y	D	D	D	N	-	-	-	-
26010		A	A	010	Y	N	N	N	N	N	-	-	96.99	179.67
26011		A	A	010	Y	N	N	N	N	N	-	-	131.44	264.74
26020		A	A	090	Y	N	N	N	N	N	-	-	308.20	308.20
26025		A	A	090	Y	Y	D	N	N	N	-	-	300.78	300.78
26030		A	A	090	Y	Y	D	N	N	N	-	-	353.25	353.25
26034		A	A	090	Y	N	N	N	N	N	-	-	387.17	387.17
26035		A	A	090	Y	N	D	N	N	N	-	-	620.90	620.90
26037		A	A	090	Y	Y	D	N	N	N	-	-	407.57	407.57
26040		A	A	090	Y	Y	N	N	N	N	-	-	220.22	220.22
26045		A	A	090	Y	Y	N	N	N	N	-	-	334.43	334.43
26055		A	A	090	Y	N	N	N	N	N	-	-	217.57	378.16
26060		A	A	090	Y	N	D	N	N	N	-	-	183.91	183.91
26070		A	A	090	Y	Y	N	N	N	N	-	-	226.84	226.84
26075		A	A	090	Y	Y	N	N	N	N	-	-	236.38	236.38
26080		A	A	090	Y	N	N	N	N	N	-	-	276.93	276.93
26100		A	A	090	Y	Y	D	N	N	N	-	-	238.77	238.77
26105		A	A	090	Y	Y	D	N	N	N	-	-	240.09	240.09
26110		A	A	090	Y	N	N	N	N	N	-	-	228.17	228.17
26111		A	A	090	Y	N	Y	N	N	N	-	-	300.78	300.78
26113		A	A	090	Y	N	Y	N	N	N	-	-	394.32	394.32
26115		A	A	090	Y	N	N	N	N	N	-	-	237.44	347.95
26116		A	A	090	Y	N	N	N	N	N	-	-	378.16	378.16
26117		A	A	090	Y	N	N	N	N	N	-	-	538.75	538.75
26118		A	A	090	Y	N	Y	N	N	N	-	-	764.26	764.26
26121		A	A	090	Y	Y	N	N	N	N	-	-	429.57	429.57
26123		A	A	090	Y	Y	N	N	N	N	-	-	599.43	599.43
26125		A	A	ZZZ	N	N	N	N	N	N	-	-	202.73	202.73
26130		A	A	090	Y	Y	N	N	N	N	-	-	329.66	329.66
26135		A	A	090	Y	N	D	N	N	N	-	-	395.38	395.38
26140		A	A	090	Y	N	N	N	N	N	-	-	360.14	360.14
26145		A	A	090	Y	N	N	N	N	N	-	-	367.03	367.03
26160		A	A	090	Y	N	N	N	N	N	-	-	235.85	391.41
26170		A	A	090	Y	N	D	N	N	N	-	-	289.12	289.12
26180		A	A	090	Y	N	D	N	N	N	-	-	315.35	315.35
26185		A	A	090	Y	Y	Y	D	N	N	-	-	394.06	394.06
26200		A	A	090	Y	N	D	N	N	N	-	-	321.18	321.18
26205		A	A	090	Y	N	N	N	N	N	-	-	434.87	434.87
26210		A	A	090	Y	N	N	N	N	N	-	-	314.82	314.82
26215		A	A	090	Y	N	N	N	N	N	-	-	406.25	406.25
26230		A	A	090	Y	N	D	N	N	N	-	-	358.02	358.02
26235		A	A	090	Y	N	D	N	N	N	-	-	352.72	352.72
26236		A	A	090	Y	N	N	N	N	N	-	-	314.82	314.82
26250		A	A	090	Y	N	D	N	N	N	-	-	781.49	781.49
26260		A	A	090	Y	N	Y	N	N	N	-	-	584.59	584.59
26262		A	A	090	Y	N	Y	N	N	N	-	-	458.45	458.45
26320		A	A	090	Y	N	N	N	N	N	-	-	246.45	246.45
26340		A	A	090	Y	Y	N	N	N	N	-	-	230.82	230.82
26341		Not Covered	A	010	Y	Y	N	N	N	N	-	-	53.53	69.17
26350		A	A	090	Y	N	N	N	N	N	-	-	489.19	489.19
26352		A	A	090	Y	N	Y	D	N	N	-	-	568.16	568.16
26356		A	A	090	Y	N	N	N	N	N	-	-	564.98	564.98
26357		A	A	090	Y	N	Y	N	N	N	-	-	637.33	637.33
26358		A	A	090	Y	N	Y	N	N	N	-	-	708.08	708.08
26370		A	A	090	Y	N	D	N	N	N	-	-	523.38	523.38
26372		A	A	090	Y	N	Y	N	N	N	-	-	617.98	617.98

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
26373		A	A	090	Y	N	Y	N	N	N	-	-	592.01	592.01
26390		A	A	090	Y	N	Y	D	N	N	-	-	589.36	589.36
26392		A	A	090	Y	N	Y	D	N	N	-	-	684.23	684.23
26410		A	A	090	Y	N	N	N	N	N	-	-	387.70	387.70
26412		A	A	090	Y	N	D	N	N	N	-	-	475.15	475.15
26415		A	A	090	Y	N	D	N	N	N	-	-	569.75	569.75
26416		A	A	090	Y	N	N	N	N	N	-	-	621.43	621.43
26418		A	A	090	Y	N	N	N	N	N	-	-	393.53	393.53
26420		A	A	090	Y	N	Y	N	N	N	-	-	497.41	497.41
26426		A	A	090	Y	N	N	N	N	N	-	-	358.28	358.28
26428		A	A	090	Y	N	D	N	N	N	-	-	526.56	526.56
26432		A	A	090	Y	N	N	N	N	N	-	-	341.32	341.32
26433		A	A	090	Y	N	N	N	N	N	-	-	364.91	364.91
26434		A	A	090	Y	N	Y	N	N	N	-	-	450.50	450.50
26437		A	A	090	Y	N	N	N	N	N	-	-	430.89	430.89
26440		A	A	090	Y	N	N	N	N	N	-	-	424.00	424.00
26442		A	A	090	Y	N	N	N	N	N	-	-	670.19	670.19
26445		A	A	090	Y	N	N	N	N	N	-	-	393.26	393.26
26449		A	A	090	Y	N	D	N	N	N	-	-	491.05	491.05
26450		A	A	090	Y	N	D	N	N	N	-	-	280.90	280.90
26455		A	A	090	Y	N	D	N	N	N	-	-	278.52	278.52
26460		A	A	090	Y	N	N	N	N	N	-	-	271.63	271.63
26471		A	A	090	Y	N	D	N	N	N	-	-	425.59	425.59
26474		A	A	090	Y	N	Y	N	N	N	-	-	416.05	416.05
26476		A	A	090	Y	N	N	N	N	N	-	-	409.96	409.96
26477		A	A	090	Y	N	N	D	N	N	-	-	399.89	399.89
26478		A	A	090	Y	N	D	N	N	N	-	-	427.18	427.18
26479		A	A	090	Y	N	Y	N	N	N	-	-	434.87	434.87
26480		A	A	090	Y	N	D	N	N	N	-	-	517.55	517.55
26483		A	A	090	Y	N	Y	D	N	N	-	-	584.33	584.33
26485		A	A	090	Y	N	Y	D	N	N	-	-	557.56	557.56
26489		A	A	090	Y	N	D	N	N	N	-	-	655.61	655.61
26490		A	A	090	Y	N	D	N	N	N	-	-	559.15	559.15
26492		A	A	090	Y	N	Y	D	N	N	-	-	621.69	621.69
26494		A	A	090	Y	N	Y	D	N	N	-	-	561.80	561.80
26496		A	A	090	Y	N	D	N	N	N	-	-	611.89	611.89
26497		A	A	090	Y	N	Y	N	N	N	-	-	610.30	610.30
26498		A	A	090	Y	N	Y	D	N	N	-	-	813.82	813.82
26499		A	A	090	Y	N	Y	D	N	N	-	-	583.53	583.53
26500		A	A	090	Y	N	D	N	N	N	-	-	431.42	431.42
26502		A	A	090	Y	N	Y	N	N	N	-	-	496.35	496.35
26508		A	A	090	Y	Y	D	N	N	N	-	-	435.40	435.40
26510		A	A	090	Y	N	D	N	N	N	-	-	409.96	409.96
26516		A	A	090	Y	Y	D	N	N	N	-	-	486.54	486.54
26517		A	A	090	Y	Y	Y	N	N	N	-	-	579.56	579.56
26518		A	A	090	Y	Y	Y	D	N	N	-	-	588.04	588.04
26520		A	A	090	Y	N	N	N	N	N	-	-	444.67	444.67
26525		A	A	090	Y	N	N	D	N	N	-	-	446.26	446.26
26530		A	A	090	Y	N	Y	N	N	N	-	-	385.58	385.58
26531		A	A	090	Y	N	Y	D	N	N	-	-	447.59	447.59
26535		A	A	090	Y	N	N	N	N	N	-	-	303.69	303.69
26536		A	A	090	Y	N	D	N	N	N	-	-	489.46	489.46
26540		A	A	090	Y	N	D	D	N	N	-	-	455.80	455.80
26541		A	A	090	Y	N	Y	D	N	N	-	-	559.95	559.95
26542		A	A	090	Y	N	D	N	N	N	-	-	470.11	470.11
26545		A	A	090	Y	N	D	N	N	N	-	-	488.40	488.40
26546		A	A	090	Y	Y	Y	N	N	N	-	-	694.04	694.04
26548		A	A	090	Y	N	D	N	N	N	-	-	530.80	530.80
26550		A	A	090	Y	Y	Y	N	N	N	-	-	1,181.11	1,181.11

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
26551		A	A	090	Y	Y	Y	N	N	N	-	-	2,405.67	2,405.67
26553		A	A	090	Y	Y	Y	D	N	N	-	-	2,389.51	2,389.51
26554		A	A	090	Y	Y	Y	D	N	N	-	-	2,792.04	2,792.04
26555		A	A	090	Y	N	Y	N	N	N	-	-	978.12	978.12
26556		A	A	090	Y	N	Y	D	N	N	-	-	2,480.93	2,480.93
26560		A	A	090	Y	N	Y	N	N	N	-	-	409.43	409.43
26561		A	A	090	Y	N	Y	D	N	N	-	-	669.13	669.13
26562		A	A	090	Y	N	Y	N	N	N	-	-	956.92	956.92
26565		A	A	090	Y	N	Y	N	N	N	-	-	476.47	476.47
26567		A	A	090	Y	N	D	N	N	N	-	-	472.76	472.76
26568		A	A	090	Y	N	Y	N	N	N	-	-	629.38	629.38
26580		A	A	090	Y	Y	Y	N	N	N	-	-	1,084.91	1,084.91
26587		A	A	090	Y	N	Y	N	N	N	-	-	755.78	755.78
26590		A	A	090	Y	N	Y	N	N	N	-	-	1,010.98	1,010.98
26591		A	A	090	Y	N	D	N	N	N	-	-	297.60	297.60
26593		A	A	090	Y	N	N	N	N	N	-	-	412.87	412.87
26596		A	A	090	Y	N	Y	N	N	N	-	-	541.40	541.40
26600		A	A	090	Y	N	N	N	N	N	-	-	192.13	204.05
26605		A	A	090	Y	N	N	N	N	N	-	-	205.11	224.19
26607		A	A	090	Y	N	D	N	N	N	-	-	327.54	327.54
26608		A	A	090	Y	N	D	N	N	N	-	-	337.61	337.61
26615		A	A	090	Y	N	N	N	N	N	-	-	411.55	411.55
26641		A	A	090	Y	Y	D	N	N	N	-	-	248.04	270.83
26645		A	A	090	Y	Y	D	N	N	N	-	-	279.84	302.90
26650		A	A	090	Y	Y	N	N	N	N	-	-	337.08	337.08
26665		A	A	090	Y	Y	N	D	N	N	-	-	448.91	448.91
26670		A	A	090	Y	N	D	N	N	N	-	-	218.36	240.09
26675		A	A	090	Y	N	D	N	N	N	-	-	297.60	321.71
26676		A	A	090	Y	N	N	N	N	N	-	-	355.10	355.10
26685		A	A	090	Y	N	N	D	N	N	-	-	411.81	411.81
26686		A	A	090	Y	N	Y	N	N	N	-	-	449.97	449.97
26700		A	A	090	Y	N	N	N	N	N	-	-	214.39	228.17
26705		A	A	090	Y	N	D	N	N	N	-	-	267.92	290.44
26706		A	A	090	Y	N	N	N	N	N	-	-	312.44	312.44
26715		A	A	090	Y	N	D	N	N	N	-	-	409.16	409.16
26720		A	A	090	Y	N	N	N	N	N	-	-	127.73	137.27
26725		A	A	090	Y	N	N	N	N	N	-	-	213.33	235.32
26727		A	A	090	Y	N	N	N	N	N	-	-	333.11	333.11
26735		A	A	090	Y	N	N	N	N	N	-	-	426.65	426.65
26740		A	A	090	Y	N	N	N	N	N	-	-	150.52	160.33
26742		A	A	090	Y	N	N	N	N	N	-	-	237.18	260.23
26746		A	A	090	Y	N	N	N	N	N	-	-	533.71	533.71
26750		A	A	090	Y	N	N	N	N	N	-	-	127.73	128.26
26755		A	A	090	Y	N	N	N	N	N	-	-	192.13	219.69
26756		A	A	090	Y	N	D	N	N	N	-	-	293.36	293.36
26765		A	A	090	Y	N	N	N	N	N	-	-	355.37	355.37
26770		A	A	090	Y	N	N	N	N	N	-	-	179.14	193.45
26775		A	A	090	Y	N	N	N	N	N	-	-	243.27	267.12
26776		A	A	090	Y	N	N	N	N	N	-	-	313.76	313.76
26785		A	A	090	Y	N	N	N	N	N	-	-	390.08	390.08
26820		A	A	090	Y	Y	Y	D	N	N	-	-	552.53	552.53
26841		A	A	090	Y	Y	D	D	N	N	-	-	503.24	503.24
26842		A	A	090	Y	Y	Y	D	N	N	-	-	545.37	545.37
26843		A	A	090	Y	N	Y	D	N	N	-	-	517.02	517.02
26844		A	A	090	Y	N	Y	D	N	N	-	-	575.58	575.58
26850		A	A	090	Y	N	D	N	N	N	-	-	480.18	480.18
26852		A	A	090	Y	N	Y	D	N	N	-	-	555.18	555.18
26860		A	A	090	Y	N	N	N	N	N	-	-	387.70	387.70
26861		A	A	ZZZ	N	N	N	N	N	N	-	-	76.32	76.32

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
26862		A	A	090	Y	N	Y	D	N	N	-	-	504.83	504.83
26863		A	A	ZZZ	N	N	Y	N	N	N	-	-	171.46	171.46
26910		A	A	090	Y	N	N	N	N	N	-	-	505.89	505.89
26951		A	A	090	Y	N	N	N	N	N	-	-	450.24	450.24
26952		A	A	090	Y	N	N	N	N	N	-	-	447.06	447.06
26989		Unlstd/Manu	C	YYY	Y	N	N	D	D	N	-	-	-	-
26990		A	A	090	Y	N	N	N	N	N	-	-	451.83	451.83
26991		A	A	090	Y	N	D	N	N	N	-	-	378.95	497.67
26992		A	A	090	Y	N	D	N	N	N	-	-	694.83	694.83
27000		A	A	090	Y	Y	N	D	N	N	-	-	293.89	293.89
27001		A	A	090	Y	Y	Y	D	N	N	-	-	388.76	388.76
27003		A	A	090	Y	Y	Y	D	N	N	-	-	430.36	430.36
27005		A	A	090	Y	Y	Y	D	N	N	-	-	523.11	523.11
27006		A	A	090	Y	Y	Y	D	N	N	-	-	527.09	527.09
27025		A	A	090	Y	Y	D	D	N	N	-	-	667.27	667.27
27027		A	A	090	Y	Y	D	N	N	N	-	-	640.51	640.51
27030		A	A	090	Y	Y	Y	D	N	N	-	-	683.17	683.17
27033		A	A	090	Y	Y	Y	D	N	N	-	-	707.29	707.29
27035		A	A	090	Y	Y	Y	D	N	N	-	-	807.46	807.46
27036		A	A	090	Y	Y	Y	D	N	N	-	-	735.64	735.64
27040		A	A	010	Y	Y	N	N	N	N	-	-	144.16	237.97
27041		A	A	090	Y	Y	N	N	N	N	-	-	505.36	505.36
27043		A	A	090	Y	Y	N	N	N	N	-	-	345.56	345.56
27045		A	A	090	Y	Y	Y	D	N	N	-	-	547.49	547.49
27047		A	A	090	Y	Y	N	N	N	N	-	-	262.88	329.66
27048		A	A	090	Y	Y	Y	D	N	N	-	-	446.79	446.79
27049		A	A	090	Y	Y	Y	D	N	N	-	-	994.55	994.55
27050		A	A	090	Y	Y	D	D	N	N	-	-	287.26	287.26
27052		A	A	090	Y	Y	Y	D	N	N	-	-	417.91	417.91
27054		A	A	090	Y	Y	Y	D	N	N	-	-	494.76	494.76
27057		A	A	090	Y	Y	D	N	N	N	-	-	743.06	743.06
27059		A	A	090	Y	Y	Y	D	N	N	-	-	1,350.44	1,350.44
27060		A	A	090	Y	Y	N	N	N	N	-	-	335.23	335.23
27062		A	A	090	Y	Y	N	D	N	N	-	-	327.28	327.28
27065		A	A	090	Y	Y	Y	D	N	N	-	-	373.65	373.65
27066		A	A	090	Y	Y	Y	D	N	N	-	-	584.33	584.33
27067		A	A	090	Y	Y	Y	N	N	N	-	-	754.72	754.72
27070		A	A	090	Y	Y	Y	D	N	N	-	-	611.36	611.36
27071		A	A	090	Y	Y	Y	D	N	N	-	-	663.56	663.56
27075		A	A	090	Y	N	Y	D	N	N	-	-	1,552.37	1,552.37
27076		A	A	090	Y	N	Y	D	N	N	-	-	1,883.09	1,883.09
27077		A	A	090	Y	N	Y	D	N	N	-	-	2,101.98	2,101.98
27078		A	A	090	Y	Y	Y	D	N	N	-	-	1,530.38	1,530.38
27080		A	A	090	Y	N	Y	D	N	N	-	-	373.39	373.39
27086		A	A	010	Y	Y	D	N	N	N	-	-	119.78	203.26
27087		A	A	090	Y	Y	Y	D	N	N	-	-	443.88	443.88
27090		A	A	090	Y	Y	Y	D	N	N	-	-	602.88	602.88
27091		A	A	090	Y	Y	Y	D	N	N	-	-	1,172.10	1,172.10
27093		A	A	000	Y	Y	N	N	N	N	-	-	51.41	126.41
27095		A	A	000	Y	Y	N	N	N	N	-	-	61.22	165.63
27096		A	A	000	Y	Y	N	N	N	N	-	-	60.42	108.65
27097		A	A	090	Y	Y	Y	N	N	N	-	-	493.96	493.96
27098		A	A	090	Y	Y	Y	N	N	N	-	-	502.44	502.44
27100		A	A	090	Y	Y	Y	D	N	N	-	-	599.96	599.96
27105		A	A	090	Y	Y	Y	N	N	N	-	-	630.70	630.70
27110		A	A	090	Y	Y	Y	D	N	N	-	-	706.76	706.76
27111		A	A	090	Y	Y	Y	D	N	N	-	-	655.08	655.08
27120		A	A	090	Y	Y	Y	D	N	N	-	-	954.00	954.00
27122		A	A	090	Y	Y	Y	D	N	N	-	-	803.48	803.48

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
27125		A	A	090	Y	Y	Y	D	N	N	-	-	828.92	828.92
27130		A	A	090	Y	Y	Y	D	N	N	-	-	995.87	995.87
27132		A	A	090	Y	Y	Y	D	N	N	-	-	1,230.40	1,230.40
27134		A	A	090	Y	Y	Y	D	N	N	-	-	1,412.72	1,412.72
27137		A	A	090	Y	Y	Y	D	N	N	-	-	1,082.53	1,082.53
27138		A	A	090	Y	Y	Y	D	N	N	-	-	1,125.46	1,125.46
27140		A	A	090	Y	Y	Y	D	N	N	-	-	650.05	650.05
27146		A	A	090	Y	Y	Y	D	N	N	-	-	939.69	939.69
27147		A	A	090	Y	Y	Y	D	N	N	-	-	1,081.20	1,081.20
27151		A	A	090	Y	Y	Y	D	N	N	-	-	1,172.36	1,172.36
27156		A	A	090	Y	Y	Y	D	N	N	-	-	1,265.11	1,265.11
27158		A	A	090	Y	B	Y	N	N	N	-	-	1,030.85	1,030.85
27161		A	A	090	Y	Y	Y	D	N	N	-	-	885.90	885.90
27165		A	A	090	Y	Y	Y	D	N	N	-	-	1,001.44	1,001.44
27170		A	A	090	Y	Y	Y	D	N	N	-	-	861.25	861.25
27175		A	A	090	Y	Y	D	N	N	N	-	-	485.22	485.22
27176		A	A	090	Y	Y	Y	D	N	N	-	-	669.13	669.13
27177		A	A	090	Y	Y	Y	D	N	N	-	-	815.14	815.14
27178		A	A	090	Y	Y	Y	D	N	N	-	-	669.13	669.13
27179		A	A	090	Y	Y	Y	N	N	N	-	-	713.12	713.12
27181		A	A	090	Y	Y	Y	N	N	N	-	-	821.77	821.77
27185		A	A	090	Y	Y	N	D	N	N	-	-	521.26	521.26
27187		A	A	090	Y	Y	Y	D	N	N	-	-	722.66	722.66
27197		A	A	000	Y	N	N	N	N	N	-	-	86.39	86.39
27198		A	A	000	Y	N	D	Y	N	N	-	-	219.42	219.42
27200		A	A	090	Y	N	N	N	N	N	-	-	132.24	128.26
27202		A	A	090	Y	N	Y	N	N	N	-	-	386.90	386.90
27215		A	I	090	N	N	N	N	N	N	-	-	456.07	456.07
27216		A	I	090	N	N	N	N	N	N	-	-	676.55	676.55
27217		A	I	090	N	N	N	N	N	N	-	-	634.41	634.41
27218		A	I	090	N	N	N	N	N	N	-	-	879.01	879.01
27220		A	A	090	Y	Y	N	N	N	N	-	-	378.69	382.40
27222		A	A	090	Y	Y	N	N	N	N	-	-	708.88	708.88
27226		A	A	090	Y	Y	Y	Y	N	N	-	-	770.09	770.09
27227		A	A	090	Y	Y	Y	Y	N	N	-	-	1,221.12	1,221.12
27228		A	A	090	Y	Y	Y	Y	N	N	-	-	1,387.81	1,387.81
27230		A	A	090	Y	Y	N	N	N	N	-	-	337.08	340.26
27232		A	A	090	Y	Y	N	N	N	N	-	-	545.37	545.37
27235		A	A	090	Y	Y	N	D	N	N	-	-	663.03	663.03
27236		A	A	090	Y	Y	Y	D	N	N	-	-	874.50	874.50
27238		A	A	090	Y	Y	N	N	N	N	-	-	329.66	329.66
27240		A	A	090	Y	Y	N	N	N	N	-	-	698.81	698.81
27244		A	A	090	Y	Y	Y	D	N	N	-	-	900.74	900.74
27245		A	A	090	Y	Y	Y	Y	N	N	-	-	900.74	900.74
27246		A	A	090	Y	Y	N	N	N	N	-	-	276.93	276.40
27248		A	A	090	Y	Y	Y	D	N	N	-	-	541.66	541.66
27250		A	A	000	Y	Y	N	N	N	N	-	-	135.42	135.42
27252		A	A	090	Y	Y	N	N	N	N	-	-	551.47	551.47
27253		A	A	090	Y	Y	Y	D	N	N	-	-	684.50	684.50
27254		A	A	090	Y	Y	Y	D	N	N	-	-	931.74	931.74
27256		A	A	010	Y	Y	D	N	N	N	-	-	173.31	217.83
27257		A	A	010	Y	Y	D	N	N	N	-	-	267.12	267.12
27258		A	A	090	Y	Y	Y	D	N	N	-	-	812.76	812.76
27259		A	A	090	Y	Y	Y	N	N	N	-	-	1,141.62	1,141.62
27265		A	A	090	Y	Y	N	N	N	N	-	-	284.88	284.88
27266		A	A	090	Y	Y	N	N	N	N	-	-	420.03	420.03
27267		A	A	090	Y	Y	Y	D	N	N	-	-	309.79	309.79
27268		A	A	090	Y	Y	Y	D	N	N	-	-	389.82	389.82
27269		A	A	090	Y	Y	Y	D	N	N	-	-	912.93	912.93

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
27275		A	A	010	Y	N	N	N	N	N	-	-	131.18	131.18
27279		A	A	090	Y	Y	Y	D	N	N	-	-	509.33	509.33
27280		A	A	090	Y	Y	Y	D	N	N	-	-	1,010.45	1,010.45
27282		A	A	090	Y	N	Y	D	N	N	-	-	622.22	622.22
27284		A	A	090	Y	Y	Y	D	N	N	-	-	1,195.42	1,195.42
27286		A	A	090	Y	Y	Y	D	N	N	-	-	1,217.94	1,217.94
27290		A	A	090	Y	N	Y	D	N	N	-	-	1,195.95	1,195.95
27295		A	A	090	Y	Y	Y	D	N	N	-	-	932.80	932.80
27299	Unlstd/Manu		C	YYY	Y	Y	Y	D	D	N	-	-	-	-
27301		A	A	090	Y	Y	N	N	N	N	-	-	365.17	475.41
27303		A	A	090	Y	Y	Y	D	N	N	-	-	462.16	462.16
27305		A	A	090	Y	Y	Y	D	N	N	-	-	343.44	343.44
27306		A	A	090	Y	Y	Y	N	N	N	-	-	247.51	247.51
27307		A	A	090	Y	Y	D	D	N	N	-	-	310.32	310.32
27310		A	A	090	Y	Y	Y	D	N	N	-	-	529.21	529.21
27323		A	A	010	Y	Y	N	N	N	N	-	-	128.26	188.42
27324		A	A	090	Y	Y	N	N	N	N	-	-	289.38	289.38
27325		A	A	090	Y	Y	Y	N	N	N	-	-	402.54	402.54
27326		A	A	090	Y	Y	Y	D	N	N	-	-	369.94	369.94
27327		A	A	090	Y	Y	N	N	N	N	-	-	226.58	320.12
27328		A	A	090	Y	Y	N	N	N	N	-	-	454.74	454.74
27329		A	A	090	Y	Y	Y	D	N	N	-	-	764.53	764.53
27330		A	A	090	Y	Y	N	D	N	N	-	-	297.86	297.86
27331		A	A	090	Y	Y	Y	D	N	N	-	-	340.53	340.53
27332		A	A	090	Y	Y	Y	D	N	N	-	-	465.08	465.08
27333		A	A	090	Y	Y	Y	D	N	N	-	-	422.41	422.41
27334		A	A	090	Y	Y	Y	D	N	N	-	-	494.23	494.23
27335		A	A	090	Y	Y	Y	D	N	N	-	-	552.26	552.26
27337		A	A	090	Y	Y	Y	N	N	N	-	-	306.61	306.61
27339		A	A	090	Y	Y	Y	N	N	N	-	-	552.79	552.79
27340		A	A	090	Y	Y	N	N	N	N	-	-	265.00	265.00
27345		A	A	090	Y	Y	Y	D	N	N	-	-	344.77	344.77
27347		A	A	090	Y	Y	Y	D	N	N	-	-	380.01	380.01
27350		A	A	090	Y	Y	Y	D	N	N	-	-	470.38	470.38
27355		A	A	090	Y	Y	Y	D	N	N	-	-	435.13	435.13
27356		A	A	090	Y	Y	Y	D	N	N	-	-	536.36	536.36
27357		A	A	090	Y	Y	Y	D	N	N	-	-	591.22	591.22
27358		A	A	ZZZ	N	N	Y	N	N	N	-	-	208.29	208.29
27360		A	A	090	Y	Y	Y	D	N	N	-	-	615.33	615.33
27364		A	A	090	Y	Y	Y	D	N	N	-	-	1,157.52	1,157.52
27365		A	A	090	Y	Y	Y	D	N	N	-	-	1,522.96	1,522.96
27370		A	A	000	Y	Y	N	N	N	N	-	-	36.84	104.15
27372		A	A	090	Y	Y	D	N	N	N	-	-	286.47	413.67
27380		A	A	090	Y	Y	Y	D	N	N	-	-	425.59	425.59
27381		A	A	090	Y	Y	Y	D	N	N	-	-	576.64	576.64
27385		A	A	090	Y	Y	Y	D	N	N	-	-	410.22	410.22
27386		A	A	090	Y	Y	Y	D	N	N	-	-	598.90	598.90
27390		A	A	090	Y	Y	Y	N	N	N	-	-	322.24	322.24
27391		A	A	090	Y	N	D	D	N	N	-	-	413.67	413.67
27392		A	A	090	Y	B	Y	D	N	N	-	-	516.49	516.49
27393		A	A	090	Y	Y	Y	D	N	N	-	-	367.03	367.03
27394		A	A	090	Y	N	Y	N	N	N	-	-	461.63	461.63
27395		A	A	090	Y	B	Y	D	N	N	-	-	638.92	638.92
27396		A	A	090	Y	Y	Y	D	N	N	-	-	445.20	445.20
27397		A	A	090	Y	Y	Y	N	N	N	-	-	666.74	666.74
27400		A	A	090	Y	Y	Y	D	N	N	-	-	502.71	502.71
27403		A	A	090	Y	Y	Y	D	N	N	-	-	461.90	461.90
27405		A	A	090	Y	Y	Y	D	N	N	-	-	487.34	487.34
27407		A	A	090	Y	Y	Y	D	N	N	-	-	575.32	575.32

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
27409		A	A	090	Y	Y	Y	D	N	N	-	-	703.84	703.84
27412		Not Covered	A	090	Y	Y	Y	D	N	N	-	-	1,216.09	1,216.09
27415		Not Covered	A	090	Y	Y	Y	D	N	N	-	-	998.52	998.52
27416		A	A	090	Y	Y	D	N	N	N	-	-	716.83	716.83
27418		A	A	090	Y	Y	Y	D	N	N	-	-	598.11	598.11
27420		A	A	090	Y	Y	Y	D	N	N	-	-	537.95	537.95
27422		A	A	090	Y	Y	Y	D	N	N	-	-	537.69	537.69
27424		A	A	090	Y	Y	Y	D	N	N	-	-	543.25	543.25
27425		A	A	090	Y	Y	N	D	N	N	-	-	320.65	320.65
27427		A	A	090	Y	Y	Y	D	N	N	-	-	513.04	513.04
27428		A	A	090	Y	Y	Y	D	N	N	-	-	813.55	813.55
27429		A	A	090	Y	Y	Y	D	N	N	-	-	905.51	905.51
27430		A	A	090	Y	Y	Y	D	N	N	-	-	534.77	534.77
27435		A	A	090	Y	Y	Y	D	N	N	-	-	583.53	583.53
27437		A	A	090	Y	Y	N	D	N	N	-	-	479.12	479.12
27438		A	A	090	Y	Y	Y	D	N	N	-	-	609.24	609.24
27440		A	A	090	Y	Y	Y	D	N	N	-	-	580.88	580.88
27441		A	A	090	Y	Y	Y	D	N	N	-	-	600.49	600.49
27442		A	A	090	Y	Y	Y	D	N	N	-	-	631.50	631.50
27443		A	A	090	Y	Y	Y	D	N	N	-	-	592.01	592.01
27445		A	A	090	Y	Y	Y	D	N	N	-	-	916.90	916.90
27446		A	A	090	Y	Y	Y	D	N	N	-	-	849.59	849.59
27447		A	A	090	Y	Y	Y	D	N	N	-	-	994.81	994.81
27448		A	A	090	Y	Y	Y	D	N	N	-	-	563.66	563.66
27450		A	A	090	Y	Y	Y	D	N	N	-	-	731.40	731.40
27454		A	A	090	Y	Y	Y	D	N	N	-	-	953.47	953.47
27455		A	A	090	Y	Y	Y	D	N	N	-	-	686.88	686.88
27457		A	A	090	Y	Y	Y	D	N	N	-	-	695.89	695.89
27465		A	A	090	Y	Y	Y	D	N	N	-	-	889.08	889.08
27466		A	A	090	Y	Y	Y	D	N	N	-	-	866.82	866.82
27468		A	A	090	Y	Y	Y	D	N	N	-	-	985.80	985.80
27470		A	A	090	Y	Y	Y	D	N	N	-	-	858.60	858.60
27472		A	A	090	Y	Y	Y	D	N	N	-	-	923.26	923.26
27475		A	A	090	Y	Y	N	D	N	N	-	-	479.65	479.65
27477		A	A	090	Y	Y	N	D	N	N	-	-	532.92	532.92
27479		A	A	090	Y	Y	Y	N	N	N	-	-	671.78	671.78
27485		A	A	090	Y	Y	N	N	N	N	-	-	486.01	486.01
27486		A	A	090	Y	Y	Y	D	N	N	-	-	1,030.32	1,030.32
27487		A	A	090	Y	Y	Y	D	N	N	-	-	1,292.41	1,292.41
27488		A	A	090	Y	Y	Y	D	N	N	-	-	877.68	877.68
27495		A	A	090	Y	Y	Y	D	N	N	-	-	822.56	822.56
27496		A	A	090	Y	Y	N	N	N	N	-	-	391.41	391.41
27497		A	A	090	Y	Y	D	Y	N	N	-	-	422.15	422.15
27498		A	A	090	Y	Y	Y	Y	N	N	-	-	474.09	474.09
27499		A	A	090	Y	Y	Y	Y	N	N	-	-	507.74	507.74
27500		A	A	090	Y	Y	N	N	N	N	-	-	345.03	370.74
27501		A	A	090	Y	Y	D	N	N	N	-	-	359.34	362.79
27502		A	A	090	Y	Y	N	N	N	N	-	-	552.79	552.79
27503		A	A	090	Y	Y	D	N	N	N	-	-	582.47	582.47
27506		A	A	090	Y	Y	Y	D	N	N	-	-	978.38	978.38
27507		A	A	090	Y	Y	Y	Y	N	N	-	-	711.79	711.79
27508		A	A	090	Y	Y	N	N	N	N	-	-	352.72	373.65
27509		A	A	090	Y	Y	D	N	N	N	-	-	460.84	460.84
27510		A	A	090	Y	Y	N	N	N	N	-	-	495.55	495.55
27511		A	A	090	Y	Y	Y	Y	N	N	-	-	731.14	731.14
27513		A	A	090	Y	Y	Y	Y	N	N	-	-	912.93	912.93
27514		A	A	090	Y	Y	Y	D	N	N	-	-	708.35	708.35
27516		A	A	090	Y	Y	N	N	N	N	-	-	341.06	360.93
27517		A	A	090	Y	Y	D	N	N	N	-	-	495.82	495.82

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
27519		A	A	090	Y	Y	Y	D	N	N	-	-	654.29	654.29
27520		A	A	090	Y	Y	N	N	N	N	-	-	206.70	225.78
27524		A	A	090	Y	Y	Y	D	N	N	-	-	545.11	545.11
27530		A	A	090	Y	Y	N	N	N	N	-	-	195.84	210.68
27532		A	A	090	Y	Y	N	N	N	N	-	-	415.26	440.43
27535		A	A	090	Y	Y	Y	Y	N	N	-	-	656.67	656.67
27536		A	A	090	Y	Y	Y	D	N	N	-	-	869.20	869.20
27538		A	A	090	Y	Y	D	N	N	N	-	-	314.82	335.23
27540		A	A	090	Y	Y	Y	D	N	N	-	-	585.92	585.92
27550		A	A	090	Y	Y	D	N	N	N	-	-	338.94	363.85
27552		A	A	090	Y	Y	D	N	N	N	-	-	448.91	448.91
27556		A	A	090	Y	Y	Y	D	N	N	-	-	643.16	643.16
27557		A	A	090	Y	Y	Y	D	N	N	-	-	771.42	771.42
27558		A	A	090	Y	Y	Y	Y	N	N	-	-	881.13	881.13
27560		A	A	090	Y	Y	N	N	N	N	-	-	237.18	255.99
27562		A	A	090	Y	Y	D	N	N	N	-	-	347.42	347.42
27566		A	A	090	Y	Y	Y	D	N	N	-	-	652.96	652.96
27570		A	A	010	Y	Y	N	N	N	N	-	-	107.86	107.86
27580		A	A	090	Y	Y	Y	D	N	N	-	-	1,049.93	1,049.93
27590		A	A	090	Y	Y	Y	D	N	N	-	-	597.58	597.58
27591		A	A	090	Y	Y	Y	D	N	N	-	-	706.76	706.76
27592		A	A	090	Y	Y	Y	D	N	N	-	-	506.42	506.42
27594		A	A	090	Y	Y	N	N	N	N	-	-	369.94	369.94
27596		A	A	090	Y	Y	N	D	N	N	-	-	533.98	533.98
27598		A	A	090	Y	Y	Y	D	N	N	-	-	529.74	529.74
27599	Unlstd/Manu		C	YYY	Y	Y	Y	D	D	N	-	-	-	-
27600		A	A	090	Y	Y	N	D	N	N	-	-	296.01	296.01
27601		A	A	090	Y	Y	N	N	N	N	-	-	323.57	323.57
27602		A	A	090	Y	Y	Y	D	N	N	-	-	361.20	361.20
27603		A	A	090	Y	Y	N	N	N	N	-	-	280.11	371.00
27604		A	A	090	Y	Y	D	N	N	N	-	-	240.36	332.58
27605		A	A	010	Y	Y	D	N	N	N	-	-	133.56	237.18
27606		A	A	010	Y	Y	N	D	N	N	-	-	202.99	202.99
27607		A	A	090	Y	Y	N	N	N	N	-	-	439.64	439.64
27610		A	A	090	Y	Y	N	N	N	N	-	-	469.58	469.58
27612		A	A	090	Y	Y	Y	D	N	N	-	-	403.60	403.60
27613		A	A	010	Y	Y	N	N	N	N	-	-	116.07	174.90
27614		A	A	090	Y	Y	N	N	N	N	-	-	293.89	406.51
27615		A	A	090	Y	Y	D	D	N	N	-	-	753.93	753.93
27616		A	A	090	Y	Y	D	D	N	N	-	-	936.78	936.78
27618		A	A	090	Y	Y	N	N	N	N	-	-	222.07	314.03
27619		A	A	090	Y	Y	N	N	N	N	-	-	336.02	336.02
27620		A	A	090	Y	Y	Y	D	N	N	-	-	321.45	321.45
27625		A	A	090	Y	Y	Y	D	N	N	-	-	418.44	418.44
27626		A	A	090	Y	Y	Y	N	N	N	-	-	436.19	436.19
27630		A	A	090	Y	Y	N	N	N	N	-	-	260.76	387.70
27632		A	A	090	Y	Y	Y	N	N	N	-	-	302.37	302.37
27634		A	A	090	Y	Y	Y	N	N	N	-	-	498.20	498.20
27635		A	A	090	Y	Y	N	D	N	N	-	-	422.94	422.94
27637		A	A	090	Y	Y	Y	D	N	N	-	-	554.38	554.38
27638		A	A	090	Y	Y	Y	D	N	N	-	-	563.92	563.92
27640		A	A	090	Y	Y	N	D	N	N	-	-	605.00	605.00
27641		A	A	090	Y	Y	N	D	N	N	-	-	482.30	482.30
27645		A	A	090	Y	Y	Y	D	N	N	-	-	1,312.28	1,312.28
27646		A	A	090	Y	Y	Y	D	N	N	-	-	1,136.59	1,136.59
27647		A	A	090	Y	Y	Y	N	N	N	-	-	742.00	742.00
27648		A	A	000	Y	Y	D	N	N	N	-	-	38.96	112.89
27650		A	A	090	Y	Y	Y	D	N	N	-	-	472.50	472.50
27652		A	A	090	Y	Y	N	D	N	N	-	-	489.46	489.46

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
27654		A	A	090	Y	Y	Y	D	N	N	-	-	510.13	510.13
27656		A	A	090	Y	Y	Y	N	N	N	-	-	284.08	439.64
27658		A	A	090	Y	N	Y	D	N	N	-	-	265.53	265.53
27659		A	A	090	Y	N	Y	D	N	N	-	-	340.79	340.79
27664		A	A	090	Y	N	D	N	N	N	-	-	258.11	258.11
27665		A	A	090	Y	N	Y	D	N	N	-	-	294.95	294.95
27675		A	A	090	Y	Y	Y	D	N	N	-	-	351.92	351.92
27676		A	A	090	Y	Y	Y	N	N	N	-	-	436.99	436.99
27680		A	A	090	Y	N	N	D	N	N	-	-	306.34	306.34
27681		A	A	090	Y	Y	N	D	N	N	-	-	394.85	394.85
27685		A	A	090	Y	Y	Y	D	N	N	-	-	332.58	463.22
27686		A	A	090	Y	Y	N	D	N	N	-	-	397.50	397.50
27687		A	A	090	Y	Y	Y	D	N	N	-	-	324.63	324.63
27690		A	A	090	Y	Y	Y	D	N	N	-	-	456.07	456.07
27691		A	A	090	Y	Y	Y	D	N	N	-	-	537.95	537.95
27692		A	A	ZZZ	N	N	Y	D	N	N	-	-	77.65	77.65
27695		A	A	090	Y	Y	N	D	N	N	-	-	341.59	341.59
27696		A	A	090	Y	Y	N	D	N	N	-	-	403.07	403.07
27698		A	A	090	Y	Y	Y	D	N	N	-	-	463.49	463.49
27700		A	A	090	Y	Y	Y	D	N	N	-	-	463.49	463.49
27702		A	A	090	Y	Y	Y	D	N	N	-	-	699.07	699.07
27703		A	A	090	Y	Y	Y	N	N	N	-	-	807.19	807.19
27704		A	A	090	Y	Y	N	D	N	N	-	-	411.28	411.28
27705		A	A	090	Y	Y	Y	D	N	N	-	-	554.38	554.38
27707		A	A	090	Y	Y	N	D	N	N	-	-	284.08	284.08
27709		A	A	090	Y	Y	Y	D	N	N	-	-	854.36	854.36
27712		A	A	090	Y	Y	Y	D	N	N	-	-	808.52	808.52
27715		A	A	090	Y	Y	Y	D	N	N	-	-	783.61	783.61
27720		A	A	090	Y	Y	Y	D	N	N	-	-	633.88	633.88
27722		A	A	090	Y	Y	Y	D	N	N	-	-	648.72	648.72
27724		A	A	090	Y	Y	Y	D	N	N	-	-	928.30	928.30
27725		A	A	090	Y	Y	Y	D	N	N	-	-	891.46	891.46
27726		A	A	090	Y	Y	N	D	N	N	-	-	702.25	702.25
27727		A	A	090	Y	Y	Y	D	N	N	-	-	757.64	757.64
27730		A	A	090	Y	Y	N	D	N	N	-	-	423.74	423.74
27732		A	A	090	Y	Y	N	N	N	N	-	-	321.18	321.18
27734		A	A	090	Y	Y	N	N	N	N	-	-	475.68	475.68
27740		A	A	090	Y	Y	Y	N	N	N	-	-	513.31	513.31
27742		A	A	090	Y	Y	Y	D	N	N	-	-	565.25	565.25
27745		A	A	090	Y	Y	Y	D	N	N	-	-	548.02	548.02
27750		A	A	090	Y	Y	N	N	N	N	-	-	223.40	242.74
27752		A	A	090	Y	Y	N	N	N	N	-	-	353.51	381.07
27756		A	A	090	Y	Y	Y	D	N	N	-	-	417.11	417.11
27758		A	A	090	Y	Y	Y	D	N	N	-	-	647.66	647.66
27759		A	A	090	Y	Y	Y	Y	N	N	-	-	728.75	728.75
27760		A	A	090	Y	Y	N	N	N	N	-	-	212.53	232.41
27762		A	A	090	Y	Y	N	N	N	N	-	-	303.96	331.78
27766		A	A	090	Y	Y	N	D	N	N	-	-	436.72	436.72
27767		A	A	090	Y	Y	N	N	N	N	-	-	197.16	195.84
27768		A	A	090	Y	Y	N	N	N	N	-	-	314.56	314.56
27769		A	A	090	Y	Y	N	N	N	N	-	-	531.06	531.06
27780		A	A	090	Y	Y	N	N	N	N	-	-	195.04	213.59
27781		A	A	090	Y	Y	N	N	N	N	-	-	281.17	302.10
27784		A	A	090	Y	Y	N	D	N	N	-	-	514.63	514.63
27786		A	A	090	Y	Y	N	N	N	N	-	-	200.08	219.95
27788		A	A	090	Y	Y	N	N	N	N	-	-	272.16	296.54
27792		A	A	090	Y	Y	N	D	N	N	-	-	469.05	469.05
27808		A	A	090	Y	Y	N	N	N	N	-	-	209.62	232.67
27810		A	A	090	Y	Y	N	N	N	N	-	-	300.25	329.13

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
27814		A	A	090	Y	Y	Y	D	N	N	-	-	558.09	558.09
27816		A	A	090	Y	Y	N	N	N	N	-	-	202.20	224.46
27818		A	A	090	Y	Y	N	N	N	N	-	-	309.26	342.65
27822		A	A	090	Y	Y	Y	D	N	N	-	-	617.98	617.98
27823		A	A	090	Y	Y	Y	D	N	N	-	-	701.99	701.99
27824		A	A	090	Y	Y	N	N	N	N	-	-	214.65	221.01
27825		A	A	090	Y	Y	D	N	N	N	-	-	356.96	390.35
27826		A	A	090	Y	Y	Y	Y	N	N	-	-	607.38	607.38
27827		A	A	090	Y	Y	Y	Y	N	N	-	-	794.21	794.21
27828		A	A	090	Y	Y	Y	Y	N	N	-	-	952.94	952.94
27829		A	A	090	Y	Y	Y	Y	N	N	-	-	498.73	498.73
27830		A	A	090	Y	Y	D	N	N	N	-	-	252.28	270.30
27831		A	A	090	Y	Y	D	N	N	N	-	-	286.20	286.20
27832		A	A	090	Y	Y	Y	D	N	N	-	-	548.29	548.29
27840		A	A	090	Y	Y	N	N	N	N	-	-	263.68	263.68
27842		A	A	090	Y	Y	N	N	N	N	-	-	354.84	354.84
27846		A	A	090	Y	Y	Y	D	N	N	-	-	520.46	520.46
27848		A	A	090	Y	Y	Y	D	N	N	-	-	580.35	580.35
27860		A	A	010	Y	Y	D	N	N	N	-	-	125.61	125.61
27870		A	A	090	Y	Y	Y	D	N	N	-	-	748.89	748.89
27871		A	A	090	Y	Y	Y	D	N	N	-	-	495.02	495.02
27880		A	A	090	Y	Y	Y	D	N	N	-	-	684.50	684.50
27881		A	A	090	Y	Y	Y	D	N	N	-	-	639.18	639.18
27882		A	A	090	Y	Y	D	D	N	N	-	-	447.06	447.06
27884		A	A	090	Y	Y	N	N	N	N	-	-	422.41	422.41
27886		A	A	090	Y	Y	N	D	N	N	-	-	485.48	485.48
27888		A	A	090	Y	Y	Y	D	N	N	-	-	495.82	495.82
27889		A	A	090	Y	Y	N	D	N	N	-	-	485.22	485.22
27892		A	A	090	Y	Y	D	N	N	N	-	-	406.51	406.51
27893		A	A	090	Y	Y	D	N	N	N	-	-	440.43	440.43
27894		A	A	090	Y	Y	Y	N	N	N	-	-	615.86	615.86
27899		Unlstd/Manu	C	YYY	Y	Y	D	D	D	N	-	-	-	-
28001		A	A	010	Y	N	N	N	N	N	-	-	120.58	191.07
28002		A	A	010	Y	N	N	N	N	N	-	-	227.64	309.26
28003		A	A	090	Y	N	N	N	N	N	-	-	400.95	493.43
28005		A	A	090	Y	N	N	N	N	N	-	-	413.14	413.14
28008		A	A	090	Y	Y	N	N	N	N	-	-	209.09	301.04
28010		A	A	090	Y	N	N	N	N	N	-	-	147.34	162.71
28011		A	A	090	Y	N	N	N	N	N	-	-	203.26	225.52
28020		A	A	090	Y	N	N	D	N	N	-	-	259.70	377.89
28022		A	A	090	Y	N	N	N	N	N	-	-	230.82	337.88
28024		A	A	090	Y	N	N	N	N	N	-	-	216.77	319.59
28035		A	A	090	Y	Y	N	D	N	N	-	-	254.40	368.88
28039		A	A	090	Y	Y	Y	N	N	N	-	-	249.63	354.04
28041		A	A	090	Y	Y	D	N	N	N	-	-	327.81	327.81
28043		A	A	090	Y	Y	N	N	N	N	-	-	187.36	278.78
28045		A	A	090	Y	Y	D	N	N	N	-	-	248.84	347.15
28046		A	A	090	Y	Y	N	D	N	N	-	-	529.47	529.47
28047		A	A	090	Y	Y	Y	D	N	N	-	-	768.77	768.77
28050		A	A	090	Y	Y	N	D	N	N	-	-	198.75	294.42
28052		A	A	090	Y	Y	N	D	N	N	-	-	206.17	314.03
28054		A	A	090	Y	Y	D	N	N	N	-	-	166.95	259.44
28055		A	A	090	Y	Y	D	N	N	N	-	-	272.42	272.42
28060		A	A	090	Y	Y	N	N	N	N	-	-	255.20	362.52
28062		A	A	090	Y	Y	N	D	N	N	-	-	291.77	410.49
28070		A	A	090	Y	N	N	N	N	N	-	-	258.64	377.63
28072		A	A	090	Y	N	N	N	N	N	-	-	235.32	351.13
28080		A	A	090	Y	N	D	N	N	N	-	-	259.17	363.85
28086		A	A	090	Y	Y	Y	D	N	N	-	-	257.32	380.28

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
28088		A	A	090	Y	Y	D	N	N	N	-	-	202.46	311.64
28090		A	A	090	Y	Y	N	N	N	N	-	-	219.69	327.54
28092		A	A	090	Y	N	N	N	N	N	-	-	190.54	293.62
28100		A	A	090	Y	Y	Y	D	N	N	-	-	297.60	428.24
28102		A	A	090	Y	Y	Y	N	N	N	-	-	438.31	438.31
28103		A	A	090	Y	Y	Y	N	N	N	-	-	280.11	280.11
28104		A	A	090	Y	N	Y	D	N	N	-	-	253.34	369.41
28106		A	A	090	Y	N	Y	D	N	N	-	-	306.61	306.61
28107		A	A	090	Y	N	Y	N	N	N	-	-	248.57	359.61
28108		A	A	090	Y	N	N	N	N	N	-	-	205.11	306.08
28110		A	A	090	Y	Y	N	D	N	N	-	-	206.44	322.24
28111		A	A	090	Y	Y	N	D	N	N	-	-	233.47	343.71
28112		A	A	090	Y	Y	N	D	N	N	-	-	223.66	340.26
28113		A	A	090	Y	Y	D	N	N	N	-	-	301.31	411.55
28114		A	A	090	Y	Y	Y	D	N	N	-	-	599.70	756.84
28116		A	A	090	Y	Y	N	N	N	N	-	-	417.91	545.11
28118		A	A	090	Y	Y	Y	D	N	N	-	-	297.33	418.17
28119		A	A	090	Y	Y	N	D	N	N	-	-	257.05	366.23
28120		A	A	090	Y	Y	N	D	N	N	-	-	356.69	475.94
28122		A	A	090	Y	Y	Y	D	N	N	-	-	315.09	420.82
28124		A	A	090	Y	Y	N	N	N	N	-	-	234.79	332.84
28126		A	A	090	Y	N	N	N	N	N	-	-	176.76	274.54
28130		A	A	090	Y	Y	Y	D	N	N	-	-	527.09	527.09
28140		A	A	090	Y	N	N	D	N	N	-	-	318.53	422.68
28150		A	A	090	Y	N	N	N	N	N	-	-	199.28	295.21
28153		A	A	090	Y	N	N	N	N	N	-	-	187.89	286.20
28160		A	A	090	Y	N	N	N	N	N	-	-	190.27	289.65
28171		A	A	090	Y	N	Y	N	N	N	-	-	818.59	818.59
28173		A	A	090	Y	N	N	D	N	N	-	-	544.58	544.58
28175		A	A	090	Y	N	N	D	N	N	-	-	342.12	342.12
28190		A	A	010	Y	Y	N	N	N	N	-	-	95.40	177.29
28192		A	A	090	Y	Y	N	N	N	N	-	-	223.40	326.48
28193		A	A	090	Y	Y	N	N	N	N	-	-	263.68	371.53
28200		A	A	090	Y	N	N	D	N	N	-	-	231.08	343.97
28202		A	A	090	Y	N	Y	D	N	N	-	-	307.14	421.35
28208		A	A	090	Y	N	N	D	N	N	-	-	224.99	334.43
28210		A	A	090	Y	N	Y	N	N	N	-	-	300.78	414.46
28220		A	A	090	Y	Y	N	N	N	N	-	-	214.92	313.76
28222		A	A	090	Y	Y	N	N	N	N	-	-	251.75	357.22
28225		A	A	090	Y	Y	N	D	N	N	-	-	186.30	287.00
28226		A	A	090	Y	Y	N	N	N	N	-	-	282.23	426.39
28230		A	A	090	Y	Y	N	N	N	N	-	-	201.93	302.63
28232		A	A	090	Y	N	N	N	N	N	-	-	172.25	267.65
28234		A	A	090	Y	N	N	N	N	N	-	-	185.24	281.17
28238		A	A	090	Y	Y	Y	D	N	N	-	-	350.07	472.23
28240		A	A	090	Y	Y	N	N	N	N	-	-	215.45	321.18
28250		A	A	090	Y	Y	Y	D	N	N	-	-	290.97	408.37
28260		A	A	090	Y	Y	Y	D	N	N	-	-	367.56	484.95
28261		A	A	090	Y	Y	D	N	N	N	-	-	580.62	723.72
28262		A	A	090	Y	Y	Y	D	N	N	-	-	867.61	1,058.94
28264		A	A	090	Y	Y	Y	N	N	N	-	-	559.68	719.48
28270		A	A	090	Y	Y	N	N	N	N	-	-	238.77	343.97
28272		A	A	090	Y	Y	N	N	N	N	-	-	179.94	272.69
28280		A	A	090	Y	Y	D	N	N	N	-	-	249.90	361.46
28285		A	A	090	Y	Y	N	D	N	N	-	-	269.24	373.92
28286		A	A	090	Y	Y	N	N	N	N	-	-	212.80	314.03
28288		A	A	090	Y	N	N	N	N	N	-	-	305.81	422.15
28289		A	A	090	Y	Y	Y	D	N	N	-	-	331.52	517.81
28291		A	A	090	Y	Y	Y	D	N	N	-	-	340.26	507.21

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
28292		A	A	090	Y	Y	Y	D	N	N	-	-	347.95	523.64
28295		A	A	090	Y	Y	Y	D	N	N	-	-	384.78	651.64
28296		A	A	090	Y	Y	Y	D	N	N	-	-	368.62	630.44
28297		A	A	090	Y	Y	Y	D	N	N	-	-	431.16	725.04
28298		A	A	090	Y	Y	Y	D	N	N	-	-	356.43	592.01
28299		A	A	090	Y	Y	Y	D	N	N	-	-	417.11	698.54
28300		A	A	090	Y	Y	Y	D	N	N	-	-	470.64	470.64
28302		A	A	090	Y	Y	Y	D	N	N	-	-	519.93	519.93
28304		A	A	090	Y	Y	Y	D	N	N	-	-	438.84	585.12
28305		A	A	090	Y	Y	Y	D	N	N	-	-	482.83	482.83
28306		A	A	090	Y	Y	Y	D	N	N	-	-	290.71	430.36
28307		A	A	090	Y	Y	D	N	N	N	-	-	327.01	471.70
28308		A	A	090	Y	Y	Y	D	N	N	-	-	269.51	395.38
28309		A	A	090	Y	Y	D	N	N	N	-	-	648.72	648.72
28310		A	A	090	Y	Y	N	D	N	N	-	-	255.99	381.60
28312		A	A	090	Y	N	N	D	N	N	-	-	226.31	351.66
28313		A	A	090	Y	N	N	N	N	N	-	-	253.61	364.91
28315		A	A	090	Y	Y	N	D	N	N	-	-	233.20	337.35
28320		A	A	090	Y	Y	Y	D	N	N	-	-	440.43	440.43
28322		A	A	090	Y	N	Y	D	N	N	-	-	416.85	557.30
28340		A	A	090	Y	N	N	N	N	N	-	-	296.27	406.25
28341		A	A	090	Y	N	N	N	N	N	-	-	352.72	471.97
28344		A	A	090	Y	Y	N	D	N	N	-	-	204.85	312.44
28345		A	A	090	Y	N	D	N	N	N	-	-	260.23	364.91
28360		A	A	090	Y	Y	Y	N	N	N	-	-	789.17	789.17
28400		A	A	090	Y	Y	N	N	N	N	-	-	158.74	173.31
28405		A	A	090	Y	Y	D	N	N	N	-	-	252.02	276.13
28406		A	A	090	Y	Y	D	N	N	N	-	-	371.53	371.53
28415		A	A	090	Y	Y	Y	D	N	N	-	-	809.58	809.58
28420		A	A	090	Y	Y	Y	D	N	N	-	-	920.88	920.88
28430		A	A	090	Y	Y	N	N	N	N	-	-	146.02	163.77
28435		A	A	090	Y	Y	D	N	N	N	-	-	228.96	254.93
28436		A	A	090	Y	Y	N	N	N	N	-	-	319.86	319.86
28445		A	A	090	Y	Y	Y	D	N	N	-	-	766.38	766.38
28446		A	A	090	Y	Y	Y	D	N	N	-	-	895.97	895.97
28450		A	A	090	Y	N	N	N	N	N	-	-	133.56	149.46
28455		A	A	090	Y	N	D	N	N	N	-	-	182.06	201.40
28456		A	A	090	Y	N	N	N	N	N	-	-	223.93	223.93
28465		A	A	090	Y	N	N	N	N	N	-	-	453.68	453.68
28470		A	A	090	Y	N	N	N	N	N	-	-	142.31	152.38
28475		A	A	090	Y	N	N	N	N	N	-	-	159.80	178.88
28476		A	A	090	Y	N	D	N	N	N	-	-	245.92	245.92
28485		A	A	090	Y	N	N	D	N	N	-	-	386.37	386.37
28490		A	A	090	Y	Y	N	N	N	N	-	-	86.66	100.70
28495		A	A	090	Y	Y	N	N	N	N	-	-	103.88	122.96
28496		A	A	090	Y	Y	N	N	N	N	-	-	170.93	312.97
28505		A	A	090	Y	Y	N	N	N	N	-	-	358.28	469.58
28510		A	A	090	Y	N	N	N	N	N	-	-	82.95	86.13
28515		A	A	090	Y	N	N	N	N	N	-	-	99.11	112.36
28525		A	A	090	Y	N	D	N	N	N	-	-	284.61	396.97
28530		A	A	090	Y	Y	D	N	N	N	-	-	71.82	80.56
28531		A	A	090	Y	Y	N	Y	N	N	-	-	128.26	234.53
28540		A	A	090	Y	Y	D	N	N	N	-	-	121.37	133.56
28545		A	A	090	Y	Y	D	N	N	N	-	-	185.50	208.29
28546		A	A	090	Y	Y	D	N	N	N	-	-	240.36	397.77
28555		A	A	090	Y	Y	Y	D	N	N	-	-	477.00	615.60
28570		A	A	090	Y	Y	D	N	N	N	-	-	134.09	156.88
28575		A	A	090	Y	Y	D	N	N	N	-	-	234.26	257.85
28576		A	A	090	Y	Y	D	N	N	N	-	-	283.29	283.29

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
28585		A	A	090	Y	Y	Y	D	N	N	-	-	487.34	611.36
28600		A	A	090	Y	N	D	N	N	N	-	-	130.38	151.05
28605		A	A	090	Y	N	D	N	N	N	-	-	207.76	230.02
28606		A	A	090	Y	N	N	N	N	N	-	-	287.26	287.26
28615		A	A	090	Y	N	Y	D	N	N	-	-	577.70	577.70
28630		A	A	010	Y	N	D	N	N	N	-	-	78.71	109.98
28635		A	A	010	Y	N	D	N	N	N	-	-	95.14	124.29
28636		A	A	010	Y	N	N	Y	N	N	-	-	152.64	228.43
28645		A	A	090	Y	N	N	D	N	N	-	-	346.09	459.25
28660		A	A	010	Y	N	N	N	N	N	-	-	63.34	81.62
28665		A	A	010	Y	N	D	N	N	N	-	-	94.08	109.71
28666		A	A	010	Y	N	N	Y	N	N	-	-	126.94	126.94
28675		A	A	090	Y	N	N	N	N	N	-	-	289.65	402.54
28705		A	A	090	Y	Y	Y	D	N	N	-	-	911.34	911.34
28715		A	A	090	Y	Y	Y	D	N	N	-	-	678.93	678.93
28725		A	A	090	Y	Y	Y	D	N	N	-	-	562.60	562.60
28730		A	A	090	Y	Y	Y	D	N	N	-	-	531.06	531.06
28735		A	A	090	Y	Y	Y	D	N	N	-	-	566.31	566.31
28737		A	A	090	Y	Y	Y	D	N	N	-	-	502.18	502.18
28740		A	A	090	Y	N	Y	D	N	N	-	-	448.12	596.25
28750		A	A	090	Y	Y	D	N	N	N	-	-	421.62	567.90
28755		A	A	090	Y	Y	N	D	N	N	-	-	236.65	355.10
28760		A	A	090	Y	Y	Y	D	N	N	-	-	417.64	560.21
28800		A	A	090	Y	Y	Y	D	N	N	-	-	389.02	389.02
28805		A	A	090	Y	Y	D	N	N	N	-	-	533.98	533.98
28810		A	A	090	Y	N	D	N	N	N	-	-	312.97	312.97
28820		A	A	090	Y	N	N	N	N	N	-	-	283.55	395.12
28825		A	A	090	Y	N	N	N	N	N	-	-	265.80	377.10
28890		Not Covered	A	090	Y	Y	N	D	N	N	-	-	159.53	227.64
28899		Unlstd/Manu	C	YYY	Y	N	D	D	D	N	-	-	-	-
29000		A	A	000	Y	N	D	N	N	N	-	-	147.34	245.39
29010		A	A	000	Y	N	D	N	N	N	-	-	117.13	190.01
29015		A	A	000	Y	N	D	N	N	N	-	-	132.50	205.11
29035		A	A	000	Y	N	D	N	N	N	-	-	104.15	176.76
29040		A	A	000	Y	N	D	N	N	N	-	-	126.14	203.52
29044		A	A	000	Y	N	D	N	N	N	-	-	121.90	199.28
29046		A	A	000	Y	N	D	N	N	N	-	-	137.01	219.16
29049		A	A	000	Y	N	D	N	N	N	-	-	50.35	69.43
29055		A	A	000	Y	N	D	N	N	N	-	-	100.44	155.03
29058		A	A	000	Y	N	D	N	N	N	-	-	68.90	87.98
29065		A	A	000	Y	Y	N	N	N	N	-	-	48.76	66.78
29075		A	A	000	Y	Y	N	N	N	N	-	-	44.26	60.16
29085		A	A	000	Y	Y	N	N	N	N	-	-	48.23	66.25
29086		A	A	000	Y	Y	N	N	N	N	-	-	36.57	54.59
29105		A	A	000	Y	Y	N	N	N	N	-	-	42.67	61.22
29125		A	A	000	Y	Y	N	N	N	N	-	-	28.09	44.52
29126		A	A	000	Y	Y	N	N	N	N	-	-	34.72	53.00
29130		A	A	000	Y	Y	N	N	N	N	-	-	20.94	29.15
29131		A	A	000	Y	Y	N	N	N	N	-	-	24.65	36.57
29200		A	A	000	Y	N	N	N	N	N	-	-	13.78	21.73
29240		A	A	000	Y	Y	N	N	N	N	-	-	13.78	21.20
29260		A	A	000	Y	Y	N	N	N	N	-	-	14.31	20.94
29280		A	A	000	Y	Y	N	N	N	N	-	-	14.84	21.20
29305		A	A	000	Y	N	D	N	N	N	-	-	115.01	172.25
29325		A	A	000	Y	N	D	N	N	N	-	-	129.59	191.33
29345		A	A	000	Y	Y	N	N	N	N	-	-	72.61	95.40
29355		A	A	000	Y	Y	N	N	N	N	-	-	76.85	98.85
29358		A	A	000	Y	Y	N	N	N	N	-	-	76.06	112.63
29365		A	A	000	Y	Y	N	N	N	N	-	-	63.60	86.39

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
29405		A	A	000	Y	Y	N	N	N	N	-	-	42.93	56.71
29425		A	A	000	Y	Y	N	N	N	N	-	-	40.28	54.33
29435		A	A	000	Y	Y	N	N	N	N	-	-	60.42	82.68
29440		A	A	000	Y	Y	N	N	N	N	-	-	20.94	30.48
29445		A	A	000	Y	Y	N	N	N	N	-	-	74.73	92.49
29450		A	A	000	Y	Y	N	N	N	N	-	-	82.68	103.35
29505		A	A	000	Y	Y	N	N	N	N	-	-	36.04	58.57
29515		A	A	000	Y	Y	N	N	N	N	-	-	35.78	50.09
29520		A	A	000	Y	Y	D	N	N	N	-	-	14.05	22.79
29530		A	A	000	Y	Y	N	N	N	N	-	-	13.78	20.94
29540		A	A	000	Y	Y	N	N	N	N	-	-	13.52	18.55
29550		A	A	000	Y	Y	N	N	N	N	-	-	8.48	13.25
29580		A	A	000	Y	Y	N	N	N	N	-	-	21.20	42.14
29581		A	A	000	Y	Y	D	N	N	N	-	-	20.14	56.98
29584		A	A	000	Y	Y	D	N	N	N	-	-	11.66	52.21
29700		A	A	000	Y	N	N	N	N	N	-	-	24.38	44.79
29705		A	A	000	Y	Y	N	N	N	N	-	-	34.19	46.91
29710		A	A	000	Y	Y	D	N	N	N	-	-	61.75	87.72
29720		A	A	000	Y	N	N	N	N	N	-	-	32.60	59.36
29730		A	A	000	Y	N	N	N	N	N	-	-	32.07	44.26
29740		A	A	000	Y	N	N	N	N	N	-	-	52.21	70.76
29750		A	A	000	Y	Y	D	N	N	N	-	-	58.30	77.12
29799		Unlstd/Manu	C	YYY	Y	N	D	D	D	N	-	-	-	-
29800		A	A	090	Y	Y	D	N	N	N	-	-	381.60	381.60
29804		A	A	090	Y	Y	Y	D	N	N	-	-	462.43	462.43
29805		A	A	090	Y	Y	N	D	N	N	-	-	340.00	340.00
29806		A	A	090	Y	Y	N	D	N	N	-	-	773.54	773.54
29807		A	A	090	Y	Y	N	D	N	N	-	-	755.25	755.25
29819		A	A	090	Y	Y	N	D	N	N	-	-	422.94	422.94
29820		A	A	090	Y	Y	Y	D	N	N	-	-	384.25	384.25
29821		A	A	090	Y	Y	Y	D	N	N	-	-	420.82	420.82
29822		A	A	090	Y	Y	Y	N	N	N	-	-	407.84	407.84
29823		A	A	090	Y	Y	Y	D	N	N	-	-	444.67	444.67
29824		A	A	090	Y	Y	Y	D	N	N	-	-	478.86	478.86
29825		A	A	090	Y	Y	Y	D	N	N	-	-	414.46	414.46
29826		A	A	ZZZ	N	Y	Y	D	N	N	-	-	130.91	130.91
29827		A	A	090	Y	Y	Y	D	N	N	-	-	764.26	764.26
29828		A	A	090	Y	Y	Y	D	N	N	-	-	658.79	658.79
29830		A	A	090	Y	Y	N	N	N	N	-	-	329.66	329.66
29834		A	A	090	Y	Y	Y	D	N	N	-	-	349.01	349.01
29835		A	A	090	Y	Y	Y	D	N	N	-	-	367.29	367.29
29836		A	A	090	Y	Y	Y	D	N	N	-	-	421.62	421.62
29837		A	A	090	Y	Y	Y	D	N	N	-	-	376.83	376.83
29838		A	A	090	Y	Y	D	N	N	N	-	-	424.27	424.27
29840		A	A	090	Y	Y	D	N	N	N	-	-	325.69	325.69
29843		A	A	090	Y	Y	Y	D	N	N	-	-	349.80	349.80
29844		A	A	090	Y	Y	Y	N	N	N	-	-	355.90	355.90
29845		A	A	090	Y	Y	Y	D	N	N	-	-	413.67	413.67
29846		A	A	090	Y	Y	D	N	N	N	-	-	374.45	374.45
29847		A	A	090	Y	Y	Y	N	N	N	-	-	394.06	394.06
29848		A	A	090	Y	Y	N	N	N	N	-	-	367.29	367.29
29850		A	A	090	Y	Y	D	Y	N	N	-	-	452.36	452.36
29851		A	A	090	Y	Y	Y	Y	N	N	-	-	681.05	681.05
29855		A	A	090	Y	Y	Y	Y	N	N	-	-	567.63	567.63
29856		A	A	090	Y	Y	Y	Y	N	N	-	-	728.49	728.49
29860		A	A	090	Y	Y	Y	D	N	N	-	-	484.16	484.16
29861		A	A	090	Y	Y	Y	D	N	N	-	-	522.05	522.05
29862		A	A	090	Y	Y	Y	D	N	N	-	-	580.88	580.88
29863		A	A	090	Y	Y	Y	D	N	N	-	-	580.62	580.62

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
29866		Not Covered	A	090	Y	Y	D	N	N	N	-	-	765.32	765.32
29867		Not Covered	A	090	Y	Y	D	N	N	N	-	-	936.25	936.25
29868		Not Covered	A	090	Y	Y	D	N	N	N	-	-	1,231.72	1,231.72
29870		A	A	090	Y	Y	N	D	N	N	-	-	293.89	403.33
29871		A	A	090	Y	Y	N	N	N	N	-	-	372.06	372.06
29873		A	A	090	Y	Y	N	D	N	N	-	-	376.57	376.57
29874		A	A	090	Y	Y	D	N	N	N	-	-	387.96	387.96
29875		A	A	090	Y	Y	D	N	N	N	-	-	357.75	357.75
29876		A	A	090	Y	Y	N	N	N	N	-	-	476.74	476.74
29877		A	A	090	Y	Y	D	N	N	N	-	-	449.44	449.44
29879		A	A	090	Y	Y	D	N	N	N	-	-	479.92	479.92
29880		A	A	090	Y	Y	D	D	N	N	-	-	406.25	406.25
29881		A	A	090	Y	Y	D	N	N	N	-	-	390.61	390.61
29882		A	A	090	Y	Y	N	N	N	N	-	-	507.74	507.74
29883		A	A	090	Y	Y	D	N	N	N	-	-	613.74	613.74
29884		A	A	090	Y	Y	Y	D	N	N	-	-	442.29	442.29
29885		A	A	090	Y	Y	Y	D	N	N	-	-	547.76	547.76
29886		A	A	090	Y	Y	N	N	N	N	-	-	462.16	462.16
29887		A	A	090	Y	Y	Y	D	N	N	-	-	544.84	544.84
29888		A	A	090	Y	Y	Y	D	N	N	-	-	717.62	717.62
29889		A	A	090	Y	Y	Y	D	N	N	-	-	894.11	894.11
29891		A	A	090	Y	Y	Y	N	N	N	-	-	484.16	484.16
29892		A	A	090	Y	Y	Y	N	N	N	-	-	500.59	500.59
29893		A	A	090	Y	Y	N	D	N	N	-	-	302.63	424.80
29894		A	A	090	Y	Y	Y	D	N	N	-	-	354.04	354.04
29895		A	A	090	Y	Y	Y	D	N	N	-	-	338.67	338.67
29897		A	A	090	Y	Y	Y	N	N	N	-	-	362.52	362.52
29898		A	A	090	Y	Y	Y	D	N	N	-	-	406.51	406.51
29899		A	A	090	Y	Y	Y	D	N	N	-	-	753.13	753.13
29900		A	A	090	Y	Y	D	N	N	N	-	-	355.37	355.37
29901		A	A	090	Y	Y	D	N	N	N	-	-	384.25	384.25
29902		A	A	090	Y	Y	D	N	N	N	-	-	408.90	408.90
29904		A	A	090	Y	Y	Y	N	N	N	-	-	463.75	463.75
29905		A	A	090	Y	Y	Y	N	N	N	-	-	393.26	393.26
29906		A	A	090	Y	Y	Y	N	N	N	-	-	505.62	505.62
29907		A	A	090	Y	Y	Y	N	N	N	-	-	638.92	638.92
29914		A	A	090	Y	Y	Y	D	N	N	-	-	712.85	712.85
29915		A	A	090	Y	Y	Y	D	N	N	-	-	729.81	729.81
29916		A	A	090	Y	Y	Y	D	N	N	-	-	734.32	734.32
29999		Unlstd/Manu	C	YYY	Y	Y	D	D	D	N	-	-	-	-
30000		A	A	010	Y	N	D	N	N	N	-	-	82.95	153.44
30020		A	A	010	Y	N	N	N	N	N	-	-	82.42	154.50
30100		A	A	000	Y	N	N	N	N	N	-	-	48.23	93.55
30110		A	A	010	Y	Y	N	N	N	N	-	-	90.90	153.97
30115		A	A	090	Y	Y	N	N	N	N	-	-	294.95	294.95
30117		A	A	090	Y	N	N	N	N	N	-	-	231.88	571.61
30118		A	A	090	Y	N	N	D	N	N	-	-	537.69	537.69
30120		A	A	090	Y	N	N	N	N	N	-	-	308.20	360.40
30124		A	A	090	Y	N	N	N	N	N	-	-	195.84	195.84
30125		A	A	090	Y	N	Y	N	N	N	-	-	418.97	418.97
30130		A	A	090	Y	Y	N	N	N	N	-	-	258.38	258.38
30140		A	A	000	Y	Y	N	N	N	N	-	-	130.12	191.33
30150		A	A	090	Y	N	N	D	N	N	-	-	535.30	535.30
30160		A	A	090	Y	N	Y	D	N	N	-	-	537.42	537.42
30200		A	A	000	Y	N	N	N	N	N	-	-	41.08	75.00
30210		A	A	010	Y	N	N	N	N	N	-	-	68.64	100.70
30220		A	A	010	Y	N	N	N	N	N	-	-	87.45	199.28
30300		A	A	010	Y	N	N	N	N	N	-	-	72.88	118.72
30310		A	A	010	Y	N	D	N	N	N	-	-	138.33	138.33

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
30320		A	A	090	Y	N	D	N	N	N	-	-	307.93	307.93
30400		A	R	090	Y	N	D	N	N	N	-	-	729.02	729.02
30410		A	R	090	Y	N	Y	N	N	N	-	-	864.43	864.43
30420		A	R	090	Y	N	N	N	N	N	-	-	950.03	950.03
30430		A	R	090	Y	N	Y	N	N	N	-	-	633.88	633.88
30435		A	R	090	Y	N	Y	N	N	N	-	-	806.66	806.66
30450		A	R	090	Y	N	Y	N	N	N	-	-	1,082.53	1,082.53
30460		A	A	090	Y	N	Y	Y	N	N	-	-	579.56	579.56
30462		A	A	090	Y	N	Y	Y	N	N	-	-	1,113.80	1,113.80
30465		A	A	090	Y	N	D	N	N	N	-	-	681.05	681.05
30520		A	A	090	Y	N	N	N	N	N	-	-	427.71	427.71
30540		A	A	090	Y	N	Y	N	N	N	-	-	472.50	472.50
30545		A	A	090	Y	N	Y	N	N	N	-	-	650.58	650.58
30560		A	A	010	Y	N	N	N	N	N	-	-	93.55	175.96
30580		A	A	090	Y	N	N	N	N	N	-	-	362.79	452.36
30600		A	A	090	Y	N	D	N	N	N	-	-	324.10	407.31
30620		A	A	090	Y	N	N	N	N	N	-	-	423.74	423.74
30630		A	A	090	Y	N	D	N	N	N	-	-	428.77	428.77
30801		A	A	010	Y	B	N	N	N	N	-	-	91.96	150.52
30802		A	A	010	Y	B	N	N	N	N	-	-	130.12	193.45
30901		A	A	000	Y	Y	N	N	N	N	-	-	41.87	93.02
30903		A	A	000	Y	Y	N	N	N	N	-	-	58.30	142.31
30905		A	A	000	Y	B	N	N	N	N	-	-	77.12	217.57
30906		A	A	000	Y	B	N	N	N	N	-	-	99.11	227.90
30915		A	A	090	Y	N	N	N	N	N	-	-	399.62	399.62
30920		A	A	090	Y	N	N	N	N	N	-	-	581.68	581.68
30930		A	A	010	Y	Y	N	N	N	N	-	-	84.54	84.54
30999	Unlstd/Manu		C	YYY	Y	N	D	D	D	N	-	-	-	-
31000		A	A	010	Y	Y	N	N	N	N	-	-	73.41	122.43
31002		A	A	010	Y	Y	D	N	N	N	-	-	128.00	128.00
31020		A	A	090	Y	Y	N	N	N	N	-	-	243.27	323.57
31030		A	A	090	Y	Y	N	N	N	N	-	-	365.70	467.99
31032		A	A	090	Y	Y	N	N	N	N	-	-	396.97	396.97
31040		A	A	090	Y	Y	N	D	N	N	-	-	531.59	531.59
31050		A	A	090	Y	Y	N	N	N	N	-	-	332.31	332.31
31051		A	A	090	Y	Y	N	N	N	N	-	-	442.02	442.02
31070		A	A	090	Y	Y	N	N	N	N	-	-	298.66	298.66
31075		A	A	090	Y	Y	Y	D	N	N	-	-	539.54	539.54
31080		A	A	090	Y	Y	Y	N	N	N	-	-	711.79	711.79
31081		A	A	090	Y	Y	Y	D	N	N	-	-	846.68	846.68
31084		A	A	090	Y	Y	Y	D	N	N	-	-	800.04	800.04
31085		A	A	090	Y	Y	Y	D	N	N	-	-	906.04	906.04
31086		A	A	090	Y	Y	Y	N	N	N	-	-	776.19	776.19
31087		A	A	090	Y	Y	Y	D	N	N	-	-	753.40	753.40
31090		A	A	090	Y	Y	N	N	N	N	-	-	703.58	703.58
31200		A	A	090	Y	Y	N	N	N	N	-	-	390.61	390.61
31201		A	A	090	Y	Y	N	N	N	N	-	-	515.43	515.43
31205		A	A	090	Y	Y	Y	D	N	N	-	-	624.08	624.08
31225		A	A	090	Y	Y	Y	D	N	N	-	-	1,323.68	1,323.68
31230		A	A	090	Y	Y	Y	D	N	N	-	-	1,463.07	1,463.07
31231		A	A	000	Y	B	N	N	N	N	-	-	47.17	140.45
31233		A	A	000	Y	Y	D	N	N	N	-	-	97.26	176.23
31235		A	A	000	Y	Y	D	N	N	N	-	-	115.28	201.93
31237		A	A	000	Y	Y	N	N	N	N	-	-	115.28	180.47
31238		A	A	000	Y	Y	D	N	N	N	-	-	120.58	180.73
31239		A	A	010	Y	Y	D	N	N	N	-	-	435.66	435.66
31240		A	A	000	Y	Y	D	N	N	N	-	-	115.01	115.01
31241		A	A	000	Y	Y	D	N	N	N	-	-	328.60	328.60
31253		A	A	000	Y	Y	N	N	N	N	-	-	367.56	367.56

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
31254		A	A	000	Y	Y	N	N	N	N	-	-	178.08	281.43
31255		A	A	000	Y	Y	N	N	N	N	-	-	236.91	236.91
31256		A	A	000	Y	Y	N	N	N	N	-	-	131.44	131.44
31257		A	A	000	Y	Y	N	N	N	N	-	-	327.28	327.28
31259		A	A	000	Y	Y	N	N	N	N	-	-	346.89	346.89
31267		A	A	000	Y	Y	N	N	N	N	-	-	194.51	194.51
31276		A	A	000	Y	Y	N	N	N	N	-	-	276.93	276.93
31287		A	A	000	Y	Y	D	N	N	N	-	-	147.34	147.34
31288		A	A	000	Y	Y	D	N	N	N	-	-	171.19	171.19
31290		A	A	010	Y	Y	D	N	N	N	-	-	830.25	830.25
31291		A	A	010	Y	Y	D	N	N	N	-	-	892.26	892.26
31292		A	A	010	Y	Y	D	N	N	N	-	-	711.26	711.26
31293		A	A	010	Y	Y	D	N	N	N	-	-	772.74	772.74
31294		A	A	010	Y	Y	D	N	N	N	-	-	886.43	886.43
31295		A	A	000	Y	Y	Y	N	N	N	-	-	114.75	1,308.31
31296		A	A	000	Y	Y	Y	N	N	N	-	-	131.18	1,326.59
31297		A	A	000	Y	Y	D	N	N	N	-	-	104.41	1,297.97
31298		A	A	000	Y	Y	D	N	N	N	-	-	187.09	2,515.12
31299	Unlstd/Manu		C	YYY	Y	N	D	D	D	N	-	-	-	-
31300		A	A	090	Y	N	Y	D	N	N	-	-	906.83	906.83
31360		A	A	090	Y	N	Y	D	N	N	-	-	1,492.48	1,492.48
31365		A	A	090	Y	N	Y	D	N	N	-	-	1,847.32	1,847.32
31367		A	A	090	Y	N	Y	D	N	N	-	-	1,573.31	1,573.31
31368		A	A	090	Y	N	Y	D	N	N	-	-	1,750.33	1,750.33
31370		A	A	090	Y	N	Y	D	N	N	-	-	1,474.20	1,474.20
31375		A	A	090	Y	N	Y	D	N	N	-	-	1,397.61	1,397.61
31380		A	A	090	Y	N	Y	D	N	N	-	-	1,377.47	1,377.47
31382		A	A	090	Y	N	Y	D	N	N	-	-	1,514.48	1,514.48
31390		A	A	090	Y	N	Y	D	N	N	-	-	2,052.96	2,052.96
31395		A	A	090	Y	N	Y	D	N	N	-	-	2,167.97	2,167.97
31400		A	A	090	Y	N	Y	N	N	N	-	-	686.62	686.62
31420		A	A	090	Y	N	Y	D	N	N	-	-	583.80	583.80
31500		A	A	000	N	N	N	N	N	N	-	-	104.94	104.94
31502		A	A	000	Y	N	N	N	N	N	-	-	25.44	25.44
31505		A	A	000	Y	N	N	N	N	N	-	-	34.19	55.65
31510		A	A	000	Y	N	D	N	N	N	-	-	86.92	143.37
31511		A	A	000	Y	N	N	N	N	N	-	-	94.61	145.22
31512		A	A	000	Y	N	D	N	N	N	-	-	93.02	140.98
31513		A	A	000	Y	N	D	N	N	N	-	-	94.61	94.61
31515		A	A	000	Y	N	N	N	N	N	-	-	79.50	139.39
31520		A	A	000	Y	N	D	N	N	N	-	-	112.63	112.63
31525		A	A	000	Y	N	N	N	N	N	-	-	115.54	173.31
31526		A	A	000	Y	N	N	N	N	N	-	-	113.16	113.16
31527		A	A	000	Y	N	D	N	N	N	-	-	141.51	141.51
31528		A	A	000	Y	N	D	N	N	N	-	-	104.15	104.15
31529		A	A	000	Y	N	D	N	N	N	-	-	116.60	116.60
31530		A	A	000	Y	N	N	N	N	N	-	-	145.22	145.22
31531		A	A	000	Y	N	D	N	N	N	-	-	153.97	153.97
31535		A	A	000	Y	N	N	N	N	N	-	-	137.54	137.54
31536		A	A	000	Y	N	N	N	N	N	-	-	152.64	152.64
31540		A	A	000	Y	N	N	N	N	N	-	-	175.17	175.17
31541		A	A	000	Y	N	N	N	N	N	-	-	191.33	191.33
31545		A	A	000	Y	Y	N	N	N	N	-	-	263.15	263.15
31546		A	A	000	Y	Y	N	N	N	N	-	-	400.95	400.95
31551		A	A	090	Y	N	D	D	N	N	-	-	1,026.08	1,026.08
31552		A	A	090	Y	N	D	D	N	N	-	-	1,026.61	1,026.61
31553		A	A	090	Y	N	D	D	N	N	-	-	1,124.66	1,124.66
31554		A	A	090	Y	N	D	D	N	N	-	-	1,171.57	1,171.57
31560		A	A	000	Y	N	D	N	N	N	-	-	227.37	227.37

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

1. A - Active Code
2. B - Bundled code
3. C - Carrier-Priced
4. T- Injections and other minor services
5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
6. Manual - Claims are pended for review and pricing.
7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
31561		A	A	000	Y	N	D	N	N	N	-	-	248.84	248.84
31570		A	A	000	Y	N	N	N	N	N	-	-	166.69	234.00
31571		A	A	000	Y	N	N	N	N	N	-	-	181.00	181.00
31572		A	A	000	Y	Y	D	N	N	N	-	-	130.91	331.78
31573		A	A	000	Y	Y	D	N	N	N	-	-	107.33	180.73
31574		A	A	000	Y	Y	D	N	N	N	-	-	107.33	665.15
31575		A	A	000	Y	N	N	N	N	N	-	-	47.70	77.12
31576		A	A	000	Y	N	N	N	N	N	-	-	85.33	178.88
31577		A	A	000	Y	N	D	N	N	N	-	-	96.73	186.56
31578		A	A	000	Y	N	D	N	N	N	-	-	107.33	204.32
31579		A	A	000	Y	N	N	N	N	N	-	-	86.13	124.29
31580		A	A	090	Y	N	D	D	N	N	-	-	868.67	868.67
31584		A	A	090	Y	N	D	D	N	N	-	-	968.31	968.31
31587		A	A	090	Y	N	D	D	N	N	-	-	811.70	811.70
31590		A	A	090	Y	N	Y	D	N	N	-	-	599.17	599.17
31591	Not Covered	A	A	090	Y	N	D	D	N	N	-	-	732.46	732.46
31592	Not Covered	A	A	090	Y	N	D	D	N	N	-	-	1,207.61	1,207.61
31595		A	A	090	Y	Y	Y	D	N	N	-	-	526.56	526.56
31599	Unlstd/Manu	C	C	YYY	Y	N	D	D	D	N	-	-	-	-
31600		A	A	000	Y	N	N	N	N	N	-	-	239.03	239.03
31601		A	A	000	Y	N	Y	D	N	N	-	-	329.66	329.66
31603		A	A	000	Y	N	N	N	N	N	-	-	239.83	239.83
31605		A	A	000	Y	N	N	N	N	N	-	-	250.96	250.96
31610		A	A	090	Y	N	N	N	N	N	-	-	667.80	667.80
31611		A	A	090	Y	N	Y	D	N	N	-	-	371.80	371.80
31612		A	A	000	Y	N	D	N	N	N	-	-	35.78	57.77
31613		A	A	090	Y	N	N	N	N	N	-	-	314.29	314.29
31614		A	A	090	Y	N	N	N	N	N	-	-	522.58	522.58
31615		A	A	000	Y	N	N	N	N	N	-	-	82.68	116.34
31622		A	A	000	Y	N	N	N	N	N	-	-	96.46	166.16
31623		A	A	000	Y	N	N	N	N	N	-	-	98.05	186.30
31624		A	A	000	Y	N	N	N	N	N	-	-	99.11	174.64
31625		A	A	000	Y	N	N	N	N	N	-	-	114.48	226.58
31626	Not Covered	A	A	000	Y	N	D	N	N	N	-	-	147.34	564.19
31627	Not Covered	A	A	ZZZ	N	N	D	N	N	N	-	-	71.82	914.52
31628		A	A	000	Y	N	N	N	N	N	-	-	129.32	241.95
31629		A	A	000	Y	N	N	N	N	N	-	-	136.74	295.74
31630		A	A	000	Y	N	N	N	N	N	-	-	147.08	147.08
31631		A	A	000	Y	N	N	N	N	N	-	-	168.81	168.81
31632		A	A	ZZZ	N	N	N	N	N	N	-	-	36.04	45.05
31633		A	A	ZZZ	N	N	N	N	N	N	-	-	46.64	57.24
31634		A	A	000	Y	N	Y	N	N	N	-	-	137.27	1,165.21
31635		A	A	000	Y	N	N	N	N	N	-	-	128.53	195.31
31636		A	A	000	Y	N	N	N	N	N	-	-	162.98	162.98
31637		A	A	ZZZ	N	N	N	N	N	N	-	-	54.86	54.86
31638		A	A	000	Y	N	N	N	N	N	-	-	184.44	184.44
31640		A	A	000	Y	N	N	N	N	N	-	-	185.24	185.24
31641		A	A	000	Y	N	N	N	N	N	-	-	189.21	189.21
31643		A	A	000	Y	N	N	N	N	N	-	-	129.59	129.59
31645		A	A	000	Y	N	N	N	N	N	-	-	107.33	178.88
31646		A	A	000	Y	N	N	N	N	N	-	-	104.15	104.15
31647		A	A	000	Y	N	N	N	N	N	-	-	156.88	156.88
31648		A	A	000	Y	N	N	N	N	N	-	-	142.57	142.57
31649		A	A	ZZZ	N	N	N	N	N	N	-	-	49.56	49.56
31651		A	A	ZZZ	N	N	N	N	N	N	-	-	54.86	54.86
31652		A	A	000	Y	N	N	N	N	N	-	-	162.98	554.38
31653		A	A	000	Y	N	N	N	N	N	-	-	180.73	586.71
31654		A	A	ZZZ	N	N	N	N	N	N	-	-	49.82	86.92
31660	Not Covered	A	A	000	Y	N	N	N	N	N	-	-	142.84	142.84

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
31661		Not Covered	A	000	Y	N	N	N	N	N	-	-	151.32	151.32
31717		A	A	000	Y	N	N	N	N	N	-	-	80.30	181.79
31720		A	A	000	Y	N	N	N	N	N	-	-	36.31	36.31
31725		A	A	000	Y	N	N	N	N	N	-	-	58.57	58.57
31730		A	A	000	Y	N	N	N	N	N	-	-	112.63	814.88
31750		A	A	090	Y	N	Y	D	N	N	-	-	975.47	975.47
31755		A	A	090	Y	N	Y	D	N	N	-	-	1,219.27	1,219.27
31760		A	A	090	Y	N	Y	D	N	N	-	-	1,031.38	1,031.38
31766		A	A	090	Y	N	Y	D	N	N	-	-	1,345.41	1,345.41
31770		A	A	090	Y	N	Y	D	N	N	-	-	1,007.00	1,007.00
31775		A	A	090	Y	N	Y	N	N	N	-	-	1,056.56	1,056.56
31780		A	A	090	Y	N	Y	D	N	N	-	-	861.25	861.25
31781		A	A	090	Y	N	Y	D	N	N	-	-	1,049.14	1,049.14
31785		A	A	090	Y	N	Y	D	N	N	-	-	773.80	773.80
31786		A	A	090	Y	N	Y	D	N	N	-	-	1,090.21	1,090.21
31800		A	A	090	Y	N	D	N	N	N	-	-	507.48	507.48
31805		A	A	090	Y	N	Y	D	N	N	-	-	610.30	610.30
31820		A	A	090	Y	N	D	N	N	N	-	-	232.14	299.45
31825		A	A	090	Y	N	D	N	N	N	-	-	339.73	416.32
31830		A	A	090	Y	N	D	N	N	N	-	-	242.48	305.81
31899		Unlstd/Manu	C	YYY	Y	N	D	D	D	N	-	-	-	-
32035		A	A	090	Y	Y	Y	D	N	N	-	-	539.54	539.54
32036		A	A	090	Y	Y	Y	D	N	N	-	-	574.26	574.26
32096		A	A	090	Y	N	Y	D	N	N	-	-	603.41	603.41
32097		A	A	090	Y	N	Y	D	N	N	-	-	602.61	602.61
32098		A	A	090	Y	N	Y	D	N	N	-	-	571.08	571.08
32100		A	A	090	Y	N	Y	D	N	N	-	-	606.32	606.32
32110		A	A	090	Y	N	Y	D	N	N	-	-	1,101.08	1,101.08
32120		A	A	090	Y	N	Y	D	N	N	-	-	650.84	650.84
32124		A	A	090	Y	N	Y	D	N	N	-	-	692.71	692.71
32140		A	A	090	Y	N	Y	D	N	N	-	-	744.65	744.65
32141		A	A	090	Y	N	Y	D	N	N	-	-	1,149.31	1,149.31
32150		A	A	090	Y	N	Y	D	N	N	-	-	749.42	749.42
32151		A	A	090	Y	N	Y	D	N	N	-	-	755.78	755.78
32160		A	A	090	Y	N	Y	D	N	N	-	-	588.83	588.83
32200		A	A	090	Y	N	Y	D	N	N	-	-	852.24	852.24
32215		A	A	090	Y	Y	Y	D	N	N	-	-	601.02	601.02
32220		A	A	090	Y	Y	Y	D	N	N	-	-	1,184.82	1,184.82
32225		A	A	090	Y	Y	Y	D	N	N	-	-	743.86	743.86
32310		A	A	090	Y	N	Y	D	N	N	-	-	681.85	681.85
32320		A	A	090	Y	N	Y	D	N	N	-	-	1,197.01	1,197.01
32400		A	A	000	Y	N	N	N	N	N	-	-	64.13	104.41
32405		A	A	000	Y	N	N	N	N	N	-	-	65.99	259.17
32440		A	A	090	Y	N	Y	D	N	N	-	-	1,176.07	1,176.07
32442		A	A	090	Y	N	Y	D	N	N	-	-	2,329.88	2,329.88
32445		A	A	090	Y	N	Y	D	N	N	-	-	2,676.77	2,676.77
32480		A	A	090	Y	N	Y	D	N	N	-	-	1,111.68	1,111.68
32482		A	A	090	Y	N	Y	D	N	N	-	-	1,188.79	1,188.79
32484		A	A	090	Y	N	Y	D	N	N	-	-	1,082.26	1,082.26
32486		A	A	090	Y	N	Y	D	N	N	-	-	1,783.19	1,783.19
32488		A	A	090	Y	N	Y	D	N	N	-	-	1,817.11	1,817.11
32491		A	R	090	Y	Y	Y	D	N	N	-	-	1,089.95	1,089.95
32501		A	A	ZZZ	N	N	Y	D	N	N	-	-	186.83	186.83
32503		A	A	090	Y	N	Y	D	N	N	-	-	1,359.45	1,359.45
32504		A	A	090	Y	N	Y	D	N	N	-	-	1,550.78	1,550.78
32505		A	A	090	Y	N	Y	D	N	N	-	-	696.95	696.95
32506		A	A	ZZZ	N	N	Y	D	N	N	-	-	119.52	119.52
32507		A	A	ZZZ	N	N	Y	D	N	N	-	-	119.52	119.52
32540		A	A	090	Y	N	Y	D	N	N	-	-	1,301.15	1,301.15

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
32550		A	A	000	N	N	N	N	N	N	-	-	154.50	477.00
32551		A	A	000	Y	Y	N	N	N	N	-	-	117.93	117.93
32552		A	A	010	Y	N	D	N	N	N	-	-	114.75	130.65
32553		A	A	000	Y	N	Y	N	N	N	-	-	131.97	351.66
32554		A	A	000	Y	Y	N	N	N	N	-	-	66.52	138.86
32555		A	A	000	Y	Y	N	N	N	N	-	-	81.89	196.37
32556		A	A	000	Y	Y	N	N	N	N	-	-	90.90	371.53
32557		A	A	000	Y	Y	N	N	N	N	-	-	111.83	342.12
32560		A	A	000	Y	N	N	N	N	N	-	-	58.30	165.89
32561		A	A	000	Y	N	Y	N	N	N	-	-	50.35	65.99
32562		A	A	000	Y	N	Y	N	N	N	-	-	45.58	59.63
32601		A	A	000	Y	N	D	N	N	N	-	-	232.67	232.67
32604		A	A	000	Y	N	D	N	N	N	-	-	365.70	365.70
32606		A	A	000	Y	N	D	N	N	N	-	-	349.80	349.80
32607		A	A	000	Y	N	D	N	N	N	-	-	232.41	232.41
32608		A	A	000	Y	N	D	N	N	N	-	-	285.41	285.41
32609		A	A	000	Y	N	D	N	N	N	-	-	194.25	194.25
32650		A	A	090	Y	Y	Y	D	N	N	-	-	495.82	495.82
32651		A	A	090	Y	Y	Y	D	N	N	-	-	822.30	822.30
32652		A	A	090	Y	Y	Y	D	N	N	-	-	1,250.54	1,250.54
32653		A	A	090	Y	N	Y	D	N	N	-	-	794.47	794.47
32654		A	A	090	Y	Y	Y	D	N	N	-	-	861.78	861.78
32655		A	A	090	Y	Y	Y	D	N	N	-	-	716.56	716.56
32656		A	A	090	Y	Y	Y	D	N	N	-	-	597.58	597.58
32658		A	A	090	Y	N	Y	D	N	N	-	-	533.71	533.71
32659		A	A	090	Y	N	Y	D	N	N	-	-	544.58	544.58
32661		A	A	090	Y	N	Y	D	N	N	-	-	599.43	599.43
32662		A	A	090	Y	N	Y	D	N	N	-	-	666.48	666.48
32663		A	A	090	Y	N	Y	D	N	N	-	-	1,054.17	1,054.17
32664		A	A	090	Y	Y	Y	D	N	N	-	-	636.80	636.80
32665		A	A	090	Y	N	Y	D	N	N	-	-	931.21	931.21
32666		A	A	090	Y	Y	Y	D	N	N	-	-	651.37	651.37
32667		A	A	ZZZ	N	N	Y	D	N	N	-	-	119.78	119.78
32668		A	A	ZZZ	N	N	Y	D	N	N	-	-	119.78	119.78
32669		A	A	090	Y	N	Y	D	N	N	-	-	1,013.10	1,013.10
32670		A	A	090	Y	N	Y	D	N	N	-	-	1,209.99	1,209.99
32671		A	A	090	Y	N	Y	D	N	N	-	-	1,348.32	1,348.32
32672		A	A	090	Y	N	Y	D	N	N	-	-	1,154.87	1,154.87
32673		A	A	090	Y	N	Y	D	N	N	-	-	916.90	916.90
32674		A	A	ZZZ	N	N	Y	D	N	N	-	-	164.30	164.30
32701		A	A	XXX	N	N	D	D	N	N	-	-	162.45	162.45
32800		A	A	090	Y	N	Y	D	N	N	-	-	707.55	707.55
32810		A	A	090	Y	N	Y	N	N	N	-	-	675.49	675.49
32815		A	A	090	Y	N	Y	D	N	N	-	-	2,103.84	2,103.84
32820		A	A	090	Y	N	Y	D	N	N	-	-	1,000.11	1,000.11
32850		C	X	XXX	N	N	N	N	N	N	-	-	-	-
32851		A	A	090	Y	N	Y	D	Y	N	-	-	2,491.53	2,491.53
32852		A	A	090	Y	N	Y	D	Y	N	-	-	2,713.60	2,713.60
32853		A	A	090	Y	B	Y	D	Y	N	-	-	3,475.48	3,475.48
32854		A	A	090	Y	B	Y	D	Y	N	-	-	3,686.95	3,686.95
32855		Not Covered	C	XXX	Y	N	Y	D	N	N	-	-	-	-
32856		Not Covered	C	XXX	Y	N	Y	D	N	N	-	-	-	-
32900		A	A	090	Y	N	Y	D	N	N	-	-	1,061.59	1,061.59
32905		A	A	090	Y	N	Y	D	N	N	-	-	1,009.39	1,009.39
32906		A	A	090	Y	N	Y	D	N	N	-	-	1,249.21	1,249.21
32940		A	A	090	Y	N	Y	D	N	N	-	-	931.21	931.21
32960		A	A	000	Y	N	N	N	N	N	-	-	67.05	89.31
32994		A	A	000	Y	Y	Y	N	N	N	-	-	358.55	4,018.46
32997		A	A	000	Y	Y	N	N	N	N	-	-	251.22	251.22

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
32998		A	A	000	Y	Y	Y	N	N	N	-	-	330.19	2,372.81
32999	Unlstd/Manu		C	YYY	Y	N	N	D	D	N	-	-	-	-
33010		A	A	000	Y	N	N	N	N	N	-	-	81.62	81.62
33011		A	A	000	Y	N	D	N	N	N	-	-	82.42	82.42
33015		A	A	090	Y	N	N	N	N	N	-	-	380.54	380.54
33020		A	A	090	Y	N	Y	D	N	N	-	-	659.85	659.85
33025		A	A	090	Y	N	Y	D	N	N	-	-	599.43	599.43
33030		A	A	090	Y	N	Y	D	N	N	-	-	1,514.21	1,514.21
33031		A	A	090	Y	N	Y	D	N	N	-	-	1,869.84	1,869.84
33050		A	A	090	Y	N	Y	D	N	N	-	-	759.23	759.23
33120		A	A	090	Y	N	Y	D	N	N	-	-	1,587.35	1,587.35
33130		A	A	090	Y	N	Y	D	N	N	-	-	1,039.60	1,039.60
33140		A	A	090	Y	N	Y	N	N	N	-	-	1,191.97	1,191.97
33141		A	A	ZZZ	N	N	Y	D	N	N	-	-	100.44	100.44
33202		A	A	090	Y	N	N	N	N	N	-	-	584.06	584.06
33203		A	A	090	Y	N	N	N	N	N	-	-	610.56	610.56
33206		A	A	090	Y	N	N	Y	N	N	-	-	337.61	337.61
33207		A	A	090	Y	N	N	Y	N	N	-	-	360.67	360.67
33208		A	A	090	Y	N	N	Y	N	N	-	-	390.61	390.61
33210		A	A	000	Y	N	N	N	N	N	-	-	125.35	125.35
33211		A	A	000	Y	N	N	N	N	N	-	-	128.79	128.79
33212		A	A	090	Y	N	N	N	N	N	-	-	239.03	239.03
33213		A	A	090	Y	N	N	N	N	N	-	-	250.43	250.43
33214		A	A	090	Y	N	D	Y	N	N	-	-	357.49	357.49
33215		A	A	090	Y	N	N	N	N	N	-	-	232.14	232.14
33216		A	A	090	Y	N	N	N	N	N	-	-	275.34	275.34
33217		A	A	090	Y	N	N	N	N	N	-	-	270.83	270.83
33218		A	A	090	Y	N	N	N	N	N	-	-	288.06	288.06
33220		A	A	090	Y	N	N	N	N	N	-	-	291.24	291.24
33221		A	A	090	Y	N	N	N	N	N	-	-	268.18	268.18
33222		A	A	090	Y	N	N	N	N	N	-	-	249.37	249.37
33223		A	A	090	Y	N	D	N	N	N	-	-	304.49	304.49
33224		A	A	000	Y	N	N	N	N	N	-	-	390.35	390.35
33225		A	A	ZZZ	N	N	N	N	N	N	-	-	356.69	356.69
33226		A	A	000	Y	N	N	N	N	N	-	-	375.51	375.51
33227		A	A	090	Y	N	N	N	N	N	-	-	252.02	252.02
33228		A	A	090	Y	N	N	N	N	N	-	-	263.94	263.94
33229		A	A	090	Y	N	N	N	N	N	-	-	279.31	279.31
33230		A	A	090	Y	N	N	N	N	N	-	-	285.41	285.41
33231		A	A	090	Y	N	N	N	N	N	-	-	299.72	299.72
33233		A	A	090	Y	N	N	N	N	N	-	-	168.81	168.81
33234		A	A	090	Y	N	N	N	N	N	-	-	362.26	362.26
33235		A	A	090	Y	N	N	N	N	N	-	-	475.41	475.41
33236		A	A	090	Y	N	D	Y	N	N	-	-	585.65	585.65
33237		A	A	090	Y	N	D	Y	N	N	-	-	629.64	629.64
33238		A	A	090	Y	N	D	Y	N	N	-	-	705.17	705.17
33240		A	A	090	Y	N	N	N	N	N	-	-	272.95	272.95
33241		A	A	090	Y	N	N	N	N	N	-	-	159.00	159.00
33243		A	A	090	Y	N	Y	D	N	N	-	-	1,031.65	1,031.65
33244		A	A	090	Y	N	N	D	N	N	-	-	644.22	644.22
33249		A	A	090	Y	N	N	D	N	N	-	-	687.41	687.41
33250		A	A	090	Y	N	Y	D	N	N	-	-	1,108.76	1,108.76
33251		A	A	090	Y	N	Y	D	N	N	-	-	1,228.28	1,228.28
33254		A	A	090	Y	N	Y	D	N	N	-	-	1,027.41	1,027.41
33255		A	A	090	Y	N	Y	D	N	N	-	-	1,239.94	1,239.94
33256		A	A	090	Y	N	Y	D	N	N	-	-	1,474.20	1,474.20
33257		A	A	ZZZ	N	N	Y	N	N	N	-	-	435.40	435.40
33258		A	A	ZZZ	N	N	Y	N	N	N	-	-	493.96	493.96
33259		A	A	ZZZ	N	N	Y	N	N	N	-	-	632.56	632.56

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
33261		A	A	090	Y	N	Y	D	N	N	-	-	1,228.54	1,228.54
33262		A	A	090	Y	N	N	N	N	N	-	-	277.99	277.99
33263		A	A	090	Y	N	N	N	N	N	-	-	290.18	290.18
33264		A	A	090	Y	N	N	N	N	N	-	-	302.37	302.37
33265		A	A	090	Y	N	Y	D	N	N	-	-	1,022.37	1,022.37
33266		A	A	090	Y	N	Y	D	N	N	-	-	1,394.43	1,394.43
33270		Not Covered	A	090	Y	N	N	N	N	N	-	-	425.59	425.59
33271		Not Covered	A	090	Y	N	N	N	N	N	-	-	343.71	343.71
33272		Not Covered	A	090	Y	N	N	N	N	N	-	-	260.50	260.50
33273		Not Covered	A	090	Y	N	N	N	N	N	-	-	302.10	302.10
33282		A	A	090	Y	N	N	N	N	N	-	-	166.95	166.95
33284		A	A	090	Y	N	N	N	N	N	-	-	145.75	145.75
33300		A	A	090	Y	N	Y	D	N	N	-	-	1,857.12	1,857.12
33305		A	A	090	Y	N	Y	D	N	N	-	-	3,115.61	3,115.61
33310		A	A	090	Y	N	Y	D	N	N	-	-	887.75	887.75
33315		A	A	090	Y	N	Y	D	N	N	-	-	1,446.37	1,446.37
33320		A	A	090	Y	N	Y	D	N	N	-	-	796.06	796.06
33321		A	A	090	Y	N	Y	D	N	N	-	-	902.59	902.59
33322		A	A	090	Y	N	Y	D	N	N	-	-	1,045.96	1,045.96
33330		A	A	090	Y	N	Y	D	N	N	-	-	1,084.65	1,084.65
33335		A	A	090	Y	N	Y	D	N	N	-	-	1,433.39	1,433.39
33340		Not Covered	A	000	Y	N	D	Y	D	N	-	-	600.76	600.76
33361		A	A	000	Y	N	D	Y	D	N	-	-	1,036.15	1,036.15
33362		A	A	000	Y	N	D	Y	D	N	-	-	1,131.55	1,131.55
33363		A	A	000	Y	N	D	Y	D	N	-	-	1,174.48	1,174.48
33364		A	A	000	Y	N	D	Y	D	N	-	-	1,236.76	1,236.76
33365		A	A	000	Y	N	D	Y	D	N	-	-	1,359.98	1,359.98
33366		A	A	000	Y	N	D	Y	D	N	-	-	1,471.28	1,471.28
33367		A	A	ZZZ	N	N	D	N	D	N	-	-	481.24	481.24
33368		A	A	ZZZ	N	N	D	N	D	N	-	-	573.46	573.46
33369		A	A	ZZZ	N	N	D	N	D	N	-	-	756.84	756.84
33390		Not Covered	A	090	Y	N	Y	D	N	N	-	-	1,430.47	1,430.47
33391		Not Covered	A	090	Y	N	Y	D	N	N	-	-	1,697.86	1,697.86
33404		A	A	090	Y	N	Y	D	N	N	-	-	1,333.75	1,333.75
33405		A	A	090	Y	N	Y	D	N	N	-	-	1,716.94	1,716.94
33406		A	A	090	Y	N	Y	D	N	N	-	-	2,173.80	2,173.80
33410		A	A	090	Y	N	Y	D	N	N	-	-	1,925.76	1,925.76
33411		A	A	090	Y	N	Y	N	N	N	-	-	2,540.03	2,540.03
33412		A	A	090	Y	N	Y	D	N	N	-	-	2,417.07	2,417.07
33413		A	A	090	Y	N	Y	D	N	N	-	-	2,469.54	2,469.54
33414		A	A	090	Y	N	Y	D	N	N	-	-	1,638.76	1,638.76
33415		A	A	090	Y	N	Y	D	N	N	-	-	1,533.82	1,533.82
33416		A	A	090	Y	N	Y	D	N	N	-	-	1,533.29	1,533.29
33417		A	A	090	Y	N	Y	D	N	N	-	-	1,263.26	1,263.26
33418		Not Covered	A	090	Y	N	Y	D	N	N	-	-	1,363.69	1,363.69
33419		Not Covered	A	ZZZ	N	N	Y	D	N	N	-	-	323.57	323.57
33420		A	A	090	Y	N	N	D	N	N	-	-	1,104.26	1,104.26
33422		A	A	090	Y	N	Y	D	N	N	-	-	1,268.29	1,268.29
33425		A	A	090	Y	N	Y	D	N	N	-	-	2,070.45	2,070.45
33426		A	A	090	Y	N	Y	D	N	N	-	-	1,801.74	1,801.74
33427		A	A	090	Y	N	Y	D	N	N	-	-	1,852.09	1,852.09
33430		A	A	090	Y	N	Y	D	N	N	-	-	2,116.56	2,116.56
33460		A	A	090	Y	N	Y	D	N	N	-	-	1,843.34	1,843.34
33463		A	A	090	Y	N	Y	D	N	N	-	-	2,339.42	2,339.42
33464		A	A	090	Y	N	Y	D	N	N	-	-	1,848.11	1,848.11
33465		A	A	090	Y	N	Y	D	N	N	-	-	2,090.85	2,090.85
33468		A	A	090	Y	N	Y	D	N	N	-	-	1,870.11	1,870.11
33470		A	A	090	Y	N	Y	N	N	N	-	-	936.51	936.51
33471		A	A	090	Y	N	Y	D	N	N	-	-	1,002.23	1,002.23

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
33474		A	A	090	Y	N	Y	D	N	N	-	-	1,657.31	1,657.31
33475		A	A	090	Y	N	Y	D	N	N	-	-	1,775.77	1,775.77
33476		A	A	090	Y	N	Y	D	N	N	-	-	1,152.75	1,152.75
33477		A	A	000	Y	N	D	D	D	N	-	-	1,040.66	1,040.66
33478		A	A	090	Y	N	Y	D	N	N	-	-	1,191.44	1,191.44
33496		A	A	090	Y	N	Y	D	N	N	-	-	1,269.35	1,269.35
33500		A	A	090	Y	N	Y	D	N	N	-	-	1,189.85	1,189.85
33501		A	A	090	Y	N	Y	Y	N	N	-	-	846.94	846.94
33502		A	A	090	Y	N	Y	D	N	N	-	-	963.81	963.81
33503		A	A	090	Y	N	D	D	N	N	-	-	1,000.38	1,000.38
33504		A	A	090	Y	N	Y	D	N	N	-	-	1,109.03	1,109.03
33505		A	A	090	Y	N	Y	D	N	N	-	-	1,577.02	1,577.02
33506		A	A	090	Y	N	Y	D	N	N	-	-	1,568.27	1,568.27
33507		A	A	090	Y	N	Y	D	N	N	-	-	1,313.61	1,313.61
33508		A	A	ZZZ	N	N	Y	D	N	N	-	-	12.46	12.46
33510		A	A	090	Y	N	Y	N	N	N	-	-	1,460.68	1,460.68
33511		A	A	090	Y	N	Y	N	N	N	-	-	1,605.64	1,605.64
33512		A	A	090	Y	N	Y	N	N	N	-	-	1,827.44	1,827.44
33513		A	A	090	Y	N	Y	N	N	N	-	-	1,880.71	1,880.71
33514		A	A	090	Y	N	Y	N	N	N	-	-	1,999.16	1,999.16
33516		A	A	090	Y	N	Y	N	N	N	-	-	2,069.65	2,069.65
33517		A	A	ZZZ	N	N	Y	N	N	N	-	-	143.37	143.37
33518		A	A	ZZZ	N	N	Y	N	N	N	-	-	314.56	314.56
33519		A	A	ZZZ	N	N	Y	N	N	N	-	-	415.52	415.52
33521		A	A	ZZZ	N	N	Y	N	N	N	-	-	498.20	498.20
33522		A	A	ZZZ	N	N	Y	N	N	N	-	-	560.21	560.21
33523		A	A	ZZZ	N	N	Y	N	N	N	-	-	640.24	640.24
33530		A	A	ZZZ	N	N	Y	N	N	N	-	-	402.01	402.01
33533		A	A	090	Y	N	Y	N	N	N	-	-	1,412.72	1,412.72
33534		A	A	090	Y	N	Y	N	N	N	-	-	1,663.67	1,663.67
33535		A	A	090	Y	N	Y	N	N	N	-	-	1,854.47	1,854.47
33536		A	A	090	Y	N	Y	N	N	N	-	-	1,991.48	1,991.48
33542		A	A	090	Y	N	Y	D	N	N	-	-	1,985.91	1,985.91
33545		A	A	090	Y	N	Y	D	N	N	-	-	2,351.35	2,351.35
33548		A	A	090	Y	N	Y	D	N	N	-	-	2,258.60	2,258.60
33572		A	A	ZZZ	N	N	Y	N	N	N	-	-	175.70	175.70
33600		A	A	090	Y	N	Y	D	N	N	-	-	1,303.27	1,303.27
33602		A	A	090	Y	N	Y	D	N	N	-	-	1,264.05	1,264.05
33606		A	A	090	Y	N	Y	D	N	N	-	-	1,349.12	1,349.12
33608		A	A	090	Y	N	Y	D	N	N	-	-	1,366.08	1,366.08
33610		A	A	090	Y	N	Y	D	N	N	-	-	1,346.47	1,346.47
33611		A	A	090	Y	N	Y	D	N	N	-	-	1,487.71	1,487.71
33612		A	A	090	Y	N	Y	D	N	N	-	-	1,527.20	1,527.20
33615		A	A	090	Y	N	Y	D	N	N	-	-	1,517.92	1,517.92
33617		A	A	090	Y	N	Y	D	N	N	-	-	1,645.12	1,645.12
33619		A	A	090	Y	N	Y	D	N	N	-	-	2,069.92	2,069.92
33620		A	A	090	Y	N	Y	D	N	N	-	-	1,257.43	1,257.43
33621		A	A	090	Y	N	Y	D	N	N	-	-	704.90	704.90
33622		A	A	090	Y	N	Y	D	N	N	-	-	2,619.79	2,619.79
33641		A	A	090	Y	N	Y	D	N	N	-	-	1,247.36	1,247.36
33645		A	A	090	Y	N	Y	D	N	N	-	-	1,318.11	1,318.11
33647		A	A	090	Y	N	Y	D	N	N	-	-	1,384.63	1,384.63
33660		A	A	090	Y	N	Y	D	N	N	-	-	1,337.72	1,337.72
33665		A	A	090	Y	N	Y	D	N	N	-	-	1,458.83	1,458.83
33670		A	A	090	Y	N	Y	D	N	N	-	-	1,507.32	1,507.32
33675		A	A	090	Y	N	Y	D	N	N	-	-	1,503.35	1,503.35
33676		A	A	090	Y	N	Y	D	N	N	-	-	1,543.36	1,543.36
33677		A	A	090	Y	N	Y	D	N	N	-	-	1,603.25	1,603.25
33681		A	A	090	Y	N	Y	D	N	N	-	-	1,394.17	1,394.17

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
33684		A	A	090	Y	N	Y	D	N	N	-	-	1,439.48	1,439.48
33688		A	A	090	Y	N	Y	D	N	N	-	-	1,439.48	1,439.48
33690		A	A	090	Y	N	Y	D	N	N	-	-	905.51	905.51
33692		A	A	090	Y	N	Y	D	N	N	-	-	1,494.34	1,494.34
33694		A	A	090	Y	N	Y	D	N	N	-	-	1,487.71	1,487.71
33697		A	A	090	Y	N	Y	D	N	N	-	-	1,567.74	1,567.74
33702		A	A	090	Y	N	Y	D	N	N	-	-	1,172.36	1,172.36
33710		A	A	090	Y	N	Y	N	N	N	-	-	1,565.36	1,565.36
33720		A	A	090	Y	N	Y	D	N	N	-	-	1,173.42	1,173.42
33722		A	A	090	Y	N	Y	D	N	N	-	-	1,236.23	1,236.23
33724		A	A	090	Y	N	Y	D	N	N	-	-	1,171.04	1,171.04
33726		A	A	090	Y	N	Y	D	N	N	-	-	1,550.78	1,550.78
33730		A	A	090	Y	N	Y	D	N	N	-	-	1,525.08	1,525.08
33732		A	A	090	Y	N	Y	D	N	N	-	-	1,248.68	1,248.68
33735		A	A	090	Y	N	Y	N	N	N	-	-	978.91	978.91
33736		A	A	090	Y	N	Y	D	N	N	-	-	1,062.92	1,062.92
33737		A	A	090	Y	N	Y	D	N	N	-	-	981.83	981.83
33750		A	A	090	Y	N	Y	D	N	N	-	-	956.92	956.92
33755		A	A	090	Y	N	Y	D	N	N	-	-	995.34	995.34
33762		A	A	090	Y	N	Y	D	N	N	-	-	972.55	972.55
33764		A	A	090	Y	N	Y	D	N	N	-	-	995.34	995.34
33766		A	A	090	Y	N	Y	D	N	N	-	-	1,010.45	1,010.45
33767		A	A	090	Y	N	Y	D	N	N	-	-	1,080.41	1,080.41
33768		A	A	ZZZ	N	N	Y	Y	N	N	-	-	319.59	319.59
33770		A	A	090	Y	N	Y	D	N	N	-	-	1,615.97	1,615.97
33771		A	A	090	Y	N	Y	D	N	N	-	-	1,665.79	1,665.79
33774		A	A	090	Y	N	Y	D	N	N	-	-	1,364.49	1,364.49
33775		A	A	090	Y	N	Y	N	N	N	-	-	1,407.42	1,407.42
33776		A	A	090	Y	N	Y	D	N	N	-	-	1,487.45	1,487.45
33777		A	A	090	Y	N	Y	N	N	N	-	-	1,439.22	1,439.22
33778		A	A	090	Y	N	Y	D	N	N	-	-	1,789.28	1,789.28
33779		A	A	090	Y	N	Y	D	N	N	-	-	1,777.09	1,777.09
33780		A	A	090	Y	N	Y	D	N	N	-	-	1,809.69	1,809.69
33781		A	A	090	Y	N	Y	N	N	N	-	-	1,768.08	1,768.08
33782		A	A	090	Y	N	Y	D	N	N	-	-	2,465.03	2,465.03
33783		A	A	090	Y	N	Y	D	N	N	-	-	2,662.99	2,662.99
33786		A	A	090	Y	N	Y	D	N	N	-	-	1,736.81	1,736.81
33788		A	A	090	Y	N	Y	D	N	N	-	-	1,165.21	1,165.21
33800		A	A	090	Y	N	Y	Y	N	N	-	-	747.83	747.83
33802		A	A	090	Y	N	Y	D	N	N	-	-	818.32	818.32
33803		A	A	090	Y	N	Y	D	N	N	-	-	873.18	873.18
33813		A	A	090	Y	N	Y	D	N	N	-	-	937.04	937.04
33814		A	A	090	Y	N	Y	D	N	N	-	-	1,153.81	1,153.81
33820		A	A	090	Y	N	Y	N	N	N	-	-	732.46	732.46
33822		A	A	090	Y	N	Y	D	N	N	-	-	773.54	773.54
33824		A	A	090	Y	N	Y	D	N	N	-	-	891.20	891.20
33840		A	A	090	Y	N	Y	D	N	N	-	-	936.51	936.51
33845		A	A	090	Y	N	Y	D	N	N	-	-	1,008.86	1,008.86
33851		A	A	090	Y	N	Y	D	N	N	-	-	961.95	961.95
33852		A	A	090	Y	N	Y	N	N	N	-	-	1,059.21	1,059.21
33853		A	A	090	Y	N	Y	D	N	N	-	-	1,390.99	1,390.99
33860		A	A	090	Y	N	Y	D	N	N	-	-	2,436.94	2,436.94
33863		A	A	090	Y	N	Y	D	N	N	-	-	2,393.48	2,393.48
33864		A	A	090	Y	N	Y	D	N	N	-	-	2,449.93	2,449.93
33870		A	A	090	Y	N	Y	D	N	N	-	-	1,911.71	1,911.71
33875		A	A	090	Y	N	Y	Y	N	N	-	-	2,085.55	2,085.55
33877		A	A	090	Y	N	Y	Y	N	N	-	-	2,764.48	2,764.48
33880		A	A	090	Y	B	Y	Y	N	N	-	-	1,373.76	1,373.76
33881		A	A	090	Y	B	Y	Y	N	N	-	-	1,179.25	1,179.25

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018										Imaging	Imaging
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
33883		A	A	090	Y	N	Y	Y	N	N	-	-	852.24	852.24
33884		A	A	ZZZ	N	N	Y	Y	N	N	-	-	319.59	319.59
33886		A	A	090	Y	N	Y	Y	N	N	-	-	741.21	741.21
33889		A	A	000	Y	Y	Y	Y	N	N	-	-	612.15	612.15
33891		A	A	000	Y	Y	Y	Y	N	N	-	-	748.10	748.10
33910		A	A	090	Y	N	Y	D	N	N	-	-	1,996.25	1,996.25
33915		A	A	090	Y	N	Y	D	N	N	-	-	1,051.52	1,051.52
33916		A	A	090	Y	N	Y	D	N	N	-	-	3,213.13	3,213.13
33917		A	A	090	Y	N	Y	D	N	N	-	-	1,102.93	1,102.93
33920		A	A	090	Y	N	Y	D	N	N	-	-	1,377.74	1,377.74
33922		A	A	090	Y	N	Y	D	N	N	-	-	1,051.52	1,051.52
33924		A	A	ZZZ	N	N	Y	D	N	N	-	-	220.22	220.22
33925		A	A	090	Y	N	Y	D	N	N	-	-	1,309.90	1,309.90
33926		A	A	090	Y	N	Y	D	N	N	-	-	1,845.73	1,845.73
33927	Not Covered	A	A	XXX	Y	N	Y	N	N	N	-	-	1,950.67	1,950.67
33928	Not Covered	C	C	XXX	Y	N	Y	N	N	N	-	-	-	-
33929	Not Covered	C	C	ZZZ	N	N	Y	N	N	N	-	-	-	-
33930		C	X	XXX	N	N	N	N	N	N	-	-	-	-
33933	Not Covered	C	C	XXX	Y	N	Y	D	N	N	-	-	-	-
33935		A	R	090	Y	N	Y	D	Y	N	-	-	3,715.30	3,715.30
33940		C	X	XXX	N	N	N	N	N	N	-	-	-	-
33944	Not Covered	C	C	XXX	Y	N	Y	D	N	N	-	-	-	-
33945		A	R	090	Y	N	Y	D	Y	N	-	-	3,673.43	3,673.43
33946		A	A	XXX	N	N	N	N	N	N	-	-	235.06	235.06
33947		A	A	XXX	N	N	N	N	N	N	-	-	262.35	262.35
33948		A	A	XXX	N	N	N	N	N	N	-	-	179.94	179.94
33949		A	A	XXX	N	N	N	N	N	N	-	-	175.17	175.17
33951		A	A	000	Y	N	D	N	N	N	-	-	326.75	326.75
33952		A	A	000	Y	N	D	N	N	N	-	-	327.01	327.01
33953		A	A	000	Y	N	D	N	N	N	-	-	365.44	365.44
33954		A	A	000	Y	N	D	N	N	N	-	-	365.70	365.70
33955		A	A	000	Y	N	D	D	D	N	-	-	640.77	640.77
33956		A	A	000	Y	N	D	D	D	N	-	-	637.33	637.33
33957		A	A	000	Y	N	D	N	N	N	-	-	142.04	142.04
33958		A	A	000	Y	N	D	N	N	N	-	-	142.31	142.31
33959		A	A	000	Y	N	D	N	N	N	-	-	180.47	180.47
33962		A	A	000	Y	N	D	N	N	N	-	-	181.00	181.00
33963		A	A	000	Y	N	D	D	D	N	-	-	360.67	360.67
33964		A	A	000	Y	N	D	D	D	N	-	-	381.07	381.07
33965		A	A	000	Y	N	D	N	N	N	-	-	142.04	142.04
33966		A	A	000	Y	N	D	N	N	N	-	-	181.00	181.00
33967		A	A	000	Y	N	D	N	N	N	-	-	198.22	198.22
33968		A	A	000	N	N	N	N	N	N	-	-	25.71	25.71
33969		A	A	000	Y	N	D	N	N	N	-	-	210.41	210.41
33970		A	A	000	Y	N	Y	D	N	N	-	-	271.36	271.36
33971		A	A	090	Y	N	N	N	N	N	-	-	532.12	532.12
33973		A	A	000	Y	N	Y	D	N	N	-	-	396.18	396.18
33974		A	A	090	Y	N	N	N	N	N	-	-	670.45	670.45
33975		A	A	XXX	Y	N	Y	N	N	N	-	-	1,000.38	1,000.38
33976		A	A	XXX	Y	B	Y	N	N	N	-	-	1,225.63	1,225.63
33977		A	A	XXX	Y	N	Y	N	N	N	-	-	855.69	855.69
33978		A	A	XXX	Y	B	Y	N	N	N	-	-	1,023.70	1,023.70
33979		A	A	XXX	Y	N	Y	N	N	N	-	-	1,493.54	1,493.54
33980		A	A	XXX	Y	N	Y	N	N	N	-	-	1,361.84	1,361.84
33981		A	A	XXX	Y	N	Y	N	N	N	-	-	642.10	642.10
33982		A	A	XXX	Y	N	Y	N	N	N	-	-	1,508.38	1,508.38
33983		A	A	XXX	Y	N	Y	N	N	N	-	-	1,769.14	1,769.14
33984		A	A	000	Y	N	D	N	N	N	-	-	217.83	217.83
33985		A	A	000	Y	N	D	D	D	N	-	-	396.44	396.44

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
33986		A	A	000	Y	N	D	D	D	N	-	-	399.89	399.89
33987		A	A	ZZZ	N	N	D	D	D	N	-	-	160.86	160.86
33988		A	A	000	Y	N	D	D	D	N	-	-	599.70	599.70
33989		A	A	000	Y	N	D	D	D	N	-	-	381.07	381.07
33990		A	A	XXX	Y	N	Y	N	N	N	-	-	325.16	325.16
33991		A	A	XXX	Y	N	Y	N	N	N	-	-	479.92	479.92
33992		A	A	XXX	Y	N	Y	N	N	N	-	-	152.91	152.91
33993		A	A	XXX	Y	N	Y	N	N	N	-	-	133.56	133.56
33999	Unlstd/Manu		C	YYY	Y	N	Y	D	D	N	-	-	-	-
34001		A	A	090	Y	Y	Y	D	N	N	-	-	702.52	702.52
34051		A	A	090	Y	Y	Y	D	N	N	-	-	748.63	748.63
34101		A	A	090	Y	Y	Y	D	N	N	-	-	456.60	456.60
34111		A	A	090	Y	Y	Y	D	N	N	-	-	455.80	455.80
34151		A	A	090	Y	Y	Y	D	N	N	-	-	1,068.75	1,068.75
34201		A	A	090	Y	Y	Y	D	N	N	-	-	788.64	788.64
34203		A	A	090	Y	Y	Y	D	N	N	-	-	728.75	728.75
34401		A	A	090	Y	Y	Y	D	N	N	-	-	1,119.89	1,119.89
34421		A	A	090	Y	Y	Y	D	N	N	-	-	559.68	559.68
34451		A	A	090	Y	Y	Y	D	N	N	-	-	1,104.52	1,104.52
34471		A	A	090	Y	Y	N	D	N	N	-	-	828.39	828.39
34490		A	A	090	Y	Y	N	N	N	N	-	-	468.79	468.79
34501		A	A	090	Y	Y	Y	D	N	N	-	-	681.85	681.85
34502		A	A	090	Y	N	Y	N	N	N	-	-	1,170.77	1,170.77
34510		A	A	090	Y	Y	Y	D	N	N	-	-	782.55	782.55
34520		A	A	090	Y	Y	Y	D	N	N	-	-	758.17	758.17
34530		A	A	090	Y	Y	Y	D	N	N	-	-	717.62	717.62
34701		A	A	090	Y	N	Y	Y	N	N	-	-	936.51	936.51
34702		A	A	090	Y	N	Y	Y	N	N	-	-	1,400.26	1,400.26
34703		A	A	090	Y	N	Y	Y	N	N	-	-	1,060.00	1,060.00
34704		A	A	090	Y	N	Y	Y	N	N	-	-	1,763.58	1,763.58
34705		A	A	090	Y	N	Y	Y	N	N	-	-	1,164.68	1,164.68
34706		A	A	090	Y	N	Y	Y	N	N	-	-	1,755.10	1,755.10
34707		A	A	090	Y	Y	Y	Y	N	N	-	-	874.24	874.24
34708		A	A	090	Y	Y	Y	Y	N	N	-	-	1,409.27	1,409.27
34709		A	A	ZZZ	N	N	Y	Y	N	N	-	-	248.04	248.04
34710		A	A	090	Y	N	Y	Y	N	N	-	-	608.18	608.18
34711		A	A	ZZZ	N	N	Y	Y	N	N	-	-	228.96	228.96
34712		A	A	090	Y	N	Y	Y	N	N	-	-	513.31	513.31
34713		A	A	ZZZ	N	Y	Y	Y	N	N	-	-	98.32	98.32
34714		A	A	ZZZ	N	Y	Y	Y	N	N	-	-	205.38	205.38
34715		A	A	ZZZ	N	Y	Y	Y	N	N	-	-	229.49	229.49
34716		A	A	ZZZ	N	Y	Y	Y	N	N	-	-	284.35	284.35
34808		A	A	ZZZ	N	N	Y	Y	N	N	-	-	160.86	160.86
34812		A	A	ZZZ	N	Y	Y	Y	N	N	-	-	159.53	159.53
34813		A	A	ZZZ	N	N	Y	Y	N	N	-	-	182.85	182.85
34820		A	A	ZZZ	N	Y	Y	Y	N	N	-	-	271.89	271.89
34830		A	A	090	Y	N	Y	Y	N	N	-	-	1,357.33	1,357.33
34831		A	A	090	Y	N	Y	Y	N	N	-	-	1,485.59	1,485.59
34832		A	A	090	Y	N	Y	Y	N	N	-	-	1,460.42	1,460.42
34833		A	A	ZZZ	N	Y	Y	Y	N	N	-	-	312.44	312.44
34834		A	A	ZZZ	N	Y	Y	Y	N	N	-	-	100.70	100.70
34839	Not Covered		B	YYY	N	N	D	N	N	N	-	-	-	-
34841		C	C	YYY	Y	N	Y	Y	N	N	-	-	-	-
34842		C	C	YYY	Y	N	Y	Y	N	N	-	-	-	-
34843		C	C	YYY	Y	N	Y	Y	N	N	-	-	-	-
34844		C	C	YYY	Y	N	Y	Y	N	N	-	-	-	-
34845		C	C	YYY	Y	N	Y	Y	N	N	-	-	-	-
34846		C	C	YYY	Y	N	Y	Y	N	N	-	-	-	-
34847		C	C	YYY	Y	N	Y	Y	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
34848		C	C	YYY	Y	N	Y	Y	N	N	-	-	-	-
35001		A	A	090	Y	Y	Y	D	N	N	-	-	855.42	855.42
35002		A	A	090	Y	Y	Y	D	N	N	-	-	871.32	871.32
35005		A	A	090	Y	Y	Y	D	N	N	-	-	761.35	761.35
35011		A	A	090	Y	Y	Y	D	N	N	-	-	767.44	767.44
35013		A	A	090	Y	Y	Y	D	N	N	-	-	959.04	959.04
35021		A	A	090	Y	Y	Y	D	N	N	-	-	955.59	955.59
35022		A	A	090	Y	Y	Y	D	N	N	-	-	1,096.57	1,096.57
35045		A	A	090	Y	Y	Y	D	N	N	-	-	749.42	749.42
35081		A	A	090	Y	N	Y	D	N	N	-	-	1,334.81	1,334.81
35082		A	A	090	Y	N	Y	D	N	N	-	-	1,681.43	1,681.43
35091		A	A	090	Y	Y	Y	D	N	N	-	-	1,378.00	1,378.00
35092		A	A	090	Y	Y	Y	D	N	N	-	-	1,999.43	1,999.43
35102		A	A	090	Y	Y	Y	D	N	N	-	-	1,446.37	1,446.37
35103		A	A	090	Y	Y	Y	D	N	N	-	-	1,722.50	1,722.50
35111		A	A	090	Y	Y	Y	D	N	N	-	-	1,021.58	1,021.58
35112		A	A	090	Y	Y	Y	D	N	N	-	-	1,258.22	1,258.22
35121		A	A	090	Y	Y	Y	N	N	N	-	-	1,266.44	1,266.44
35122		A	A	090	Y	Y	Y	D	N	N	-	-	1,456.44	1,456.44
35131		A	A	090	Y	Y	Y	D	N	N	-	-	1,066.36	1,066.36
35132		A	A	090	Y	Y	Y	D	N	N	-	-	1,258.22	1,258.22
35141		A	A	090	Y	Y	Y	D	N	N	-	-	846.68	846.68
35142		A	A	090	Y	Y	Y	D	N	N	-	-	1,016.01	1,016.01
35151		A	A	090	Y	Y	Y	D	N	N	-	-	952.41	952.41
35152		A	A	090	Y	Y	Y	D	N	N	-	-	1,074.84	1,074.84
35180		A	A	090	Y	N	Y	D	N	N	-	-	661.18	661.18
35182		A	A	090	Y	N	Y	D	N	N	-	-	1,355.48	1,355.48
35184		A	A	090	Y	N	Y	D	N	N	-	-	740.15	740.15
35188		A	A	090	Y	N	Y	D	N	N	-	-	994.02	994.02
35189		A	A	090	Y	N	Y	D	N	N	-	-	1,160.70	1,160.70
35190		A	A	090	Y	N	Y	D	N	N	-	-	578.50	578.50
35201		A	A	090	Y	Y	Y	D	N	N	-	-	712.06	712.06
35206		A	A	090	Y	Y	Y	D	N	N	-	-	591.48	591.48
35207		A	A	090	Y	Y	N	D	N	N	-	-	549.61	549.61
35211		A	A	090	Y	Y	Y	D	N	N	-	-	1,043.31	1,043.31
35216		A	A	090	Y	Y	Y	D	N	N	-	-	1,554.49	1,554.49
35221		A	A	090	Y	Y	Y	D	N	N	-	-	1,111.68	1,111.68
35226		A	A	090	Y	Y	Y	D	N	N	-	-	635.47	635.47
35231		A	A	090	Y	Y	Y	D	N	N	-	-	923.26	923.26
35236		A	A	090	Y	Y	Y	D	N	N	-	-	756.31	756.31
35241		A	A	090	Y	Y	Y	D	N	N	-	-	1,098.96	1,098.96
35246		A	A	090	Y	Y	Y	D	N	N	-	-	1,193.56	1,193.56
35251		A	A	090	Y	Y	Y	D	N	N	-	-	1,332.16	1,332.16
35256		A	A	090	Y	Y	Y	D	N	N	-	-	780.96	780.96
35261		A	A	090	Y	Y	Y	D	N	N	-	-	801.89	801.89
35266		A	A	090	Y	Y	Y	D	N	N	-	-	659.59	659.59
35271		A	A	090	Y	Y	Y	D	N	N	-	-	1,047.81	1,047.81
35276		A	A	090	Y	Y	Y	D	N	N	-	-	1,107.44	1,107.44
35281		A	A	090	Y	Y	Y	D	N	N	-	-	1,229.87	1,229.87
35286		A	A	090	Y	Y	Y	D	N	N	-	-	710.73	710.73
35301		A	A	090	Y	Y	Y	D	N	N	-	-	866.82	866.82
35302		A	A	090	Y	Y	Y	D	N	N	-	-	860.72	860.72
35303		A	A	090	Y	Y	Y	D	N	N	-	-	952.15	952.15
35304		A	A	090	Y	Y	Y	D	N	N	-	-	984.48	984.48
35305		A	A	090	Y	Y	Y	D	N	N	-	-	947.11	947.11
35306		A	A	ZZZ	N	N	Y	D	N	N	-	-	346.09	346.09
35311		A	A	090	Y	Y	Y	D	N	N	-	-	1,190.91	1,190.91
35321		A	A	090	Y	Y	Y	D	N	N	-	-	681.05	681.05
35331		A	A	090	Y	Y	Y	D	N	N	-	-	1,114.33	1,114.33

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
35341		A	A	090	Y	Y	Y	D	N	N	-	-	1,054.97	1,054.97
35351		A	A	090	Y	Y	Y	D	N	N	-	-	983.68	983.68
35355		A	A	090	Y	Y	Y	D	N	N	-	-	792.09	792.09
35361		A	A	090	Y	Y	Y	D	N	N	-	-	1,170.77	1,170.77
35363		A	A	090	Y	Y	Y	D	N	N	-	-	1,343.29	1,343.29
35371		A	A	090	Y	Y	Y	D	N	N	-	-	625.67	625.67
35372		A	A	090	Y	Y	Y	D	N	N	-	-	752.34	752.34
35390		A	A	ZZZ	N	N	Y	D	N	N	-	-	122.96	122.96
35400		A	A	ZZZ	N	N	D	D	N	N	-	-	115.54	115.54
35500		A	A	ZZZ	N	N	Y	D	N	N	-	-	247.51	247.51
35501		A	A	090	Y	Y	Y	D	N	N	-	-	1,124.40	1,124.40
35506		A	A	090	Y	Y	Y	D	N	N	-	-	981.30	981.30
35508		A	A	090	Y	Y	Y	D	N	N	-	-	1,020.78	1,020.78
35509		A	A	090	Y	Y	Y	D	N	N	-	-	1,088.62	1,088.62
35510		A	A	090	Y	Y	Y	D	N	N	-	-	946.85	946.85
35511		A	A	090	Y	Y	Y	D	N	N	-	-	862.58	862.58
35512		A	A	090	Y	Y	Y	D	N	N	-	-	928.30	928.30
35515		A	A	090	Y	Y	Y	D	N	N	-	-	1,020.78	1,020.78
35516		A	A	090	Y	Y	Y	D	N	N	-	-	939.16	939.16
35518		A	A	090	Y	Y	Y	D	N	N	-	-	879.27	879.27
35521		A	A	090	Y	Y	Y	D	N	N	-	-	942.61	942.61
35522		A	A	090	Y	Y	Y	D	N	N	-	-	928.83	928.83
35523		Not Covered	A	090	Y	Y	Y	D	N	N	-	-	976.26	976.26
35525		A	A	090	Y	Y	Y	D	N	N	-	-	874.24	874.24
35526		A	A	090	Y	Y	Y	D	N	N	-	-	1,323.41	1,323.41
35531		A	A	090	Y	Y	Y	D	N	N	-	-	1,562.97	1,562.97
35533		A	A	090	Y	Y	Y	D	N	N	-	-	1,158.58	1,158.58
35535		A	A	090	Y	Y	Y	D	N	N	-	-	1,466.78	1,466.78
35536		A	A	090	Y	Y	Y	D	N	N	-	-	1,301.68	1,301.68
35537		A	A	090	Y	N	Y	D	N	N	-	-	1,606.96	1,606.96
35538		A	A	090	Y	N	Y	D	N	N	-	-	1,799.09	1,799.09
35539		A	A	090	Y	Y	Y	D	N	N	-	-	1,690.17	1,690.17
35540		A	A	090	Y	Y	N	D	N	N	-	-	1,884.68	1,884.68
35556		A	A	090	Y	Y	Y	D	N	N	-	-	1,073.78	1,073.78
35558		A	A	090	Y	Y	Y	D	N	N	-	-	942.08	942.08
35560		A	A	090	Y	Y	Y	D	N	N	-	-	1,312.81	1,312.81
35563		A	A	090	Y	Y	Y	D	N	N	-	-	1,017.07	1,017.07
35565		A	A	090	Y	Y	Y	D	N	N	-	-	1,014.16	1,014.16
35566		A	A	090	Y	Y	Y	D	N	N	-	-	1,284.19	1,284.19
35570		A	A	090	Y	Y	Y	D	N	N	-	-	1,166.27	1,166.27
35571		A	A	090	Y	Y	Y	D	N	N	-	-	1,018.66	1,018.66
35572		A	A	ZZZ	N	N	Y	N	N	N	-	-	267.12	267.12
35583		A	A	090	Y	Y	Y	D	N	N	-	-	1,110.62	1,110.62
35585		A	A	090	Y	Y	Y	D	N	N	-	-	1,287.11	1,287.11
35587		A	A	090	Y	Y	Y	D	N	N	-	-	1,050.20	1,050.20
35600		A	A	ZZZ	N	N	Y	D	N	N	-	-	194.78	194.78
35601		A	A	090	Y	Y	Y	D	N	N	-	-	1,071.13	1,071.13
35606		A	A	090	Y	Y	Y	D	N	N	-	-	900.47	900.47
35612		A	A	090	Y	Y	Y	D	N	N	-	-	801.10	801.10
35616		A	A	090	Y	Y	Y	D	N	N	-	-	848.27	848.27
35621		A	A	090	Y	Y	Y	D	N	N	-	-	843.50	843.50
35623		A	A	090	Y	Y	Y	D	N	N	-	-	1,009.92	1,009.92
35626		A	A	090	Y	Y	Y	D	N	N	-	-	1,206.81	1,206.81
35631		A	A	090	Y	Y	Y	D	N	N	-	-	1,424.38	1,424.38
35632		A	A	090	Y	Y	Y	D	N	N	-	-	1,392.31	1,392.31
35633		A	A	090	Y	Y	Y	D	N	N	-	-	1,538.59	1,538.59
35634		A	A	090	Y	Y	Y	D	N	N	-	-	1,362.10	1,362.10
35636		A	A	090	Y	Y	Y	D	N	N	-	-	1,227.48	1,227.48
35637		A	A	090	Y	N	Y	D	N	N	-	-	1,322.35	1,322.35

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
35638		A	A	090	Y	N	Y	D	N	N	-	-	1,347.79	1,347.79
35642		A	A	090	Y	Y	Y	D	N	N	-	-	755.25	755.25
35645		A	A	090	Y	Y	Y	D	N	N	-	-	725.84	725.84
35646		A	A	090	Y	N	Y	D	N	N	-	-	1,317.58	1,317.58
35647		A	A	090	Y	Y	Y	D	N	N	-	-	1,191.18	1,191.18
35650		A	A	090	Y	Y	Y	D	N	N	-	-	829.72	829.72
35654		A	A	090	Y	N	Y	D	N	N	-	-	1,051.52	1,051.52
35656		A	A	090	Y	Y	Y	D	N	N	-	-	829.72	829.72
35661		A	A	090	Y	Y	Y	D	N	N	-	-	830.25	830.25
35663		A	A	090	Y	Y	Y	D	N	N	-	-	935.19	935.19
35665		A	A	090	Y	Y	Y	D	N	N	-	-	899.41	899.41
35666		A	A	090	Y	Y	Y	D	N	N	-	-	968.31	968.31
35671		A	A	090	Y	Y	Y	D	N	N	-	-	853.30	853.30
35681		A	A	ZZZ	N	N	Y	D	N	N	-	-	62.28	62.28
35682		A	A	ZZZ	N	N	D	D	N	N	-	-	273.48	273.48
35683		A	A	ZZZ	N	N	D	D	N	N	-	-	316.94	316.94
35685		A	A	ZZZ	N	N	Y	D	N	N	-	-	153.44	153.44
35686		A	A	ZZZ	N	N	Y	D	N	N	-	-	125.35	125.35
35691		A	A	090	Y	Y	Y	D	N	N	-	-	725.31	725.31
35693		A	A	090	Y	Y	Y	D	N	N	-	-	636.53	636.53
35694		A	A	090	Y	Y	Y	D	N	N	-	-	757.11	757.11
35695		A	A	090	Y	Y	Y	D	N	N	-	-	786.79	786.79
35697		A	A	ZZZ	N	N	Y	Y	N	N	-	-	114.75	114.75
35700		A	A	ZZZ	N	N	Y	D	N	N	-	-	118.19	118.19
35701		A	A	090	Y	Y	Y	D	N	N	-	-	416.05	416.05
35721		A	A	090	Y	Y	Y	D	N	N	-	-	345.83	345.83
35741		A	A	090	Y	Y	Y	D	N	N	-	-	387.96	387.96
35761		A	A	090	Y	Y	Y	D	N	N	-	-	290.44	290.44
35800		A	A	090	Y	N	Y	D	N	N	-	-	534.51	534.51
35820		A	A	090	Y	N	Y	D	N	N	-	-	1,527.73	1,527.73
35840		A	A	090	Y	N	Y	D	N	N	-	-	902.59	902.59
35860		A	A	090	Y	N	Y	D	N	N	-	-	638.39	638.39
35870		A	A	090	Y	N	Y	D	N	N	-	-	956.12	956.12
35875		A	A	090	Y	N	N	D	N	N	-	-	454.21	454.21
35876		A	A	090	Y	N	Y	D	N	N	-	-	726.10	726.10
35879		A	A	090	Y	Y	Y	D	N	N	-	-	708.88	708.88
35881		A	A	090	Y	Y	Y	D	N	N	-	-	780.43	780.43
35883		A	A	090	Y	Y	Y	D	N	N	-	-	924.85	924.85
35884		A	A	090	Y	Y	Y	D	N	N	-	-	955.06	955.06
35901		A	A	090	Y	N	Y	D	N	N	-	-	356.43	356.43
35903		A	A	090	Y	N	Y	D	N	N	-	-	425.33	425.33
35905		A	A	090	Y	N	Y	D	N	N	-	-	1,293.73	1,293.73
35907		A	A	090	Y	N	Y	D	N	N	-	-	1,471.02	1,471.02
36000		C	B	XXX	N	N	N	N	N	N	-	-	6.89	17.49
36002		A	A	000	Y	Y	N	N	N	N	-	-	78.71	113.42
36005		A	A	000	Y	Y	D	N	N	N	-	-	36.31	213.86
36010		A	A	XXX	Y	Y	N	N	N	N	-	-	82.95	321.18
36011		A	A	XXX	Y	Y	N	N	N	N	-	-	117.93	548.55
36012		A	A	XXX	Y	Y	N	N	N	N	-	-	130.91	564.19
36013		A	A	XXX	Y	N	N	N	N	N	-	-	91.16	505.09
36014		A	A	XXX	Y	Y	N	N	N	N	-	-	112.89	525.50
36015		A	A	XXX	Y	Y	N	N	N	N	-	-	128.00	571.34
36100		A	A	XXX	Y	Y	N	N	N	N	-	-	118.72	329.40
36140		A	A	XXX	Y	N	N	N	N	N	-	-	68.90	284.35
36160		A	A	XXX	Y	N	N	N	N	N	-	-	92.22	327.81
36200		A	A	000	Y	Y	N	N	N	N	-	-	107.06	376.04
36215		A	A	000	Y	N	N	N	N	N	-	-	159.53	669.66
36216		A	A	000	Y	N	N	N	N	N	-	-	207.23	731.93
36217		A	A	000	Y	N	N	N	N	N	-	-	247.51	1,229.87

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
36218		A	A	ZZZ	N	N	N	N	N	N	-	-	39.22	167.75
36221		A	A	000	Y	B	N	N	N	N	-	-	153.44	681.85
36222		A	A	000	Y	Y	N	N	N	N	-	-	215.45	807.46
36223		A	A	000	Y	Y	N	N	N	N	-	-	239.30	1,007.27
36224		A	A	000	Y	Y	N	N	N	N	-	-	272.16	1,275.71
36225		A	A	000	Y	Y	N	N	N	N	-	-	239.03	970.96
36226		A	A	000	Y	Y	N	N	N	N	-	-	269.77	1,237.55
36227		A	A	ZZZ	N	Y	N	N	N	N	-	-	88.78	178.08
36228		A	A	ZZZ	N	Y	N	N	N	N	-	-	184.18	878.48
36245		A	A	XXX	Y	Y	N	N	N	N	-	-	179.94	866.02
36246		A	A	000	Y	Y	N	N	N	N	-	-	193.98	555.18
36247		A	A	000	Y	Y	N	N	N	N	-	-	229.23	994.55
36248		A	A	ZZZ	N	N	N	N	N	N	-	-	36.57	102.56
36251		A	A	000	Y	N	N	N	N	N	-	-	196.90	915.84
36252		A	A	000	Y	B	N	N	N	N	-	-	275.34	1,000.11
36253		A	A	000	Y	N	N	N	N	N	-	-	267.39	1,453.00
36254		A	A	000	Y	B	N	N	N	N	-	-	321.45	1,433.92
36260		A	A	090	Y	N	N	N	N	N	-	-	481.51	481.51
36261		A	A	090	Y	N	Y	N	N	N	-	-	295.21	295.21
36262		A	A	090	Y	N	N	N	N	N	-	-	223.13	223.13
36299		Unlstd/Manu	C	YYY	Y	N	D	D	D	N	-	-	-	-
36400		A	A	XXX	Y	N	N	N	N	N	-	-	13.52	18.55
36405		A	A	XXX	Y	N	N	N	N	N	-	-	11.13	16.17
36406		A	A	XXX	Y	N	N	N	N	N	-	-	6.10	11.13
36410		A	A	XXX	Y	N	N	N	N	N	-	-	6.89	11.66
36415		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
36416		B	B	XXX	N	N	N	N	N	N	-	-	-	-
36420		A	A	XXX	Y	N	D	N	N	N	-	-	35.51	35.51
36425		A	A	XXX	Y	N	N	N	N	N	-	-	29.68	29.68
36430		A	A	XXX	N	N	N	N	N	N	-	-	23.06	23.06
36440		A	A	XXX	Y	N	D	N	N	N	-	-	36.84	36.84
36450		A	A	XXX	Y	N	D	N	N	N	-	-	125.08	125.08
36455		A	A	XXX	Y	N	N	N	N	N	-	-	97.26	97.26
36456		Not Covered	A	XXX	Y	N	D	N	N	N	-	-	79.50	79.50
36460		A	A	XXX	Y	N	Y	N	N	N	-	-	252.81	252.81
36465		A	A	000	Y	Y	N	N	N	N	-	-	90.90	1,036.95
36466		A	A	000	Y	Y	N	N	N	N	-	-	115.81	1,086.24
36468		C	R	000	Y	N	D	N	N	N	-	-	-	-
36470		Not Covered	A	000	Y	Y	N	N	N	N	-	-	28.89	71.82
36471		Not Covered	A	000	Y	Y	N	N	N	N	-	-	57.77	129.85
36473		Not Covered	A	000	Y	Y	N	N	N	N	-	-	134.89	990.84
36474		Not Covered	A	ZZZ	N	Y	N	N	N	N	-	-	67.31	187.62
36475		A	A	000	Y	Y	N	N	N	N	-	-	212.80	1,005.41
36476		A	A	ZZZ	N	Y	N	N	N	N	-	-	103.88	204.05
36478		A	A	000	Y	Y	N	N	N	N	-	-	210.68	806.93
36479		A	A	ZZZ	N	Y	N	N	N	N	-	-	103.62	214.12
36481		A	A	000	Y	N	N	N	N	N	-	-	248.57	1,294.00
36482		Not Covered	A	000	Y	Y	N	N	N	N	-	-	134.89	1,382.24
36483		Not Covered	A	ZZZ	N	Y	N	N	N	N	-	-	67.05	101.76
36500		A	A	000	Y	N	N	N	N	N	-	-	137.80	137.80
36510		A	A	000	Y	N	D	N	N	N	-	-	38.96	56.45
36511		A	A	000	Y	N	N	N	N	N	-	-	78.18	78.18
36512		A	A	000	Y	N	N	N	N	N	-	-	78.44	78.44
36513		A	A	000	Y	N	N	N	N	N	-	-	81.89	81.89
36514		A	A	000	Y	N	N	N	N	N	-	-	70.49	509.33
36516		A	A	000	Y	N	N	N	N	N	-	-	64.40	1,415.90
36522		A	A	000	Y	N	N	N	N	N	-	-	70.49	1,609.35
36555		A	A	000	N	N	N	N	N	N	-	-	63.60	126.67
36556		A	A	000	N	N	N	N	N	N	-	-	71.55	143.10

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
36557		A	A	010	Y	Y	D	N	N	N	-	-	236.38	632.56
36558		A	A	010	Y	Y	D	N	N	N	-	-	192.39	481.24
36560		A	A	010	Y	Y	D	N	N	N	-	-	284.88	877.15
36561		A	A	010	Y	Y	D	N	N	N	-	-	250.16	727.96
36563		A	A	010	Y	N	D	N	N	N	-	-	275.34	829.45
36565		A	A	010	Y	Y	D	N	N	N	-	-	250.96	602.88
36566		A	A	010	Y	Y	D	N	N	N	-	-	275.07	3,358.35
36568		A	A	000	N	N	N	N	N	N	-	-	54.86	147.08
36569		A	A	000	N	N	N	N	N	N	-	-	62.28	166.16
36570		A	A	010	Y	Y	D	N	N	N	-	-	245.92	930.68
36571		A	A	010	Y	Y	D	N	N	N	-	-	229.76	815.67
36575		A	A	000	Y	N	D	N	N	N	-	-	25.97	109.71
36576		A	A	010	Y	N	D	N	N	N	-	-	135.95	218.36
36578		A	A	010	Y	N	D	N	N	N	-	-	149.20	306.34
36580		A	A	000	N	N	N	N	N	N	-	-	49.03	143.90
36581		A	A	010	Y	N	D	N	N	N	-	-	134.36	469.32
36582		A	A	010	Y	N	D	N	N	N	-	-	214.39	671.25
36583		A	A	010	Y	N	D	N	N	N	-	-	243.27	847.47
36584		A	A	000	N	N	N	N	N	N	-	-	47.97	137.01
36585		A	A	010	Y	N	D	N	N	N	-	-	200.61	705.96
36589		A	A	010	Y	N	D	N	N	N	-	-	99.91	116.34
36590		A	A	010	Y	N	D	N	N	N	-	-	140.19	159.00
36591		Not Covered	T	XXX	N	N	D	N	N	N	-	-	15.37	15.37
36592		Not Covered	T	XXX	N	N	D	N	N	N	-	-	17.23	17.23
36593		A	A	XXX	N	N	D	N	N	N	-	-	20.67	20.67
36595		A	A	000	Y	N	N	N	N	N	-	-	135.42	395.65
36596		A	A	000	Y	N	N	N	N	N	-	-	32.60	87.98
36597		A	A	000	Y	N	N	N	N	N	-	-	45.05	87.45
36598		A	T	000	Y	Y	D	N	N	N	-	-	26.77	75.00
36600		A	A	XXX	Y	N	N	N	N	N	-	-	11.66	22.53
36620		A	A	000	N	N	N	N	N	N	-	-	32.60	32.60
36625		A	A	000	N	N	N	N	N	N	-	-	78.97	78.97
36640		A	A	000	Y	N	N	N	N	N	-	-	82.68	82.68
36660		A	A	000	Y	N	D	N	N	N	-	-	50.09	50.09
36680		A	A	000	Y	N	D	N	N	N	-	-	43.99	43.99
36800		A	A	000	Y	N	N	N	N	N	-	-	91.43	91.43
36810		A	A	000	Y	N	N	N	N	N	-	-	158.47	158.47
36815		A	A	000	Y	N	N	N	N	N	-	-	104.15	104.15
36818		A	A	090	Y	N	Y	D	N	N	-	-	527.88	527.88
36819		A	A	090	Y	N	Y	D	N	N	-	-	557.30	557.30
36820		A	A	090	Y	Y	Y	D	N	N	-	-	558.09	558.09
36821		A	A	090	Y	N	Y	D	N	N	-	-	505.36	505.36
36823		A	A	090	Y	N	N	N	N	N	-	-	1,047.28	1,047.28
36825		A	A	090	Y	N	Y	D	N	N	-	-	606.32	606.32
36830		A	A	090	Y	N	Y	D	N	N	-	-	507.21	507.21
36831		A	A	090	Y	N	Y	D	N	N	-	-	469.32	469.32
36832		A	A	090	Y	N	Y	D	N	N	-	-	575.32	575.32
36833		A	A	090	Y	N	Y	D	N	N	-	-	617.98	617.98
36835		A	A	090	Y	N	N	N	N	N	-	-	355.37	355.37
36838		A	A	090	Y	Y	Y	D	N	N	-	-	878.21	878.21
36860		A	A	000	Y	N	N	N	N	N	-	-	90.10	154.76
36861		A	A	000	Y	N	N	N	N	N	-	-	105.47	105.47
36901		A	A	000	Y	N	N	N	N	N	-	-	126.67	400.95
36902		A	A	000	Y	N	N	N	N	N	-	-	180.47	824.42
36903		A	A	000	Y	N	N	N	N	N	-	-	239.30	3,641.37
36904		A	A	000	Y	N	N	D	N	N	-	-	278.78	1,200.45
36905		A	A	000	Y	N	N	D	N	N	-	-	334.70	1,519.25
36906		A	A	000	Y	N	N	D	N	N	-	-	386.64	4,430.80
36907		A	A	ZZZ	N	N	N	N	N	N	-	-	111.04	499.53

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
36908		A	A	ZZZ	N	N	N	N	N	N	-	-	158.74	1,763.31
36909		A	A	ZZZ	N	N	N	N	N	N	-	-	156.88	1,286.58
37140		A	A	090	Y	N	N	D	N	N	-	-	1,752.98	1,752.98
37145		A	A	090	Y	N	Y	N	N	N	-	-	1,626.04	1,626.04
37160		A	A	090	Y	N	Y	D	N	N	-	-	1,669.24	1,669.24
37180		A	A	090	Y	N	Y	D	N	N	-	-	1,606.43	1,606.43
37181		A	A	090	Y	N	Y	D	N	N	-	-	1,752.98	1,752.98
37182		A	A	000	Y	N	D	N	N	N	-	-	608.97	608.97
37183		A	A	000	Y	N	D	N	N	N	-	-	277.72	3,773.87
37184		A	A	000	Y	Y	N	Y	N	N	-	-	341.85	1,470.75
37185		A	A	ZZZ	N	B	N	Y	N	N	-	-	128.79	470.91
37186		A	A	ZZZ	N	B	N	Y	N	N	-	-	187.36	883.51
37187		A	A	000	Y	Y	N	Y	N	N	-	-	296.01	1,313.87
37188		A	A	000	N	Y	N	Y	N	N	-	-	209.88	1,102.40
37191		A	A	000	Y	N	N	N	N	N	-	-	168.28	1,671.62
37192		A	A	000	Y	N	N	N	N	N	-	-	271.36	910.54
37193		A	A	000	Y	N	N	N	N	N	-	-	263.41	1,017.60
37195		C	C	XXX	N	N	D	N	N	N	-	-	-	-
37197		A	A	000	Y	N	N	N	N	N	-	-	227.37	962.48
37200		A	A	000	Y	N	N	N	N	N	-	-	161.12	161.12
37211		A	A	000	Y	Y	N	N	N	N	-	-	292.30	292.30
37212		A	A	000	Y	Y	N	N	N	N	-	-	255.20	255.20
37213		A	A	000	Y	N	N	N	N	N	-	-	175.96	175.96
37214		A	A	000	Y	N	N	N	N	N	-	-	92.49	92.49
37215		A	R	090	Y	Y	D	N	N	N	-	-	762.41	762.41
37216		A	N	090	N	N	N	N	N	N	-	-	745.98	745.98
37217		A	A	090	Y	Y	D	N	N	N	-	-	827.33	827.33
37218		A	A	090	Y	Y	D	N	N	N	-	-	616.39	616.39
37220		A	A	000	Y	Y	N	N	N	N	-	-	308.73	2,011.62
37221		A	A	000	Y	Y	D	N	N	N	-	-	380.28	2,973.04
37222		A	A	ZZZ	N	Y	D	N	N	N	-	-	143.90	573.46
37223		A	A	ZZZ	N	Y	D	N	N	N	-	-	164.57	1,659.96
37224		A	A	000	Y	Y	D	N	N	N	-	-	341.06	2,437.47
37225		A	A	000	Y	Y	D	N	N	N	-	-	465.08	7,085.04
37226		A	A	000	Y	Y	D	N	N	N	-	-	401.48	5,795.55
37227		A	A	000	Y	Y	D	N	N	N	-	-	559.42	9,578.16
37228		A	A	000	Y	Y	D	N	N	N	-	-	417.64	3,478.92
37229		A	A	000	Y	Y	D	N	N	N	-	-	541.66	6,997.59
37230		A	A	000	Y	Y	D	N	N	N	-	-	536.10	5,364.93
37231		A	A	000	Y	Y	D	N	N	N	-	-	581.94	8,661.53
37232		A	A	ZZZ	N	Y	D	N	N	N	-	-	154.76	784.40
37233		A	A	ZZZ	N	Y	D	N	N	N	-	-	252.55	958.51
37234		A	A	ZZZ	N	Y	D	N	N	N	-	-	218.63	2,533.40
37235		A	A	ZZZ	N	Y	D	N	N	N	-	-	307.40	2,688.16
37236		A	A	000	Y	Y	D	N	N	N	-	-	340.79	2,520.68
37237		A	A	ZZZ	N	Y	D	N	N	N	-	-	163.77	1,580.20
37238		A	A	000	Y	Y	D	N	N	N	-	-	225.78	2,708.83
37239		A	A	ZZZ	N	Y	D	N	N	N	-	-	116.34	1,313.87
37241		A	A	000	Y	N	N	N	N	N	-	-	335.76	3,089.90
37242		A	A	000	Y	N	N	N	N	N	-	-	361.46	4,759.67
37243		A	A	000	Y	N	N	N	N	N	-	-	417.64	6,291.37
37244		A	A	000	Y	N	N	N	N	N	-	-	494.49	4,408.01
37246		Not Covered	A	000	Y	Y	N	N	N	N	-	-	262.88	1,409.27
37247		Not Covered	A	ZZZ	N	Y	N	N	N	N	-	-	129.06	572.14
37248		Not Covered	A	000	Y	Y	N	N	N	N	-	-	224.72	982.62
37249		Not Covered	A	ZZZ	N	Y	N	N	N	N	-	-	109.18	421.88
37252		A	A	ZZZ	N	N	D	D	N	N	-	-	69.96	891.46
37253		A	A	ZZZ	N	N	D	D	N	N	-	-	56.18	140.72
37500		A	A	090	Y	Y	N	D	N	N	-	-	483.89	483.89

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
37501		Unlstd/Manu	C	YYY	Y	Y	N	D	D	N	-	-	-	-
37565		A	A	090	Y	Y	D	D	N	N	-	-	531.06	531.06
37600		A	A	090	Y	N	Y	D	N	N	-	-	535.04	535.04
37605		A	A	090	Y	N	Y	D	N	N	-	-	566.31	566.31
37606		A	A	090	Y	N	Y	N	N	N	-	-	541.40	541.40
37607		A	A	090	Y	N	N	D	N	N	-	-	282.49	282.49
37609		A	A	010	Y	Y	N	N	N	N	-	-	151.58	216.51
37615		A	A	090	Y	N	Y	D	N	N	-	-	387.70	387.70
37616		A	A	090	Y	N	Y	D	N	N	-	-	840.58	840.58
37617		A	A	090	Y	N	Y	D	N	N	-	-	1,011.51	1,011.51
37618		A	A	090	Y	N	Y	D	N	N	-	-	285.14	285.14
37619		A	A	090	Y	N	Y	N	N	N	-	-	1,305.92	1,305.92
37650		A	A	090	Y	Y	N	D	N	N	-	-	349.27	349.27
37660		A	A	090	Y	Y	Y	D	N	N	-	-	992.96	992.96
37700		A	A	090	Y	Y	N	N	N	N	-	-	183.91	183.91
37718		A	A	090	Y	Y	N	D	N	N	-	-	324.10	324.10
37722		A	A	090	Y	Y	N	D	N	N	-	-	357.75	357.75
37735		A	A	090	Y	Y	N	D	N	N	-	-	443.08	443.08
37760		A	A	090	Y	Y	N	D	N	N	-	-	466.67	466.67
37761		A	A	090	Y	Y	Y	D	N	N	-	-	408.10	408.10
37765		A	A	090	Y	Y	N	D	N	N	-	-	335.76	462.96
37766		A	A	090	Y	Y	N	D	N	N	-	-	411.81	553.59
37780		A	A	090	Y	Y	N	D	N	N	-	-	176.23	176.23
37785		A	A	090	Y	Y	N	N	N	N	-	-	192.92	250.96
37788		A	A	090	Y	N	Y	D	N	N	-	-	929.09	929.09
37790		A	A	090	Y	N	D	N	N	N	-	-	355.90	355.90
37799		Unlstd/Manu	C	YYY	Y	N	D	D	D	N	-	-	-	-
38100		A	A	090	Y	N	Y	D	N	N	-	-	867.35	867.35
38101		A	A	090	Y	N	Y	D	N	N	-	-	878.21	878.21
38102		A	A	ZZZ	N	N	Y	D	N	N	-	-	200.34	200.34
38115		A	A	090	Y	N	Y	D	N	N	-	-	960.36	960.36
38120		A	A	090	Y	N	Y	D	N	N	-	-	787.32	787.32
38129		Unlstd/Manu	C	YYY	Y	N	Y	D	D	N	-	-	-	-
38200		A	A	000	Y	N	D	N	N	N	-	-	97.52	97.52
38204		B	B	XXX	N	N	N	N	N	N	-	-	77.91	77.91
38205		A	R	000	Y	N	D	N	N	N	-	-	60.16	60.16
38206		A	R	000	Y	N	D	N	N	N	-	-	60.16	60.16
38207		A	I	XXX	N	N	N	N	N	N	-	-	34.98	34.98
38208		A	I	XXX	N	N	N	N	N	N	-	-	22.00	22.00
38209		A	I	XXX	N	N	N	N	N	N	-	-	9.28	9.28
38210		A	I	XXX	N	N	N	N	N	N	-	-	61.75	61.75
38211		A	I	XXX	N	N	N	N	N	N	-	-	55.65	55.65
38212		A	I	XXX	N	N	N	N	N	N	-	-	37.10	37.10
38213		A	I	XXX	N	N	N	N	N	N	-	-	9.28	9.28
38214		A	I	XXX	N	N	N	N	N	N	-	-	31.54	31.54
38215		A	I	XXX	N	N	N	N	N	N	-	-	37.10	37.10
38220		A	A	XXX	Y	Y	D	N	N	N	-	-	50.88	115.54
38221		A	A	XXX	Y	Y	D	N	N	N	-	-	50.88	103.88
38222		A	A	XXX	Y	Y	D	N	N	N	-	-	56.18	115.28
38230		A	A	000	Y	N	D	N	N	N	-	-	154.50	154.50
38232		Not Covered	A	000	Y	N	D	N	N	N	-	-	146.81	146.81
38240		A	R	XXX	Y	N	D	N	N	N	-	-	162.71	162.71
38241		A	R	XXX	Y	N	D	N	N	N	-	-	121.90	121.90
38242		A	A	000	Y	N	D	N	N	N	-	-	85.86	85.86
38243		Not Covered	A	000	Y	N	D	N	N	N	-	-	78.71	78.71
38300		A	A	010	Y	N	N	N	N	N	-	-	146.02	218.89
38305		A	A	090	Y	N	N	N	N	N	-	-	354.84	354.84
38308		A	A	090	Y	N	Y	D	N	N	-	-	329.66	329.66
38380		A	A	090	Y	N	Y	D	N	N	-	-	404.92	404.92

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
38381		A	A	090	Y	N	Y	D	N	N	-	-	601.02	601.02
38382		A	A	090	Y	N	Y	D	N	N	-	-	501.12	501.12
38500		A	A	010	Y	Y	N	N	N	N	-	-	187.89	237.18
38505		A	A	000	Y	Y	N	N	N	N	-	-	50.88	85.86
38510		A	A	010	Y	Y	N	N	N	N	-	-	308.20	370.21
38520		A	A	090	Y	Y	N	N	N	N	-	-	341.06	341.06
38525		A	A	090	Y	Y	N	N	N	N	-	-	322.77	322.77
38530		A	A	090	Y	Y	Y	D	N	N	-	-	410.75	410.75
38542		A	A	090	Y	Y	Y	D	N	N	-	-	374.98	374.98
38550		A	A	090	Y	N	D	N	N	N	-	-	373.92	373.92
38555		A	A	090	Y	N	Y	D	N	N	-	-	749.95	749.95
38562		A	A	090	Y	B	Y	D	N	N	-	-	519.93	519.93
38564		A	A	090	Y	N	Y	D	N	N	-	-	522.32	522.32
38570		A	A	010	Y	N	Y	Y	N	N	-	-	373.92	373.92
38571		A	A	010	Y	B	Y	Y	N	N	-	-	487.87	487.87
38572		A	A	010	Y	B	Y	Y	N	N	-	-	684.76	684.76
38573		A	A	010	Y	B	Y	Y	N	N	-	-	860.99	860.99
38589		Unlstd/Manu	C	YYY	Y	Y	Y	D	D	N	-	-	-	-
38700		A	A	090	Y	Y	Y	D	N	N	-	-	580.09	580.09
38720		A	A	090	Y	Y	Y	D	N	N	-	-	977.32	977.32
38724		A	A	090	Y	Y	Y	D	N	N	-	-	1,051.26	1,051.26
38740		A	A	090	Y	Y	Y	D	N	N	-	-	516.22	516.22
38745		A	A	090	Y	Y	Y	D	N	N	-	-	653.49	653.49
38746		A	A	ZZZ	N	N	Y	D	N	N	-	-	164.30	164.30
38747		A	A	ZZZ	N	N	Y	D	N	N	-	-	202.99	202.99
38760		A	A	090	Y	Y	Y	D	N	N	-	-	626.46	626.46
38765		A	A	090	Y	Y	Y	D	N	N	-	-	967.25	967.25
38770		A	A	090	Y	Y	Y	D	N	N	-	-	596.25	596.25
38780		A	A	090	Y	N	Y	D	N	N	-	-	757.37	757.37
38790		A	A	000	Y	Y	N	N	N	N	-	-	60.69	60.69
38792		A	A	000	Y	Y	N	N	N	N	-	-	28.09	28.09
38794		A	A	090	Y	N	D	N	N	N	-	-	213.59	213.59
38900		A	A	ZZZ	N	Y	Y	D	N	N	-	-	104.68	104.68
38999		Unlstd/Manu	C	YYY	Y	N	D	D	D	N	-	-	-	-
39000		A	A	090	Y	N	Y	D	N	N	-	-	366.50	366.50
39010		A	A	090	Y	N	Y	D	N	N	-	-	588.83	588.83
39200		A	A	090	Y	N	Y	D	N	N	-	-	659.59	659.59
39220		A	A	090	Y	N	Y	D	N	N	-	-	853.57	853.57
39401		A	A	000	Y	N	N	N	N	N	-	-	235.32	235.32
39402		A	A	000	Y	N	N	N	N	N	-	-	307.40	307.40
39499		Unlstd/Manu	C	YYY	Y	N	Y	D	D	N	-	-	-	-
39501		A	A	090	Y	N	Y	D	N	N	-	-	634.68	634.68
39503		A	A	090	Y	N	Y	D	N	N	-	-	4,401.39	4,401.39
39540		A	A	090	Y	N	Y	D	N	N	-	-	650.84	650.84
39541		A	A	090	Y	N	Y	D	N	N	-	-	701.72	701.72
39545		A	A	090	Y	N	Y	D	N	N	-	-	665.68	665.68
39560		A	A	090	Y	N	Y	D	N	N	-	-	597.58	597.58
39561		A	A	090	Y	N	Y	D	N	N	-	-	926.71	926.71
39599		Unlstd/Manu	C	YYY	Y	N	Y	D	D	N	-	-	-	-
40490		A	A	000	Y	N	N	N	N	N	-	-	53.53	89.04
40500		A	A	090	Y	N	N	N	N	N	-	-	258.11	349.27
40510		A	A	090	Y	N	N	N	N	N	-	-	254.40	336.02
40520		A	A	090	Y	N	N	N	N	N	-	-	256.52	340.53
40525		A	A	090	Y	N	N	N	N	N	-	-	396.18	396.18
40527		A	A	090	Y	N	D	N	N	N	-	-	440.43	440.43
40530		A	A	090	Y	N	N	N	N	N	-	-	286.73	373.12
40650		A	A	090	Y	N	D	N	N	N	-	-	213.33	303.96
40652		A	A	090	Y	N	D	N	N	N	-	-	252.02	341.06
40654		A	A	090	Y	N	N	N	N	N	-	-	304.75	398.30

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
40700		A	A	090	Y	N	D	N	N	N	-	-	731.14	731.14
40701		A	A	090	Y	B	Y	N	N	N	-	-	867.88	867.88
40702		A	A	090	Y	B	Y	N	N	N	-	-	727.43	727.43
40720		A	A	090	Y	Y	D	N	N	N	-	-	747.83	747.83
40761		A	A	090	Y	N	N	N	N	N	-	-	790.23	790.23
40799		Unlstd/Manu	C	YYY	Y	N	Y	D	D	N	-	-	-	-
40800		A	A	010	Y	N	N	N	N	N	-	-	92.49	144.96
40801		A	A	010	Y	N	N	N	N	N	-	-	158.74	217.30
40804		A	A	010	Y	N	D	N	N	N	-	-	81.09	125.88
40805		A	A	010	Y	N	D	N	N	N	-	-	165.63	222.34
40806		A	A	000	Y	N	D	N	N	N	-	-	23.85	69.43
40808		A	A	010	Y	N	N	N	N	N	-	-	75.79	126.41
40810		A	A	010	Y	N	N	N	N	N	-	-	89.84	140.98
40812		A	A	010	Y	N	N	N	N	N	-	-	140.72	199.81
40814		A	A	090	Y	N	N	N	N	N	-	-	217.04	269.24
40816		A	A	090	Y	N	N	N	N	N	-	-	224.99	280.11
40818		A	A	090	Y	N	D	N	N	N	-	-	192.39	248.57
40819		A	A	090	Y	N	D	N	N	N	-	-	169.87	219.69
40820		A	A	010	Y	N	N	N	N	N	-	-	118.99	178.61
40830		A	A	010	Y	N	D	N	N	N	-	-	118.46	184.71
40831		A	A	010	Y	N	D	N	N	N	-	-	160.86	234.53
40840		A	R	090	Y	N	Y	N	N	N	-	-	453.15	572.14
40842		A	R	090	Y	N	D	N	N	N	-	-	446.26	558.62
40843		A	R	090	Y	B	Y	N	N	N	-	-	612.68	761.08
40844		A	R	090	Y	N	Y	N	N	N	-	-	791.82	948.17
40845		A	R	090	Y	N	D	N	N	N	-	-	887.22	1,036.95
40899		Unlstd/Manu	C	YYY	Y	N	D	D	D	N	-	-	-	-
41000		A	A	010	Y	N	N	N	N	N	-	-	80.03	112.10
41005		A	A	010	Y	N	D	N	N	N	-	-	90.63	152.11
41006		A	A	090	Y	N	D	N	N	N	-	-	189.74	252.02
41007		A	A	090	Y	N	D	N	N	N	-	-	183.38	246.72
41008		A	A	090	Y	N	D	N	N	N	-	-	194.25	265.53
41009		A	A	090	Y	N	D	N	N	N	-	-	211.21	283.02
41010		A	A	010	Y	N	D	N	N	N	-	-	75.53	136.21
41015		A	A	090	Y	N	D	N	N	N	-	-	244.07	299.19
41016		A	A	090	Y	N	D	N	N	N	-	-	252.02	309.26
41017		A	A	090	Y	N	D	N	N	N	-	-	253.87	313.50
41018		A	A	090	Y	N	D	N	N	N	-	-	297.60	357.75
41019		A	A	000	Y	N	D	D	D	N	-	-	343.18	343.18
41100		A	A	010	Y	N	N	N	N	N	-	-	76.59	116.07
41105		A	A	010	Y	N	N	N	N	N	-	-	80.03	118.72
41108		A	A	010	Y	N	N	N	N	N	-	-	64.13	101.76
41110		A	A	010	Y	N	N	N	N	N	-	-	93.28	145.49
41112		A	A	090	Y	N	N	N	N	N	-	-	179.14	231.88
41113		A	A	090	Y	N	N	N	N	N	-	-	199.55	254.93
41114		A	A	090	Y	N	D	N	N	N	-	-	455.80	455.80
41115		A	A	010	Y	N	D	N	N	N	-	-	102.82	168.01
41116		A	A	090	Y	N	N	N	N	N	-	-	155.56	227.37
41120		A	A	090	Y	N	Y	D	N	N	-	-	755.52	755.52
41130		A	A	090	Y	N	Y	D	N	N	-	-	939.16	939.16
41135		A	A	090	Y	N	Y	D	N	N	-	-	1,564.30	1,564.30
41140		A	A	090	Y	N	Y	D	N	N	-	-	1,563.24	1,563.24
41145		A	A	090	Y	N	Y	D	N	N	-	-	1,985.65	1,985.65
41150		A	A	090	Y	N	Y	D	N	N	-	-	1,577.02	1,577.02
41153		A	A	090	Y	N	Y	D	N	N	-	-	1,714.29	1,714.29
41155		A	A	090	Y	N	Y	D	N	N	-	-	2,182.54	2,182.54
41250		A	A	010	Y	N	D	N	N	N	-	-	109.98	184.18
41251		A	A	010	Y	N	D	N	N	N	-	-	133.03	205.11
41252		A	A	010	Y	N	D	N	N	N	-	-	152.91	219.95

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
41500		A	A	090	Y	N	D	N	N	N	-	-	324.36	324.36
41510		A	A	090	Y	N	D	N	N	N	-	-	312.97	312.97
41512		Not Covered	A	090	Y	N	D	N	N	N	-	-	461.37	461.37
41520		A	A	090	Y	N	D	N	N	N	-	-	173.05	238.77
41530		A	A	000	Y	N	D	N	N	N	-	-	259.70	645.54
41599		Unlstd/Manu	C	YYY	Y	N	D	D	D	N	-	-	-	-
41800		A	A	010	Y	N	N	N	N	N	-	-	104.41	190.54
41805		A	A	010	Y	N	D	N	N	N	-	-	129.85	190.54
41806		A	A	010	Y	N	D	N	N	N	-	-	194.51	268.45
41820		C	R	000	Y	N	D	N	N	N	-	-	-	-
41821		C	R	000	Y	N	D	N	N	N	-	-	-	-
41822		A	R	010	Y	N	D	N	N	N	-	-	131.18	209.35
41823		A	R	090	Y	N	D	N	N	N	-	-	235.06	310.05
41825		A	A	010	Y	N	N	N	N	N	-	-	87.45	145.75
41826		A	A	010	Y	N	N	N	N	N	-	-	152.38	218.89
41827		A	A	090	Y	N	N	N	N	N	-	-	220.48	306.08
41828		A	R	010	Y	N	D	N	N	N	-	-	153.97	221.01
41830		A	R	010	Y	N	D	N	N	N	-	-	203.26	280.11
41850		C	R	000	Y	N	D	N	N	N	-	-	-	-
41870		C	R	000	Y	N	D	N	N	N	-	-	-	-
41872		A	R	090	Y	N	D	N	N	N	-	-	173.84	240.09
41874		A	R	090	Y	N	D	N	N	N	-	-	185.50	266.86
41899		Unlstd/Manu	C	YYY	Y	N	D	D	D	N	-	-	-	-
42000		A	A	010	Y	N	D	N	N	N	-	-	73.14	105.47
42100		A	A	010	Y	N	N	N	N	N	-	-	77.91	103.62
42104		A	A	010	Y	N	N	N	N	N	-	-	99.11	147.87
42106		A	A	010	Y	N	N	N	N	N	-	-	127.73	189.21
42107		A	A	090	Y	N	N	N	N	N	-	-	248.31	322.51
42120		A	A	090	Y	N	Y	D	N	N	-	-	716.03	716.03
42140		A	A	090	Y	N	N	N	N	N	-	-	108.12	171.19
42145		A	A	090	Y	N	N	N	N	N	-	-	499.79	499.79
42160		A	A	010	Y	N	D	N	N	N	-	-	104.41	158.74
42180		A	A	010	Y	N	D	N	N	N	-	-	130.38	168.54
42182		A	A	010	Y	N	D	N	N	N	-	-	183.38	223.66
42200		A	A	090	Y	N	Y	N	N	N	-	-	686.35	686.35
42205		A	A	090	Y	N	Y	N	N	N	-	-	718.95	718.95
42210		A	A	090	Y	N	Y	N	N	N	-	-	799.51	799.51
42215		A	A	090	Y	N	Y	N	N	N	-	-	519.40	519.40
42220		A	A	090	Y	N	Y	N	N	N	-	-	427.45	427.45
42225		A	A	090	Y	N	Y	N	N	N	-	-	700.13	700.13
42226		A	A	090	Y	N	Y	N	N	N	-	-	622.75	622.75
42227		A	A	090	Y	N	Y	N	N	N	-	-	585.39	585.39
42235		A	A	090	Y	N	Y	N	N	N	-	-	509.33	509.33
42260		A	A	090	Y	N	Y	N	N	N	-	-	472.76	569.49
42280		A	A	010	Y	N	D	N	N	N	-	-	80.03	121.90
42281		A	A	010	Y	N	D	N	N	N	-	-	117.40	157.41
42299		Unlstd/Manu	C	YYY	Y	N	Y	D	D	N	-	-	-	-
42300		A	A	010	Y	N	N	N	N	N	-	-	108.39	144.16
42305		A	A	090	Y	N	D	N	N	N	-	-	308.99	308.99
42310		A	A	010	Y	N	D	N	N	N	-	-	96.73	123.49
42320		A	A	010	Y	N	D	N	N	N	-	-	124.29	171.46
42330		A	A	010	Y	N	N	N	N	N	-	-	117.40	160.59
42335		A	A	090	Y	N	N	N	N	N	-	-	182.85	257.58
42340		A	A	090	Y	Y	D	N	N	N	-	-	240.62	323.30
42400		A	A	000	Y	N	N	N	N	N	-	-	38.43	70.76
42405		A	A	010	Y	N	N	N	N	N	-	-	162.45	208.56
42408		A	A	090	Y	N	D	N	N	N	-	-	254.40	346.89
42409		A	A	090	Y	N	Y	N	N	N	-	-	156.62	228.17
42410		A	A	090	Y	Y	Y	D	N	N	-	-	448.65	448.65

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
42415		A	A	090	Y	Y	Y	D	N	N	-	-	761.61	761.61
42420		A	A	090	Y	Y	Y	D	N	N	-	-	856.75	856.75
42425		A	A	090	Y	Y	Y	D	N	N	-	-	603.14	603.14
42426		A	A	090	Y	Y	Y	D	N	N	-	-	978.12	978.12
42440		A	A	090	Y	Y	Y	D	N	N	-	-	294.95	294.95
42450		A	A	090	Y	N	D	N	N	N	-	-	254.40	315.35
42500		A	A	090	Y	N	D	N	N	N	-	-	242.48	301.04
42505		A	A	090	Y	N	N	N	N	N	-	-	322.51	388.23
42507		A	A	090	Y	B	Y	N	N	N	-	-	359.34	359.34
42509		A	A	090	Y	B	D	N	N	N	-	-	599.43	599.43
42510		A	A	090	Y	B	Y	D	N	N	-	-	443.35	443.35
42550		A	A	000	Y	N	N	N	N	N	-	-	46.64	93.28
42600		A	A	090	Y	N	D	N	N	N	-	-	247.51	331.25
42650		A	A	000	Y	N	N	N	N	N	-	-	41.08	57.24
42660		A	A	000	Y	N	D	N	N	N	-	-	66.25	91.69
42665		A	A	090	Y	N	D	N	N	N	-	-	145.49	214.12
42699		Unlstd/Manu	C	YYY	Y	N	Y	D	D	N	-	-	-	-
42700		A	A	010	Y	N	N	N	N	N	-	-	95.67	129.85
42720		A	A	010	Y	N	D	N	N	N	-	-	284.08	323.30
42725		A	A	090	Y	N	Y	D	N	N	-	-	591.48	591.48
42800		A	A	010	Y	N	N	N	N	N	-	-	78.97	108.39
42804		A	A	010	Y	N	N	N	N	N	-	-	79.24	131.44
42806		A	A	010	Y	N	N	N	N	N	-	-	93.02	148.67
42808		A	A	010	Y	N	N	N	N	N	-	-	115.54	156.62
42809		A	A	010	Y	N	N	N	N	N	-	-	87.72	139.39
42810		A	A	090	Y	Y	Y	N	N	N	-	-	202.99	266.33
42815		A	A	090	Y	Y	Y	D	N	N	-	-	394.06	394.06
42820		A	A	090	Y	N	D	N	N	N	-	-	206.70	206.70
42821		A	A	090	Y	N	D	N	N	N	-	-	214.12	214.12
42825		A	A	090	Y	N	D	N	N	N	-	-	185.24	185.24
42826		A	A	090	Y	N	N	N	N	N	-	-	178.35	178.35
42830		A	A	090	Y	N	D	N	N	N	-	-	145.75	145.75
42831		A	A	090	Y	N	D	N	N	N	-	-	157.15	157.15
42835		A	A	090	Y	N	D	N	N	N	-	-	135.15	135.15
42836		A	A	090	Y	N	D	N	N	N	-	-	170.40	170.40
42842		A	A	090	Y	N	D	N	N	N	-	-	716.03	716.03
42844		A	A	090	Y	N	Y	D	N	N	-	-	990.31	990.31
42845		A	A	090	Y	N	Y	D	N	N	-	-	1,609.35	1,609.35
42860		A	A	090	Y	N	D	N	N	N	-	-	131.44	131.44
42870		A	A	090	Y	N	D	N	N	N	-	-	413.14	413.14
42890		A	A	090	Y	N	Y	D	N	N	-	-	1,025.82	1,025.82
42892		A	A	090	Y	N	Y	D	N	N	-	-	1,350.44	1,350.44
42894		A	A	090	Y	N	Y	D	N	N	-	-	1,708.46	1,708.46
42900		A	A	010	Y	N	D	N	N	N	-	-	243.01	243.01
42950		A	A	090	Y	N	Y	D	N	N	-	-	571.34	571.34
42953		A	A	090	Y	N	Y	N	N	N	-	-	682.91	682.91
42955		A	A	090	Y	N	Y	N	N	N	-	-	539.81	539.81
42960		A	A	010	Y	N	D	N	N	N	-	-	120.84	120.84
42961		A	A	090	Y	N	Y	N	N	N	-	-	298.39	298.39
42962		A	A	090	Y	N	N	N	N	N	-	-	369.94	369.94
42970		A	A	090	Y	N	N	N	N	N	-	-	294.15	294.15
42971		A	A	090	Y	N	Y	N	N	N	-	-	325.69	325.69
42972		A	A	090	Y	N	Y	N	N	N	-	-	365.17	365.17
42999		Unlstd/Manu	C	YYY	Y	N	D	D	D	N	-	-	-	-
43020		A	A	090	Y	N	Y	D	N	N	-	-	412.87	412.87
43030		A	A	090	Y	N	Y	D	N	N	-	-	373.65	373.65
43045		A	A	090	Y	N	Y	D	N	N	-	-	977.85	977.85
43100		A	A	090	Y	N	Y	D	N	N	-	-	448.65	448.65
43101		A	A	090	Y	N	Y	D	N	N	-	-	756.84	756.84

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
43107		A	A	090	Y	N	Y	D	N	N	-	-	2,251.71	2,251.71
43108		A	A	090	Y	N	Y	D	N	N	-	-	3,385.91	3,385.91
43112		A	A	090	Y	N	Y	Y	N	N	-	-	2,645.23	2,645.23
43113		A	A	090	Y	N	Y	Y	N	N	-	-	3,303.49	3,303.49
43116		A	A	090	Y	N	Y	D	N	N	-	-	3,781.55	3,781.55
43117		A	A	090	Y	N	Y	Y	N	N	-	-	2,456.55	2,456.55
43118		A	A	090	Y	N	Y	Y	N	N	-	-	2,762.10	2,762.10
43121		A	A	090	Y	N	Y	Y	N	N	-	-	2,169.29	2,169.29
43122		A	A	090	Y	N	Y	D	N	N	-	-	1,927.35	1,927.35
43123		A	A	090	Y	N	Y	D	N	N	-	-	3,423.80	3,423.80
43124		A	A	090	Y	N	Y	D	N	N	-	-	2,888.77	2,888.77
43130		A	A	090	Y	N	Y	D	N	N	-	-	571.61	571.61
43135		A	A	090	Y	N	Y	D	N	N	-	-	1,127.58	1,127.58
43180		A	A	090	Y	N	N	N	N	N	-	-	397.50	397.50
43191		A	A	000	Y	N	N	N	N	N	-	-	112.63	112.63
43192		A	A	000	Y	N	N	N	N	N	-	-	122.96	122.96
43193		A	A	000	Y	N	N	N	N	N	-	-	123.49	123.49
43194		A	A	000	Y	N	N	N	N	N	-	-	143.37	143.37
43195		A	A	000	Y	N	N	N	N	N	-	-	135.42	135.42
43196		A	A	000	Y	N	N	N	N	N	-	-	144.16	144.16
43197		A	A	000	Y	N	N	N	N	N	-	-	61.48	130.91
43198		A	A	000	Y	N	N	N	N	N	-	-	72.88	144.96
43200		A	A	000	Y	N	N	N	N	N	-	-	64.40	146.02
43201		A	A	000	Y	N	N	N	N	N	-	-	76.32	150.52
43202		A	A	000	Y	N	N	N	N	N	-	-	76.59	206.70
43204		A	A	000	Y	N	N	N	N	N	-	-	100.44	100.44
43205		A	A	000	Y	N	N	N	N	N	-	-	104.94	104.94
43206		Not Covered	A	000	Y	N	N	N	N	N	-	-	98.85	182.59
43210		A	A	000	Y	N	N	N	N	N	-	-	340.00	340.00
43211		A	A	000	Y	N	N	N	N	N	-	-	175.70	175.70
43212		A	A	000	Y	N	N	N	N	N	-	-	143.10	143.10
43213		A	A	000	Y	N	N	N	N	N	-	-	193.19	764.00
43214		A	A	000	Y	N	N	N	N	N	-	-	143.63	143.63
43215		A	A	000	Y	N	N	N	N	N	-	-	105.74	244.86
43216		A	A	000	Y	N	N	N	N	N	-	-	98.85	241.68
43217		A	A	000	Y	N	N	N	N	N	-	-	120.31	258.64
43220		A	A	000	Y	N	N	N	N	N	-	-	87.45	701.99
43226		A	A	000	Y	N	N	N	N	N	-	-	96.73	215.18
43227		A	A	000	Y	N	N	N	N	N	-	-	122.70	420.29
43229		A	A	000	Y	N	N	N	N	N	-	-	147.34	435.13
43231		A	A	000	Y	N	N	Y	N	N	-	-	118.19	228.43
43232		A	A	000	Y	N	N	Y	N	N	-	-	147.61	277.72
43233		A	A	000	Y	N	N	N	N	N	-	-	170.93	170.93
43235		A	A	000	Y	N	N	N	N	N	-	-	91.43	175.70
43236		A	A	000	Y	N	N	N	N	N	-	-	102.82	223.40
43237		A	A	000	Y	N	N	N	N	N	-	-	146.28	146.28
43238		A	A	000	Y	N	N	N	N	N	-	-	173.58	173.58
43239		A	A	000	Y	N	N	N	N	N	-	-	102.82	232.67
43240		A	A	000	Y	N	N	N	N	N	-	-	293.09	293.09
43241		A	A	000	Y	N	N	N	N	N	-	-	106.27	106.27
43242		A	A	000	Y	N	N	N	N	N	-	-	196.10	196.10
43243		A	A	000	Y	N	N	N	N	N	-	-	177.02	177.02
43244		A	A	000	Y	N	N	N	N	N	-	-	182.85	182.85
43245		A	A	000	Y	N	N	N	N	N	-	-	131.97	372.86
43246		A	A	000	Y	N	D	Y	N	N	-	-	150.26	150.26
43247		A	A	000	Y	N	N	N	N	N	-	-	132.50	240.62
43248		A	A	000	Y	N	N	N	N	N	-	-	123.49	239.30
43249		A	A	000	Y	N	N	N	N	N	-	-	113.95	670.98
43250		A	A	000	Y	N	N	N	N	N	-	-	128.00	271.89

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
43251		A	A	000	Y	N	N	N	N	N	-	-	146.81	301.04
43252		Not Covered	A	000	Y	N	N	N	N	N	-	-	125.61	209.62
43253		A	A	000	Y	N	N	N	N	N	-	-	196.10	196.10
43254		A	A	000	Y	N	N	N	N	N	-	-	201.67	201.67
43255		A	A	000	Y	N	N	N	N	N	-	-	149.99	446.79
43257		Not Covered	A	000	Y	N	N	N	N	N	-	-	173.84	173.84
43259		A	A	000	Y	N	N	N	N	N	-	-	168.54	168.54
43260		A	A	000	Y	N	N	N	N	N	-	-	241.15	241.15
43261		A	A	000	Y	N	N	N	N	N	-	-	253.34	253.34
43262		A	A	000	Y	N	N	N	N	N	-	-	266.59	266.59
43263		A	A	000	Y	N	N	N	N	N	-	-	267.39	267.39
43264		A	A	000	Y	N	N	N	N	N	-	-	272.16	272.16
43265		A	A	000	Y	N	N	N	N	N	-	-	323.57	323.57
43266		A	A	000	Y	N	N	N	N	N	-	-	163.24	163.24
43270		A	A	000	Y	N	N	N	N	N	-	-	167.22	449.71
43273		A	A	ZZZ	N	N	D	N	N	N	-	-	89.57	89.57
43274		A	A	000	Y	N	N	N	N	N	-	-	346.09	346.09
43275		A	A	000	Y	N	N	N	N	N	-	-	281.70	281.70
43276		A	A	000	Y	N	N	N	N	N	-	-	360.40	360.40
43277		A	A	000	Y	N	N	N	N	N	-	-	283.29	283.29
43278		A	A	000	Y	N	N	N	N	N	-	-	324.10	324.10
43279		A	A	090	Y	N	Y	D	N	N	-	-	971.76	971.76
43280		A	A	090	Y	N	Y	D	N	N	-	-	812.23	812.23
43281		A	A	090	Y	N	Y	D	N	N	-	-	1,164.41	1,164.41
43282		A	A	090	Y	N	Y	D	N	N	-	-	1,310.43	1,310.43
43283		A	A	ZZZ	N	N	Y	D	N	N	-	-	121.11	121.11
43284		Not Covered	A	090	Y	N	Y	D	N	N	-	-	485.22	485.22
43285		Not Covered	A	090	Y	N	Y	D	N	N	-	-	456.33	456.33
43286		A	A	090	Y	N	Y	D	N	N	-	-	2,351.88	2,351.88
43287		A	A	090	Y	N	Y	Y	N	N	-	-	2,693.20	2,693.20
43288		A	A	090	Y	N	Y	Y	N	N	-	-	2,804.23	2,804.23
43289		Unlstd/Manu	C	YYY	Y	Y	Y	D	D	N	-	-	-	-
43300		A	A	090	Y	N	Y	D	N	N	-	-	439.90	439.90
43305		A	A	090	Y	N	Y	D	N	N	-	-	787.32	787.32
43310		A	A	090	Y	N	Y	D	N	N	-	-	1,123.60	1,123.60
43312		A	A	090	Y	N	Y	D	N	N	-	-	1,215.56	1,215.56
43313		A	A	090	Y	N	Y	D	N	N	-	-	2,068.86	2,068.86
43314		A	A	090	Y	N	Y	D	N	N	-	-	2,234.22	2,234.22
43320		A	A	090	Y	N	Y	D	N	N	-	-	1,051.52	1,051.52
43325		A	A	090	Y	N	Y	D	N	N	-	-	1,022.64	1,022.64
43327		A	A	090	Y	N	Y	D	N	N	-	-	616.13	616.13
43328		A	A	090	Y	N	Y	D	N	N	-	-	854.36	854.36
43330		A	A	090	Y	N	Y	D	N	N	-	-	1,005.41	1,005.41
43331		A	A	090	Y	N	Y	D	N	N	-	-	1,012.30	1,012.30
43332		A	A	090	Y	N	Y	D	N	N	-	-	873.18	873.18
43333		A	A	090	Y	N	Y	D	N	N	-	-	951.62	951.62
43334		A	A	090	Y	N	Y	D	N	N	-	-	944.73	944.73
43335		A	A	090	Y	N	Y	D	N	N	-	-	1,016.81	1,016.81
43336		A	A	090	Y	N	Y	D	N	N	-	-	1,135.00	1,135.00
43337		A	A	090	Y	N	Y	D	N	N	-	-	1,174.75	1,174.75
43338		A	A	ZZZ	N	N	Y	D	N	N	-	-	88.78	88.78
43340		A	A	090	Y	N	Y	D	N	N	-	-	1,038.27	1,038.27
43341		A	A	090	Y	N	Y	D	N	N	-	-	1,057.88	1,057.88
43351		A	A	090	Y	N	Y	D	N	N	-	-	988.98	988.98
43352		A	A	090	Y	N	Y	D	N	N	-	-	801.36	801.36
43360		A	A	090	Y	N	Y	D	N	N	-	-	1,708.99	1,708.99
43361		A	A	090	Y	N	Y	D	N	N	-	-	2,032.82	2,032.82
43400		A	A	090	Y	N	Y	D	N	N	-	-	1,147.72	1,147.72
43401		A	A	090	Y	N	Y	D	N	N	-	-	1,185.35	1,185.35

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018										Imaging	Imaging
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
43405		A	A	090	Y	N	Y	D	N	N	-	-	1,096.04	1,096.04
43410		A	A	090	Y	N	Y	D	N	N	-	-	739.09	739.09
43415		A	A	090	Y	N	Y	D	N	N	-	-	1,948.55	1,948.55
43420		A	A	090	Y	N	D	D	N	N	-	-	733.79	733.79
43425		A	A	090	Y	N	Y	D	N	N	-	-	1,090.48	1,090.48
43450		A	A	000	Y	N	N	N	N	N	-	-	58.57	107.59
43453		A	A	000	Y	N	N	N	N	N	-	-	63.07	596.25
43460		A	A	000	Y	N	N	N	N	N	-	-	159.27	159.27
43496		C	C	090	Y	N	Y	D	N	N	-	-	-	-
43499	Unlstd/Manu		C	YYY	Y	N	N	D	D	N	-	-	-	-
43500		A	A	090	Y	N	Y	D	N	N	-	-	586.71	586.71
43501		A	A	090	Y	N	Y	D	N	N	-	-	1,010.18	1,010.18
43502		A	A	090	Y	N	Y	D	N	N	-	-	1,150.37	1,150.37
43510		A	A	090	Y	N	Y	D	N	N	-	-	708.35	708.35
43520		A	A	090	Y	N	Y	D	N	N	-	-	510.66	510.66
43605		A	A	090	Y	N	Y	D	N	N	-	-	625.67	625.67
43610		A	A	090	Y	N	Y	D	N	N	-	-	734.05	734.05
43611		A	A	090	Y	N	Y	D	N	N	-	-	919.55	919.55
43620		A	A	090	Y	N	Y	D	N	N	-	-	1,493.54	1,493.54
43621		A	A	090	Y	N	Y	D	N	N	-	-	1,715.35	1,715.35
43622		A	A	090	Y	N	Y	D	N	N	-	-	1,750.33	1,750.33
43631		A	A	090	Y	N	Y	D	N	N	-	-	1,090.21	1,090.21
43632		A	A	090	Y	N	Y	D	N	N	-	-	1,534.35	1,534.35
43633		A	A	090	Y	N	Y	D	N	N	-	-	1,449.55	1,449.55
43634		A	A	090	Y	N	Y	D	N	N	-	-	1,609.08	1,609.08
43635		A	A	ZZZ	N	N	Y	D	N	N	-	-	86.39	86.39
43640		A	A	090	Y	N	Y	D	N	N	-	-	884.31	884.31
43641		A	A	090	Y	N	Y	D	N	N	-	-	904.45	904.45
43644		A	A	090	Y	N	Y	D	N	N	-	-	1,303.01	1,303.01
43645		A	A	090	Y	N	Y	D	N	N	-	-	1,387.54	1,387.54
43647		C	C	YYY	Y	N	Y	D	N	N	-	-	-	-
43648		C	C	YYY	Y	N	Y	D	N	N	-	-	-	-
43651		A	A	090	Y	N	Y	D	N	N	-	-	488.13	488.13
43652		A	A	090	Y	N	Y	D	N	N	-	-	571.61	571.61
43653		A	A	090	Y	N	Y	D	N	N	-	-	424.27	424.27
43659	Unlstd/Manu		C	YYY	Y	Y	Y	D	D	N	-	-	-	-
43752		A	A	000	N	N	N	N	N	N	-	-	29.95	29.95
43753		A	A	000	N	N	Y	N	N	N	-	-	16.17	16.17
43754		A	A	000	N	N	Y	N	N	N	-	-	25.97	89.04
43755		A	A	000	N	N	Y	N	N	N	-	-	44.26	93.28
43756		A	A	000	N	N	Y	N	N	N	-	-	37.10	137.54
43757		A	A	000	N	N	Y	N	N	N	-	-	56.71	195.84
43760		A	A	000	Y	N	N	N	N	N	-	-	34.98	324.36
43761		A	A	000	Y	N	N	N	N	N	-	-	76.32	85.07
43770		A	A	090	Y	N	Y	D	N	N	-	-	838.20	838.20
43771		A	A	090	Y	N	Y	D	N	N	-	-	957.18	957.18
43772		A	A	090	Y	N	Y	D	N	N	-	-	716.83	716.83
43773		A	A	090	Y	N	Y	D	N	N	-	-	959.04	959.04
43774		A	A	090	Y	N	Y	D	N	N	-	-	719.21	719.21
43775		A	A	090	Y	N	Y	D	N	N	-	-	848.27	848.27
43800		A	A	090	Y	N	Y	D	N	N	-	-	696.95	696.95
43810		A	A	090	Y	N	Y	D	N	N	-	-	766.12	766.12
43820		A	A	090	Y	N	Y	D	N	N	-	-	1,009.65	1,009.65
43825		A	A	090	Y	N	Y	D	N	N	-	-	985.54	985.54
43830		A	A	090	Y	N	Y	D	N	N	-	-	519.67	519.67
43831		A	A	090	Y	N	Y	D	N	N	-	-	438.58	438.58
43832		A	A	090	Y	N	Y	D	N	N	-	-	776.72	776.72
43840		A	A	090	Y	N	Y	D	N	N	-	-	1,021.84	1,021.84
43842		A	N	090	N	N	N	N	N	N	-	-	878.48	878.48

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
43843		A	A	090	Y	N	Y	Y	N	N	-	-	963.54	963.54
43845		Not Covered	A	090	Y	N	Y	D	N	N	-	-	1,483.74	1,483.74
43846		A	A	090	Y	N	Y	D	N	N	-	-	1,216.62	1,216.62
43847		A	A	090	Y	N	Y	D	N	N	-	-	1,359.19	1,359.19
43848		A	A	090	Y	N	Y	D	N	N	-	-	1,448.76	1,448.76
43850		A	A	090	Y	N	Y	D	N	N	-	-	1,229.34	1,229.34
43855		A	A	090	Y	N	Y	D	N	N	-	-	1,275.45	1,275.45
43860		A	A	090	Y	N	Y	D	N	N	-	-	1,232.25	1,232.25
43865		A	A	090	Y	N	Y	D	N	N	-	-	1,291.08	1,291.08
43870		A	A	090	Y	N	Y	D	N	N	-	-	529.47	529.47
43880		A	A	090	Y	N	Y	D	N	N	-	-	1,202.84	1,202.84
43881		C	C	YYY	Y	N	Y	D	N	N	-	-	-	-
43882		C	C	YYY	Y	N	Y	D	N	N	-	-	-	-
43886		Not Covered	A	090	Y	N	Y	D	N	N	-	-	264.47	264.47
43887		Not Covered	A	090	Y	N	Y	D	N	N	-	-	239.30	239.30
43888		Not Covered	A	090	Y	N	Y	D	N	N	-	-	339.73	339.73
43999		Unlstd/Manu	C	YYY	Y	N	D	D	D	N	-	-	-	-
44005		A	A	090	Y	N	Y	D	N	N	-	-	823.36	823.36
44010		A	A	090	Y	N	Y	D	N	N	-	-	639.98	639.98
44015		A	A	ZZZ	N	N	Y	D	N	N	-	-	108.39	108.39
44020		A	A	090	Y	N	Y	D	N	N	-	-	729.81	729.81
44021		A	A	090	Y	N	Y	D	N	N	-	-	730.34	730.34
44025		A	A	090	Y	N	Y	D	N	N	-	-	735.64	735.64
44050		A	A	090	Y	N	Y	D	N	N	-	-	700.40	700.40
44055		A	A	090	Y	N	Y	D	N	N	-	-	1,122.54	1,122.54
44100		A	A	000	Y	N	N	N	N	N	-	-	81.09	81.09
44110		A	A	090	Y	N	Y	D	N	N	-	-	634.68	634.68
44111		A	A	090	Y	N	Y	D	N	N	-	-	733.79	733.79
44120		A	A	090	Y	N	Y	D	N	N	-	-	921.14	921.14
44121		A	A	ZZZ	N	N	Y	D	N	N	-	-	184.18	184.18
44125		A	A	090	Y	N	Y	D	N	N	-	-	885.37	885.37
44126		A	A	090	Y	N	Y	D	N	N	-	-	1,863.48	1,863.48
44127		A	A	090	Y	N	Y	D	N	N	-	-	2,157.37	2,157.37
44128		A	A	ZZZ	N	N	Y	D	N	N	-	-	186.30	186.30
44130		A	A	090	Y	N	Y	D	N	N	-	-	985.27	985.27
44132		C	R	XXX	N	N	D	N	N	N	-	-	-	-
44133		C	R	XXX	N	N	D	N	N	N	-	-	-	-
44135		C	R	XXX	N	N	D	N	N	N	-	-	-	-
44136		C	R	XXX	N	N	D	N	N	N	-	-	-	-
44137		Unlstd/Manu	C	XXX	Y	N	Y	D	N	N	-	-	-	-
44139		A	A	ZZZ	N	N	Y	D	N	N	-	-	92.49	92.49
44140		A	A	090	Y	N	Y	D	N	N	-	-	1,007.27	1,007.27
44141		A	A	090	Y	N	Y	D	N	N	-	-	1,366.87	1,366.87
44143		A	A	090	Y	N	Y	D	N	N	-	-	1,248.95	1,248.95
44144		A	A	090	Y	N	Y	D	N	N	-	-	1,328.18	1,328.18
44145		A	A	090	Y	N	Y	D	N	N	-	-	1,243.91	1,243.91
44146		A	A	090	Y	N	Y	D	N	N	-	-	1,583.64	1,583.64
44147		A	A	090	Y	N	Y	D	N	N	-	-	1,461.21	1,461.21
44150		A	A	090	Y	N	Y	D	N	N	-	-	1,393.90	1,393.90
44151		A	A	090	Y	N	Y	D	N	N	-	-	1,620.74	1,620.74
44155		A	A	090	Y	N	Y	D	N	N	-	-	1,550.25	1,550.25
44156		A	A	090	Y	N	Y	D	N	N	-	-	1,736.55	1,736.55
44157		A	A	090	Y	N	Y	D	N	N	-	-	1,646.71	1,646.71
44158		A	A	090	Y	N	Y	D	N	N	-	-	1,689.38	1,689.38
44160		A	A	090	Y	N	Y	D	N	N	-	-	931.48	931.48
44180		A	A	090	Y	N	Y	D	N	N	-	-	689.00	689.00
44186		A	A	090	Y	N	Y	D	N	N	-	-	485.75	485.75
44187		A	A	090	Y	N	Y	D	N	N	-	-	816.20	816.20
44188		A	A	090	Y	N	Y	D	N	N	-	-	910.81	910.81

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
44202		A	A	090	Y	N	Y	D	N	N	-	-	1,039.33	1,039.33
44203		A	A	ZZZ	N	N	Y	D	N	N	-	-	186.56	186.56
44204		A	A	090	Y	N	Y	D	N	N	-	-	1,153.81	1,153.81
44205		A	A	090	Y	N	Y	D	N	N	-	-	1,002.23	1,002.23
44206		A	A	090	Y	N	Y	D	N	N	-	-	1,312.55	1,312.55
44207		A	A	090	Y	N	Y	D	N	N	-	-	1,363.69	1,363.69
44208		A	A	090	Y	N	Y	D	N	N	-	-	1,482.68	1,482.68
44210		A	A	090	Y	N	Y	D	N	N	-	-	1,326.06	1,326.06
44211		A	A	090	Y	N	Y	D	N	N	-	-	1,577.28	1,577.28
44212		A	A	090	Y	N	Y	D	N	N	-	-	1,516.07	1,516.07
44213		A	A	ZZZ	N	N	Y	D	N	N	-	-	142.57	142.57
44227		A	A	090	Y	N	Y	D	N	N	-	-	1,250.80	1,250.80
44238	Unlstd/Manu		C	YYY	Y	Y	Y	D	D	N	-	-	-	-
44300		A	A	090	Y	N	Y	D	N	N	-	-	631.23	631.23
44310		A	A	090	Y	N	Y	D	N	N	-	-	781.22	781.22
44312		A	A	090	Y	N	D	N	N	N	-	-	437.52	437.52
44314		A	A	090	Y	N	Y	D	N	N	-	-	747.57	747.57
44316		A	A	090	Y	N	Y	D	N	N	-	-	1,065.30	1,065.30
44320		A	A	090	Y	N	Y	D	N	N	-	-	898.62	898.62
44322		A	A	090	Y	N	Y	D	N	N	-	-	734.32	734.32
44340		A	A	090	Y	N	N	D	N	N	-	-	460.04	460.04
44345		A	A	090	Y	N	Y	D	N	N	-	-	784.40	784.40
44346		A	A	090	Y	N	Y	D	N	N	-	-	884.04	884.04
44360		A	A	000	Y	N	N	N	N	N	-	-	106.80	106.80
44361		A	A	000	Y	N	N	N	N	N	-	-	117.93	117.93
44363		A	A	000	Y	N	D	N	N	N	-	-	143.37	143.37
44364		A	A	000	Y	N	D	N	N	N	-	-	152.91	152.91
44365		A	A	000	Y	N	D	N	N	N	-	-	134.62	134.62
44366		A	A	000	Y	N	N	N	N	N	-	-	178.88	178.88
44369		A	A	000	Y	N	D	N	N	N	-	-	183.12	183.12
44370		A	A	000	Y	N	D	N	N	N	-	-	199.28	199.28
44372		A	A	000	Y	N	N	N	N	N	-	-	179.41	179.41
44373		A	A	000	Y	N	N	N	N	N	-	-	143.90	143.90
44376		A	A	000	Y	N	D	N	N	N	-	-	212.53	212.53
44377		A	A	000	Y	N	D	N	N	N	-	-	224.19	224.19
44378		A	A	000	Y	N	D	N	N	N	-	-	287.26	287.26
44379		A	A	000	Y	N	D	N	N	N	-	-	305.55	305.55
44380		A	A	000	Y	N	N	N	N	N	-	-	41.34	112.63
44381		A	A	000	Y	N	N	N	N	N	-	-	61.75	603.67
44382		A	A	000	Y	N	N	N	N	N	-	-	54.06	176.49
44384		A	A	000	Y	N	N	N	N	N	-	-	113.95	113.95
44385		A	A	000	Y	N	N	N	N	N	-	-	53.27	129.85
44386		A	A	000	Y	N	N	N	N	N	-	-	65.99	192.13
44388		A	A	000	Y	N	N	N	N	N	-	-	117.40	200.34
44389		A	A	000	Y	N	N	N	N	N	-	-	128.79	259.97
44390		A	A	000	Y	N	N	N	N	N	-	-	157.68	260.76
44391		A	A	000	Y	N	N	N	N	N	-	-	171.19	467.20
44392		A	A	000	Y	N	N	N	N	N	-	-	149.20	244.86
44394		A	A	000	Y	N	N	N	N	N	-	-	169.07	280.37
44401		A	A	000	Y	N	N	N	N	N	-	-	180.73	2,086.61
44402		A	A	000	Y	N	N	N	N	N	-	-	195.57	195.57
44403		A	A	000	Y	N	N	N	N	N	-	-	227.11	227.11
44404		A	A	000	Y	N	N	N	N	N	-	-	129.32	249.37
44405		A	A	000	Y	N	N	N	N	N	-	-	136.48	361.99
44406		A	A	000	Y	N	N	N	N	N	-	-	171.72	171.72
44407		A	A	000	Y	N	N	N	N	N	-	-	205.91	205.91
44408		A	A	000	Y	N	N	N	N	N	-	-	173.05	173.05
44500		A	A	000	N	N	D	N	N	N	-	-	14.31	14.31
44602		A	A	090	Y	N	Y	D	N	N	-	-	1,065.30	1,065.30

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
44603		A	A	090	Y	N	Y	D	N	N	-	-	1,220.59	1,220.59
44604		A	A	090	Y	N	Y	D	N	N	-	-	796.06	796.06
44605		A	A	090	Y	N	Y	D	N	N	-	-	978.38	978.38
44615		A	A	090	Y	N	Y	D	N	N	-	-	806.66	806.66
44620		A	A	090	Y	N	Y	D	N	N	-	-	647.93	647.93
44625		A	A	090	Y	N	Y	D	N	N	-	-	758.96	758.96
44626		A	A	090	Y	N	Y	D	N	N	-	-	1,205.49	1,205.49
44640		A	A	090	Y	N	Y	D	N	N	-	-	1,053.38	1,053.38
44650		A	A	090	Y	N	Y	D	N	N	-	-	1,085.18	1,085.18
44660		A	A	090	Y	N	Y	D	N	N	-	-	995.87	995.87
44661		A	A	090	Y	N	Y	D	N	N	-	-	1,163.62	1,163.62
44680		A	A	090	Y	N	Y	D	N	N	-	-	796.33	796.33
44700		A	A	090	Y	N	Y	D	N	N	-	-	751.01	751.01
44701		A	A	ZZZ	N	N	Y	D	N	N	-	-	130.12	130.12
44705		A	I	XXX	N	N	N	N	N	N	-	-	55.65	80.56
44715	Not Covered		C	XXX	Y	N	Y	D	N	N	-	-	-	-
44720	Not Covered		A	XXX	Y	N	Y	D	N	N	-	-	210.15	210.15
44721	Not Covered		A	XXX	Y	N	Y	D	N	N	-	-	293.62	293.62
44799	Unlstd/Manu		C	YYY	Y	N	N	D	D	N	-	-	-	-
44800	A		A	090	Y	N	Y	D	N	N	-	-	568.16	568.16
44820	A		A	090	Y	N	Y	D	N	N	-	-	634.15	634.15
44850	A		A	090	Y	N	Y	D	N	N	-	-	558.62	558.62
44899	Unlstd/Manu		C	YYY	Y	N	Y	D	D	N	-	-	-	-
44900	A		A	090	Y	N	Y	D	N	N	-	-	581.15	581.15
44950	A		A	090	Y	N	Y	D	N	N	-	-	481.24	481.24
44955	A		A	ZZZ	N	N	Y	D	N	N	-	-	63.87	63.87
44960	A		A	090	Y	N	Y	D	N	N	-	-	656.41	656.41
44970	A		A	090	Y	N	Y	Y	N	N	-	-	448.12	448.12
44979	Unlstd/Manu		C	YYY	Y	Y	Y	D	D	N	-	-	-	-
45000	A		A	090	Y	N	N	N	N	N	-	-	311.64	311.64
45005	A		A	010	Y	N	N	N	N	N	-	-	116.60	191.07
45020	A		A	090	Y	N	N	N	N	N	-	-	423.74	423.74
45100	A		A	090	Y	N	N	N	N	N	-	-	217.30	217.30
45108	A		A	090	Y	N	N	D	N	N	-	-	272.16	272.16
45110	A		A	090	Y	N	Y	D	N	N	-	-	1,372.44	1,372.44
45111	A		A	090	Y	N	Y	D	N	N	-	-	808.25	808.25
45112	A		A	090	Y	N	Y	D	N	N	-	-	1,395.23	1,395.23
45113	A		A	090	Y	N	Y	D	N	N	-	-	1,401.85	1,401.85
45114	A		A	090	Y	N	Y	D	N	N	-	-	1,372.17	1,372.17
45116	A		A	090	Y	N	Y	D	N	N	-	-	1,155.14	1,155.14
45119	A		A	090	Y	N	Y	D	N	N	-	-	1,407.68	1,407.68
45120	A		A	090	Y	N	Y	D	N	N	-	-	1,197.80	1,197.80
45121	A		A	090	Y	N	Y	D	N	N	-	-	1,310.16	1,310.16
45123	A		A	090	Y	N	Y	D	N	N	-	-	832.10	832.10
45126	A		A	090	Y	N	Y	D	N	N	-	-	2,028.58	2,028.58
45130	A		A	090	Y	N	Y	D	N	N	-	-	806.93	806.93
45135	A		A	090	Y	N	Y	D	N	N	-	-	961.16	961.16
45136	A		A	090	Y	N	Y	D	N	N	-	-	1,335.07	1,335.07
45150	A		A	090	Y	N	D	N	N	N	-	-	305.81	305.81
45160	A		A	090	Y	N	Y	D	N	N	-	-	765.32	765.32
45171	A		A	090	Y	N	Y	D	N	N	-	-	437.25	437.25
45172	A		A	090	Y	N	Y	D	N	N	-	-	594.93	594.93
45190	A		A	090	Y	N	N	D	N	N	-	-	507.48	507.48
45300	A		A	000	Y	N	N	N	N	N	-	-	39.49	85.07
45303	A		A	000	Y	N	N	N	N	N	-	-	63.60	590.42
45305	A		A	000	Y	N	N	N	N	N	-	-	54.06	99.11
45307	A		A	000	Y	N	D	N	N	N	-	-	71.55	115.81
45308	A		A	000	Y	N	N	N	N	N	-	-	62.54	112.10
45309	A		A	000	Y	N	N	N	N	N	-	-	66.78	116.60

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
45315		A	A	000	Y	N	N	N	N	N	-	-	79.24	129.85
45317		A	A	000	Y	N	N	N	N	N	-	-	82.95	128.53
45320		A	A	000	Y	N	N	N	N	N	-	-	78.44	126.14
45321		A	A	000	Y	N	N	N	N	N	-	-	77.12	77.12
45327		A	A	000	Y	N	N	N	N	N	-	-	88.51	88.51
45330		A	A	000	Y	N	N	N	N	N	-	-	41.08	113.16
45331		A	A	000	Y	N	N	N	N	N	-	-	52.47	171.99
45332		A	A	000	Y	N	N	N	N	N	-	-	78.18	171.46
45333		A	A	000	Y	N	N	N	N	N	-	-	69.70	197.96
45334		A	A	000	Y	N	N	N	N	N	-	-	87.19	366.23
45335		A	A	000	Y	N	N	N	N	N	-	-	48.50	156.35
45337		A	A	000	Y	N	N	N	N	N	-	-	86.39	86.39
45338		A	A	000	Y	N	N	N	N	N	-	-	89.84	183.91
45340		A	A	000	Y	N	N	N	N	N	-	-	57.77	286.20
45341		A	A	000	Y	N	N	N	N	N	-	-	91.43	91.43
45342		A	A	000	Y	N	N	N	N	N	-	-	126.41	126.41
45346		A	A	000	Y	N	N	N	N	N	-	-	119.52	1,998.90
45347		A	A	000	Y	N	N	N	N	N	-	-	115.01	115.01
45349		A	A	000	Y	N	N	N	N	N	-	-	148.40	148.40
45350		A	A	000	Y	N	N	N	N	N	-	-	74.73	349.54
45378		A	A	000	Y	N	N	N	N	N	-	-	138.60	219.69
45379		A	A	000	Y	N	N	N	N	N	-	-	178.35	283.02
45380		A	A	000	Y	N	N	N	N	N	-	-	149.99	278.25
45381		A	A	000	Y	N	N	N	N	N	-	-	149.99	266.86
45382		A	A	000	Y	N	N	N	N	N	-	-	193.45	487.60
45384		A	A	000	Y	N	N	N	N	N	-	-	171.19	310.32
45385		A	A	000	Y	N	N	N	N	N	-	-	190.01	295.74
45386		A	A	000	Y	N	N	N	N	N	-	-	158.21	395.91
45388	Not Covered	A	A	000	Y	N	N	N	N	N	-	-	202.73	2,105.69
45389		A	A	000	Y	N	N	N	N	N	-	-	217.04	217.04
45390		A	A	000	Y	N	N	N	N	N	-	-	248.57	248.57
45391		A	A	000	Y	N	N	N	N	N	-	-	192.13	192.13
45392		A	A	000	Y	N	N	N	N	N	-	-	227.37	227.37
45393		A	A	000	Y	N	N	N	N	N	-	-	190.01	190.01
45395		A	A	090	Y	N	Y	D	N	N	-	-	1,466.25	1,466.25
45397		A	A	090	Y	N	Y	D	N	N	-	-	1,595.30	1,595.30
45398		A	A	000	Y	N	N	N	N	N	-	-	176.76	462.96
45399	Unlstd/Manu	C	C	XXX	Y	N	N	D	D	N	-	-	-	-
45400		A	A	090	Y	N	Y	D	N	N	-	-	846.41	846.41
45402		A	A	090	Y	N	Y	D	N	N	-	-	1,130.76	1,130.76
45499	Unlstd/Manu	C	C	YYY	Y	N	Y	D	D	N	-	-	-	-
45500		A	A	090	Y	N	D	N	N	N	-	-	407.31	407.31
45505		A	A	090	Y	N	N	N	N	N	-	-	431.16	431.16
45520		A	A	000	Y	N	N	N	N	N	-	-	28.89	103.88
45540		A	A	090	Y	N	Y	D	N	N	-	-	783.87	783.87
45541		A	A	090	Y	N	Y	D	N	N	-	-	696.16	696.16
45550		A	A	090	Y	N	Y	D	N	N	-	-	1,083.32	1,083.32
45560		A	A	090	Y	N	Y	D	N	N	-	-	500.06	500.06
45562		A	A	090	Y	N	Y	D	N	N	-	-	825.21	825.21
45563		A	A	090	Y	N	Y	D	N	N	-	-	1,235.43	1,235.43
45800		A	A	090	Y	N	Y	D	N	N	-	-	935.45	935.45
45805		A	A	090	Y	N	Y	D	N	N	-	-	1,095.25	1,095.25
45820		A	A	090	Y	N	Y	D	N	N	-	-	947.91	947.91
45825		A	A	090	Y	N	Y	D	N	N	-	-	1,142.42	1,142.42
45900		A	A	010	Y	N	D	N	N	N	-	-	155.56	155.56
45905		A	A	010	Y	N	N	N	N	N	-	-	122.96	122.96
45910		A	A	010	Y	N	N	N	N	N	-	-	140.98	140.98
45915		A	A	010	Y	N	N	N	N	N	-	-	164.30	232.94
45990		A	A	000	Y	N	D	D	D	N	-	-	79.24	79.24

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
45999		Unlstd/Manu	C	YYY	Y	N	D	D	D	N	-	-	-	-
46020		A	A	010	Y	N	N	N	N	N	-	-	169.07	195.57
46030		A	A	010	Y	N	D	N	N	N	-	-	65.46	97.79
46040		A	A	090	Y	N	N	N	N	N	-	-	300.78	379.48
46045		A	A	090	Y	N	N	N	N	N	-	-	315.09	315.09
46050		A	A	010	Y	N	N	N	N	N	-	-	70.23	138.86
46060		A	A	090	Y	N	N	N	N	N	-	-	345.03	345.03
46070		A	A	090	Y	N	D	N	N	N	-	-	184.44	184.44
46080		A	A	010	Y	N	N	N	N	N	-	-	117.93	175.96
46083		A	A	010	Y	N	N	N	N	N	-	-	76.85	123.23
46200		A	A	090	Y	N	N	N	N	N	-	-	231.88	310.32
46220		A	A	010	Y	N	N	N	N	N	-	-	85.86	143.10
46221		A	A	010	Y	N	N	N	N	N	-	-	135.68	186.56
46230		A	A	010	Y	N	N	N	N	N	-	-	126.41	191.60
46250		A	A	090	Y	N	N	N	N	N	-	-	229.23	325.42
46255		A	A	090	Y	N	N	N	N	N	-	-	257.58	356.69
46257		A	A	090	Y	N	N	N	N	N	-	-	308.46	308.46
46258		A	A	090	Y	N	D	N	N	N	-	-	341.85	341.85
46260		A	A	090	Y	N	N	N	N	N	-	-	347.42	347.42
46261		A	A	090	Y	N	N	N	N	N	-	-	382.66	382.66
46262		A	A	090	Y	N	N	N	N	N	-	-	402.27	402.27
46270		A	A	090	Y	N	N	N	N	N	-	-	282.76	358.02
46275		A	A	090	Y	N	N	N	N	N	-	-	298.92	380.01
46280		A	A	090	Y	N	N	N	N	N	-	-	340.00	340.00
46285		A	A	090	Y	N	N	N	N	N	-	-	299.45	378.42
46288		A	A	090	Y	N	N	N	N	N	-	-	398.30	398.30
46320		A	A	010	Y	N	N	N	N	N	-	-	80.83	128.79
46500		A	A	010	Y	N	N	N	N	N	-	-	88.25	129.59
46505		A	A	010	Y	Y	N	N	N	N	-	-	172.25	202.46
46600		A	A	000	Y	N	N	N	N	N	-	-	29.68	60.69
46601		Not Covered	A	000	Y	N	N	N	N	N	-	-	68.37	94.87
46604		A	A	000	Y	N	N	N	N	N	-	-	48.50	410.22
46606		A	A	000	Y	N	N	N	N	N	-	-	55.92	154.23
46607		Not Covered	A	000	Y	N	N	N	N	N	-	-	93.02	134.09
46608		A	A	000	Y	N	N	N	N	N	-	-	62.54	162.98
46610		A	A	000	Y	N	N	N	N	N	-	-	60.16	156.62
46611		A	A	000	Y	N	N	N	N	N	-	-	60.16	122.70
46612		A	A	000	Y	N	N	N	N	N	-	-	71.02	188.42
46614		A	A	000	Y	N	N	N	N	N	-	-	47.70	89.57
46615		A	A	000	Y	N	N	N	N	N	-	-	68.11	101.50
46700		A	A	090	Y	N	N	N	N	N	-	-	478.33	478.33
46705		A	A	090	Y	N	Y	D	N	N	-	-	404.39	404.39
46706		A	A	010	Y	N	N	N	N	N	-	-	129.59	129.59
46707		Not Covered	A	090	Y	N	D	N	N	N	-	-	353.25	353.25
46710		A	A	090	Y	N	Y	D	N	N	-	-	824.68	824.68
46712		A	A	090	Y	N	Y	D	N	N	-	-	1,674.54	1,674.54
46715		A	A	090	Y	N	Y	N	N	N	-	-	398.03	398.03
46716		A	A	090	Y	N	Y	D	N	N	-	-	893.32	893.32
46730		A	A	090	Y	N	Y	D	N	N	-	-	1,463.86	1,463.86
46735		A	A	090	Y	N	Y	D	N	N	-	-	1,693.62	1,693.62
46740		A	A	090	Y	N	Y	D	N	N	-	-	1,602.72	1,602.72
46742		A	A	090	Y	N	Y	D	N	N	-	-	1,860.30	1,860.30
46744		A	A	090	Y	N	Y	D	N	N	-	-	2,647.88	2,647.88
46746		A	A	090	Y	N	Y	D	N	N	-	-	2,919.24	2,919.24
46748		A	A	090	Y	N	Y	D	N	N	-	-	3,166.75	3,166.75
46750		A	A	090	Y	N	Y	D	N	N	-	-	548.29	548.29
46751		A	A	090	Y	N	Y	D	N	N	-	-	480.45	480.45
46753		A	A	090	Y	N	N	N	N	N	-	-	451.03	451.03
46754		A	A	010	Y	N	D	N	N	N	-	-	167.48	214.92

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
46760		A	A	090	Y	N	Y	D	N	N	-	-	798.45	798.45
46761		A	A	090	Y	N	Y	D	N	N	-	-	671.25	671.25
46762		A	A	090	Y	N	Y	D	N	N	-	-	674.96	674.96
46900		A	A	010	Y	N	N	N	N	N	-	-	98.32	166.69
46910		A	A	010	Y	N	N	N	N	N	-	-	96.99	177.29
46916		A	A	010	Y	N	N	N	N	N	-	-	103.09	159.00
46917		A	A	010	Y	N	N	N	N	N	-	-	95.93	302.63
46922		A	A	010	Y	N	N	N	N	N	-	-	98.85	184.44
46924		A	A	010	Y	N	N	N	N	N	-	-	132.50	353.78
46930		A	A	090	Y	N	D	N	N	N	-	-	104.15	142.84
46940		A	A	010	Y	N	N	N	N	N	-	-	106.27	159.80
46942		A	A	010	Y	N	D	N	N	N	-	-	95.93	151.85
46945		A	A	090	Y	N	N	N	N	N	-	-	158.21	212.53
46946		A	A	090	Y	N	N	N	N	N	-	-	160.59	218.10
46947		A	A	090	Y	N	N	N	N	N	-	-	280.90	280.90
46999		Unlstd/Manu	C	YYY	Y	N	D	D	D	N	-	-	-	-
47000		A	A	000	Y	N	N	N	N	N	-	-	65.19	204.05
47001		A	A	ZZZ	N	N	N	D	N	N	-	-	79.50	79.50
47010		A	A	090	Y	N	Y	D	N	N	-	-	897.82	897.82
47015		A	A	090	Y	N	Y	D	N	N	-	-	870.26	870.26
47100		A	A	090	Y	N	Y	D	N	N	-	-	626.46	626.46
47120		A	A	090	Y	N	Y	D	N	N	-	-	1,750.59	1,750.59
47122		A	A	090	Y	N	Y	D	N	N	-	-	2,579.78	2,579.78
47125		A	A	090	Y	N	Y	D	N	N	-	-	2,319.02	2,319.02
47130		A	A	090	Y	N	Y	D	N	N	-	-	2,493.92	2,493.92
47133		C	X	XXX	N	N	N	N	N	N	-	-	-	-
47135		A	R	090	Y	N	Y	D	Y	N	-	-	4,018.99	4,018.99
47140		A	A	090	Y	N	Y	D	Y	N	-	-	2,681.54	2,681.54
47141		A	A	090	Y	N	Y	D	Y	N	-	-	3,203.06	3,203.06
47142		A	A	090	Y	N	Y	D	N	N	-	-	3,531.39	3,531.39
47143		Not Covered	C	XXX	Y	N	Y	D	N	N	-	-	-	-
47144		Not Covered	C	090	Y	N	Y	D	N	N	-	-	-	-
47145		Not Covered	C	XXX	Y	N	Y	D	N	N	-	-	-	-
47146		Not Covered	A	XXX	Y	N	Y	D	N	N	-	-	252.28	252.28
47147		Not Covered	A	XXX	Y	N	Y	D	N	N	-	-	292.30	292.30
47300		A	A	090	Y	N	Y	D	N	N	-	-	843.50	843.50
47350		A	A	090	Y	N	Y	D	N	N	-	-	1,025.02	1,025.02
47360		A	A	090	Y	N	Y	D	N	N	-	-	1,413.25	1,413.25
47361		A	A	090	Y	N	Y	D	N	N	-	-	2,276.62	2,276.62
47362		A	A	090	Y	N	Y	D	N	N	-	-	1,087.83	1,087.83
47370		A	A	090	Y	N	Y	D	N	N	-	-	937.31	937.31
47371		A	A	090	Y	N	Y	D	N	N	-	-	944.99	944.99
47379		Unlstd/Manu	C	YYY	Y	N	Y	D	D	N	-	-	-	-
47380		A	A	090	Y	N	Y	D	N	N	-	-	1,080.67	1,080.67
47381		A	A	090	Y	N	Y	D	N	N	-	-	1,116.18	1,116.18
47382		A	A	010	Y	N	N	N	N	N	-	-	550.41	3,178.41
47383		A	A	010	Y	N	N	N	N	N	-	-	333.64	4,464.99
47399		Unlstd/Manu	C	YYY	Y	N	N	D	D	N	-	-	-	-
47400		A	A	090	Y	N	Y	D	N	N	-	-	1,624.98	1,624.98
47420		A	A	090	Y	N	Y	D	N	N	-	-	1,003.56	1,003.56
47425		A	A	090	Y	N	Y	D	N	N	-	-	1,026.88	1,026.88
47460		A	A	090	Y	N	Y	D	N	N	-	-	951.09	951.09
47480		A	A	090	Y	N	Y	D	N	N	-	-	649.52	649.52
47490		A	A	010	Y	N	N	N	N	N	-	-	234.79	234.79
47531		A	A	000	Y	N	N	N	N	N	-	-	52.47	209.88
47532		A	A	000	Y	N	N	N	N	N	-	-	157.41	531.33
47533		A	A	000	Y	N	N	N	N	N	-	-	197.96	816.47
47534		A	A	000	Y	N	N	N	N	N	-	-	275.60	979.44
47535		A	A	000	Y	N	N	N	N	N	-	-	146.28	671.25

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
47536		A	A	000	Y	N	N	N	N	N	-	-	97.79	455.01
47537		A	A	000	Y	N	N	N	N	N	-	-	71.02	244.07
47538		A	A	000	Y	N	N	N	N	N	-	-	174.64	2,807.94
47539		A	A	000	Y	N	N	N	N	N	-	-	317.47	3,124.88
47540		A	A	000	Y	N	N	N	N	N	-	-	327.28	3,193.25
47541		A	A	000	Y	N	N	N	N	N	-	-	246.72	784.14
47542		A	A	ZZZ	N	N	N	N	N	N	-	-	100.70	309.26
47543		A	A	ZZZ	N	N	N	N	N	N	-	-	107.33	319.59
47544		A	A	ZZZ	N	N	N	N	N	N	-	-	118.99	707.29
47550		A	A	ZZZ	N	N	Y	D	N	N	-	-	126.14	126.14
47552		A	A	000	Y	N	N	D	N	N	-	-	226.31	226.31
47553		A	A	000	Y	N	N	N	N	N	-	-	224.46	224.46
47554		A	A	000	Y	N	N	D	N	N	-	-	391.94	391.94
47555		A	A	000	Y	N	N	N	N	N	-	-	243.27	243.27
47556		A	A	000	Y	N	N	N	N	N	-	-	275.87	275.87
47562		A	A	090	Y	N	Y	D	N	N	-	-	491.05	491.05
47563		A	A	090	Y	N	Y	D	N	N	-	-	533.98	533.98
47564		A	A	090	Y	N	Y	D	N	N	-	-	832.63	832.63
47570		A	A	090	Y	N	Y	D	N	N	-	-	581.41	581.41
47579		Unlstd/Manu	C	YYY	Y	Y	Y	D	D	N	-	-	-	-
47600		A	A	090	Y	N	Y	D	N	N	-	-	799.24	799.24
47605		A	A	090	Y	N	Y	D	N	N	-	-	842.44	842.44
47610		A	A	090	Y	N	Y	D	N	N	-	-	942.34	942.34
47612		A	A	090	Y	N	Y	D	N	N	-	-	957.45	957.45
47620		A	A	090	Y	N	Y	D	N	N	-	-	1,038.80	1,038.80
47700		A	A	090	Y	N	Y	D	N	N	-	-	785.73	785.73
47701		A	A	090	Y	N	D	N	N	N	-	-	1,304.86	1,304.86
47711		A	A	090	Y	N	Y	D	N	N	-	-	1,166.80	1,166.80
47712		A	A	090	Y	N	Y	D	N	N	-	-	1,508.38	1,508.38
47715		A	A	090	Y	N	Y	D	N	N	-	-	997.99	997.99
47720		A	A	090	Y	N	Y	D	N	N	-	-	863.64	863.64
47721		A	A	090	Y	N	Y	D	N	N	-	-	1,016.54	1,016.54
47740		A	A	090	Y	N	Y	D	N	N	-	-	984.74	984.74
47741		A	A	090	Y	N	Y	D	N	N	-	-	1,109.29	1,109.29
47760		A	A	090	Y	N	Y	D	N	N	-	-	1,701.04	1,701.04
47765		A	A	090	Y	N	Y	D	N	N	-	-	2,296.49	2,296.49
47780		A	A	090	Y	N	Y	D	N	N	-	-	1,865.07	1,865.07
47785		A	A	090	Y	N	Y	D	N	N	-	-	2,440.39	2,440.39
47800		A	A	090	Y	N	Y	D	N	N	-	-	1,183.23	1,183.23
47801		A	A	090	Y	N	Y	D	N	N	-	-	803.48	803.48
47802		A	A	090	Y	N	Y	D	N	N	-	-	1,146.39	1,146.39
47900		A	A	090	Y	N	Y	D	N	N	-	-	1,032.18	1,032.18
47999		Unlstd/Manu	C	YYY	Y	N	N	D	D	N	-	-	-	-
48000		A	A	090	Y	N	Y	D	N	N	-	-	1,424.11	1,424.11
48001		A	A	090	Y	N	Y	D	N	N	-	-	1,746.09	1,746.09
48020		A	A	090	Y	N	Y	D	N	N	-	-	883.51	883.51
48100		A	A	090	Y	N	Y	D	N	N	-	-	663.30	663.30
48102		A	A	010	Y	N	N	N	N	N	-	-	176.49	362.26
48105		A	A	090	Y	N	Y	D	N	N	-	-	2,142.53	2,142.53
48120		A	A	090	Y	N	Y	D	N	N	-	-	827.33	827.33
48140		A	A	090	Y	N	Y	D	N	N	-	-	1,176.34	1,176.34
48145		A	A	090	Y	N	Y	D	N	N	-	-	1,231.19	1,231.19
48146		A	A	090	Y	N	Y	D	N	N	-	-	1,411.13	1,411.13
48148		A	A	090	Y	N	Y	D	N	N	-	-	938.63	938.63
48150		A	A	090	Y	N	Y	D	N	N	-	-	2,343.66	2,343.66
48152		A	A	090	Y	N	Y	D	N	N	-	-	2,176.18	2,176.18
48153		A	A	090	Y	N	Y	D	N	N	-	-	2,332.00	2,332.00
48154		A	A	090	Y	N	Y	D	N	N	-	-	2,185.19	2,185.19
48155		A	A	090	Y	N	Y	D	N	N	-	-	1,361.57	1,361.57

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
48160		C	N	XXX	N	N	N	N	N	N	-	-	-	-
48400		A	A	ZZZ	N	N	D	N	N	N	-	-	82.15	82.15
48500		A	A	090	Y	N	Y	D	N	N	-	-	860.46	860.46
48510		A	A	090	Y	N	Y	D	N	N	-	-	819.91	819.91
48520		A	A	090	Y	N	Y	D	N	N	-	-	818.85	818.85
48540		A	A	090	Y	N	Y	D	N	N	-	-	987.92	987.92
48545		A	A	090	Y	N	Y	D	N	N	-	-	1,012.83	1,012.83
48547		A	A	090	Y	N	Y	D	N	N	-	-	1,353.89	1,353.89
48548		A	A	090	Y	N	Y	D	N	N	-	-	1,248.95	1,248.95
48550		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
48551		Not Covered	C	XXX	Y	N	Y	D	N	N	-	-	-	-
48552		Not Covered	A	XXX	Y	N	Y	D	N	N	-	-	179.94	179.94
48554		A	R	090	Y	N	Y	Y	Y	N	-	-	1,883.09	1,883.09
48556		A	A	090	Y	N	Y	Y	Y	N	-	-	949.23	949.23
48999		Unlstd/Manu	C	YYY	Y	N	Y	D	D	N	-	-	-	-
49000		A	A	090	Y	N	Y	D	N	N	-	-	574.52	574.52
49002		A	A	090	Y	N	Y	D	N	N	-	-	784.40	784.40
49010		A	A	090	Y	N	Y	D	N	N	-	-	699.07	699.07
49020		A	A	090	Y	N	Y	N	N	N	-	-	1,191.44	1,191.44
49040		A	A	090	Y	N	Y	D	N	N	-	-	748.10	748.10
49060		A	A	090	Y	N	N	D	N	N	-	-	823.09	823.09
49062		A	A	090	Y	N	Y	D	N	N	-	-	561.80	561.80
49082		A	A	000	Y	N	N	N	N	N	-	-	54.06	131.97
49083		A	A	000	Y	N	N	N	N	N	-	-	78.71	198.49
49084		A	A	000	Y	N	N	N	N	N	-	-	82.42	82.42
49180		A	A	000	Y	N	N	N	N	N	-	-	62.81	112.36
49185		A	A	000	N	N	N	N	N	N	-	-	88.25	620.63
49203		A	A	090	Y	N	Y	D	N	N	-	-	895.17	895.17
49204		A	A	090	Y	N	Y	D	N	N	-	-	1,148.51	1,148.51
49205		A	A	090	Y	N	Y	D	N	N	-	-	1,321.03	1,321.03
49215		A	A	090	Y	N	Y	D	N	N	-	-	1,660.76	1,660.76
49220		A	A	090	Y	N	Y	D	N	N	-	-	728.49	728.49
49250		A	A	090	Y	N	N	D	N	N	-	-	435.40	435.40
49255		A	A	090	Y	N	Y	D	N	N	-	-	587.77	587.77
49320		A	A	010	Y	N	Y	N	N	N	-	-	241.42	241.42
49321		A	A	010	Y	N	Y	Y	N	N	-	-	255.99	255.99
49322		A	A	010	Y	N	Y	Y	N	N	-	-	274.01	274.01
49323		A	A	090	Y	N	Y	Y	N	N	-	-	470.91	470.91
49324		A	A	010	Y	N	Y	Y	N	N	-	-	290.44	290.44
49325		A	A	010	Y	N	Y	Y	N	N	-	-	308.99	308.99
49326		A	A	ZZZ	N	N	Y	D	N	N	-	-	143.90	143.90
49327		A	A	ZZZ	N	N	Y	D	N	N	-	-	99.64	99.64
49329		Unlstd/Manu	C	YYY	Y	Y	Y	D	D	N	-	-	-	-
49400		A	A	000	Y	N	N	N	N	N	-	-	69.43	95.67
49402		A	A	090	Y	N	N	D	N	N	-	-	641.04	641.04
49405		A	A	000	Y	N	N	N	N	N	-	-	145.22	536.89
49406		A	A	000	Y	N	N	N	N	N	-	-	145.22	536.63
49407		A	A	000	Y	N	N	N	N	N	-	-	155.03	438.31
49411		A	A	000	Y	N	D	N	N	N	-	-	134.89	325.69
49412		A	A	ZZZ	N	N	D	D	N	N	-	-	63.07	63.07
49418		A	A	000	Y	N	D	N	N	N	-	-	150.26	895.44
49419		A	A	090	Y	N	N	N	N	N	-	-	329.13	329.13
49421		A	A	000	Y	N	N	N	N	N	-	-	174.37	174.37
49422		A	A	010	Y	N	N	N	N	N	-	-	284.08	284.08
49423		A	A	000	Y	N	D	N	N	N	-	-	52.74	358.81
49424		A	A	000	Y	N	D	N	N	N	-	-	27.83	97.26
49425		A	A	090	Y	N	Y	D	N	N	-	-	529.74	529.74
49426		A	A	090	Y	N	N	N	N	N	-	-	458.98	458.98
49427		A	A	000	Y	N	D	N	N	N	-	-	34.45	34.45

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
49428		A	A	010	Y	N	N	N	N	N	-	-	323.30	323.30
49429		A	A	010	Y	N	N	N	N	N	-	-	344.50	344.50
49435		A	A	ZZZ	N	N	Y	D	N	N	-	-	91.16	91.16
49436		A	A	010	Y	N	Y	D	N	N	-	-	137.54	137.54
49440		A	A	010	Y	N	D	N	N	N	-	-	151.58	639.71
49441		A	A	010	Y	N	D	N	N	N	-	-	178.61	725.84
49442		A	A	010	Y	N	D	N	N	N	-	-	151.58	601.55
49446		A	A	000	Y	N	D	N	N	N	-	-	109.98	613.21
49450		A	A	000	Y	N	D	N	N	N	-	-	49.29	435.40
49451		A	A	000	Y	N	D	N	N	N	-	-	66.78	477.00
49452		A	A	000	Y	N	D	N	N	N	-	-	102.82	592.54
49460		A	A	000	Y	N	D	N	N	N	-	-	35.51	480.45
49465		A	A	000	Y	N	D	N	N	N	-	-	22.53	108.12
49491		A	A	090	Y	Y	Y	D	N	N	-	-	592.54	592.54
49492		A	A	090	Y	Y	Y	D	N	N	-	-	716.83	716.83
49495		A	A	090	Y	Y	Y	D	N	N	-	-	304.49	304.49
49496		A	A	090	Y	Y	Y	D	N	N	-	-	457.13	457.13
49500		A	A	090	Y	Y	Y	D	N	N	-	-	303.96	303.96
49501		A	A	090	Y	Y	Y	D	N	N	-	-	451.03	451.03
49505		A	A	090	Y	Y	Y	D	N	N	-	-	385.58	385.58
49507		A	A	090	Y	Y	Y	D	N	N	-	-	435.66	435.66
49520		A	A	090	Y	Y	Y	D	N	N	-	-	470.64	470.64
49521		A	A	090	Y	Y	Y	D	N	N	-	-	534.51	534.51
49525		A	A	090	Y	Y	Y	D	N	N	-	-	425.59	425.59
49540		A	A	090	Y	Y	Y	D	N	N	-	-	500.59	500.59
49550		A	A	090	Y	Y	Y	D	N	N	-	-	428.24	428.24
49553		A	A	090	Y	Y	Y	D	N	N	-	-	470.38	470.38
49555		A	A	090	Y	Y	Y	D	N	N	-	-	445.20	445.20
49557		A	A	090	Y	Y	Y	D	N	N	-	-	540.34	540.34
49560		A	A	090	Y	Y	Y	D	N	N	-	-	550.67	550.67
49561		A	A	090	Y	Y	Y	D	N	N	-	-	696.42	696.42
49565		A	A	090	Y	Y	Y	D	N	N	-	-	572.67	572.67
49566		A	A	090	Y	Y	Y	D	N	N	-	-	702.52	702.52
49568		A	A	ZZZ	N	N	Y	D	N	N	-	-	203.26	203.26
49570		A	A	090	Y	Y	Y	D	N	N	-	-	307.93	307.93
49572		A	A	090	Y	Y	Y	D	N	N	-	-	382.13	382.13
49580		A	A	090	Y	N	Y	D	N	N	-	-	243.80	243.80
49582		A	A	090	Y	N	Y	D	N	N	-	-	357.49	357.49
49585		A	A	090	Y	N	Y	D	N	N	-	-	328.87	328.87
49587		A	A	090	Y	N	Y	D	N	N	-	-	351.92	351.92
49590		A	A	090	Y	Y	Y	D	N	N	-	-	425.59	425.59
49600		A	A	090	Y	N	Y	D	N	N	-	-	545.64	545.64
49605		A	A	090	Y	N	Y	D	N	N	-	-	3,727.49	3,727.49
49606		A	A	090	Y	N	Y	D	N	N	-	-	853.04	853.04
49610		A	A	090	Y	N	Y	D	N	N	-	-	513.31	513.31
49611		A	A	090	Y	N	Y	D	N	N	-	-	451.03	451.03
49650		A	A	090	Y	Y	Y	D	N	N	-	-	316.94	316.94
49651		A	A	090	Y	Y	Y	D	N	N	-	-	411.55	411.55
49652		A	A	090	Y	Y	Y	D	N	N	-	-	554.91	554.91
49653		A	A	090	Y	Y	Y	D	N	N	-	-	692.71	692.71
49654		A	A	090	Y	Y	Y	D	N	N	-	-	632.56	632.56
49655		A	A	090	Y	Y	Y	D	N	N	-	-	772.21	772.21
49656		A	A	090	Y	Y	Y	D	N	N	-	-	686.88	686.88
49657		A	A	090	Y	Y	Y	D	N	N	-	-	990.84	990.84
49659		Unlstd/Manu	C	YYY	Y	Y	Y	D	D	N	-	-	-	-
49900		A	A	090	Y	N	Y	D	N	N	-	-	603.41	603.41
49904		A	A	090	Y	N	N	D	D	N	-	-	1,050.20	1,050.20
49905		A	A	ZZZ	N	N	Y	Y	N	N	-	-	267.92	267.92
49906		Unlstd/Manu	C	090	Y	N	N	D	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
49999		Unlstd/Manu	C	YYY	Y	N	N	D	D	N	-	-	-	-
50010		A	A	090	Y	Y	Y	D	N	N	-	-	538.75	538.75
50020		A	A	090	Y	N	N	D	N	N	-	-	741.47	741.47
50040		A	A	090	Y	Y	N	D	N	N	-	-	677.61	677.61
50045		A	A	090	Y	Y	Y	D	N	N	-	-	683.17	683.17
50060		A	A	090	Y	Y	Y	D	N	N	-	-	837.93	837.93
50065		A	A	090	Y	Y	Y	N	N	N	-	-	889.34	889.34
50070		A	A	090	Y	Y	Y	D	N	N	-	-	871.59	871.59
50075		A	A	090	Y	Y	Y	D	N	N	-	-	1,072.46	1,072.46
50080		A	A	090	Y	Y	N	N	N	N	-	-	637.59	637.59
50081		A	A	090	Y	Y	Y	D	N	N	-	-	938.37	938.37
50100		A	A	090	Y	Y	Y	D	N	N	-	-	809.05	809.05
50120		A	A	090	Y	Y	Y	D	N	N	-	-	696.42	696.42
50125		A	A	090	Y	Y	Y	D	N	N	-	-	720.27	720.27
50130		A	A	090	Y	Y	Y	D	N	N	-	-	758.17	758.17
50135		A	A	090	Y	Y	Y	D	N	N	-	-	824.68	824.68
50200		A	A	000	Y	Y	N	N	N	N	-	-	94.34	356.69
50205		A	A	090	Y	Y	Y	D	N	N	-	-	562.86	562.86
50220		A	A	090	Y	Y	Y	D	N	N	-	-	773.27	773.27
50225		A	A	090	Y	Y	Y	D	N	N	-	-	885.90	885.90
50230		A	A	090	Y	Y	Y	Y	N	N	-	-	944.99	944.99
50234		A	A	090	Y	Y	Y	D	N	N	-	-	957.98	957.98
50236		A	A	090	Y	Y	Y	D	N	N	-	-	1,080.67	1,080.67
50240		A	A	090	Y	Y	Y	D	N	N	-	-	973.35	973.35
50250		A	A	090	Y	N	Y	D	N	N	-	-	893.05	893.05
50280		A	A	090	Y	Y	Y	D	N	N	-	-	701.19	701.19
50290		A	A	090	Y	N	Y	D	N	N	-	-	659.06	659.06
50300		C	X	XXX	N	N	N	N	N	N	-	-	-	-
50320		A	A	090	Y	Y	Y	D	N	N	-	-	1,115.65	1,115.65
50323		Not Covered	C	XXX	Y	N	Y	D	N	N	-	-	-	-
50325		Not Covered	C	XXX	Y	N	Y	D	N	N	-	-	-	-
50327		Not Covered	A	XXX	Y	N	Y	D	N	N	-	-	164.57	164.57
50328		Not Covered	A	XXX	Y	N	Y	D	N	N	-	-	144.43	144.43
50329		Not Covered	A	XXX	Y	N	Y	D	N	N	-	-	135.95	135.95
50340		A	A	090	Y	Y	Y	D	N	N	-	-	701.99	701.99
50360		A	A	090	Y	N	Y	Y	Y	N	-	-	1,808.89	1,808.89
50365		A	A	090	Y	Y	Y	Y	Y	N	-	-	2,130.60	2,130.60
50370		A	A	090	Y	N	Y	D	N	N	-	-	896.23	896.23
50380		A	A	090	Y	N	Y	D	N	N	-	-	1,486.12	1,486.12
50382		A	A	000	Y	Y	N	N	N	N	-	-	190.27	739.09
50384		A	A	000	Y	Y	N	N	N	N	-	-	171.19	583.00
50385		A	A	000	Y	Y	D	N	N	N	-	-	161.39	719.74
50386		A	A	000	Y	Y	D	N	N	N	-	-	120.58	466.40
50387		A	A	000	Y	Y	D	N	N	N	-	-	62.01	323.30
50389		A	A	000	Y	Y	N	N	N	N	-	-	40.02	196.63
50390		A	A	000	Y	Y	N	N	N	N	-	-	70.76	70.76
50391		A	A	000	Y	Y	N	N	N	N	-	-	72.35	87.45
50395		A	A	000	Y	Y	N	N	N	N	-	-	130.65	130.65
50396		A	A	000	Y	Y	D	N	N	N	-	-	85.07	85.07
50400		A	A	090	Y	Y	Y	D	N	N	-	-	852.77	852.77
50405		A	A	090	Y	Y	Y	D	N	N	-	-	1,026.61	1,026.61
50430		A	A	000	Y	Y	D	N	N	N	-	-	112.89	307.93
50431		A	A	000	Y	Y	N	N	N	N	-	-	47.70	109.71
50432		A	A	000	Y	Y	N	N	N	N	-	-	151.32	514.10
50433		A	A	000	Y	Y	N	N	N	N	-	-	189.74	701.72
50434		A	A	000	Y	Y	N	N	N	N	-	-	142.31	548.55
50435		A	A	000	Y	Y	N	N	N	N	-	-	73.41	311.91
50500		A	A	090	Y	N	Y	D	N	N	-	-	966.46	966.46
50520		A	A	090	Y	N	Y	D	N	N	-	-	868.14	868.14

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
50525		A	A	090	Y	N	Y	D	N	N	-	-	1,104.79	1,104.79
50526		A	A	090	Y	N	Y	N	N	N	-	-	1,185.35	1,185.35
50540		A	A	090	Y	B	Y	D	N	N	-	-	843.76	843.76
50541		A	A	090	Y	Y	Y	D	N	N	-	-	675.75	675.75
50542		A	A	090	Y	Y	Y	D	N	N	-	-	856.22	856.22
50543		A	A	090	Y	Y	Y	D	N	N	-	-	1,093.66	1,093.66
50544		A	A	090	Y	Y	Y	D	N	N	-	-	917.70	917.70
50545		A	A	090	Y	Y	Y	D	N	N	-	-	987.39	987.39
50546		A	A	090	Y	Y	Y	D	N	N	-	-	885.63	885.63
50547		A	A	090	Y	Y	Y	D	N	N	-	-	1,198.07	1,198.07
50548		A	A	090	Y	Y	Y	D	N	N	-	-	992.69	992.69
50549	Unlstd/Manu		C	YYY	Y	Y	Y	D	D	N	-	-	-	-
50551		A	A	000	Y	Y	D	N	N	N	-	-	217.30	260.23
50553		A	A	000	Y	Y	N	N	N	N	-	-	232.67	279.31
50555		A	A	000	Y	Y	D	N	N	N	-	-	252.55	298.92
50557		A	A	000	Y	Y	D	N	N	N	-	-	255.99	303.96
50561		A	A	000	Y	Y	D	N	N	N	-	-	291.77	344.50
50562		A	A	090	Y	N	Y	D	N	N	-	-	429.04	429.04
50570		A	A	000	Y	Y	D	N	N	N	-	-	364.11	364.11
50572		A	A	000	Y	Y	D	N	N	N	-	-	394.06	394.06
50574		A	A	000	Y	Y	D	N	N	N	-	-	419.23	419.23
50575		A	A	000	Y	Y	N	N	N	N	-	-	529.21	529.21
50576		A	A	000	Y	Y	D	N	N	N	-	-	418.17	418.17
50580		A	A	000	Y	Y	D	N	N	N	-	-	450.24	450.24
50590		A	A	090	Y	Y	N	N	N	N	-	-	414.99	513.57
50592		A	A	010	Y	Y	N	N	N	N	-	-	251.75	2,169.56
50593		A	A	010	Y	Y	Y	N	N	N	-	-	338.41	2,956.08
50600		A	A	090	Y	Y	Y	D	N	N	-	-	689.27	689.27
50605		A	A	090	Y	Y	Y	D	N	N	-	-	736.17	736.17
50606		A	A	ZZZ	N	Y	N	N	N	N	-	-	113.95	465.08
50610		A	A	090	Y	Y	Y	D	N	N	-	-	694.04	694.04
50620		A	A	090	Y	Y	Y	D	N	N	-	-	664.09	664.09
50630		A	A	090	Y	Y	Y	D	N	N	-	-	655.61	655.61
50650		A	A	090	Y	Y	Y	D	N	N	-	-	761.35	761.35
50660		A	A	090	Y	N	Y	D	N	N	-	-	840.58	840.58
50684		A	A	000	Y	Y	N	N	N	N	-	-	36.04	72.61
50686		A	A	000	Y	N	D	N	N	N	-	-	64.66	100.97
50688		A	A	010	Y	N	N	N	N	N	-	-	56.45	56.45
50690		A	A	000	Y	N	N	N	N	N	-	-	50.62	69.17
50693		A	A	000	Y	Y	N	N	N	N	-	-	150.52	653.49
50694		A	A	000	Y	Y	N	N	N	N	-	-	197.16	720.80
50695		A	A	000	Y	Y	N	N	N	N	-	-	252.55	886.16
50700		A	A	090	Y	Y	Y	D	N	N	-	-	678.40	678.40
50705		A	A	ZZZ	N	Y	N	N	N	N	-	-	145.22	1,262.99
50706		A	A	ZZZ	N	Y	N	N	N	N	-	-	135.95	652.70
50715		A	A	090	Y	Y	Y	D	N	N	-	-	906.30	906.30
50722		A	A	090	Y	N	Y	D	N	N	-	-	739.62	739.62
50725		A	A	090	Y	N	Y	D	N	N	-	-	810.11	810.11
50727		A	A	090	Y	N	Y	Y	N	N	-	-	370.47	370.47
50728		A	A	090	Y	N	Y	Y	N	N	-	-	510.92	510.92
50740		A	A	090	Y	Y	Y	D	N	N	-	-	919.02	919.02
50750		A	A	090	Y	Y	Y	N	N	N	-	-	848.00	848.00
50760		A	A	090	Y	Y	Y	D	N	N	-	-	831.04	831.04
50770		A	A	090	Y	N	Y	D	N	N	-	-	848.00	848.00
50780		A	A	090	Y	Y	Y	D	N	N	-	-	816.73	816.73
50782		A	A	090	Y	Y	Y	Y	N	N	-	-	789.70	789.70
50783		A	A	090	Y	Y	Y	Y	N	N	-	-	828.92	828.92
50785		A	A	090	Y	Y	Y	D	N	N	-	-	892.79	892.79
50800		A	A	090	Y	Y	Y	D	N	N	-	-	678.40	678.40

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
50810		A	A	090	Y	N	Y	D	N	N	-	-	1,047.55	1,047.55
50815		A	A	090	Y	Y	Y	D	N	N	-	-	897.29	897.29
50820		A	A	090	Y	Y	Y	D	N	N	-	-	966.99	966.99
50825		A	A	090	Y	N	Y	D	N	N	-	-	1,213.97	1,213.97
50830		A	A	090	Y	N	Y	D	N	N	-	-	1,327.39	1,327.39
50840		A	A	090	Y	Y	Y	D	N	N	-	-	902.59	902.59
50845		A	A	090	Y	N	Y	D	N	N	-	-	916.11	916.11
50860		A	A	090	Y	Y	Y	D	N	N	-	-	692.98	692.98
50900		A	A	090	Y	Y	Y	D	N	N	-	-	618.51	618.51
50920		A	A	090	Y	N	Y	D	N	N	-	-	646.34	646.34
50930		A	A	090	Y	N	Y	D	N	N	-	-	809.84	809.84
50940		A	A	090	Y	Y	Y	D	N	N	-	-	650.58	650.58
50945		A	A	090	Y	Y	Y	D	N	N	-	-	715.77	715.77
50947		A	A	090	Y	Y	Y	D	N	N	-	-	1,019.72	1,019.72
50948		A	A	090	Y	Y	Y	D	N	N	-	-	938.63	938.63
50949		Unlstd/Manu	C	YYY	Y	Y	Y	D	D	N	-	-	-	-
50951		A	A	000	Y	Y	D	N	N	N	-	-	226.31	271.63
50953		A	A	000	Y	Y	D	N	N	N	-	-	242.74	289.65
50955		A	A	000	Y	Y	D	N	N	N	-	-	260.76	308.20
50957		A	A	000	Y	Y	D	N	N	N	-	-	262.09	311.11
50961		A	A	000	Y	Y	D	N	N	N	-	-	234.53	280.11
50970		A	A	000	Y	Y	D	N	N	N	-	-	274.28	274.28
50972		A	A	000	Y	Y	D	N	N	N	-	-	265.00	265.00
50974		A	A	000	Y	Y	D	N	N	N	-	-	350.33	350.33
50976		A	A	000	Y	Y	D	N	N	N	-	-	345.03	345.03
50980		A	A	000	Y	Y	D	N	N	N	-	-	263.94	263.94
51020		A	A	090	Y	N	Y	D	N	N	-	-	341.06	341.06
51030		A	A	090	Y	N	D	N	N	N	-	-	342.12	342.12
51040		A	A	090	Y	N	Y	D	N	N	-	-	209.35	209.35
51045		A	A	090	Y	N	Y	N	N	N	-	-	356.96	356.96
51050		A	A	090	Y	N	Y	D	N	N	-	-	344.50	344.50
51060		A	A	090	Y	N	Y	D	N	N	-	-	423.74	423.74
51065		A	A	090	Y	N	D	N	N	N	-	-	422.15	422.15
51080		A	A	090	Y	N	Y	D	N	N	-	-	297.07	297.07
51100		A	A	000	Y	N	N	N	N	N	-	-	28.62	43.46
51101		A	A	000	Y	N	N	N	N	N	-	-	38.96	85.33
51102		A	A	000	Y	N	N	N	N	N	-	-	106.27	159.27
51500		A	A	090	Y	N	Y	D	N	N	-	-	465.08	465.08
51520		A	A	090	Y	N	Y	D	N	N	-	-	433.54	433.54
51525		A	A	090	Y	N	Y	D	N	N	-	-	629.64	629.64
51530		A	A	090	Y	N	Y	D	N	N	-	-	570.55	570.55
51535		A	A	090	Y	Y	Y	D	N	N	-	-	571.34	571.34
51550		A	A	090	Y	N	Y	D	N	N	-	-	710.47	710.47
51555		A	A	090	Y	N	Y	D	N	N	-	-	932.27	932.27
51565		A	A	090	Y	N	Y	D	N	N	-	-	947.64	947.64
51570		A	A	090	Y	N	Y	D	N	N	-	-	1,087.56	1,087.56
51575		A	A	090	Y	B	Y	D	N	N	-	-	1,343.29	1,343.29
51580		A	A	090	Y	N	Y	D	N	N	-	-	1,395.76	1,395.76
51585		A	A	090	Y	B	Y	D	N	N	-	-	1,555.29	1,555.29
51590		A	A	090	Y	N	Y	D	N	N	-	-	1,427.82	1,427.82
51595		A	A	090	Y	B	Y	D	N	N	-	-	1,614.12	1,614.12
51596		A	A	090	Y	N	Y	D	N	N	-	-	1,734.96	1,734.96
51597		A	A	090	Y	N	Y	D	N	N	-	-	1,694.68	1,694.68
51600		A	A	000	Y	N	N	N	N	N	-	-	32.86	123.23
51605		A	A	000	Y	N	N	N	N	N	-	-	28.09	28.09
51610		A	A	000	Y	N	N	N	N	N	-	-	46.11	73.67
51700		A	A	000	Y	N	N	N	N	N	-	-	22.53	50.35
51701		A	A	000	Y	N	N	N	N	N	-	-	18.82	32.86
51702		A	A	000	Y	N	N	N	N	N	-	-	19.08	43.73

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
51703		A	A	000	Y	N	N	N	N	N	-	-	56.71	88.51
51705		A	A	000	Y	N	N	N	N	N	-	-	38.16	63.34
51710		A	A	000	Y	N	N	N	N	N	-	-	58.04	89.57
51715		A	A	000	Y	N	D	N	N	N	-	-	147.61	206.17
51720		A	A	000	Y	N	N	N	N	N	-	-	37.90	58.30
51725	26	A	A	000	Y	N	D	N	N	N	-	-	55.92	55.92
51725 TC		A	A	000	Y	N	D	N	N	N	-	-	72.08	72.08
51725		A	A	000	Y	N	D	N	N	N	-	-	128.00	128.00
51726	26	A	A	000	Y	N	N	N	N	N	-	-	62.28	62.28
51726 TC		A	A	000	Y	N	N	N	N	N	-	-	116.87	116.87
51726		A	A	000	Y	N	N	N	N	N	-	-	179.14	179.14
51727	26	A	A	000	Y	N	D	N	N	N	-	-	77.91	77.91
51727 TC		A	A	000	Y	N	D	N	N	N	-	-	133.30	133.30
51727		A	A	000	Y	N	D	N	N	N	-	-	211.21	211.21
51728	26	A	A	000	Y	N	D	N	N	N	-	-	76.59	76.59
51728 TC		A	A	000	Y	N	D	N	N	N	-	-	138.33	138.33
51728		A	A	000	Y	N	D	N	N	N	-	-	215.18	215.18
51729	26	A	A	000	Y	N	D	N	N	N	-	-	92.22	92.22
51729 TC		A	A	000	Y	N	D	N	N	N	-	-	139.66	139.66
51729		A	A	000	Y	N	D	N	N	N	-	-	231.61	231.61
51736	26	A	A	XXX	Y	N	D	N	N	N	-	-	5.83	5.83
51736 TC		A	A	XXX	Y	N	D	N	N	N	-	-	4.51	4.51
51736		A	A	XXX	Y	N	D	N	N	N	-	-	10.60	10.60
51741	26	A	A	XXX	Y	N	N	N	N	N	-	-	5.83	5.83
51741 TC		A	A	XXX	Y	N	N	N	N	N	-	-	4.77	4.77
51741		A	A	XXX	Y	N	N	N	N	N	-	-	10.87	10.87
51784	26	A	A	XXX	Y	N	N	N	N	N	-	-	27.30	27.30
51784 TC		A	A	XXX	Y	N	N	N	N	N	-	-	20.41	20.41
51784		A	A	XXX	Y	N	N	N	N	N	-	-	47.70	47.70
51785	26	A	A	XXX	Y	N	D	N	N	N	-	-	68.90	68.90
51785 TC		A	A	XXX	Y	N	D	N	N	N	-	-	119.52	119.52
51785		A	A	XXX	Y	N	D	N	N	N	-	-	188.15	188.15
51792	26	A	A	000	Y	N	D	N	N	N	-	-	40.28	40.28
51792 TC		A	A	000	Y	N	D	N	N	N	-	-	102.56	102.56
51792		A	A	000	Y	N	D	N	N	N	-	-	142.57	142.57
51797	26	A	A	ZZZ	N	N	D	N	N	N	-	-	29.42	29.42
51797 TC		A	A	ZZZ	N	N	D	N	N	N	-	-	47.17	47.17
51797		A	A	ZZZ	N	N	D	N	N	N	-	-	76.59	76.59
51798		A	A	XXX	N	N	D	N	N	N	-	-	10.34	10.34
51800		A	A	090	Y	N	Y	D	N	N	-	-	763.20	763.20
51820		A	A	090	Y	B	Y	D	N	N	-	-	794.74	794.74
51840		A	A	090	Y	N	Y	D	N	N	-	-	478.33	478.33
51841		A	A	090	Y	N	Y	D	N	N	-	-	559.42	559.42
51845		A	A	090	Y	N	Y	D	N	N	-	-	426.12	426.12
51860		A	A	090	Y	N	Y	D	N	N	-	-	548.02	548.02
51865		A	A	090	Y	N	Y	D	N	N	-	-	657.47	657.47
51880		A	A	090	Y	N	Y	D	N	N	-	-	341.06	341.06
51900		A	A	090	Y	N	Y	D	N	N	-	-	603.67	603.67
51920		A	A	090	Y	N	Y	D	N	N	-	-	558.36	558.36
51925		A	A	090	Y	N	Y	D	N	N	-	-	733.52	733.52
51940		A	A	090	Y	N	Y	D	N	N	-	-	1,208.67	1,208.67
51960		A	A	090	Y	N	Y	D	N	N	-	-	1,018.13	1,018.13
51980		A	A	090	Y	N	Y	D	N	N	-	-	522.05	522.05
51990		A	A	090	Y	N	Y	D	N	N	-	-	549.88	549.88
51992		A	A	090	Y	N	Y	D	N	N	-	-	611.09	611.09
51999	Unlstd/Manu		C	YYY	N	N	D	D	D	N	-	-	-	-
52000		A	A	000	Y	N	N	N	N	N	-	-	60.42	113.95
52001		A	A	000	Y	N	N	N	N	N	-	-	212.27	266.86
52005		A	A	000	Y	N	N	N	N	N	-	-	97.52	184.18

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
52007		A	A	000	Y	Y	N	N	N	N	-	-	121.64	303.16
52010		A	A	000	Y	N	N	N	N	N	-	-	121.90	253.34
52204		A	A	000	Y	N	N	N	N	N	-	-	104.15	252.55
52214		A	A	000	Y	N	N	N	N	N	-	-	130.38	448.65
52224		A	A	000	Y	N	N	N	N	N	-	-	151.32	470.38
52234		A	A	000	Y	N	N	N	N	N	-	-	181.53	181.53
52235		A	A	000	Y	N	N	N	N	N	-	-	213.33	213.33
52240		A	A	000	Y	N	N	N	N	N	-	-	289.65	289.65
52250		A	A	000	Y	N	N	N	N	N	-	-	177.02	177.02
52260		A	A	000	Y	N	N	N	N	N	-	-	155.29	155.29
52265		A	A	000	Y	N	N	N	N	N	-	-	118.72	250.16
52270		A	A	000	Y	N	N	N	N	N	-	-	134.09	247.25
52275		A	A	000	Y	N	N	N	N	N	-	-	183.38	333.64
52276		A	A	000	Y	N	N	N	N	N	-	-	195.04	195.04
52277		A	A	000	Y	N	D	N	N	N	-	-	239.03	239.03
52281		A	A	000	Y	N	N	N	N	N	-	-	111.83	190.01
52282		A	A	000	Y	N	N	N	N	N	-	-	249.10	249.10
52283		A	A	000	Y	N	N	N	N	N	-	-	148.40	196.90
52285		A	A	000	Y	N	N	N	N	N	-	-	144.16	197.96
52287		A	A	000	Y	N	N	N	N	N	-	-	124.55	216.77
52290		A	A	000	Y	B	N	N	N	N	-	-	180.20	180.20
52300		A	A	000	Y	B	D	N	N	N	-	-	207.23	207.23
52301		A	A	000	Y	B	D	N	N	N	-	-	214.39	214.39
52305		A	A	000	Y	N	N	N	N	N	-	-	205.64	205.64
52310		A	A	000	Y	N	N	N	N	N	-	-	111.30	171.19
52315		A	A	000	Y	N	N	N	N	N	-	-	202.73	292.56
52317		A	A	000	Y	N	N	N	N	N	-	-	257.05	554.91
52318		A	A	000	Y	N	N	N	N	N	-	-	350.60	350.60
52320		A	A	000	Y	Y	N	N	N	N	-	-	182.32	182.32
52325		A	A	000	Y	Y	N	N	N	N	-	-	237.18	237.18
52327		A	A	000	Y	Y	N	N	N	N	-	-	194.51	194.51
52330		A	A	000	Y	Y	N	N	N	N	-	-	195.31	345.03
52332		A	A	000	Y	Y	N	N	N	N	-	-	114.22	332.05
52334		A	A	000	Y	Y	N	N	N	N	-	-	189.21	189.21
52341		A	A	000	Y	Y	N	N	N	N	-	-	209.62	209.62
52342		A	A	000	Y	Y	N	N	N	N	-	-	228.17	228.17
52343		A	A	000	Y	Y	N	N	N	N	-	-	254.40	254.40
52344		A	A	000	Y	Y	N	N	N	N	-	-	273.22	273.22
52345		A	A	000	Y	Y	D	N	N	N	-	-	291.24	291.24
52346		A	A	000	Y	Y	D	N	N	N	-	-	330.46	330.46
52351		A	A	000	Y	N	N	N	N	N	-	-	223.93	223.93
52352		A	A	000	Y	Y	N	N	N	N	-	-	262.09	262.09
52353		A	A	000	Y	Y	N	N	N	N	-	-	289.65	289.65
52354		A	A	000	Y	Y	N	N	N	N	-	-	308.73	308.73
52355		A	A	000	Y	Y	N	N	N	N	-	-	345.83	345.83
52356		A	A	000	Y	Y	N	N	N	N	-	-	307.67	307.67
52400		A	A	090	Y	N	N	N	N	N	-	-	350.86	350.86
52402		A	A	000	Y	N	N	N	N	N	-	-	197.96	197.96
52441		A	A	000	Y	N	N	N	N	N	-	-	168.28	831.31
52442		A	A	ZZZ	N	N	N	N	N	N	-	-	44.79	627.26
52450		A	A	090	Y	N	N	N	N	N	-	-	341.85	341.85
52500		A	A	090	Y	N	N	N	N	N	-	-	354.84	354.84
52601		A	A	090	Y	N	N	N	N	N	-	-	535.30	535.30
52630		A	A	090	Y	N	N	N	N	N	-	-	290.71	290.71
52640		A	A	090	Y	N	N	N	N	N	-	-	227.90	227.90
52647		A	A	090	Y	N	N	N	N	N	-	-	473.56	1,213.70
52648		A	A	090	Y	N	N	N	N	N	-	-	505.36	1,250.80
52649		A	A	090	Y	N	D	N	N	N	-	-	602.35	602.35
52700		A	A	090	Y	N	D	N	N	N	-	-	321.45	321.45

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
53000		A	A	010	Y	N	N	N	N	N	-	-	107.59	107.59
53010		A	A	090	Y	N	N	N	N	N	-	-	212.80	212.80
53020		A	A	000	Y	N	N	N	N	N	-	-	71.55	71.55
53025		A	A	000	Y	N	D	N	N	N	-	-	50.09	50.09
53040		A	A	090	Y	N	D	N	N	N	-	-	285.67	285.67
53060		A	A	010	Y	N	N	N	N	N	-	-	118.19	130.38
53080		A	A	090	Y	N	N	N	N	N	-	-	305.28	305.28
53085		A	A	090	Y	N	Y	D	N	N	-	-	473.56	473.56
53200		A	A	000	Y	N	N	N	N	N	-	-	104.68	114.22
53210		A	A	090	Y	N	Y	D	N	N	-	-	564.19	564.19
53215		A	A	090	Y	N	Y	D	N	N	-	-	681.05	681.05
53220		A	A	090	Y	N	D	N	N	N	-	-	329.13	329.13
53230		A	A	090	Y	N	Y	D	N	N	-	-	441.76	441.76
53235		A	A	090	Y	N	Y	D	N	N	-	-	462.69	462.69
53240		A	A	090	Y	N	N	N	N	N	-	-	309.26	309.26
53250		A	A	090	Y	N	N	N	N	N	-	-	287.79	287.79
53260		A	A	010	Y	N	N	N	N	N	-	-	130.91	144.69
53265		A	A	010	Y	N	N	N	N	N	-	-	135.15	156.09
53270		A	A	010	Y	N	N	N	N	N	-	-	133.83	148.40
53275		A	A	010	Y	N	N	N	N	N	-	-	191.86	191.86
53400		A	A	090	Y	N	Y	D	N	N	-	-	585.39	585.39
53405		A	A	090	Y	N	Y	D	N	N	-	-	640.24	640.24
53410		A	A	090	Y	N	Y	D	N	N	-	-	717.36	717.36
53415		A	A	090	Y	N	Y	D	N	N	-	-	831.57	831.57
53420		A	A	090	Y	N	N	D	N	N	-	-	616.92	616.92
53425		A	A	090	Y	N	Y	D	N	N	-	-	687.41	687.41
53430		A	A	090	Y	N	Y	D	N	N	-	-	711.26	711.26
53431		A	A	090	Y	N	Y	D	N	N	-	-	848.53	848.53
53440		A	A	090	Y	N	Y	D	N	N	-	-	551.73	551.73
53442		A	A	090	Y	N	Y	N	N	N	-	-	571.87	571.87
53444		A	A	090	Y	N	Y	D	N	N	-	-	581.15	581.15
53445		A	A	090	Y	N	Y	D	N	N	-	-	550.41	550.41
53446		A	A	090	Y	N	Y	D	N	N	-	-	468.79	468.79
53447		A	A	090	Y	N	Y	D	N	N	-	-	591.48	591.48
53448		A	A	090	Y	N	Y	D	N	N	-	-	940.49	940.49
53449		A	A	090	Y	N	Y	D	N	N	-	-	446.26	446.26
53450		A	A	090	Y	N	N	N	N	N	-	-	297.33	297.33
53460		A	A	090	Y	N	D	N	N	N	-	-	334.17	334.17
53500		A	A	090	Y	N	Y	D	N	N	-	-	545.90	545.90
53502		A	A	090	Y	N	N	N	N	N	-	-	354.57	354.57
53505		A	A	090	Y	N	Y	N	N	N	-	-	354.31	354.31
53510		A	A	090	Y	N	Y	D	N	N	-	-	461.63	461.63
53515		A	A	090	Y	N	Y	D	N	N	-	-	583.00	583.00
53520		A	A	090	Y	N	N	N	N	N	-	-	405.98	405.98
53600		A	A	000	Y	N	N	N	N	N	-	-	47.17	59.36
53601		A	A	000	Y	N	N	N	N	N	-	-	39.49	57.24
53605		A	A	000	Y	N	N	N	N	N	-	-	48.23	48.23
53620		A	A	000	Y	N	N	N	N	N	-	-	64.13	82.68
53621		A	A	000	Y	N	N	N	N	N	-	-	53.00	76.85
53660		A	A	000	Y	N	N	N	N	N	-	-	30.48	49.03
53661		A	A	000	Y	N	N	N	N	N	-	-	29.95	48.23
53665		A	A	000	Y	N	N	N	N	N	-	-	28.62	28.62
53850		A	A	090	Y	N	N	N	N	N	-	-	441.49	1,398.94
53852		A	A	090	Y	N	N	N	N	N	-	-	455.54	1,297.71
53855		Not Covered	A	000	Y	N	D	N	N	N	-	-	61.22	516.49
53860		Not Covered	A	090	Y	N	D	N	N	N	-	-	164.83	1,045.16
53899		Unlstd/Manu	C	YYY	Y	N	D	D	D	N	-	-	-	-
54000		A	A	010	Y	N	D	N	N	N	-	-	77.91	104.41
54001		A	A	010	Y	N	N	N	N	N	-	-	100.44	130.38

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
54015		A	A	010	Y	N	D	N	N	N	-	-	224.46	224.46
54050		A	A	010	Y	N	N	N	N	N	-	-	75.00	92.75
54055		A	A	010	Y	N	N	N	N	N	-	-	66.52	83.74
54056		A	A	010	Y	N	N	N	N	N	-	-	78.44	98.85
54057		A	A	010	Y	N	N	N	N	N	-	-	68.64	96.20
54060		A	A	010	Y	N	N	N	N	N	-	-	94.34	126.41
54065		A	A	010	Y	N	N	N	N	N	-	-	123.76	153.97
54100		A	A	000	Y	N	N	N	N	N	-	-	91.43	138.33
54105		A	A	010	Y	N	N	N	N	N	-	-	155.29	188.68
54110		A	A	090	Y	N	Y	N	N	N	-	-	456.60	456.60
54111		A	A	090	Y	N	Y	D	N	N	-	-	587.24	587.24
54112		A	A	090	Y	N	Y	D	N	N	-	-	687.68	687.68
54115		A	A	090	Y	N	Y	N	N	N	-	-	308.46	326.48
54120		A	A	090	Y	N	Y	D	N	N	-	-	462.69	462.69
54125		A	A	090	Y	N	Y	D	N	N	-	-	596.52	596.52
54130		A	A	090	Y	B	Y	D	N	N	-	-	876.62	876.62
54135		A	A	090	Y	B	Y	N	N	N	-	-	1,113.00	1,113.00
54150		A	A	000	Y	N	D	N	N	N	-	-	72.88	110.24
54160		A	A	010	Y	N	N	N	N	N	-	-	104.94	154.23
54161		A	A	010	Y	N	N	N	N	N	-	-	143.37	143.37
54162		A	A	010	Y	N	N	N	N	N	-	-	145.22	182.85
54163		A	A	010	Y	N	N	N	N	N	-	-	157.94	157.94
54164		A	A	010	Y	N	N	N	N	N	-	-	139.13	139.13
54200		A	A	010	Y	N	N	N	N	N	-	-	59.89	75.53
54205		A	A	090	Y	N	Y	N	N	N	-	-	387.96	387.96
54220		A	A	000	Y	N	N	N	N	N	-	-	98.58	145.22
54230		A	A	000	Y	N	N	N	N	N	-	-	58.04	69.43
54231		A	A	000	Y	N	N	N	N	N	-	-	85.33	101.23
54235		A	A	000	Y	N	N	N	N	N	-	-	53.27	64.66
54240	26	A	A	000	N	N	D	N	N	N	-	-	52.21	52.21
54240 TC		A	A	000	N	N	D	N	N	N	-	-	23.59	23.59
54240		A	A	000	N	N	D	N	N	N	-	-	75.79	75.79
54250	26	A	A	000	N	N	D	N	N	N	-	-	80.30	80.30
54250 TC		A	A	000	N	N	D	N	N	N	-	-	7.42	7.42
54250		A	A	000	N	N	D	N	N	N	-	-	87.98	87.98
54300		A	A	090	Y	N	Y	D	N	N	-	-	469.85	469.85
54304		A	A	090	Y	N	Y	N	N	N	-	-	549.88	549.88
54308		A	A	090	Y	N	Y	D	N	N	-	-	523.64	523.64
54312		A	A	090	Y	N	Y	D	N	N	-	-	599.17	599.17
54316		A	A	090	Y	N	Y	D	N	N	-	-	732.73	732.73
54318		A	A	090	Y	N	Y	D	N	N	-	-	520.20	520.20
54322		A	A	090	Y	N	Y	N	N	N	-	-	571.87	571.87
54324		A	A	090	Y	N	Y	D	N	N	-	-	710.47	710.47
54326		A	A	090	Y	N	Y	D	N	N	-	-	693.24	693.24
54328		A	A	090	Y	N	Y	D	N	N	-	-	688.47	688.47
54332		A	A	090	Y	N	Y	D	N	N	-	-	744.65	744.65
54336		A	A	090	Y	N	Y	D	N	N	-	-	873.18	873.18
54340		A	A	090	Y	N	Y	D	N	N	-	-	416.05	416.05
54344		A	A	090	Y	N	Y	D	N	N	-	-	694.83	694.83
54348		A	A	090	Y	N	Y	D	N	N	-	-	744.12	744.12
54352		A	A	090	Y	N	Y	D	N	N	-	-	1,040.66	1,040.66
54360		A	A	090	Y	N	Y	D	N	N	-	-	527.62	527.62
54380		A	A	090	Y	N	Y	D	N	N	-	-	585.39	585.39
54385		A	A	090	Y	N	Y	D	N	N	-	-	679.99	679.99
54390		A	A	090	Y	N	Y	D	N	N	-	-	911.60	911.60
54400		A	A	090	Y	N	N	D	N	N	-	-	386.90	386.90
54401		A	A	090	Y	N	N	D	N	N	-	-	475.41	475.41
54405		A	A	090	Y	N	Y	D	N	N	-	-	592.54	592.54
54406		A	A	090	Y	N	Y	D	N	N	-	-	535.30	535.30

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

1. A - Active Code
2. B - Bundled code
3. C - Carrier-Priced
4. T- Injections and other minor services
5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
6. Manual - Claims are pended for review and pricing.
7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
54408		A	A	090	Y	N	Y	D	N	N	-	-	577.97	577.97
54410		A	A	090	Y	N	Y	D	N	N	-	-	628.85	628.85
54411		A	A	090	Y	N	Y	D	N	N	-	-	751.54	751.54
54415		A	A	090	Y	N	Y	D	N	N	-	-	385.05	385.05
54416		A	A	090	Y	N	Y	D	N	N	-	-	517.81	517.81
54417		A	A	090	Y	N	Y	D	N	N	-	-	658.79	658.79
54420		A	A	090	Y	N	Y	N	N	N	-	-	515.96	515.96
54430		A	A	090	Y	B	Y	N	N	N	-	-	467.73	467.73
54435		A	A	090	Y	N	N	N	N	N	-	-	302.90	302.90
54437		A	A	090	Y	N	Y	D	N	N	-	-	491.84	491.84
54438		A	A	090	Y	N	Y	D	N	N	-	-	982.36	982.36
54440		C	C	090	Y	N	Y	D	N	N	-	-	-	-
54450		A	A	000	Y	N	N	N	N	N	-	-	42.93	51.15
54500		A	A	000	Y	Y	D	N	N	N	-	-	54.86	54.86
54505		A	A	010	Y	Y	D	N	N	N	-	-	152.64	152.64
54512		A	A	090	Y	Y	N	D	N	N	-	-	395.38	395.38
54520		A	A	090	Y	Y	N	N	N	N	-	-	238.24	238.24
54522		A	A	090	Y	Y	Y	D	N	N	-	-	431.42	431.42
54530		A	A	090	Y	Y	Y	D	N	N	-	-	368.09	368.09
54535		A	A	090	Y	Y	Y	N	N	N	-	-	545.11	545.11
54550		A	A	090	Y	Y	Y	N	N	N	-	-	358.81	358.81
54560		A	A	090	Y	Y	Y	D	N	N	-	-	502.44	502.44
54600		A	A	090	Y	Y	N	N	N	N	-	-	330.72	330.72
54620		A	A	010	Y	Y	N	N	N	N	-	-	218.89	218.89
54640		A	A	090	Y	Y	D	N	N	N	-	-	348.74	348.74
54650		A	A	090	Y	Y	Y	N	N	N	-	-	520.73	520.73
54660		A	A	090	Y	Y	D	N	N	N	-	-	259.17	259.17
54670		A	A	090	Y	Y	D	N	N	N	-	-	294.68	294.68
54680		A	A	090	Y	Y	Y	D	N	N	-	-	576.64	576.64
54690		A	A	090	Y	Y	Y	D	N	N	-	-	482.04	482.04
54692		A	A	090	Y	Y	N	N	N	N	-	-	557.03	557.03
54699	Unlstd/Manu		C	YYY	Y	Y	Y	D	D	N	-	-	-	-
54700		A	A	010	Y	Y	N	N	N	N	-	-	155.56	155.56
54800		A	A	000	Y	Y	D	N	N	N	-	-	93.02	93.02
54830		A	A	090	Y	Y	D	N	N	N	-	-	270.83	270.83
54840		A	A	090	Y	Y	N	N	N	N	-	-	233.73	233.73
54860		A	A	090	Y	N	N	N	N	N	-	-	305.28	305.28
54861		A	A	090	Y	N	D	N	N	N	-	-	413.40	413.40
54865		A	A	090	Y	N	D	N	N	N	-	-	260.50	260.50
54900		A	A	090	Y	N	D	N	N	N	-	-	586.18	586.18
54901		A	A	090	Y	B	D	N	N	N	-	-	774.86	774.86
55000		A	A	000	Y	Y	N	N	N	N	-	-	62.01	83.48
55040		A	A	090	Y	N	N	N	N	N	-	-	245.66	245.66
55041		A	A	090	Y	B	N	N	N	N	-	-	371.80	371.80
55060		A	A	090	Y	Y	D	N	N	N	-	-	276.66	276.66
55100		A	A	010	Y	N	N	N	N	N	-	-	120.05	152.11
55110		A	A	090	Y	N	N	N	N	N	-	-	282.23	282.23
55120		A	A	090	Y	N	D	N	N	N	-	-	257.05	257.05
55150		A	A	090	Y	N	Y	D	N	N	-	-	357.75	357.75
55175		A	A	090	Y	N	D	N	N	N	-	-	263.94	263.94
55180		A	A	090	Y	N	D	N	N	N	-	-	500.85	500.85
55200		A	A	090	Y	B	D	N	N	N	-	-	202.73	305.55
55250		A	A	090	Y	B	N	N	N	N	-	-	163.77	266.59
55300		A	A	000	Y	B	D	N	N	N	-	-	137.80	137.80
55400	Not Covered		A	090	Y	Y	Y	D	N	N	-	-	364.11	364.11
55500		A	A	090	Y	Y	D	N	N	N	-	-	288.59	288.59
55520		A	A	090	Y	Y	Y	D	N	N	-	-	333.64	333.64
55530		A	A	090	Y	Y	N	D	N	N	-	-	255.99	255.99
55535		A	A	090	Y	Y	Y	D	N	N	-	-	313.50	313.50

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
55540		A	A	090	Y	Y	N	D	N	N	-	-	409.96	409.96
55550		A	A	090	Y	Y	Y	D	N	N	-	-	312.44	312.44
55559	Unlstd/Manu		C	YYY	Y	Y	Y	D	D	N	-	-	-	-
55600		A	A	090	Y	Y	D	N	N	N	-	-	306.87	306.87
55605		A	A	090	Y	Y	D	N	N	N	-	-	379.48	379.48
55650		A	A	090	Y	Y	Y	D	N	N	-	-	524.97	524.97
55680		A	A	090	Y	Y	D	N	N	N	-	-	251.49	251.49
55700		A	A	000	Y	N	N	N	N	N	-	-	96.46	172.78
55705		A	A	010	Y	N	N	D	N	N	-	-	194.25	194.25
55706		A	A	010	Y	N	Y	D	N	N	-	-	271.10	271.10
55720		A	A	090	Y	N	Y	D	N	N	-	-	330.19	330.19
55725		A	A	090	Y	N	Y	D	N	N	-	-	432.48	432.48
55801		A	A	090	Y	N	Y	D	N	N	-	-	802.95	802.95
55810		A	A	090	Y	N	Y	D	N	N	-	-	964.34	964.34
55812		A	A	090	Y	N	Y	D	N	N	-	-	1,184.02	1,184.02
55815		A	A	090	Y	B	Y	D	N	N	-	-	1,298.24	1,298.24
55821		A	A	090	Y	N	Y	D	N	N	-	-	640.77	640.77
55831		A	A	090	Y	N	Y	D	N	N	-	-	693.51	693.51
55840		A	A	090	Y	N	Y	D	N	N	-	-	860.72	860.72
55842		A	A	090	Y	N	Y	D	N	N	-	-	860.99	860.99
55845		A	A	090	Y	B	Y	D	N	N	-	-	1,002.76	1,002.76
55860		A	A	090	Y	N	N	D	N	N	-	-	642.36	642.36
55862		A	A	090	Y	N	Y	D	N	N	-	-	805.60	805.60
55865		A	A	090	Y	B	Y	D	N	N	-	-	980.77	980.77
55866		A	A	090	Y	N	Y	D	N	N	-	-	1,062.39	1,062.39
55870	Not Covered		A	000	Y	N	N	D	N	N	-	-	104.68	126.14
55873		A	A	090	Y	N	N	N	N	N	-	-	559.68	4,680.96
55874	Not Covered		A	000	Y	N	N	D	D	N	-	-	122.70	2,409.12
55875		A	A	090	Y	N	D	N	N	N	-	-	557.83	557.83
55876		A	A	000	Y	N	N	D	D	N	-	-	73.41	96.46
55899	Unlstd/Manu		C	YYY	Y	N	D	D	D	N	-	-	-	-
55920		A	A	000	Y	N	D	N	N	N	-	-	327.28	327.28
55970	Not Covered		C	YYY	N	N	N	N	N	N	-	-	-	-
55980	Not Covered		C	YYY	N	N	N	N	N	N	-	-	-	-
56405		A	A	010	Y	N	N	Y	N	N	-	-	76.59	77.12
56420		A	A	010	Y	N	N	N	N	N	-	-	64.66	85.07
56440		A	A	010	Y	N	N	N	N	N	-	-	129.59	129.59
56441		A	A	010	Y	N	D	N	N	N	-	-	98.32	102.03
56442		A	A	000	Y	N	D	N	N	N	-	-	33.66	33.66
56501		A	A	010	Y	N	N	N	N	N	-	-	81.36	92.22
56515		A	A	010	Y	N	N	N	N	N	-	-	144.43	160.59
56605		A	A	000	Y	N	N	Y	N	N	-	-	43.73	57.51
56606		A	A	ZZZ	N	N	N	Y	N	N	-	-	21.73	27.03
56620		A	A	090	Y	N	Y	D	N	N	-	-	377.63	377.63
56625		A	A	090	Y	N	Y	D	N	N	-	-	461.37	461.37
56630		A	A	090	Y	N	Y	D	N	N	-	-	687.15	687.15
56631		A	A	090	Y	N	Y	Y	N	N	-	-	879.54	879.54
56632		A	A	090	Y	B	Y	Y	N	N	-	-	1,022.11	1,022.11
56633		A	A	090	Y	N	Y	Y	N	N	-	-	897.03	897.03
56634		A	A	090	Y	N	Y	Y	N	N	-	-	977.32	977.32
56637		A	A	090	Y	N	Y	Y	N	N	-	-	1,146.92	1,146.92
56640		A	A	090	Y	Y	Y	D	N	N	-	-	1,147.45	1,147.45
56700		A	A	010	Y	N	Y	D	N	N	-	-	131.71	131.71
56740		A	A	010	Y	Y	N	N	N	N	-	-	215.71	215.71
56800		A	A	010	Y	N	Y	D	N	N	-	-	172.25	172.25
56805		A	A	090	Y	N	Y	D	N	N	-	-	815.67	815.67
56810		A	A	010	Y	N	Y	Y	N	N	-	-	186.03	186.03
56820		A	A	000	Y	N	N	N	N	N	-	-	63.34	79.77
56821		A	A	000	Y	N	N	N	N	N	-	-	84.01	104.68

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
57000		A	A	010	Y	N	D	N	N	N	-	-	133.83	133.83
57010		A	A	090	Y	N	D	N	N	N	-	-	306.34	306.34
57020		A	A	000	Y	N	D	N	N	N	-	-	58.57	65.99
57022		A	A	010	Y	N	D	N	N	N	-	-	118.99	118.99
57023		A	A	010	Y	N	D	N	N	N	-	-	220.48	220.48
57061		A	A	010	Y	N	N	N	N	N	-	-	69.17	79.50
57065		A	A	010	Y	N	N	N	N	N	-	-	125.08	138.33
57100		A	A	000	Y	N	N	N	N	N	-	-	49.29	63.60
57105		A	A	010	Y	N	N	N	N	N	-	-	90.10	96.20
57106		A	A	090	Y	N	Y	D	N	N	-	-	356.69	356.69
57107		A	A	090	Y	N	Y	D	N	N	-	-	1,063.45	1,063.45
57109		A	A	090	Y	B	Y	D	N	N	-	-	1,312.28	1,312.28
57110		A	A	090	Y	N	Y	D	N	N	-	-	638.92	638.92
57111		A	A	090	Y	B	Y	D	N	N	-	-	1,312.28	1,312.28
57112		A	A	090	Y	B	Y	D	N	N	-	-	1,405.83	1,405.83
57120		A	A	090	Y	N	Y	D	N	N	-	-	361.99	361.99
57130		A	A	010	Y	N	Y	D	N	N	-	-	112.63	124.29
57135		A	A	010	Y	N	N	N	N	N	-	-	123.49	135.95
57150		A	A	000	Y	N	N	N	N	N	-	-	20.94	31.27
57155		A	A	000	Y	N	N	Y	N	N	-	-	202.73	258.38
57156		A	A	000	Y	N	D	N	N	N	-	-	106.53	139.92
57160		A	A	000	Y	N	N	N	N	N	-	-	33.92	52.47
57170		A	A	000	Y	N	D	N	N	N	-	-	34.98	42.67
57180		A	A	010	Y	N	N	N	N	N	-	-	74.73	97.26
57200		A	A	090	Y	N	Y	D	N	N	-	-	215.45	215.45
57210		A	A	090	Y	N	Y	D	N	N	-	-	261.82	261.82
57220		A	A	090	Y	N	Y	D	N	N	-	-	225.78	225.78
57230		A	A	090	Y	N	Y	D	N	N	-	-	279.58	279.58
57240		A	A	090	Y	N	Y	D	N	N	-	-	423.74	423.74
57250		A	A	090	Y	N	Y	D	N	N	-	-	425.33	425.33
57260		A	A	090	Y	N	Y	D	N	N	-	-	546.43	546.43
57265		A	A	090	Y	N	Y	D	N	N	-	-	614.27	614.27
57267		A	A	ZZZ	N	N	Y	D	N	N	-	-	186.30	186.30
57268		A	A	090	Y	N	Y	D	N	N	-	-	344.24	344.24
57270		A	A	090	Y	N	Y	D	N	N	-	-	579.82	579.82
57280		A	A	090	Y	N	Y	D	N	N	-	-	686.09	686.09
57282		A	A	090	Y	N	Y	D	N	N	-	-	356.16	356.16
57283		A	A	090	Y	N	Y	D	N	N	-	-	491.58	491.58
57284		A	A	090	Y	N	Y	Y	N	N	-	-	586.18	586.18
57285		A	A	090	Y	N	Y	Y	N	N	-	-	482.57	482.57
57287		A	A	090	Y	N	Y	D	N	N	-	-	488.40	488.40
57288		A	A	090	Y	N	Y	D	N	N	-	-	514.63	514.63
57289		A	A	090	Y	N	Y	D	N	N	-	-	541.40	541.40
57291		A	A	090	Y	N	Y	N	N	N	-	-	375.51	375.51
57292		A	A	090	Y	N	Y	D	N	N	-	-	581.15	581.15
57295		A	A	090	Y	N	Y	D	N	N	-	-	340.79	340.79
57296		A	A	090	Y	N	Y	D	N	N	-	-	676.28	676.28
57300		A	A	090	Y	N	Y	D	N	N	-	-	406.51	406.51
57305		A	A	090	Y	N	Y	D	N	N	-	-	686.35	686.35
57307		A	A	090	Y	N	Y	D	N	N	-	-	745.45	745.45
57308		A	A	090	Y	N	Y	D	N	N	-	-	479.39	479.39
57310		A	A	090	Y	N	Y	D	N	N	-	-	335.49	335.49
57311		A	A	090	Y	N	Y	D	N	N	-	-	382.13	382.13
57320		A	A	090	Y	N	Y	D	N	N	-	-	384.52	384.52
57330		A	A	090	Y	N	Y	D	N	N	-	-	541.66	541.66
57335		A	A	090	Y	N	Y	D	N	N	-	-	823.62	823.62
57400		A	A	000	Y	N	D	N	N	N	-	-	95.40	95.40
57410		A	A	000	Y	N	N	N	N	N	-	-	77.65	77.65
57415		A	A	010	Y	N	D	N	N	N	-	-	114.48	114.48

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
57420		A	A	000	Y	N	N	N	N	N	-	-	67.58	84.27
57421		A	A	000	Y	N	N	N	N	N	-	-	90.90	112.10
57423		A	A	090	Y	N	Y	Y	N	N	-	-	655.88	655.88
57425		A	A	090	Y	N	Y	D	N	N	-	-	697.22	697.22
57426		A	A	090	Y	N	Y	D	N	N	-	-	600.23	600.23
57452		A	A	000	Y	N	N	N	N	N	-	-	66.52	76.85
57454		A	A	000	Y	N	N	N	N	N	-	-	96.99	107.86
57455		A	A	000	Y	N	N	N	N	N	-	-	79.77	100.17
57456		A	A	000	Y	N	N	N	N	N	-	-	74.47	94.61
57460		A	A	000	Y	N	N	N	N	N	-	-	116.60	192.92
57461		A	A	000	Y	N	N	N	N	N	-	-	135.68	219.69
57500		A	A	000	Y	N	N	N	N	N	-	-	54.06	87.19
57505		A	A	010	Y	N	N	N	N	N	-	-	64.93	71.55
57510		A	A	010	Y	N	N	N	N	N	-	-	82.68	93.02
57511		A	A	010	Y	N	N	N	N	N	-	-	93.02	101.76
57513		A	A	010	Y	N	N	N	N	N	-	-	95.93	103.62
57520		A	A	090	Y	N	N	N	N	N	-	-	196.63	217.30
57522		A	A	090	Y	N	N	N	N	N	-	-	173.05	185.77
57530		A	A	090	Y	N	Y	D	N	N	-	-	246.45	246.45
57531		A	A	090	Y	B	Y	D	N	N	-	-	1,208.14	1,208.14
57540		A	A	090	Y	N	Y	D	N	N	-	-	554.12	554.12
57545		A	A	090	Y	N	Y	D	N	N	-	-	584.59	584.59
57550		A	A	090	Y	N	Y	D	N	N	-	-	287.26	287.26
57555		A	A	090	Y	N	Y	D	N	N	-	-	426.12	426.12
57556		A	A	090	Y	N	Y	D	N	N	-	-	402.80	402.80
57558		A	A	010	Y	N	N	N	N	N	-	-	80.03	86.92
57700		A	A	090	Y	N	D	N	N	N	-	-	217.04	217.04
57720		A	A	090	Y	N	Y	N	N	N	-	-	215.98	215.98
57800		A	A	000	Y	N	N	N	N	N	-	-	34.98	41.87
58100		A	A	000	Y	N	N	N	N	N	-	-	63.07	76.85
58110		A	A	ZZZ	N	N	D	N	N	N	-	-	29.95	34.45
58120		A	A	010	Y	N	N	N	N	N	-	-	157.41	182.85
58140		A	A	090	Y	N	Y	D	N	N	-	-	659.59	659.59
58145		A	A	090	Y	N	Y	D	N	N	-	-	393.79	393.79
58146		A	A	090	Y	N	Y	D	N	N	-	-	822.56	822.56
58150		A	A	090	Y	N	Y	D	N	N	-	-	738.56	738.56
58152		A	A	090	Y	N	Y	D	N	N	-	-	900.21	900.21
58180		A	A	090	Y	N	Y	D	N	N	-	-	694.30	694.30
58200		A	A	090	Y	N	Y	D	N	N	-	-	1,017.34	1,017.34
58210		A	A	090	Y	B	Y	D	N	N	-	-	1,373.23	1,373.23
58240		A	A	090	Y	N	Y	D	N	N	-	-	2,156.57	2,156.57
58260		A	A	090	Y	N	Y	D	N	N	-	-	589.89	589.89
58262		A	A	090	Y	N	Y	Y	N	N	-	-	658.00	658.00
58263		A	A	090	Y	N	Y	Y	N	N	-	-	707.02	707.02
58267		A	A	090	Y	N	Y	D	N	N	-	-	751.01	751.01
58270		A	A	090	Y	N	Y	D	N	N	-	-	630.70	630.70
58275		A	A	090	Y	N	Y	D	N	N	-	-	705.17	705.17
58280		A	A	090	Y	N	Y	D	N	N	-	-	749.16	749.16
58285		A	A	090	Y	N	Y	D	N	N	-	-	1,073.25	1,073.25
58290		A	A	090	Y	N	Y	D	N	N	-	-	820.97	820.97
58291		A	A	090	Y	N	Y	Y	N	N	-	-	891.20	891.20
58292		A	A	090	Y	N	Y	Y	N	N	-	-	937.57	937.57
58293		A	A	090	Y	N	Y	D	N	N	-	-	974.94	974.94
58294		A	A	090	Y	N	Y	D	N	N	-	-	868.14	868.14
58300		A	N	XXX	N	N	N	N	N	N	-	-	39.49	52.21
58301		A	A	000	Y	N	D	N	N	N	-	-	49.03	66.78
58321		Not Covered	A	000	Y	N	D	N	N	N	-	-	35.51	53.27
58322		Not Covered	A	000	Y	N	D	N	N	N	-	-	42.40	60.16
58323		Not Covered	A	000	Y	N	D	N	N	N	-	-	9.01	10.87

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
58340		A	A	000	Y	N	N	N	N	N	-	-	41.34	80.83
58345		A	A	010	Y	Y	Y	Y	N	N	-	-	197.96	197.96
58346		A	A	090	Y	N	N	N	N	N	-	-	320.92	320.92
58350	Not Covered	A	A	010	Y	Y	N	N	N	N	-	-	54.86	66.78
58353		A	A	010	Y	N	N	Y	N	N	-	-	155.56	660.65
58356		A	A	010	Y	N	Y	Y	N	N	-	-	248.04	1,229.07
58400		A	A	090	Y	N	Y	D	N	N	-	-	314.29	314.29
58410		A	A	090	Y	N	Y	D	N	N	-	-	571.87	571.87
58520		A	A	090	Y	N	Y	D	N	N	-	-	559.68	559.68
58540		A	A	090	Y	N	Y	N	N	N	-	-	646.34	646.34
58541		A	A	090	Y	N	Y	Y	N	N	-	-	511.98	511.98
58542		A	A	090	Y	N	Y	Y	N	N	-	-	584.86	584.86
58543		A	A	090	Y	N	Y	Y	N	N	-	-	591.48	591.48
58544		A	A	090	Y	N	Y	Y	N	N	-	-	645.54	645.54
58545		A	A	090	Y	N	Y	Y	N	N	-	-	651.11	651.11
58546		A	A	090	Y	N	Y	Y	N	N	-	-	802.69	802.69
58548		A	A	090	Y	B	Y	Y	N	N	-	-	1,410.07	1,410.07
58550		A	A	090	Y	N	Y	Y	N	N	-	-	630.17	630.17
58552		A	A	090	Y	N	Y	Y	N	N	-	-	712.06	712.06
58553		A	A	090	Y	N	Y	Y	N	N	-	-	807.46	807.46
58554		A	A	090	Y	N	Y	Y	N	N	-	-	958.77	958.77
58555		A	A	000	Y	N	D	Y	N	N	-	-	110.51	183.91
58558		A	A	000	Y	N	N	Y	N	N	-	-	169.60	892.79
58559		A	A	000	Y	N	N	Y	N	N	-	-	210.41	210.41
58560		A	A	000	Y	N	Y	Y	N	N	-	-	228.70	228.70
58561		A	A	000	Y	N	D	Y	N	N	-	-	262.09	262.09
58562		A	A	000	Y	N	N	Y	N	N	-	-	162.45	235.32
58563		A	A	000	Y	N	D	Y	N	N	-	-	179.94	1,039.86
58565		A	A	090	Y	B	N	Y	N	N	-	-	306.87	1,226.42
58570		A	A	090	Y	N	Y	Y	N	N	-	-	561.54	561.54
58571		A	A	090	Y	N	Y	Y	N	N	-	-	653.23	653.23
58572		A	A	090	Y	N	Y	Y	N	N	-	-	741.74	741.74
58573		A	A	090	Y	N	Y	Y	N	N	-	-	888.55	888.55
58575		A	A	090	Y	B	Y	Y	N	N	-	-	1,370.32	1,370.32
58578	Unlstd/Manu	C	C	YYY	Y	Y	Y	D	D	N	-	-	-	-
58579	Unlstd/Manu	C	C	YYY	Y	Y	Y	D	D	N	-	-	-	-
58600		A	A	090	Y	B	Y	D	N	N	-	-	257.85	257.85
58605		A	A	090	Y	B	Y	N	N	N	-	-	232.94	232.94
58611		A	A	ZZZ	N	N	Y	N	N	N	-	-	55.65	55.65
58615		A	A	010	Y	N	Y	N	N	N	-	-	172.78	172.78
58660		A	A	090	Y	N	Y	Y	N	N	-	-	485.48	485.48
58661		A	A	010	Y	Y	Y	Y	N	N	-	-	258.91	258.91
58662		A	A	090	Y	N	Y	Y	N	N	-	-	512.51	512.51
58670		A	A	090	Y	N	N	Y	N	N	-	-	258.91	258.91
58671		A	A	090	Y	N	N	Y	N	N	-	-	258.11	258.11
58672		A	A	090	Y	Y	Y	N	N	N	-	-	523.91	523.91
58673		A	A	090	Y	Y	Y	N	N	N	-	-	569.75	569.75
58674	Not Covered	A	A	090	Y	N	Y	Y	N	N	-	-	581.15	581.15
58679	Unlstd/Manu	C	C	YYY	Y	Y	Y	D	D	N	-	-	-	-
58700		A	A	090	Y	B	Y	D	N	N	-	-	563.66	563.66
58720		A	A	090	Y	B	Y	D	N	N	-	-	535.83	535.83
58740		A	A	090	Y	N	Y	D	N	N	-	-	643.69	643.69
58750	Not Covered	A	A	090	Y	Y	Y	D	N	N	-	-	641.57	641.57
58752		A	A	090	Y	Y	Y	N	N	N	-	-	639.98	639.98
58760		A	A	090	Y	Y	Y	D	N	N	-	-	576.11	576.11
58770		A	A	090	Y	Y	Y	N	N	N	-	-	606.85	606.85
58800		A	A	090	Y	B	N	N	N	N	-	-	210.68	223.40
58805		A	A	090	Y	B	Y	D	N	N	-	-	285.67	285.67
58820		A	A	090	Y	Y	Y	N	N	N	-	-	219.16	219.16

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

1. A - Active Code
2. B - Bundled code
3. C - Carrier-Priced
4. T- Injections and other minor services
5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
6. Manual - Claims are pended for review and pricing.
7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
58822		A	A	090	Y	Y	Y	D	N	N	-	-	497.14	497.14
58825		A	A	090	Y	N	Y	D	N	N	-	-	493.96	493.96
58900		A	A	090	Y	B	Y	D	N	N	-	-	292.56	292.56
58920		A	A	090	Y	B	Y	D	N	N	-	-	497.67	497.67
58925		A	A	090	Y	B	Y	D	N	N	-	-	539.81	539.81
58940		A	A	090	Y	B	Y	D	N	N	-	-	381.87	381.87
58943		A	A	090	Y	N	Y	D	N	N	-	-	869.20	869.20
58950		A	A	090	Y	B	Y	D	N	N	-	-	837.40	837.40
58951		A	A	090	Y	B	Y	D	N	N	-	-	1,080.41	1,080.41
58952		A	A	090	Y	B	Y	D	N	N	-	-	1,220.06	1,220.06
58953		A	A	090	Y	B	Y	D	N	N	-	-	1,514.74	1,514.74
58954		A	A	090	Y	B	Y	D	N	N	-	-	1,649.10	1,649.10
58956		A	A	090	Y	B	Y	D	N	N	-	-	1,024.23	1,024.23
58957		A	A	090	Y	B	Y	D	N	N	-	-	1,180.31	1,180.31
58958		A	A	090	Y	B	Y	D	N	N	-	-	1,209.46	1,209.46
58960		A	A	090	Y	N	Y	D	N	N	-	-	720.54	720.54
58970	Not Covered		A	000	Y	N	D	N	N	N	-	-	143.10	157.41
58974	Not Covered		C	000	Y	N	Y	D	N	N	-	-	-	-
58976	Not Covered		A	000	Y	N	Y	D	N	N	-	-	155.03	174.37
58999	Unlstd/Manu		C	YYY	Y	N	N	D	D	N	-	-	-	-
59000		A	A	000	Y	N	N	N	N	N	-	-	60.16	89.57
59001		A	A	000	Y	N	N	N	N	N	-	-	135.42	135.42
59012		A	A	000	Y	N	D	N	N	N	-	-	152.64	152.64
59015		A	A	000	Y	N	D	N	N	N	-	-	99.64	115.01
59020	26	A	A	000	N	N	D	N	N	N	-	-	27.83	27.83
59020 TC		A	A	000	N	N	D	N	N	N	-	-	21.73	21.73
59020		A	A	000	N	N	D	N	N	N	-	-	49.82	49.82
59025	26	A	A	000	N	N	D	N	N	N	-	-	22.53	22.53
59025 TC		A	A	000	N	N	D	N	N	N	-	-	11.93	11.93
59025		A	A	000	N	N	D	N	N	N	-	-	34.45	34.45
59030		A	A	000	Y	N	D	N	N	N	-	-	85.60	85.60
59050	Not Covered		A	XXX	N	N	D	N	N	N	-	-	38.69	38.69
59051	Not Covered		A	XXX	N	N	D	N	N	N	-	-	32.07	32.07
59070		A	A	000	Y	N	Y	N	N	N	-	-	234.26	295.21
59072		A	A	000	Y	N	N	N	N	N	-	-	395.91	395.91
59074		A	A	000	Y	N	Y	N	N	N	-	-	234.26	285.94
59076		A	A	000	Y	N	Y	N	N	N	-	-	395.91	395.91
59100		A	A	090	Y	N	Y	D	N	N	-	-	623.02	623.02
59120		A	A	090	Y	N	Y	D	N	N	-	-	592.81	592.81
59121		A	A	090	Y	N	Y	D	N	N	-	-	593.87	593.87
59130		A	A	090	Y	N	D	N	N	N	-	-	694.83	694.83
59135		A	A	090	Y	N	D	N	N	N	-	-	686.62	686.62
59136		A	A	090	Y	N	Y	N	N	N	-	-	657.20	657.20
59140		A	A	090	Y	N	Y	N	N	N	-	-	296.27	296.27
59150		A	A	090	Y	N	Y	N	N	N	-	-	574.79	574.79
59151		A	A	090	Y	N	Y	N	N	N	-	-	558.09	558.09
59160		A	A	010	Y	N	D	N	N	N	-	-	129.59	149.73
59200		A	A	000	Y	N	N	N	N	N	-	-	33.92	51.41
59300		A	A	000	Y	N	D	N	N	N	-	-	111.57	140.45
59320		A	A	000	Y	N	D	N	N	N	-	-	114.75	114.75
59325		A	A	000	Y	N	D	N	N	N	-	-	182.85	182.85
59350		A	A	000	Y	N	Y	N	N	N	-	-	213.59	213.59
59400	Not Covered		A	MMM	Y	N	N	N	N	N	-	-	2,220.71	2,220.71
59409		A	A	MMM	Y	N	D	N	N	N	-	-	882.79	882.79
59410		A	A	MMM	Y	N	N	N	N	N	-	-	1,125.81	1,125.81
59412		A	A	MMM	N	N	D	N	N	N	-	-	111.78	111.78
59414		A	A	MMM	Y	N	D	N	N	N	-	-	100.33	100.33
59425	Not Covered		A	MMM	N	N	D	N	N	N	-	-	386.84	476.88
59426	Not Covered		A	MMM	N	N	D	N	N	N	-	-	677.16	848.46

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
59430		A	A	MMM	Y	N	N	N	N	N	-	-	149.55	191.89
59510		Not Covered	A	MMM	Y	N	N	N	N	N	-	-	2,471.74	2,471.74
59514		A	A	MMM	Y	N	Y	D	N	N	-	-	996.10	996.10
59515		A	A	MMM	Y	N	N	N	N	N	-	-	1,369.59	1,369.59
59525		A	A	ZZZ	N	N	Y	D	N	N	-	-	368.35	368.35
59610		Not Covered	A	MMM	Y	N	D	N	N	N	-	-	2,347.37	2,347.37
59612		A	A	MMM	Y	N	D	N	N	N	-	-	998.77	998.77
59614		A	A	MMM	Y	N	D	N	N	N	-	-	1,239.88	1,239.88
59618		Not Covered	A	MMM	Y	N	D	N	N	N	-	-	2,505.31	2,505.31
59620		A	A	MMM	Y	N	Y	N	N	N	-	-	1,034.63	1,034.63
59622		A	A	MMM	Y	N	D	N	N	N	-	-	1,404.30	1,404.30
59812		A	A	090	Y	N	N	N	N	N	-	-	218.63	232.67
59820		A	A	090	Y	N	N	N	N	N	-	-	260.50	275.60
59821		A	A	090	Y	N	D	N	N	N	-	-	263.15	279.58
59830		A	A	090	Y	N	D	N	N	N	-	-	323.30	323.30
59840		A	R	010	Y	N	D	N	N	N	-	-	220.89	229.66
59841		A	R	010	Y	N	D	N	N	N	-	-	385.32	405.92
59850		A	R	090	Y	N	D	N	N	N	-	-	406.30	406.30
59851		A	R	090	Y	N	D	N	N	N	-	-	424.23	424.23
59852		A	R	090	Y	N	D	N	N	N	-	-	519.60	519.60
59855		A	R	090	Y	N	D	N	N	N	-	-	444.45	444.45
59856		A	R	090	Y	N	D	N	N	N	-	-	524.18	524.18
59857		A	R	090	Y	N	D	N	N	N	-	-	538.30	538.30
59866		Not Covered	R	000	Y	N	Y	D	N	N	-	-	156.88	156.88
59870		A	A	090	Y	N	Y	N	N	N	-	-	346.09	346.09
59871		A	A	000	Y	N	D	N	N	N	-	-	99.91	99.91
59897		Unlstd/Manu	C	YYY	Y	N	N	N	N	N	-	-	-	-
59898		Unlstd/Manu	C	YYY	Y	Y	Y	D	D	N	-	-	-	-
59899		Unlstd/Manu	C	YYY	Y	N	Y	D	D	N	-	-	-	-
60000		A	A	010	Y	N	D	N	N	N	-	-	106.53	117.66
60100		A	A	000	Y	N	N	N	N	N	-	-	58.30	79.77
60200		A	A	090	Y	N	Y	D	N	N	-	-	479.12	479.12
60210		A	A	090	Y	N	Y	D	N	N	-	-	518.08	518.08
60212		A	A	090	Y	N	Y	D	N	N	-	-	768.24	768.24
60220		A	A	090	Y	N	Y	D	N	N	-	-	514.10	514.10
60225		A	A	090	Y	N	Y	D	N	N	-	-	680.26	680.26
60240		A	A	090	Y	N	Y	D	N	N	-	-	675.22	675.22
60252		A	A	090	Y	N	Y	D	N	N	-	-	972.29	972.29
60254		A	A	090	Y	N	Y	D	N	N	-	-	1,225.36	1,225.36
60260		A	A	090	Y	Y	Y	D	N	N	-	-	802.42	802.42
60270		A	A	090	Y	N	Y	D	N	N	-	-	1,011.24	1,011.24
60271		A	A	090	Y	N	Y	D	N	N	-	-	776.19	776.19
60280		A	A	090	Y	N	Y	D	N	N	-	-	313.50	313.50
60281		A	A	090	Y	N	Y	D	N	N	-	-	417.91	417.91
60300		A	A	000	Y	N	N	N	N	N	-	-	36.84	80.30
60500		A	A	090	Y	N	Y	D	N	N	-	-	711.79	711.79
60502		A	A	090	Y	N	Y	D	N	N	-	-	954.00	954.00
60505		A	A	090	Y	N	Y	D	N	N	-	-	1,021.31	1,021.31
60512		A	A	ZZZ	N	N	Y	D	N	N	-	-	182.59	182.59
60520		A	A	090	Y	N	Y	D	N	N	-	-	781.22	781.22
60521		A	A	090	Y	N	Y	D	N	N	-	-	839.79	839.79
60522		A	A	090	Y	N	Y	D	N	N	-	-	1,023.96	1,023.96
60540		A	A	090	Y	Y	Y	D	N	N	-	-	788.38	788.38
60545		A	A	090	Y	Y	Y	D	N	N	-	-	905.77	905.77
60600		A	A	090	Y	N	Y	D	N	N	-	-	1,039.07	1,039.07
60605		A	A	090	Y	N	Y	D	N	N	-	-	1,273.59	1,273.59
60650		A	A	090	Y	Y	Y	D	N	N	-	-	890.40	890.40
60659		Unlstd/Manu	C	YYY	Y	Y	Y	N	N	N	-	-	-	-
60699		Unlstd/Manu	C	YYY	Y	N	Y	D	D	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
61000		A	A	000	Y	B	N	N	N	N	-	-	87.98	87.98
61001		A	A	000	Y	B	N	N	N	N	-	-	83.48	83.48
61020		A	A	000	Y	N	N	N	N	N	-	-	73.67	73.67
61026		A	A	000	Y	N	N	N	N	N	-	-	77.38	77.38
61050		A	A	000	Y	N	D	N	N	N	-	-	62.81	62.81
61055		A	A	000	N	N	N	N	N	N	-	-	92.22	92.22
61070		A	A	000	Y	N	N	N	N	N	-	-	41.61	41.61
61105		A	A	090	Y	N	D	N	N	N	-	-	349.27	349.27
61107		A	A	000	N	N	N	N	N	N	-	-	245.92	245.92
61108		A	A	090	Y	N	N	N	N	N	-	-	678.40	678.40
61120		A	A	090	Y	N	D	N	N	N	-	-	570.28	570.28
61140		A	A	090	Y	N	Y	N	N	N	-	-	966.72	966.72
61150		A	A	090	Y	N	N	D	N	N	-	-	1,047.81	1,047.81
61151		A	A	090	Y	N	N	N	N	N	-	-	765.32	765.32
61154		A	A	090	Y	Y	Y	D	N	N	-	-	970.17	970.17
61156		A	A	090	Y	N	Y	D	N	N	-	-	964.34	964.34
61210		A	A	000	Y	N	N	N	N	N	-	-	290.97	290.97
61215		A	A	090	Y	N	N	D	N	N	-	-	380.28	380.28
61250		A	A	090	Y	Y	Y	D	N	N	-	-	665.15	665.15
61253		A	A	090	Y	B	Y	N	N	N	-	-	765.32	765.32
61304		A	A	090	Y	N	Y	D	N	N	-	-	1,258.75	1,258.75
61305		A	A	090	Y	N	Y	D	N	N	-	-	1,557.94	1,557.94
61312		A	A	090	Y	N	Y	D	N	N	-	-	1,604.31	1,604.31
61313		A	A	090	Y	N	Y	D	N	N	-	-	1,524.55	1,524.55
61314		A	A	090	Y	N	Y	D	N	N	-	-	1,406.89	1,406.89
61315		A	A	090	Y	N	Y	D	N	N	-	-	1,593.45	1,593.45
61316		A	A	ZZZ	N	N	N	N	N	N	-	-	69.70	69.70
61320		A	A	090	Y	N	Y	D	N	N	-	-	1,465.19	1,465.19
61321		A	A	090	Y	N	Y	D	N	N	-	-	1,652.01	1,652.01
61322		A	A	090	Y	N	Y	D	N	N	-	-	1,831.68	1,831.68
61323		A	A	090	Y	N	Y	D	N	N	-	-	1,860.30	1,860.30
61330		A	A	090	Y	Y	Y	D	N	N	-	-	1,390.19	1,390.19
61332		A	A	090	Y	Y	Y	D	N	N	-	-	1,541.51	1,541.51
61333		A	A	090	Y	Y	Y	D	N	N	-	-	1,575.43	1,575.43
61340		A	A	090	Y	Y	Y	D	N	N	-	-	1,117.51	1,117.51
61343		A	A	090	Y	N	Y	D	N	N	-	-	1,691.76	1,691.76
61345		A	A	090	Y	N	Y	D	N	N	-	-	1,583.11	1,583.11
61450		A	A	090	Y	N	Y	D	N	N	-	-	1,493.81	1,493.81
61458		A	A	090	Y	N	Y	D	N	N	-	-	1,549.19	1,549.19
61460		A	A	090	Y	N	Y	Y	N	N	-	-	1,633.46	1,633.46
61480		A	A	090	Y	N	Y	D	N	N	-	-	1,508.38	1,508.38
61500		A	A	090	Y	N	Y	D	N	N	-	-	994.02	994.02
61501		A	A	090	Y	N	Y	D	N	N	-	-	851.45	851.45
61510		A	A	090	Y	N	Y	D	N	N	-	-	1,678.25	1,678.25
61512		A	A	090	Y	N	Y	D	N	N	-	-	1,964.98	1,964.98
61514		A	A	090	Y	N	Y	D	N	N	-	-	1,462.80	1,462.80
61516		A	A	090	Y	N	Y	D	N	N	-	-	1,433.39	1,433.39
61517		A	A	ZZZ	N	N	N	N	N	N	-	-	69.43	69.43
61518		A	A	090	Y	N	Y	D	N	N	-	-	2,120.53	2,120.53
61519		A	A	090	Y	N	Y	D	N	N	-	-	2,265.22	2,265.22
61520		A	A	090	Y	N	Y	Y	N	N	-	-	2,868.10	2,868.10
61521		A	A	090	Y	N	Y	D	N	N	-	-	2,471.39	2,471.39
61522		A	A	090	Y	N	Y	D	N	N	-	-	1,698.12	1,698.12
61524		A	A	090	Y	N	Y	D	N	N	-	-	1,615.44	1,615.44
61526		A	A	090	Y	N	N	Y	N	N	-	-	2,758.12	2,758.12
61530		A	A	090	Y	N	N	Y	N	N	-	-	2,390.57	2,390.57
61531		A	A	090	Y	N	Y	Y	N	N	-	-	938.90	938.90
61533		A	A	090	Y	N	Y	D	N	N	-	-	1,173.42	1,173.42
61534		A	A	090	Y	N	Y	D	N	N	-	-	1,272.27	1,272.27

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
61535		A	A	090	Y	N	Y	D	N	N	-	-	766.91	766.91
61536		A	A	090	Y	N	Y	D	N	N	-	-	2,004.73	2,004.73
61537		A	A	090	Y	N	Y	D	N	N	-	-	1,908.27	1,908.27
61538		A	A	090	Y	N	Y	D	N	N	-	-	2,077.07	2,077.07
61539		A	A	090	Y	N	Y	D	N	N	-	-	1,833.80	1,833.80
61540		A	A	090	Y	N	Y	D	N	N	-	-	1,694.15	1,694.15
61541		A	A	090	Y	N	Y	D	N	N	-	-	1,667.91	1,667.91
61543		A	A	090	Y	N	Y	D	N	N	-	-	1,686.46	1,686.46
61544		A	A	090	Y	N	Y	N	N	N	-	-	1,477.38	1,477.38
61545		A	A	090	Y	N	Y	D	N	N	-	-	2,466.09	2,466.09
61546		A	A	090	Y	N	Y	D	N	N	-	-	1,792.20	1,792.20
61548		A	A	090	Y	N	Y	Y	N	N	-	-	1,200.98	1,200.98
61550		A	A	090	Y	N	Y	D	N	N	-	-	908.16	908.16
61552		A	A	090	Y	N	Y	D	N	N	-	-	1,142.15	1,142.15
61556		A	A	090	Y	N	Y	N	N	N	-	-	1,319.70	1,319.70
61557		A	A	090	Y	N	Y	N	N	N	-	-	1,297.44	1,297.44
61558		A	A	090	Y	N	Y	N	N	N	-	-	1,453.79	1,453.79
61559		A	A	090	Y	N	Y	D	N	N	-	-	1,851.29	1,851.29
61563		A	A	090	Y	N	Y	D	N	N	-	-	1,536.74	1,536.74
61564		A	A	090	Y	Y	Y	D	N	N	-	-	1,867.72	1,867.72
61566		A	A	090	Y	N	Y	D	N	N	-	-	1,745.56	1,745.56
61567		A	A	090	Y	N	Y	D	N	N	-	-	1,986.97	1,986.97
61570		A	A	090	Y	N	Y	D	N	N	-	-	1,447.17	1,447.17
61571		A	A	090	Y	N	Y	D	N	N	-	-	1,542.30	1,542.30
61575		A	A	090	Y	N	Y	D	N	N	-	-	1,946.69	1,946.69
61576		A	A	090	Y	N	Y	D	N	N	-	-	3,191.93	3,191.93
61580		A	A	090	Y	Y	N	D	Y	N	-	-	1,781.60	1,781.60
61581		A	A	090	Y	Y	N	Y	Y	N	-	-	1,878.59	1,878.59
61582		A	A	090	Y	N	Y	D	Y	N	-	-	2,259.92	2,259.92
61583		A	A	090	Y	N	Y	D	Y	N	-	-	2,173.27	2,173.27
61584		A	A	090	Y	Y	Y	D	Y	N	-	-	2,155.25	2,155.25
61585		A	A	090	Y	Y	Y	D	Y	N	-	-	2,453.64	2,453.64
61586		A	A	090	Y	N	Y	D	Y	N	-	-	1,810.48	1,810.48
61590		A	A	090	Y	Y	Y	D	Y	N	-	-	2,238.19	2,238.19
61591		A	A	090	Y	Y	Y	D	Y	N	-	-	2,261.25	2,261.25
61592		A	A	090	Y	Y	Y	D	Y	N	-	-	2,390.30	2,390.30
61595		A	A	090	Y	Y	N	D	Y	N	-	-	1,709.25	1,709.25
61596		A	A	090	Y	Y	Y	D	Y	N	-	-	1,755.63	1,755.63
61597		A	A	090	Y	Y	Y	D	Y	N	-	-	2,279.27	2,279.27
61598		A	A	090	Y	N	Y	D	Y	N	-	-	2,159.75	2,159.75
61600		A	A	090	Y	N	Y	D	Y	N	-	-	1,553.70	1,553.70
61601		A	A	090	Y	N	Y	D	Y	N	-	-	1,797.76	1,797.76
61605		A	A	090	Y	N	Y	D	Y	N	-	-	1,553.17	1,553.17
61606		A	A	090	Y	N	Y	D	Y	N	-	-	2,220.97	2,220.97
61607		A	A	090	Y	N	Y	D	Y	N	-	-	2,208.25	2,208.25
61608		A	A	090	Y	N	Y	D	Y	N	-	-	2,470.33	2,470.33
61610		A	A	ZZZ	N	N	Y	D	Y	N	-	-	1,485.06	1,485.06
61611		A	A	ZZZ	N	N	Y	D	Y	N	-	-	371.80	371.80
61612		A	A	ZZZ	N	N	Y	D	Y	N	-	-	1,394.96	1,394.96
61613		A	A	090	Y	Y	Y	D	Y	N	-	-	2,518.03	2,518.03
61615		A	A	090	Y	N	Y	D	Y	N	-	-	2,127.95	2,127.95
61616		A	A	090	Y	N	Y	D	Y	N	-	-	2,510.08	2,510.08
61618		A	A	090	Y	N	Y	D	Y	N	-	-	977.32	977.32
61619		A	A	090	Y	N	Y	D	Y	N	-	-	1,077.23	1,077.23
61623		A	A	000	Y	N	N	N	N	N	-	-	442.55	442.55
61624		A	A	000	Y	N	N	N	N	N	-	-	884.84	884.84
61626		A	A	000	Y	N	N	N	N	N	-	-	652.43	652.43
61630		Not Covere	R	XXX	Y	N	Y	D	N	N	-	-	1,041.72	1,041.72
61635		Not Covere	R	XXX	Y	N	Y	D	N	N	-	-	1,106.64	1,106.64

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
61640		Not Covered	N	000	N	N	N	N	N	N	-	-	373.39	373.39
61641		Not Covered	N	ZZZ	N	N	N	N	N	N	-	-	130.91	130.91
61642		Not Covered	N	ZZZ	N	N	N	N	N	N	-	-	262.35	262.35
61645		A	A	000	N	Y	D	N	N	N	-	-	629.64	629.64
61650		A	A	000	Y	N	N	N	N	N	-	-	411.81	411.81
61651		A	A	ZZZ	N	N	N	N	N	N	-	-	175.17	175.17
61680		A	A	090	Y	N	Y	D	N	N	-	-	1,727.27	1,727.27
61682		A	A	090	Y	N	Y	D	N	N	-	-	3,216.31	3,216.31
61684		A	A	090	Y	N	Y	D	N	N	-	-	2,207.45	2,207.45
61686		A	A	090	Y	N	Y	D	N	N	-	-	3,425.13	3,425.13
61690		A	A	090	Y	N	Y	D	N	N	-	-	1,695.47	1,695.47
61692		A	A	090	Y	N	Y	D	N	N	-	-	2,836.30	2,836.30
61697		A	A	090	Y	N	Y	D	N	N	-	-	3,244.13	3,244.13
61698		A	A	090	Y	N	Y	D	N	N	-	-	3,507.54	3,507.54
61700		A	A	090	Y	N	Y	D	N	N	-	-	2,628.27	2,628.27
61702		A	A	090	Y	N	Y	D	N	N	-	-	3,107.92	3,107.92
61703		A	A	090	Y	N	Y	D	N	N	-	-	1,048.87	1,048.87
61705		A	A	090	Y	N	Y	D	N	N	-	-	2,023.01	2,023.01
61708		A	A	090	Y	N	Y	N	N	N	-	-	1,978.76	1,978.76
61710		A	A	090	Y	N	D	N	N	N	-	-	1,665.79	1,665.79
61711		A	A	090	Y	N	Y	D	N	N	-	-	2,022.75	2,022.75
61720		A	A	090	Y	N	N	N	N	N	-	-	981.30	981.30
61735		A	A	090	Y	N	N	D	N	N	-	-	1,229.87	1,229.87
61750		A	A	090	Y	N	N	D	N	N	-	-	1,090.48	1,090.48
61751		A	A	090	Y	N	N	D	N	N	-	-	1,060.80	1,060.80
61760		A	A	090	Y	N	N	Y	N	N	-	-	1,221.12	1,221.12
61770		A	A	090	Y	N	N	D	N	N	-	-	1,259.81	1,259.81
61781		A	A	ZZZ	N	N	D	N	N	N	-	-	185.77	185.77
61782		A	A	ZZZ	N	N	D	N	N	N	-	-	128.79	128.79
61783		A	A	ZZZ	N	N	D	N	N	N	-	-	180.47	180.47
61790		A	A	090	Y	Y	N	N	N	N	-	-	672.31	672.31
61791		A	A	090	Y	Y	D	N	N	N	-	-	866.82	866.82
61796		A	A	090	N	N	Y	N	N	N	-	-	779.90	779.90
61797		A	A	ZZZ	N	N	Y	N	N	N	-	-	174.90	174.90
61798		A	A	090	N	N	Y	N	N	N	-	-	1,067.42	1,067.42
61799		A	A	ZZZ	N	N	Y	N	N	N	-	-	239.83	239.83
61800		A	A	ZZZ	N	N	Y	N	N	N	-	-	119.78	119.78
61850		A	A	090	Y	N	Y	N	N	N	-	-	756.05	756.05
61860		A	A	090	Y	N	Y	N	N	N	-	-	1,212.64	1,212.64
61863		A	A	090	Y	Y	Y	D	N	N	-	-	1,153.28	1,153.28
61864		A	A	ZZZ	N	N	Y	D	N	N	-	-	224.19	224.19
61867		A	A	090	Y	Y	Y	D	N	N	-	-	1,762.52	1,762.52
61868		A	A	ZZZ	N	N	Y	D	N	N	-	-	394.32	394.32
61870		A	A	090	Y	N	Y	D	N	N	-	-	912.93	912.93
61880		A	A	090	Y	Y	Y	D	N	N	-	-	427.18	427.18
61885		A	A	090	Y	Y	D	N	N	N	-	-	382.66	382.66
61886		A	A	090	Y	N	D	N	N	N	-	-	632.03	632.03
61888		A	A	010	Y	Y	N	N	N	N	-	-	301.57	301.57
62000		A	A	090	Y	N	N	N	N	N	-	-	792.35	792.35
62005		A	A	090	Y	N	Y	D	N	N	-	-	981.56	981.56
62010		A	A	090	Y	N	Y	D	N	N	-	-	1,184.82	1,184.82
62100		A	A	090	Y	N	Y	D	N	N	-	-	1,207.34	1,207.34
62115		A	A	090	Y	N	Y	D	N	N	-	-	1,288.43	1,288.43
62117		A	A	090	Y	N	Y	D	N	N	-	-	1,524.81	1,524.81
62120		A	A	090	Y	N	Y	D	N	N	-	-	1,601.40	1,601.40
62121		A	A	090	Y	N	Y	D	N	N	-	-	1,299.30	1,299.30
62140		A	A	090	Y	N	Y	D	N	N	-	-	778.31	778.31
62141		A	A	090	Y	N	Y	D	N	N	-	-	863.64	863.64
62142		A	A	090	Y	N	Y	N	N	N	-	-	672.84	672.84

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
62143		A	A	090	Y	N	Y	D	N	N	-	-	792.62	792.62
62145		A	A	090	Y	N	Y	D	N	N	-	-	1,081.47	1,081.47
62146		A	A	090	Y	N	Y	D	N	N	-	-	950.03	950.03
62147		A	A	090	Y	N	Y	D	N	N	-	-	1,130.49	1,130.49
62148		A	A	ZZZ	N	N	N	N	N	N	-	-	100.17	100.17
62160		A	A	ZZZ	N	N	N	N	N	N	-	-	150.26	150.26
62161		A	A	090	Y	N	Y	D	N	N	-	-	1,172.36	1,172.36
62162		A	A	090	Y	N	Y	D	N	N	-	-	1,464.13	1,464.13
62163		A	A	090	Y	N	Y	D	N	N	-	-	941.02	941.02
62164		A	A	090	Y	N	Y	D	N	N	-	-	1,616.77	1,616.77
62165		A	A	090	Y	N	D	D	N	N	-	-	1,157.26	1,157.26
62180		A	A	090	Y	N	Y	N	N	N	-	-	1,239.41	1,239.41
62190		A	A	090	Y	N	N	D	N	N	-	-	708.08	708.08
62192		A	A	090	Y	N	Y	D	N	N	-	-	746.24	746.24
62194		A	A	010	Y	N	D	N	N	N	-	-	366.76	366.76
62200		A	A	090	Y	N	Y	D	N	N	-	-	1,065.04	1,065.04
62201		A	A	090	Y	N	N	N	N	N	-	-	921.94	921.94
62220		A	A	090	Y	N	Y	D	N	N	-	-	772.74	772.74
62223		A	A	090	Y	N	Y	D	N	N	-	-	791.56	791.56
62225		A	A	090	Y	N	N	N	N	N	-	-	391.67	391.67
62230		A	A	090	Y	N	Y	D	N	N	-	-	640.24	640.24
62252	26	A	A	XXX	N	N	D	N	N	N	-	-	35.78	35.78
62252 TC		A	A	XXX	N	N	D	N	N	N	-	-	24.65	24.65
62252		A	A	XXX	N	N	D	N	N	N	-	-	60.42	60.42
62256		A	A	090	Y	N	Y	N	N	N	-	-	451.56	451.56
62258		A	A	090	Y	N	Y	D	N	N	-	-	853.30	853.30
62263		A	A	010	Y	N	N	N	N	N	-	-	226.84	405.45
62264		A	A	010	Y	N	N	N	N	N	-	-	172.25	288.32
62267		A	A	000	Y	N	D	N	N	N	-	-	115.28	172.52
62268		A	A	000	Y	N	N	N	N	N	-	-	188.42	188.42
62269		A	A	000	Y	N	D	N	N	N	-	-	190.80	190.80
62270		A	A	000	Y	N	N	N	N	N	-	-	57.24	108.65
62272		A	A	000	Y	N	N	N	N	N	-	-	62.01	138.60
62273		A	A	000	Y	N	N	N	N	N	-	-	82.68	121.11
62280		A	A	010	Y	N	N	N	N	N	-	-	120.31	214.92
62281		A	A	010	Y	N	N	N	N	N	-	-	112.63	165.10
62282		A	A	010	Y	N	N	N	N	N	-	-	103.62	196.90
62284		A	A	000	Y	N	N	N	N	N	-	-	64.40	129.85
62287		A	A	090	Y	N	N	N	N	N	-	-	414.99	414.99
62290		A	A	000	Y	N	N	N	N	N	-	-	122.43	222.60
62291		A	A	000	Y	N	N	N	N	N	-	-	120.58	220.48
62292		A	A	090	Y	N	D	N	N	N	-	-	409.96	409.96
62294		A	A	090	Y	N	N	N	N	N	-	-	730.87	730.87
62302		A	A	000	Y	N	N	N	N	N	-	-	89.04	165.89
62303		A	A	000	Y	N	N	N	N	N	-	-	89.04	169.60
62304		A	A	000	Y	N	N	N	N	N	-	-	87.45	163.77
62305		A	A	000	Y	N	N	N	N	N	-	-	91.16	177.82
62320		A	A	000	Y	N	N	N	N	N	-	-	72.08	114.22
62321		A	A	000	Y	N	N	N	N	N	-	-	77.38	167.48
62322		A	A	000	Y	N	N	N	N	N	-	-	62.81	107.06
62323		A	A	000	Y	N	N	N	N	N	-	-	71.82	165.36
62324		A	A	000	Y	N	N	N	N	N	-	-	66.25	101.23
62325		A	A	000	Y	N	N	N	N	N	-	-	76.59	150.79
62326		A	A	000	Y	N	N	N	N	N	-	-	65.46	105.74
62327		A	A	000	Y	N	N	N	N	N	-	-	69.70	152.64
62350		A	A	010	Y	N	N	D	N	N	-	-	291.77	291.77
62351		A	A	090	Y	N	Y	Y	N	N	-	-	637.06	637.06
62355		A	A	010	Y	N	D	N	N	N	-	-	194.51	194.51
62360		A	A	010	Y	N	D	D	N	N	-	-	227.64	227.64

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
62361		A	A	010	Y	N	D	D	N	N	-	-	320.92	320.92
62362		A	A	010	Y	N	D	D	N	N	-	-	281.43	281.43
62365		A	A	010	Y	N	D	N	N	N	-	-	216.24	216.24
62367		A	A	XXX	N	N	N	N	N	N	-	-	18.29	29.15
62368		A	A	XXX	N	N	N	N	N	N	-	-	25.71	39.75
62369		A	A	XXX	N	N	N	N	N	N	-	-	25.71	80.30
62370		A	A	XXX	N	N	N	N	N	N	-	-	33.92	85.33
62380	Not Covered		C	090	Y	Y	Y	Y	N	N	-	-	-	-
63001		A	A	090	Y	N	Y	Y	N	N	-	-	942.61	942.61
63003		A	A	090	Y	N	Y	Y	N	N	-	-	943.67	943.67
63005		A	A	090	Y	N	Y	Y	N	N	-	-	892.26	892.26
63011		A	A	090	Y	N	Y	Y	N	N	-	-	813.55	813.55
63012		A	A	090	Y	N	Y	Y	N	N	-	-	898.88	898.88
63015		A	A	090	Y	N	Y	Y	N	N	-	-	1,128.11	1,128.11
63016		A	A	090	Y	N	Y	Y	N	N	-	-	1,163.62	1,163.62
63017		A	A	090	Y	N	Y	Y	N	N	-	-	952.41	952.41
63020		A	A	090	Y	Y	Y	Y	N	N	-	-	870.79	870.79
63030		A	A	090	Y	Y	Y	Y	N	N	-	-	725.31	725.31
63035		A	A	ZZZ	N	Y	Y	Y	N	N	-	-	146.28	146.28
63040		A	A	090	Y	Y	Y	Y	N	N	-	-	1,056.56	1,056.56
63042		A	A	090	Y	Y	Y	Y	N	N	-	-	971.49	971.49
63043		C	C	ZZZ	N	Y	Y	Y	N	N	-	-	-	-
63044		C	C	ZZZ	N	Y	Y	Y	N	N	-	-	-	-
63045		A	A	090	Y	B	Y	Y	N	N	-	-	971.49	971.49
63046		A	A	090	Y	B	Y	Y	N	N	-	-	921.14	921.14
63047		A	A	090	Y	B	Y	Y	N	N	-	-	825.48	825.48
63048		A	A	ZZZ	N	N	Y	Y	N	N	-	-	162.45	162.45
63050		A	A	090	Y	N	Y	Y	N	N	-	-	1,213.70	1,213.70
63051		A	A	090	Y	N	Y	Y	N	N	-	-	1,287.90	1,287.90
63055		A	A	090	Y	N	Y	D	N	N	-	-	1,239.41	1,239.41
63056		A	A	090	Y	N	Y	D	N	N	-	-	1,123.34	1,123.34
63057		A	A	ZZZ	N	N	Y	D	N	N	-	-	245.92	245.92
63064		A	A	090	Y	N	Y	D	N	N	-	-	1,355.74	1,355.74
63066		A	A	ZZZ	N	N	Y	D	N	N	-	-	164.04	164.04
63075		A	A	090	Y	N	Y	Y	N	N	-	-	1,017.87	1,017.87
63076		A	A	ZZZ	N	N	Y	Y	N	N	-	-	189.74	189.74
63077		A	A	090	Y	N	Y	Y	N	N	-	-	1,123.87	1,123.87
63078		A	A	ZZZ	N	N	Y	Y	N	N	-	-	164.57	164.57
63081		A	A	090	Y	N	Y	D	Y	N	-	-	1,329.77	1,329.77
63082		A	A	ZZZ	N	N	Y	D	Y	N	-	-	205.11	205.11
63085		A	A	090	Y	N	Y	Y	Y	N	-	-	1,449.02	1,449.02
63086		A	A	ZZZ	N	N	Y	Y	Y	N	-	-	146.55	146.55
63087		A	A	090	Y	N	Y	Y	Y	N	-	-	1,832.21	1,832.21
63088		A	A	ZZZ	N	N	Y	Y	Y	N	-	-	186.30	186.30
63090		A	A	090	Y	N	Y	Y	Y	N	-	-	1,471.81	1,471.81
63091		A	A	ZZZ	N	N	Y	Y	Y	N	-	-	135.42	135.42
63101		A	A	090	Y	N	Y	D	N	N	-	-	1,766.76	1,766.76
63102		A	A	090	Y	N	Y	D	N	N	-	-	1,709.52	1,709.52
63103		A	A	ZZZ	N	N	Y	D	N	N	-	-	226.31	226.31
63170		A	A	090	Y	N	Y	D	N	N	-	-	1,230.40	1,230.40
63172		A	A	090	Y	N	Y	D	N	N	-	-	1,091.80	1,091.80
63173		A	A	090	Y	N	Y	D	N	N	-	-	1,335.87	1,335.87
63180		A	A	090	Y	N	Y	D	N	N	-	-	1,147.19	1,147.19
63182		A	A	090	Y	N	Y	D	N	N	-	-	1,261.67	1,261.67
63185		A	A	090	Y	N	Y	D	N	N	-	-	846.94	846.94
63190		A	A	090	Y	N	Y	D	N	N	-	-	920.08	920.08
63191		A	A	090	Y	Y	Y	D	N	N	-	-	1,062.92	1,062.92
63194		A	A	090	Y	N	Y	D	N	N	-	-	1,233.05	1,233.05
63195		A	A	090	Y	N	Y	D	N	N	-	-	1,190.38	1,190.38

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
63196		A	A	090	Y	N	Y	D	N	N	-	-	1,380.65	1,380.65
63197		A	A	090	Y	N	Y	D	N	N	-	-	1,324.21	1,324.21
63198		A	A	090	Y	N	Y	D	N	N	-	-	1,622.07	1,622.07
63199		A	A	090	Y	N	Y	D	N	N	-	-	1,700.51	1,700.51
63200		A	A	090	Y	N	Y	N	N	N	-	-	1,173.42	1,173.42
63250		A	A	090	Y	N	Y	D	N	N	-	-	2,306.30	2,306.30
63251		A	A	090	Y	N	Y	D	N	N	-	-	2,354.79	2,354.79
63252		A	A	090	Y	N	Y	D	N	N	-	-	2,354.53	2,354.53
63265		A	A	090	Y	N	Y	D	N	N	-	-	1,276.77	1,276.77
63266		A	A	090	Y	N	Y	D	N	N	-	-	1,313.61	1,313.61
63267		A	A	090	Y	N	Y	D	N	N	-	-	1,035.09	1,035.09
63268		A	A	090	Y	N	Y	D	N	N	-	-	1,112.74	1,112.74
63270		A	A	090	Y	N	Y	D	N	N	-	-	1,612.00	1,612.00
63271		A	A	090	Y	N	Y	D	N	N	-	-	1,588.41	1,588.41
63272		A	A	090	Y	N	Y	D	N	N	-	-	1,450.88	1,450.88
63273		A	A	090	Y	N	Y	N	N	N	-	-	1,444.78	1,444.78
63275		A	A	090	Y	N	Y	D	N	N	-	-	1,378.27	1,378.27
63276		A	A	090	Y	N	Y	D	N	N	-	-	1,365.02	1,365.02
63277		A	A	090	Y	N	Y	D	N	N	-	-	1,178.72	1,178.72
63278		A	A	090	Y	N	Y	D	N	N	-	-	1,227.48	1,227.48
63280		A	A	090	Y	N	Y	D	N	N	-	-	1,625.25	1,625.25
63281		A	A	090	Y	N	Y	D	N	N	-	-	1,608.29	1,608.29
63282		A	A	090	Y	N	Y	D	N	N	-	-	1,509.44	1,509.44
63283		A	A	090	Y	N	Y	D	N	N	-	-	1,470.22	1,470.22
63285		A	A	090	Y	N	Y	D	N	N	-	-	2,030.70	2,030.70
63286		A	A	090	Y	N	Y	D	N	N	-	-	2,006.05	2,006.05
63287		A	A	090	Y	N	Y	D	N	N	-	-	2,130.87	2,130.87
63290		A	A	090	Y	N	Y	D	N	N	-	-	2,166.91	2,166.91
63295		A	A	ZZZ	N	B	Y	Y	N	N	-	-	263.41	263.41
63300		A	A	090	Y	N	Y	D	N	N	-	-	1,396.82	1,396.82
63301		A	A	090	Y	N	Y	D	N	N	-	-	1,710.31	1,710.31
63302		A	A	090	Y	N	Y	D	N	N	-	-	1,688.58	1,688.58
63303		A	A	090	Y	N	Y	D	N	N	-	-	1,797.50	1,797.50
63304		A	A	090	Y	N	Y	D	N	N	-	-	1,823.47	1,823.47
63305		A	A	090	Y	N	Y	D	N	N	-	-	1,941.39	1,941.39
63306		A	A	090	Y	N	Y	D	N	N	-	-	1,907.47	1,907.47
63307		A	A	090	Y	N	Y	D	N	N	-	-	1,869.58	1,869.58
63308		A	A	ZZZ	N	N	Y	D	N	N	-	-	248.84	248.84
63600		A	A	090	Y	N	D	N	N	N	-	-	806.66	806.66
63610		A	A	000	Y	N	D	N	N	N	-	-	456.60	456.60
63615		A	A	090	Y	N	N	D	N	N	-	-	957.18	957.18
63620		A	A	090	N	N	Y	N	N	N	-	-	863.37	863.37
63621		A	A	ZZZ	N	N	Y	N	N	N	-	-	201.14	201.14
63650		A	A	010	Y	N	N	N	N	N	-	-	297.33	882.19
63655		A	A	090	Y	N	Y	D	N	N	-	-	620.37	620.37
63661		A	A	010	Y	N	Y	D	N	N	-	-	236.12	404.13
63662		A	A	090	Y	N	Y	D	N	N	-	-	627.26	627.26
63663		A	A	010	Y	N	Y	D	N	N	-	-	328.60	544.58
63664		A	A	090	Y	N	Y	D	N	N	-	-	653.76	653.76
63685		A	A	010	Y	N	Y	D	N	N	-	-	265.27	265.27
63688		A	A	010	Y	N	N	N	N	N	-	-	273.48	273.48
63700		A	A	090	Y	N	Y	D	N	N	-	-	998.26	998.26
63702		A	A	090	Y	N	Y	D	N	N	-	-	1,095.51	1,095.51
63704		A	A	090	Y	N	Y	D	N	N	-	-	1,268.56	1,268.56
63706		A	A	090	Y	N	Y	D	N	N	-	-	1,415.90	1,415.90
63707		A	A	090	Y	N	Y	D	N	N	-	-	691.65	691.65
63709		A	A	090	Y	N	Y	D	N	N	-	-	824.95	824.95
63710		A	A	090	Y	N	Y	D	N	N	-	-	811.17	811.17
63740		A	A	090	Y	N	Y	D	N	N	-	-	743.59	743.59

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
63741		A	A	090	Y	N	Y	D	N	N	-	-	511.19	511.19
63744		A	A	090	Y	N	Y	D	N	N	-	-	496.08	496.08
63746		A	A	090	Y	N	D	N	N	N	-	-	454.48	454.48
64400		A	A	000	Y	Y	N	N	N	N	-	-	53.00	90.90
64402		A	A	000	Y	Y	N	N	N	N	-	-	61.22	98.58
64405		A	A	000	Y	Y	N	N	N	N	-	-	46.64	71.55
64408		A	A	000	Y	Y	D	N	N	N	-	-	61.22	80.30
64410		A	A	000	Y	Y	D	N	N	N	-	-	63.07	107.86
64413		A	A	000	Y	Y	N	N	N	N	-	-	59.63	88.78
64415		A	A	000	Y	Y	N	N	N	N	-	-	48.23	82.42
64416		A	A	000	Y	Y	N	N	N	N	-	-	58.30	58.30
64417		A	A	000	Y	Y	N	N	N	N	-	-	51.41	89.57
64418		A	A	000	Y	Y	N	N	N	N	-	-	45.05	80.56
64420		A	A	000	Y	N	N	N	N	N	-	-	48.50	76.85
64421		A	A	000	Y	Y	N	N	N	N	-	-	66.25	104.15
64425		A	A	000	Y	Y	N	N	N	N	-	-	68.11	93.81
64430		A	A	000	Y	Y	N	N	N	N	-	-	58.30	94.61
64435		A	A	000	Y	Y	N	N	N	N	-	-	59.63	94.61
64445		A	A	000	Y	Y	N	N	N	N	-	-	53.27	94.61
64446		A	A	000	Y	Y	N	N	N	N	-	-	58.30	58.30
64447		A	A	000	Y	Y	N	N	N	N	-	-	49.29	84.54
64448		A	A	000	Y	Y	N	N	N	N	-	-	52.74	52.74
64449		A	A	000	Y	Y	N	N	N	N	-	-	62.54	62.54
64450		A	A	000	Y	Y	N	N	N	N	-	-	32.33	54.59
64455		A	A	000	Y	Y	D	N	N	N	-	-	25.44	33.66
64461		A	A	000	Y	Y	N	N	N	N	-	-	64.13	103.09
64462		A	A	ZZZ	N	Y	N	N	N	N	-	-	39.22	56.98
64463		A	A	000	Y	Y	N	N	N	N	-	-	63.34	109.71
64479		A	A	000	Y	Y	N	N	N	N	-	-	94.87	160.59
64480		A	A	ZZZ	N	Y	N	N	N	N	-	-	46.11	78.18
64483		A	A	000	Y	Y	N	N	N	N	-	-	80.56	148.40
64484		A	A	ZZZ	N	Y	N	N	N	N	-	-	37.63	63.34
64486		A	A	000	Y	Y	N	N	N	N	-	-	44.26	80.83
64487		A	A	000	Y	Y	N	N	N	N	-	-	49.29	92.22
64488		A	A	000	Y	B	N	N	N	N	-	-	53.00	93.28
64489		A	A	000	Y	B	N	N	N	N	-	-	58.57	124.82
64490		A	A	000	Y	Y	Y	N	N	N	-	-	76.32	129.32
64491		A	A	ZZZ	N	Y	Y	N	N	N	-	-	43.73	64.66
64492		A	A	ZZZ	N	Y	Y	N	N	N	-	-	44.26	65.19
64493		A	A	000	Y	Y	Y	N	N	N	-	-	64.93	116.87
64494		A	A	ZZZ	N	Y	Y	N	N	N	-	-	37.90	59.89
64495		A	A	ZZZ	N	Y	Y	N	N	N	-	-	38.43	59.89
64505		A	A	000	Y	Y	N	N	N	N	-	-	65.46	77.38
64508		A	A	000	Y	Y	D	N	N	N	-	-	43.46	36.31
64510		A	A	000	Y	Y	N	N	N	N	-	-	52.74	86.92
64517		A	A	000	Y	N	N	N	N	N	-	-	90.37	131.44
64520		A	A	000	Y	Y	N	N	N	N	-	-	58.04	126.41
64530		A	A	000	Y	N	N	N	N	N	-	-	65.46	128.00
64550		A	A	000	N	N	N	N	N	N	-	-	6.36	11.93
64553		A	A	010	Y	N	D	N	N	N	-	-	295.21	776.98
64555		A	A	010	Y	N	N	N	N	N	-	-	245.66	804.54
64561		A	A	010	Y	Y	N	N	N	N	-	-	221.81	561.01
64566		Not Covered	A	000	Y	N	D	N	N	N	-	-	22.53	86.13
64568		A	A	090	Y	Y	D	N	N	N	-	-	477.80	477.80
64569		A	A	090	Y	Y	D	D	D	N	-	-	580.35	580.35
64570		A	A	090	Y	Y	D	D	D	N	-	-	557.83	557.83
64575		A	A	090	Y	N	N	N	N	N	-	-	234.53	234.53
64580		A	A	090	Y	N	Y	N	N	N	-	-	223.93	223.93
64581		A	A	090	Y	N	N	N	N	N	-	-	487.87	487.87

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
64585		A	A	010	Y	N	N	N	N	N	-	-	103.09	168.28
64590		A	A	010	Y	N	N	D	N	N	-	-	116.34	183.91
64595		A	A	010	Y	N	N	N	N	N	-	-	90.90	167.48
64600		A	A	010	Y	B	N	N	N	N	-	-	165.89	280.90
64605		A	A	010	Y	Y	D	N	N	N	-	-	248.04	379.22
64610		A	A	010	Y	Y	N	N	N	N	-	-	369.68	529.74
64611		A	A	010	Y	B	D	N	N	N	-	-	75.00	85.86
64612		A	A	010	Y	Y	N	N	N	N	-	-	84.01	94.08
64615		Not Covered	A	010	Y	B	N	N	N	N	-	-	94.34	108.12
64616		A	A	010	Y	Y	N	N	N	N	-	-	82.95	95.40
64617		A	A	010	Y	Y	N	N	N	N	-	-	80.30	113.16
64620		A	A	010	Y	N	N	N	N	N	-	-	123.23	143.63
64630		A	A	010	Y	N	D	N	N	N	-	-	138.60	162.98
64632		A	A	010	Y	Y	D	N	N	N	-	-	49.82	60.16
64633		A	A	010	Y	Y	N	N	N	N	-	-	161.39	285.41
64634		A	A	ZZZ	N	Y	N	N	N	N	-	-	49.56	126.94
64635		A	A	010	Y	Y	N	N	N	N	-	-	159.00	282.23
64636		A	A	ZZZ	N	Y	N	N	N	N	-	-	43.20	115.01
64640		A	A	010	Y	Y	N	N	N	N	-	-	65.46	90.37
64642		A	A	000	Y	N	N	N	N	N	-	-	80.30	102.56
64643		A	A	ZZZ	N	N	N	N	N	N	-	-	53.53	66.52
64644		A	A	000	Y	N	N	N	N	N	-	-	87.72	116.87
64645		A	A	ZZZ	N	N	N	N	N	N	-	-	62.01	81.89
64646		A	A	000	Y	N	N	N	N	N	-	-	86.66	108.12
64647		A	A	000	Y	N	N	N	N	N	-	-	104.41	129.59
64650		A	A	000	Y	N	D	N	N	N	-	-	31.27	54.33
64653		A	A	000	Y	N	D	N	N	N	-	-	40.81	67.58
64680		A	A	010	Y	N	N	N	N	N	-	-	117.13	206.17
64681		A	A	010	Y	N	N	N	N	N	-	-	173.58	350.33
64702		A	A	090	Y	N	N	N	N	N	-	-	357.49	357.49
64704		A	A	090	Y	N	Y	D	N	N	-	-	227.64	227.64
64708		A	A	090	Y	N	Y	D	N	N	-	-	358.28	358.28
64712		A	A	090	Y	Y	Y	D	N	N	-	-	418.70	418.70
64713		A	A	090	Y	Y	Y	D	N	N	-	-	562.60	562.60
64714		A	A	090	Y	Y	Y	D	N	N	-	-	516.22	516.22
64716		A	A	090	Y	N	Y	D	N	N	-	-	378.16	378.16
64718		A	A	090	Y	Y	D	N	N	N	-	-	424.80	424.80
64719		A	A	090	Y	Y	N	N	N	N	-	-	286.73	286.73
64721		A	A	090	Y	Y	N	N	N	N	-	-	304.49	306.08
64722		A	A	090	Y	N	Y	D	N	N	-	-	257.85	257.85
64726		A	A	090	Y	N	N	N	N	N	-	-	193.45	193.45
64727		A	A	ZZZ	N	N	N	N	N	N	-	-	137.27	137.27
64732		A	A	090	Y	Y	Y	N	N	N	-	-	328.34	328.34
64734		A	A	090	Y	Y	D	N	N	N	-	-	372.06	372.06
64736		A	A	090	Y	Y	Y	N	N	N	-	-	278.25	278.25
64738		A	A	090	Y	Y	Y	N	N	N	-	-	333.64	333.64
64740		A	A	090	Y	Y	Y	N	N	N	-	-	352.19	352.19
64742		A	A	090	Y	Y	Y	N	N	N	-	-	346.89	346.89
64744		A	A	090	Y	Y	D	N	N	N	-	-	370.47	370.47
64746		A	A	090	Y	Y	Y	D	N	N	-	-	318.53	318.53
64755		A	A	090	Y	N	Y	D	N	N	-	-	689.53	689.53
64760		A	A	090	Y	N	Y	D	N	N	-	-	380.28	380.28
64763		A	A	090	Y	Y	Y	D	N	N	-	-	376.83	376.83
64766		A	A	090	Y	Y	Y	N	N	N	-	-	465.08	465.08
64771		A	A	090	Y	N	Y	N	N	N	-	-	427.71	427.71
64772		A	A	090	Y	N	Y	D	N	N	-	-	410.49	410.49
64774		A	A	090	Y	N	N	N	N	N	-	-	297.33	297.33
64776		A	A	090	Y	N	D	N	N	N	-	-	280.90	280.90
64778		A	A	ZZZ	N	N	N	N	N	N	-	-	137.01	137.01

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
64782		A	A	090	Y	N	N	D	N	N	-	-	328.34	328.34
64783		A	A	ZZZ	N	N	N	N	N	N	-	-	163.51	163.51
64784		A	A	090	Y	N	D	N	N	N	-	-	527.88	527.88
64786		A	A	090	Y	Y	Y	N	N	N	-	-	749.16	749.16
64787		A	A	ZZZ	N	N	D	N	N	N	-	-	178.61	178.61
64788		A	A	090	Y	N	N	N	N	N	-	-	285.67	285.67
64790		A	A	090	Y	N	D	D	N	N	-	-	619.84	619.84
64792		A	A	090	Y	N	Y	D	N	N	-	-	912.13	912.13
64795		A	A	000	Y	N	N	N	N	N	-	-	146.28	146.28
64802		A	A	090	Y	Y	Y	D	N	N	-	-	630.44	630.44
64804		A	A	090	Y	Y	Y	D	N	N	-	-	907.63	907.63
64809		A	A	090	Y	Y	Y	D	N	N	-	-	835.28	835.28
64818		A	A	090	Y	Y	Y	D	N	N	-	-	472.23	472.23
64820		A	A	090	Y	N	N	N	N	N	-	-	514.90	514.90
64821		A	A	090	Y	Y	N	N	N	N	-	-	502.18	502.18
64822		A	A	090	Y	Y	N	N	N	N	-	-	502.18	502.18
64823		A	A	090	Y	Y	N	N	N	N	-	-	573.73	573.73
64831		A	A	090	Y	Y	N	N	N	N	-	-	494.76	494.76
64832		A	A	ZZZ	N	N	D	N	N	N	-	-	250.16	250.16
64834		A	A	090	Y	Y	D	N	N	N	-	-	536.89	536.89
64835		A	A	090	Y	Y	Y	N	N	N	-	-	595.46	595.46
64836		A	A	090	Y	Y	Y	N	N	N	-	-	595.46	595.46
64837		A	A	ZZZ	N	N	Y	N	N	N	-	-	276.13	276.13
64840		A	A	090	Y	Y	Y	N	N	N	-	-	704.37	704.37
64856		A	A	090	Y	N	N	D	N	N	-	-	740.41	740.41
64857		A	A	090	Y	N	Y	D	N	N	-	-	773.01	773.01
64858		A	A	090	Y	Y	Y	D	N	N	-	-	867.08	867.08
64859		A	A	ZZZ	N	N	Y	D	N	N	-	-	187.62	187.62
64861		A	A	090	Y	Y	Y	D	N	N	-	-	1,167.59	1,167.59
64862		A	A	090	Y	Y	Y	N	N	N	-	-	1,016.81	1,016.81
64864		A	A	090	Y	N	Y	D	N	N	-	-	633.35	633.35
64865		A	A	090	Y	N	Y	D	N	N	-	-	785.73	785.73
64866		A	A	090	Y	N	Y	D	N	N	-	-	924.06	924.06
64868		A	A	090	Y	N	Y	D	N	N	-	-	720.27	720.27
64872		A	A	ZZZ	N	N	Y	D	N	N	-	-	87.45	87.45
64874		A	A	ZZZ	N	N	Y	D	N	N	-	-	131.44	131.44
64876		A	A	ZZZ	N	N	Y	D	N	N	-	-	148.93	148.93
64885		A	A	090	Y	N	Y	D	N	N	-	-	811.96	811.96
64886		A	A	090	Y	N	Y	D	N	N	-	-	934.13	934.13
64890		A	A	090	Y	N	Y	N	N	N	-	-	795.27	795.27
64891		A	A	090	Y	N	Y	N	N	N	-	-	845.88	845.88
64892		A	A	090	Y	N	Y	D	N	N	-	-	772.48	772.48
64893		A	A	090	Y	N	Y	N	N	N	-	-	825.48	825.48
64895		A	A	090	Y	N	Y	D	N	N	-	-	980.50	980.50
64896		A	A	090	Y	N	Y	D	N	N	-	-	1,057.09	1,057.09
64897		A	A	090	Y	N	Y	D	N	N	-	-	935.72	935.72
64898		A	A	090	Y	N	Y	D	N	N	-	-	1,014.69	1,014.69
64901		A	A	ZZZ	N	N	Y	D	N	N	-	-	449.71	449.71
64902		A	A	ZZZ	N	N	Y	D	N	N	-	-	520.46	520.46
64905		A	A	090	Y	N	Y	D	N	N	-	-	744.92	744.92
64907		A	A	090	Y	N	Y	D	N	N	-	-	961.42	961.42
64910		A	A	090	Y	N	Y	D	N	N	-	-	575.58	575.58
64911		A	A	090	Y	N	Y	D	N	N	-	-	745.98	745.98
64912		A	A	090	Y	N	Y	D	N	N	-	-	563.66	563.66
64913		A	A	ZZZ	N	N	Y	D	N	N	-	-	117.40	117.40
64999		Unlstd/Manu	C	YYY	Y	N	D	D	D	N	-	-	-	-
65091		A	A	090	Y	Y	D	D	N	N	-	-	437.78	437.78
65093		A	A	090	Y	Y	N	D	N	N	-	-	432.48	432.48
65101		A	A	090	Y	Y	N	N	N	N	-	-	508.54	508.54

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
65103		A	A	090	Y	Y	N	D	N	N	-	-	531.33	531.33
65105		A	A	090	Y	Y	Y	D	N	N	-	-	586.45	586.45
65110		A	A	090	Y	Y	Y	D	N	N	-	-	848.00	848.00
65112		A	A	090	Y	Y	Y	D	N	N	-	-	985.01	985.01
65114		A	A	090	Y	Y	Y	D	N	N	-	-	1,033.77	1,033.77
65125		A	A	090	Y	Y	N	D	N	N	-	-	201.93	308.99
65130		A	A	090	Y	Y	N	D	N	N	-	-	504.83	504.83
65135		A	A	090	Y	Y	N	N	N	N	-	-	512.25	512.25
65140		A	A	090	Y	Y	N	N	N	N	-	-	557.30	557.30
65150		A	A	090	Y	Y	D	N	N	N	-	-	397.77	397.77
65155		A	A	090	Y	Y	N	N	N	N	-	-	584.86	584.86
65175		A	A	090	Y	Y	N	D	N	N	-	-	452.62	452.62
65205		A	A	000	Y	Y	N	N	N	N	-	-	31.27	39.49
65210		A	A	000	Y	Y	N	N	N	N	-	-	37.10	47.70
65220		A	A	000	Y	Y	N	N	N	N	-	-	30.48	41.34
65222		A	A	000	Y	Y	N	N	N	N	-	-	36.57	46.64
65235		A	A	090	Y	Y	D	N	N	N	-	-	493.43	493.43
65260		A	A	090	Y	Y	Y	N	N	N	-	-	668.33	668.33
65265		A	A	090	Y	Y	Y	D	N	N	-	-	750.48	750.48
65270		A	A	010	Y	Y	D	N	N	N	-	-	98.58	180.73
65272		A	A	090	Y	Y	N	N	N	N	-	-	244.33	343.18
65273		A	A	090	Y	Y	N	D	N	N	-	-	265.53	265.53
65275		A	A	090	Y	Y	D	N	N	N	-	-	323.04	398.56
65280		A	A	090	Y	Y	D	N	N	N	-	-	469.05	469.05
65285		A	A	090	Y	Y	N	N	N	N	-	-	775.13	775.13
65286		A	A	090	Y	Y	N	N	N	N	-	-	346.09	481.77
65290		A	A	090	Y	Y	N	D	N	N	-	-	342.12	342.12
65400		A	A	090	Y	Y	N	N	N	N	-	-	418.70	468.79
65410		A	A	000	Y	Y	D	N	N	N	-	-	73.14	98.85
65420		A	A	090	Y	Y	N	N	N	N	-	-	260.76	351.39
65426		A	A	090	Y	Y	N	N	N	N	-	-	332.58	445.47
65430		A	A	000	Y	Y	N	N	N	N	-	-	72.35	80.30
65435		A	A	000	Y	Y	N	N	N	N	-	-	48.76	56.18
65436		A	A	090	Y	Y	N	N	N	N	-	-	258.38	269.24
65450		A	A	090	Y	Y	N	N	N	N	-	-	221.81	224.46
65600		A	A	090	Y	Y	N	N	N	N	-	-	238.24	271.10
65710		A	A	090	Y	Y	Y	D	N	N	-	-	768.77	768.77
65730		A	A	090	Y	Y	Y	D	N	N	-	-	855.16	855.16
65750		A	A	090	Y	Y	Y	D	N	N	-	-	860.99	860.99
65755		A	A	090	Y	Y	Y	D	N	N	-	-	856.48	856.48
65756		A	A	090	Y	Y	Y	D	N	N	-	-	829.19	829.19
65757		Manual	C	ZZZ	N	N	D	N	N	N	-	-	-	-
65760		C	N	XXX	N	N	N	N	N	N	-	-	-	-
65765		C	N	XXX	N	N	N	N	N	N	-	-	-	-
65767		C	N	XXX	N	N	N	N	N	N	-	-	-	-
65770		A	A	090	Y	Y	Y	N	N	N	-	-	980.24	980.24
65771		C	N	XXX	N	N	N	N	N	N	-	-	-	-
65772		A	A	090	Y	Y	N	N	N	N	-	-	282.23	311.64
65775		A	A	090	Y	Y	N	N	N	N	-	-	382.93	382.93
65778		Not Covered	A	000	Y	Y	D	N	N	N	-	-	40.02	916.90
65779		Not Covered	A	000	Y	Y	D	N	N	N	-	-	108.39	792.35
65780		A	A	090	Y	Y	N	D	N	N	-	-	460.57	460.57
65781		A	A	090	Y	Y	Y	D	N	N	-	-	930.95	930.95
65782		A	A	090	Y	Y	N	D	N	N	-	-	802.42	802.42
65785		A	A	090	Y	Y	N	D	N	N	-	-	306.87	1,643.53
65800		A	A	000	Y	Y	N	N	N	N	-	-	64.93	83.48
65810		A	A	090	Y	Y	N	N	N	N	-	-	323.30	323.30
65815		A	A	090	Y	Y	N	N	N	N	-	-	332.05	436.46
65820		A	A	090	Y	Y	D	N	N	N	-	-	518.08	518.08

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
65850		A	A	090	Y	Y	N	D	N	N	-	-	585.39	585.39
65855		A	A	010	Y	Y	N	D	D	N	-	-	146.02	170.40
65860		A	A	090	Y	Y	D	N	N	N	-	-	177.82	214.12
65865		A	A	090	Y	Y	N	D	N	N	-	-	327.54	327.54
65870		A	A	090	Y	Y	N	D	N	N	-	-	409.96	409.96
65875		A	A	090	Y	Y	N	D	N	N	-	-	437.25	437.25
65880		A	A	090	Y	Y	N	N	N	N	-	-	460.84	460.84
65900		A	A	090	Y	Y	Y	N	N	N	-	-	670.19	670.19
65920		A	A	090	Y	Y	N	D	N	N	-	-	547.23	547.23
65930		A	A	090	Y	Y	N	D	N	N	-	-	443.61	443.61
66020		A	A	010	Y	Y	N	N	N	N	-	-	91.43	127.47
66030		A	A	010	Y	Y	N	N	N	N	-	-	77.38	113.42
66130		A	A	090	Y	Y	D	N	N	N	-	-	397.24	480.45
66150		A	A	090	Y	Y	N	D	N	N	-	-	606.59	606.59
66155		A	A	090	Y	Y	N	N	N	N	-	-	606.06	606.06
66160		A	A	090	Y	Y	N	D	N	N	-	-	685.29	685.29
66170		A	A	090	Y	Y	Y	D	N	N	-	-	760.29	760.29
66172		A	A	090	Y	Y	Y	D	N	N	-	-	826.80	826.80
66174		Not Covered	A	090	Y	Y	Y	D	N	N	-	-	661.18	661.18
66175		Not Covered	A	090	Y	Y	Y	D	N	N	-	-	692.98	692.98
66179		A	A	090	Y	Y	Y	N	N	N	-	-	749.69	749.69
66180		A	A	090	Y	Y	Y	N	N	N	-	-	791.82	791.82
66183		A	A	090	Y	Y	Y	N	N	N	-	-	715.77	715.77
66184		A	A	090	Y	Y	Y	N	N	N	-	-	543.78	543.78
66185		A	A	090	Y	Y	Y	N	N	N	-	-	585.92	585.92
66220		A	A	090	Y	Y	Y	D	N	N	-	-	518.08	518.08
66225		A	A	090	Y	Y	N	D	N	N	-	-	650.31	650.31
66250		A	A	090	Y	Y	N	N	N	N	-	-	387.43	511.98
66500		A	A	090	Y	Y	N	D	N	N	-	-	243.01	243.01
66505		A	A	090	Y	Y	N	N	N	N	-	-	266.86	266.86
66600		A	A	090	Y	Y	N	N	N	N	-	-	577.17	577.17
66605		A	A	090	Y	Y	N	N	N	N	-	-	736.44	736.44
66625		A	A	090	Y	Y	N	N	N	N	-	-	297.60	297.60
66630		A	A	090	Y	Y	N	N	N	N	-	-	395.38	395.38
66635		A	A	090	Y	Y	N	N	N	N	-	-	399.89	399.89
66680		A	A	090	Y	Y	N	D	N	N	-	-	358.81	358.81
66682		A	A	090	Y	Y	N	N	N	N	-	-	440.43	440.43
66700		A	A	090	Y	Y	D	N	N	N	-	-	274.01	311.91
66710		A	A	090	Y	Y	N	N	N	N	-	-	273.75	305.55
66711		A	A	090	Y	Y	N	N	N	N	-	-	445.73	445.73
66720		A	A	090	Y	Y	N	N	N	N	-	-	282.76	316.41
66740		A	A	090	Y	Y	N	N	N	N	-	-	274.01	303.43
66761		A	A	010	Y	Y	N	N	N	N	-	-	164.30	204.05
66762		A	A	090	Y	Y	N	N	N	N	-	-	296.01	328.34
66770		A	A	090	Y	Y	N	N	N	N	-	-	335.49	365.17
66820		A	A	090	Y	Y	N	N	N	N	-	-	270.57	270.57
66821		A	A	090	Y	Y	N	N	N	N	-	-	214.12	226.05
66825		A	A	090	Y	Y	D	N	N	N	-	-	525.23	525.23
66830		A	A	090	Y	Y	N	N	N	N	-	-	496.08	496.08
66840		A	A	090	Y	Y	N	N	N	N	-	-	485.48	485.48
66850		A	A	090	Y	Y	N	N	N	N	-	-	552.53	552.53
66852		A	A	090	Y	Y	D	D	N	N	-	-	589.10	589.10
66920		A	A	090	Y	Y	D	D	N	N	-	-	526.03	526.03
66930		A	A	090	Y	Y	D	N	N	N	-	-	597.84	597.84
66940		A	A	090	Y	Y	D	D	N	N	-	-	545.11	545.11
66982		A	A	090	Y	Y	N	N	N	N	-	-	555.44	555.44
66983		A	A	090	Y	Y	N	N	N	N	-	-	521.26	521.26
66984		A	A	090	Y	Y	N	N	N	N	-	-	445.73	445.73
66985		A	A	090	Y	Y	N	D	N	N	-	-	535.83	535.83

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
66986		A	A	090	Y	Y	N	D	N	N	-	-	633.88	633.88
66990		A	A	ZZZ	N	N	N	N	N	N	-	-	63.87	63.87
66999		Unlstd/Manu	C	YYY	Y	Y	D	D	D	N	-	-	-	-
67005		A	A	090	Y	Y	N	D	N	N	-	-	328.07	328.07
67010		A	A	090	Y	Y	N	D	N	N	-	-	377.63	377.63
67015		A	A	090	Y	Y	N	D	N	N	-	-	402.27	402.27
67025		A	A	090	Y	Y	N	D	N	N	-	-	439.90	500.85
67027		A	A	090	Y	Y	Y	D	N	N	-	-	594.93	594.93
67028		A	A	000	Y	Y	N	N	N	N	-	-	70.23	71.29
67030		A	A	090	Y	Y	N	D	N	N	-	-	367.82	367.82
67031		A	A	090	Y	Y	N	N	N	N	-	-	247.25	268.98
67036		A	A	090	Y	Y	Y	D	N	N	-	-	628.85	628.85
67039		A	A	090	Y	Y	Y	D	N	N	-	-	673.90	673.90
67040		A	A	090	Y	Y	Y	D	N	N	-	-	729.28	729.28
67041		A	A	090	Y	Y	Y	D	N	N	-	-	806.93	806.93
67042		A	A	090	Y	Y	Y	D	N	N	-	-	806.93	806.93
67043		A	A	090	Y	Y	Y	D	N	N	-	-	853.57	853.57
67101		A	A	010	Y	Y	N	N	N	N	-	-	197.96	225.78
67105		A	A	010	Y	Y	N	N	N	N	-	-	190.80	204.58
67107		A	A	090	Y	Y	Y	D	N	N	-	-	792.62	792.62
67108		A	A	090	Y	Y	Y	D	N	N	-	-	841.11	841.11
67110		A	A	090	Y	Y	N	N	N	N	-	-	564.98	605.79
67113		A	A	090	Y	Y	Y	D	N	N	-	-	938.10	938.10
67115		A	A	090	Y	Y	N	N	N	N	-	-	346.36	346.36
67120		A	A	090	Y	Y	N	D	N	N	-	-	387.17	451.30
67121		A	A	090	Y	Y	Y	D	N	N	-	-	633.62	633.62
67141		A	A	090	Y	Y	N	N	N	N	-	-	338.94	362.52
67145		A	A	090	Y	Y	N	N	N	N	-	-	346.62	365.97
67208		A	A	090	Y	Y	N	N	N	N	-	-	402.80	416.32
67210		A	A	090	Y	Y	N	N	N	N	-	-	347.95	359.08
67218		A	A	090	Y	Y	N	N	N	N	-	-	971.23	971.23
67220		A	A	090	Y	Y	N	N	N	N	-	-	347.95	369.68
67221		A	R	000	Y	N	N	N	N	N	-	-	151.05	198.22
67225		A	A	ZZZ	N	N	N	N	N	N	-	-	19.88	20.94
67227		A	A	010	Y	Y	N	N	N	N	-	-	179.67	201.93
67228		A	A	010	Y	Y	N	N	N	N	-	-	214.92	237.71
67229		A	A	090	Y	Y	N	N	N	N	-	-	815.67	815.67
67250		A	A	090	Y	Y	N	D	N	N	-	-	540.87	540.87
67255		A	A	090	Y	Y	Y	D	N	N	-	-	474.09	474.09
67299		Unlstd/Manu	C	YYY	Y	Y	D	D	D	N	-	-	-	-
67311		A	A	090	Y	Y	N	N	N	N	-	-	416.05	416.05
67312		A	A	090	Y	Y	N	D	N	N	-	-	496.35	496.35
67314		A	A	090	Y	Y	N	N	N	N	-	-	467.99	467.99
67316		A	A	090	Y	Y	D	N	N	N	-	-	559.95	559.95
67318		A	A	090	Y	Y	N	D	N	N	-	-	491.31	491.31
67320		A	A	ZZZ	N	N	N	N	N	N	-	-	229.49	229.49
67331		A	A	ZZZ	N	Y	N	D	N	N	-	-	217.57	217.57
67332		A	A	ZZZ	N	Y	N	D	N	N	-	-	235.85	235.85
67334		A	A	ZZZ	N	Y	N	D	N	N	-	-	214.39	214.39
67335		A	A	ZZZ	N	Y	N	D	N	N	-	-	105.47	105.47
67340		A	A	ZZZ	N	N	Y	N	N	N	-	-	255.20	255.20
67343		A	A	090	Y	Y	N	D	N	N	-	-	453.95	453.95
67345		A	A	010	Y	Y	N	N	N	N	-	-	156.09	172.25
67346		A	A	000	Y	Y	D	N	N	N	-	-	136.48	136.48
67399		Unlstd/Manu	C	YYY	Y	Y	Y	D	D	N	-	-	-	-
67400		A	A	090	Y	Y	N	D	N	N	-	-	643.95	643.95
67405		A	A	090	Y	Y	N	N	N	N	-	-	547.49	547.49
67412		A	A	090	Y	Y	N	D	N	N	-	-	589.89	589.89
67413		A	A	090	Y	Y	Y	N	N	N	-	-	591.48	591.48

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
67414		A	A	090	Y	Y	Y	D	N	N	-	-	924.85	924.85
67415		A	A	000	Y	Y	D	N	N	N	-	-	74.47	74.47
67420		A	A	090	Y	Y	Y	D	N	N	-	-	1,130.76	1,130.76
67430		A	A	090	Y	Y	Y	N	N	N	-	-	863.64	863.64
67440		A	A	090	Y	Y	Y	D	N	N	-	-	835.81	835.81
67445		A	A	090	Y	Y	Y	D	N	N	-	-	978.38	978.38
67450		A	A	090	Y	Y	Y	D	N	N	-	-	868.94	868.94
67500		A	A	000	Y	Y	N	N	N	N	-	-	53.00	56.98
67505		A	A	000	Y	Y	N	N	N	N	-	-	56.71	61.48
67515		A	A	000	Y	Y	N	N	N	N	-	-	62.81	67.84
67550		A	A	090	Y	Y	N	D	N	N	-	-	668.60	668.60
67560		A	A	090	Y	Y	D	N	N	N	-	-	686.35	686.35
67570		A	A	090	Y	Y	Y	D	N	N	-	-	815.67	815.67
67599		Unlstd/Manu	C	YYY	Y	Y	Y	D	D	N	-	-	-	-
67700		A	A	010	Y	Y	N	N	N	N	-	-	80.83	179.67
67710		A	A	010	Y	Y	N	N	N	N	-	-	67.05	149.20
67715		A	A	010	Y	Y	N	N	N	N	-	-	75.53	161.39
67800		A	A	010	Y	N	N	N	N	N	-	-	72.08	87.98
67801		A	A	010	Y	N	N	N	N	N	-	-	93.81	112.63
67805		A	A	010	Y	N	N	N	N	N	-	-	115.01	139.39
67808		A	A	090	Y	N	N	N	N	N	-	-	255.73	255.73
67810		A	A	000	Y	Y	N	N	N	N	-	-	51.68	116.07
67820		A	A	000	Y	Y	N	N	N	N	-	-	28.89	27.30
67825		A	A	010	Y	Y	N	N	N	N	-	-	84.01	88.51
67830		A	A	010	Y	Y	N	N	N	N	-	-	96.46	179.67
67835		A	A	090	Y	Y	D	N	N	N	-	-	305.28	305.28
67840		A	A	010	Y	Y	N	N	N	N	-	-	110.51	186.83
67850		A	A	010	Y	Y	N	N	N	N	-	-	95.40	146.28
67875		A	A	000	Y	Y	N	N	N	N	-	-	68.11	116.87
67880		A	A	090	Y	Y	N	N	N	N	-	-	255.46	314.29
67882		A	A	090	Y	Y	N	N	N	N	-	-	329.40	388.76
67900		A	A	090	Y	Y	N	N	N	N	-	-	356.16	440.70
67901		A	A	090	Y	Y	N	N	N	N	-	-	402.27	518.61
67902		A	A	090	Y	Y	N	D	N	N	-	-	505.62	505.62
67903		A	A	090	Y	Y	N	D	N	N	-	-	337.88	408.90
67904		A	A	090	Y	Y	N	D	N	N	-	-	417.64	504.83
67906		A	A	090	Y	Y	N	N	N	N	-	-	354.84	354.84
67908		A	A	090	Y	Y	N	N	N	N	-	-	294.95	339.73
67909		A	A	090	Y	Y	N	N	N	N	-	-	305.81	369.15
67911		A	A	090	Y	Y	N	N	N	N	-	-	392.47	392.47
67912		A	A	090	Y	Y	N	N	N	N	-	-	341.85	593.34
67914		A	A	090	Y	Y	N	N	N	N	-	-	226.31	318.27
67915		A	A	090	Y	Y	N	N	N	N	-	-	135.95	197.43
67916		A	A	090	Y	Y	N	N	N	N	-	-	300.25	404.13
67917		A	A	090	Y	Y	N	N	N	N	-	-	319.59	413.40
67921		A	A	090	Y	Y	N	N	N	N	-	-	214.39	311.38
67922		A	A	090	Y	Y	N	N	N	N	-	-	135.68	195.84
67923		A	A	090	Y	Y	N	N	N	N	-	-	299.45	403.60
67924		A	A	090	Y	Y	N	N	N	N	-	-	319.59	431.42
67930		A	A	010	Y	Y	N	N	N	N	-	-	169.87	250.43
67935		A	A	090	Y	Y	N	N	N	N	-	-	310.85	409.43
67938		A	A	010	Y	Y	N	N	N	N	-	-	80.56	163.51
67950		A	A	090	Y	Y	N	D	N	N	-	-	323.57	394.06
67961		A	A	090	Y	Y	D	N	N	N	-	-	317.47	395.12
67966		A	A	090	Y	Y	N	N	N	N	-	-	460.04	531.59
67971		A	A	090	Y	Y	N	D	N	N	-	-	506.42	506.42
67973		A	A	090	Y	Y	Y	D	N	N	-	-	652.43	652.43
67974		A	A	090	Y	Y	Y	D	N	N	-	-	650.31	650.31
67975		A	A	090	Y	Y	N	N	N	N	-	-	478.86	478.86

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
67999		Unlstd/Manu	C	YYY	Y	Y	D	D	D	N	-	-	-	-
68020		A	A	010	Y	Y	N	N	N	N	-	-	76.85	83.48
68040		A	A	000	Y	Y	N	N	N	N	-	-	35.25	43.20
68100		A	A	000	Y	Y	N	N	N	N	-	-	68.11	115.81
68110		A	A	010	Y	Y	N	N	N	N	-	-	103.09	153.44
68115		A	A	010	Y	Y	N	N	N	N	-	-	128.26	211.21
68130		A	A	090	Y	Y	N	N	N	N	-	-	286.20	368.09
68135		A	A	010	Y	Y	N	N	N	N	-	-	104.94	109.18
68200		A	A	000	Y	Y	N	N	N	N	-	-	24.38	28.62
68320		A	A	090	Y	Y	N	D	N	N	-	-	374.45	494.49
68325		A	A	090	Y	Y	N	D	N	N	-	-	458.19	458.19
68326		A	A	090	Y	Y	N	N	N	N	-	-	449.97	449.97
68328		A	A	090	Y	Y	D	N	N	N	-	-	495.02	495.02
68330		A	A	090	Y	Y	D	N	N	N	-	-	320.65	413.40
68335		A	A	090	Y	Y	N	D	N	N	-	-	452.09	452.09
68340		A	A	090	Y	Y	D	N	N	N	-	-	277.19	371.80
68360		A	A	090	Y	Y	N	N	N	N	-	-	285.67	363.05
68362		A	A	090	Y	Y	N	D	N	N	-	-	457.13	457.13
68371		A	A	010	Y	Y	N	N	N	N	-	-	286.47	286.47
68399		Unlstd/Manu	C	YYY	Y	Y	D	D	D	N	-	-	-	-
68400		A	A	010	Y	Y	N	N	N	N	-	-	92.22	191.07
68420		A	A	010	Y	Y	N	N	N	N	-	-	118.46	217.57
68440		A	A	010	Y	Y	N	N	N	N	-	-	68.11	69.96
68500		A	A	090	Y	Y	N	N	N	N	-	-	678.93	678.93
68505		A	A	090	Y	Y	N	N	N	N	-	-	675.49	675.49
68510		A	A	000	Y	Y	D	N	N	N	-	-	206.44	305.81
68520		A	A	090	Y	Y	D	N	N	N	-	-	478.33	478.33
68525		A	A	000	Y	Y	N	D	N	N	-	-	187.62	187.62
68530		A	A	010	Y	Y	N	N	N	N	-	-	180.47	290.44
68540		A	A	090	Y	Y	N	D	N	N	-	-	646.60	646.60
68550		A	A	090	Y	Y	N	N	N	N	-	-	793.15	793.15
68700		A	A	090	Y	Y	N	N	N	N	-	-	420.56	420.56
68705		A	A	010	Y	Y	N	N	N	N	-	-	115.81	161.92
68720		A	A	090	Y	Y	Y	D	N	N	-	-	527.62	527.62
68745		A	A	090	Y	Y	Y	D	N	N	-	-	528.94	528.94
68750		A	A	090	Y	Y	Y	D	N	N	-	-	547.49	547.49
68760		A	A	010	Y	Y	N	N	N	N	-	-	101.50	137.54
68761		A	A	010	Y	Y	D	N	N	N	-	-	82.42	101.23
68770		A	A	090	Y	Y	D	N	N	N	-	-	438.58	438.58
68801		A	A	010	Y	Y	N	N	N	N	-	-	53.53	59.89
68810		A	A	010	Y	Y	N	N	N	N	-	-	88.78	106.00
68811		A	A	010	Y	Y	N	N	N	N	-	-	94.87	94.87
68815		A	A	010	Y	Y	N	N	N	N	-	-	153.97	267.65
68816		A	A	010	Y	Y	N	N	N	N	-	-	110.24	427.45
68840		A	A	010	Y	Y	N	N	N	N	-	-	80.30	88.25
68850		A	A	000	Y	Y	N	N	N	N	-	-	39.49	43.46
68899		Unlstd/Manu	C	YYY	Y	Y	D	D	D	N	-	-	-	-
69000		A	A	010	Y	Y	N	N	N	N	-	-	83.74	126.94
69005		A	A	010	Y	Y	N	N	N	N	-	-	110.77	146.81
69020		A	A	010	Y	Y	N	N	N	N	-	-	98.32	155.03
69090		C	N	XXX	N	N	N	N	N	N	-	-	-	-
69100		A	A	000	Y	N	N	N	N	N	-	-	35.51	68.64
69105		A	A	000	Y	Y	N	N	N	N	-	-	44.79	93.28
69110		A	A	090	Y	Y	N	N	N	N	-	-	225.78	311.64
69120		A	A	090	Y	N	N	N	N	N	-	-	279.31	279.31
69140		A	A	090	Y	Y	D	N	N	N	-	-	598.90	598.90
69145		A	A	090	Y	Y	N	N	N	N	-	-	171.72	264.47
69150		A	A	090	Y	N	N	D	N	N	-	-	735.11	735.11
69155		A	A	090	Y	N	Y	D	N	N	-	-	1,172.89	1,172.89

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
69200		A	A	000	Y	Y	N	N	N	N	-	-	33.92	56.18
69205		A	A	010	Y	Y	N	N	N	N	-	-	70.23	70.23
69209		A	A	000	Y	Y	N	N	N	N	-	-	9.01	9.01
69210		A	A	000	Y	B	N	N	N	N	-	-	23.85	33.92
69220		A	A	000	Y	Y	N	N	N	N	-	-	37.37	56.45
69222		A	A	010	Y	Y	N	N	N	N	-	-	94.08	145.75
69300		A	R	YYY	Y	Y	D	N	N	N	-	-	343.97	434.60
69310		A	A	090	Y	Y	N	N	N	N	-	-	748.63	748.63
69320		A	A	090	Y	Y	Y	N	N	N	-	-	1,057.09	1,057.09
69399	Unlstd/Manu		C	YYY	Y	N	D	D	D	N	-	-	-	-
69420		A	A	010	Y	Y	N	N	N	N	-	-	83.48	128.79
69421		A	A	010	Y	Y	N	N	N	N	-	-	103.62	103.62
69424		A	A	000	Y	Y	N	N	N	N	-	-	43.73	85.60
69433		A	A	010	Y	Y	N	N	N	N	-	-	92.22	136.48
69436		A	A	010	Y	Y	N	N	N	N	-	-	111.83	111.83
69440		A	A	090	Y	Y	N	N	N	N	-	-	475.94	475.94
69450		A	A	090	Y	Y	D	N	N	N	-	-	376.30	376.30
69501		A	A	090	Y	Y	N	N	N	N	-	-	511.19	511.19
69502		A	A	090	Y	Y	D	N	N	N	-	-	680.79	680.79
69505		A	A	090	Y	Y	D	N	N	N	-	-	830.25	830.25
69511		A	A	090	Y	Y	D	N	N	N	-	-	851.45	851.45
69530		A	A	090	Y	Y	Y	N	N	N	-	-	1,151.96	1,151.96
69535		A	A	090	Y	Y	N	D	N	N	-	-	1,912.24	1,912.24
69540		A	A	010	Y	Y	N	N	N	N	-	-	87.45	139.13
69550		A	A	090	Y	Y	Y	N	N	N	-	-	717.09	717.09
69552		A	A	090	Y	Y	Y	N	N	N	-	-	1,096.57	1,096.57
69554		A	A	090	Y	Y	Y	D	N	N	-	-	1,781.86	1,781.86
69601		A	A	090	Y	Y	D	N	N	N	-	-	731.14	731.14
69602		A	A	090	Y	Y	D	N	N	N	-	-	759.76	759.76
69603		A	A	090	Y	Y	D	N	N	N	-	-	872.12	872.12
69604		A	A	090	Y	Y	N	N	N	N	-	-	777.51	777.51
69605		A	A	090	Y	Y	Y	N	N	N	-	-	1,084.12	1,084.12
69610		A	A	010	Y	Y	N	N	N	N	-	-	207.50	266.33
69620		A	A	090	Y	Y	N	N	N	N	-	-	340.53	469.58
69631		A	A	090	Y	Y	N	N	N	N	-	-	612.42	612.42
69632		A	A	090	Y	Y	N	N	N	N	-	-	748.89	748.89
69633		A	A	090	Y	Y	N	N	N	N	-	-	725.84	725.84
69635		A	A	090	Y	Y	N	N	N	N	-	-	856.75	856.75
69636		A	A	090	Y	Y	D	N	N	N	-	-	954.27	954.27
69637		A	A	090	Y	Y	D	N	N	N	-	-	962.22	962.22
69641		A	A	090	Y	Y	N	N	N	N	-	-	725.57	725.57
69642		A	A	090	Y	Y	N	N	N	N	-	-	933.86	933.86
69643		A	A	090	Y	Y	N	N	N	N	-	-	855.42	855.42
69644		A	A	090	Y	Y	N	N	N	N	-	-	1,025.55	1,025.55
69645		A	A	090	Y	Y	N	N	N	N	-	-	1,004.62	1,004.62
69646		A	A	090	Y	Y	D	N	N	N	-	-	1,074.84	1,074.84
69650		A	A	090	Y	Y	N	N	N	N	-	-	559.68	559.68
69660		A	A	090	Y	Y	N	N	N	N	-	-	648.99	648.99
69661		A	A	090	Y	Y	D	N	N	N	-	-	847.47	847.47
69662		A	A	090	Y	Y	N	N	N	N	-	-	814.61	814.61
69666		A	A	090	Y	Y	D	N	N	N	-	-	565.78	565.78
69667		A	A	090	Y	Y	D	N	N	N	-	-	566.31	566.31
69670		A	A	090	Y	Y	Y	N	N	N	-	-	661.44	661.44
69676		A	A	090	Y	Y	N	N	N	N	-	-	576.38	576.38
69700		A	A	090	Y	Y	N	N	N	N	-	-	477.53	477.53
69710		C	N	XXX	N	N	N	N	N	N	-	-	-	-
69711		A	A	090	Y	Y	Y	N	N	N	-	-	600.76	600.76
69714		A	A	090	Y	Y	N	N	N	N	-	-	757.90	757.90
69715		A	A	090	Y	Y	N	N	N	N	-	-	939.16	939.16

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
69717		A	A	090	Y	Y	N	N	N	N	-	-	795.00	795.00
69718		A	A	090	Y	Y	N	N	N	N	-	-	949.23	949.23
69720		A	A	090	Y	Y	D	D	N	N	-	-	856.22	856.22
69725		A	A	090	Y	Y	Y	N	N	N	-	-	1,332.95	1,332.95
69740		A	A	090	Y	Y	Y	N	N	N	-	-	823.36	823.36
69745		A	A	090	Y	Y	Y	N	N	N	-	-	874.24	874.24
69799		Unlstd/Manu	C	YYY	Y	Y	D	D	D	N	-	-	-	-
69801		A	A	000	Y	Y	D	N	N	N	-	-	90.37	134.62
69805		A	A	090	Y	Y	Y	N	N	N	-	-	743.59	743.59
69806		A	A	090	Y	Y	N	N	N	N	-	-	663.03	663.03
69905		A	A	090	Y	Y	N	N	N	N	-	-	639.45	639.45
69910		A	A	090	Y	Y	D	N	N	N	-	-	716.03	716.03
69915		A	A	090	Y	Y	Y	D	N	N	-	-	1,092.33	1,092.33
69930		A	A	090	Y	Y	D	N	N	N	-	-	866.82	866.82
69949		Unlstd/Manu	C	YYY	Y	Y	D	D	D	N	-	-	-	-
69950		A	A	090	Y	Y	Y	D	N	N	-	-	1,271.21	1,271.21
69955		A	A	090	Y	Y	Y	D	N	N	-	-	1,405.03	1,405.03
69960		A	A	090	Y	Y	Y	D	N	N	-	-	1,371.11	1,371.11
69970		A	A	090	Y	Y	Y	D	N	N	-	-	1,524.55	1,524.55
69979		Unlstd/Manu	C	YYY	Y	Y	D	D	D	N	-	-	-	-
69990		A	R	ZZZ	N	N	Y	N	N	N	-	-	171.46	171.46
70010		A	A	XXX	N	N	D	N	N	N	-	-	43.99	43.99
70015	26	A	A	XXX	N	N	D	N	N	N	-	-	42.93	42.93
70015 TC		A	A	XXX	N	N	D	N	N	N	-	-	54.33	54.33
70015		A	A	XXX	N	N	D	N	N	N	-	-	97.26	97.26
70030	26	A	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
70030 TC		A	A	XXX	N	N	D	N	N	N	-	-	12.46	12.46
70030		A	A	XXX	N	N	D	N	N	N	-	-	18.55	18.55
70100	26	A	A	XXX	N	N	D	N	N	N	-	-	6.36	6.36
70100 TC		A	A	XXX	N	N	D	N	N	N	-	-	15.37	15.37
70100		A	A	XXX	N	N	D	N	N	N	-	-	22.00	22.00
70110	26	A	A	XXX	N	N	D	N	N	N	-	-	9.01	9.01
70110 TC		A	A	XXX	N	N	D	N	N	N	-	-	16.17	16.17
70110		A	A	XXX	N	N	D	N	N	N	-	-	25.44	25.44
70120	26	A	A	XXX	N	N	D	N	N	N	-	-	6.36	6.36
70120 TC		A	A	XXX	N	N	D	N	N	N	-	-	15.37	15.37
70120		A	A	XXX	N	N	D	N	N	N	-	-	22.00	22.00
70130	26	A	A	XXX	N	N	D	N	N	N	-	-	12.46	12.46
70130 TC		A	A	XXX	N	N	D	N	N	N	-	-	23.59	23.59
70130		A	A	XXX	N	N	D	N	N	N	-	-	36.04	36.04
70134	26	A	A	XXX	N	N	D	N	N	N	-	-	12.19	12.19
70134 TC		A	A	XXX	N	N	D	N	N	N	-	-	20.94	20.94
70134		A	A	XXX	N	N	D	N	N	N	-	-	33.39	33.39
70140	26	A	A	XXX	N	N	D	N	N	N	-	-	7.42	7.42
70140 TC		A	A	XXX	N	N	D	N	N	N	-	-	12.19	12.19
70140		A	A	XXX	N	N	D	N	N	N	-	-	19.88	19.88
70150	26	A	A	XXX	N	N	D	N	N	N	-	-	9.28	9.28
70150 TC		A	A	XXX	N	N	D	N	N	N	-	-	18.02	18.02
70150		A	A	XXX	N	N	D	N	N	N	-	-	27.56	27.56
70160	26	A	A	XXX	N	N	D	N	N	N	-	-	6.10	6.10
70160 TC		A	A	XXX	N	N	D	N	N	N	-	-	15.37	15.37
70160		A	A	XXX	N	N	D	N	N	N	-	-	21.73	21.73
70170	26	C	A	XXX	N	N	D	N	N	N	-	-	10.87	10.87
70170 TC		C	C	XXX	N	N	D	N	N	Y	5.84	5.84	154.78	154.78
70170		C	C	XXX	N	N	D	N	N	Y	6.25	6.25	165.64	165.64
70190	26	A	A	XXX	N	N	D	N	N	N	-	-	7.95	7.95
70190 TC		A	A	XXX	N	N	D	N	N	N	-	-	15.64	15.64
70190		A	A	XXX	N	N	D	N	N	N	-	-	23.85	23.85
70200	26	A	A	XXX	N	N	D	N	N	N	-	-	10.07	10.07

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
70200	TC	A	A	XXX	N	N	D	N	N	N	-	-	18.02	18.02
70200		A	A	XXX	N	N	D	N	N	N	-	-	28.36	28.36
70210	26	A	A	XXX	N	N	D	N	N	N	-	-	6.10	6.10
70210	TC	A	A	XXX	N	N	D	N	N	N	-	-	13.52	13.52
70210		A	A	XXX	N	N	D	N	N	N	-	-	19.88	19.88
70220	26	A	A	XXX	N	N	D	N	N	N	-	-	9.01	9.01
70220	TC	A	A	XXX	N	N	D	N	N	N	-	-	15.90	15.90
70220		A	A	XXX	N	N	D	N	N	N	-	-	25.18	25.18
70240	26	A	A	XXX	N	N	D	N	N	N	-	-	6.89	6.89
70240	TC	A	A	XXX	N	N	D	N	N	N	-	-	13.52	13.52
70240		A	A	XXX	N	N	D	N	N	N	-	-	20.67	20.67
70250	26	A	A	XXX	N	N	D	N	N	N	-	-	8.75	8.75
70250	TC	A	A	XXX	N	N	D	N	N	N	-	-	15.37	15.37
70250		A	A	XXX	N	N	D	N	N	N	-	-	24.38	24.38
70260	26	A	A	XXX	N	N	D	N	N	N	-	-	12.72	12.72
70260	TC	A	A	XXX	N	N	D	N	N	N	-	-	18.02	18.02
70260		A	A	XXX	N	N	D	N	N	N	-	-	30.74	30.74
70300	26	A	A	XXX	N	N	D	N	N	N	-	-	4.24	4.24
70300	TC	A	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
70300		A	A	XXX	N	N	D	N	N	N	-	-	10.34	10.34
70310	26	A	A	XXX	N	N	D	N	N	N	-	-	5.57	5.57
70310	TC	A	A	XXX	N	N	D	N	N	N	-	-	18.55	18.55
70310		A	A	XXX	N	N	D	N	N	N	-	-	24.65	24.65
70320	26	A	A	XXX	N	N	D	N	N	N	-	-	8.75	8.75
70320	TC	A	A	XXX	N	N	D	N	N	N	-	-	25.97	25.97
70320		A	A	XXX	N	N	D	N	N	N	-	-	34.72	34.72
70328	26	A	A	XXX	N	N	D	N	N	N	-	-	6.36	6.36
70328	TC	A	A	XXX	N	N	D	N	N	N	-	-	13.78	13.78
70328		A	A	XXX	N	N	D	N	N	N	-	-	20.41	20.41
70330	26	A	A	XXX	N	B	D	N	N	N	-	-	8.75	8.75
70330	TC	A	A	XXX	N	B	D	N	N	N	-	-	22.26	22.26
70330		A	A	XXX	N	B	D	N	N	N	-	-	31.27	31.27
70332	26	A	A	XXX	N	N	D	N	N	N	-	-	19.35	19.35
70332	TC	A	A	XXX	N	N	D	N	N	N	-	-	28.09	28.09
70332		A	A	XXX	N	N	D	N	N	N	-	-	47.44	47.44
70336	26	A	A	XXX	4	N	D	N	N	N	-	-	52.47	52.47
70336	TC	A	A	XXX	4	N	D	N	N	Y	5.85	5.85	154.89	154.89
70336		A	A	XXX	4	N	D	N	N	Y	7.83	7.83	207.56	207.56
70350	26	A	A	XXX	N	N	D	N	N	N	-	-	7.16	7.16
70350	TC	A	A	XXX	N	N	D	N	N	N	-	-	6.10	6.10
70350		A	A	XXX	N	N	D	N	N	N	-	-	13.25	13.25
70355	26	A	A	XXX	N	N	D	N	N	N	-	-	8.22	8.22
70355	TC	A	A	XXX	N	N	D	N	N	N	-	-	6.10	6.10
70355		A	A	XXX	N	N	D	N	N	N	-	-	14.31	14.31
70360	26	A	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
70360	TC	A	A	XXX	N	N	D	N	N	N	-	-	12.72	12.72
70360		A	A	XXX	N	N	D	N	N	N	-	-	18.82	18.82
70370	26	A	A	XXX	N	N	D	N	N	N	-	-	11.13	11.13
70370	TC	A	A	XXX	N	N	D	N	N	N	-	-	36.04	36.04
70370		A	A	XXX	N	N	D	N	N	N	-	-	47.44	47.44
70371	26	A	A	XXX	N	N	D	N	N	N	-	-	29.95	29.95
70371	TC	A	A	XXX	N	N	D	N	N	N	-	-	30.21	30.21
70371		A	A	XXX	N	N	D	N	N	N	-	-	60.42	60.42
70380	26	A	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
70380	TC	A	A	XXX	N	N	D	N	N	N	-	-	15.37	15.37
70380		A	A	XXX	N	N	D	N	N	N	-	-	21.47	21.47
70390	26	A	A	XXX	N	N	D	N	N	N	-	-	13.78	13.78
70390	TC	A	A	XXX	N	N	D	N	N	N	-	-	48.23	48.23
70390		A	A	XXX	N	N	D	N	N	N	-	-	62.01	62.01

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
70450	26	A	A	XXX	4	N	D	N	N	N	-	-	30.48	30.48
70450	TC	A	A	XXX	4	N	D	N	N	N	-	-	47.17	47.17
70450		A	A	XXX	4	N	D	N	N	N	-	-	77.65	77.65
70460	26	A	A	XXX	4	N	D	N	N	N	-	-	40.81	40.81
70460	TC	A	A	XXX	4	N	D	N	N	N	-	-	68.11	68.11
70460		A	A	XXX	4	N	D	N	N	N	-	-	108.92	108.92
70470	26	A	A	XXX	4	N	D	N	N	N	-	-	45.58	45.58
70470	TC	A	A	XXX	4	N	D	N	N	N	-	-	82.15	82.15
70470		A	A	XXX	4	N	D	N	N	N	-	-	127.73	127.73
70480	26	A	A	XXX	4	N	D	N	N	N	-	-	45.85	45.85
70480	TC	A	A	XXX	4	N	D	N	N	Y	2.83	2.83	75.06	75.06
70480		A	A	XXX	4	N	D	N	N	Y	4.56	4.56	120.91	120.91
70481	26	A	A	XXX	4	N	D	N	N	N	-	-	49.56	49.56
70481	TC	A	A	XXX	4	N	D	N	N	N	-	-	132.50	132.50
70481		A	A	XXX	4	N	D	N	N	N	-	-	182.06	182.06
70482	26	A	A	XXX	4	N	D	N	N	N	-	-	51.68	51.68
70482	TC	A	A	XXX	4	N	D	N	N	N	-	-	146.55	146.55
70482		A	A	XXX	4	N	D	N	N	N	-	-	198.49	198.49
70486	26	A	A	XXX	4	N	D	N	N	N	-	-	30.48	30.48
70486	TC	A	A	XXX	4	N	D	N	N	N	-	-	61.75	61.75
70486		A	A	XXX	4	N	D	N	N	N	-	-	92.75	92.75
70487	26	A	A	XXX	4	N	D	N	N	N	-	-	40.28	40.28
70487	TC	A	A	XXX	4	N	D	N	N	N	-	-	71.29	71.29
70487		A	A	XXX	4	N	D	N	N	N	-	-	111.57	111.57
70488	26	A	A	XXX	4	N	D	N	N	N	-	-	45.58	45.58
70488	TC	A	A	XXX	4	N	D	N	N	N	-	-	90.10	90.10
70488		A	A	XXX	4	N	D	N	N	N	-	-	135.95	135.95
70490	26	A	A	XXX	4	N	D	N	N	N	-	-	46.11	46.11
70490	TC	A	A	XXX	4	N	D	N	N	N	-	-	66.52	66.52
70490		A	A	XXX	4	N	D	N	N	N	-	-	112.63	112.63
70491	26	A	A	XXX	4	N	D	N	N	N	-	-	49.56	49.56
70491	TC	A	A	XXX	4	N	D	N	N	N	-	-	85.86	85.86
70491		A	A	XXX	4	N	D	N	N	N	-	-	135.68	135.68
70492	26	A	A	XXX	4	N	D	N	N	N	-	-	58.04	58.04
70492	TC	A	A	XXX	4	N	D	N	N	N	-	-	104.94	104.94
70492		A	A	XXX	4	N	D	N	N	N	-	-	162.98	162.98
70496	26	A	A	XXX	4	N	D	N	N	N	-	-	62.81	62.81
70496	TC	A	A	XXX	4	N	D	N	N	N	-	-	131.97	131.97
70496		A	A	XXX	4	N	D	N	N	N	-	-	194.78	194.78
70498	26	A	A	XXX	4	N	D	N	N	N	-	-	62.81	62.81
70498	TC	A	A	XXX	4	N	D	N	N	N	-	-	131.71	131.71
70498		A	A	XXX	4	N	D	N	N	N	-	-	194.25	194.25
70540	26	A	A	XXX	4	N	D	N	N	N	-	-	48.23	48.23
70540	TC	A	A	XXX	4	N	D	N	N	N	-	-	130.91	130.91
70540		A	A	XXX	4	N	D	N	N	N	-	-	179.41	179.41
70542	26	A	A	XXX	4	N	D	N	N	N	-	-	58.04	58.04
70542	TC	A	A	XXX	4	N	D	N	N	N	-	-	154.76	154.76
70542		A	A	XXX	4	N	D	N	N	N	-	-	212.53	212.53
70543	26	A	A	XXX	4	N	D	N	N	N	-	-	76.85	76.85
70543	TC	A	A	XXX	4	N	D	N	N	N	-	-	191.07	191.07
70543		A	A	XXX	4	N	D	N	N	N	-	-	267.65	267.65
70544	26	A	A	XXX	4	N	D	N	N	N	-	-	43.20	43.20
70544	TC	A	A	XXX	4	N	D	N	N	Y	5.85	5.85	154.89	154.89
70544		A	A	XXX	4	N	D	N	N	Y	7.47	7.47	198.01	198.01
70545	26	A	A	XXX	4	N	D	N	N	N	-	-	43.20	43.20
70545	TC	A	A	XXX	4	N	D	N	N	Y	6.02	6.02	159.66	159.66
70545		A	A	XXX	4	N	D	N	N	Y	7.65	7.65	202.78	202.78
70546	26	A	A	XXX	4	N	D	N	N	N	-	-	52.74	52.74
70546	TC	A	A	XXX	4	N	D	N	N	N	-	-	263.94	263.94

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
70546		A	A	XXX	4	N	D	N	N	N	-	-	316.68	316.68
70547	26	A	A	XXX	4	N	D	N	N	N	-	-	43.46	43.46
70547 TC		A	A	XXX	4	N	D	N	N	Y	5.85	5.85	154.89	154.89
70547		A	A	XXX	4	N	D	N	N	Y	7.48	7.48	198.24	198.24
70548	26	A	A	XXX	4	N	D	N	N	N	-	-	54.06	54.06
70548 TC		A	A	XXX	4	N	D	N	N	Y	6.02	6.02	159.66	159.66
70548		A	A	XXX	4	N	D	N	N	Y	8.06	8.06	213.64	213.64
70549	26	A	A	XXX	4	N	D	N	N	N	-	-	64.66	64.66
70549 TC		A	A	XXX	4	N	D	N	N	N	-	-	265.53	265.53
70549		A	A	XXX	4	N	D	N	N	N	-	-	330.19	330.19
70551	26	A	A	XXX	4	N	D	N	N	N	-	-	53.53	53.53
70551 TC		A	A	XXX	4	N	D	N	N	N	-	-	100.70	100.70
70551		A	A	XXX	4	N	D	N	N	N	-	-	154.23	154.23
70552	26	A	A	XXX	4	N	D	N	N	N	-	-	64.13	64.13
70552 TC		A	A	XXX	4	N	D	N	N	N	-	-	148.93	148.93
70552		A	A	XXX	4	N	D	N	N	N	-	-	212.80	212.80
70553	26	A	A	XXX	4	N	D	N	N	N	-	-	81.89	81.89
70553 TC		A	A	XXX	4	N	D	N	N	N	-	-	169.87	169.87
70553		A	A	XXX	4	N	D	N	N	N	-	-	251.49	251.49
70554	26 Not Covered	A	A	XXX	4	N	D	N	N	N	-	-	76.06	76.06
70554 TC		Not Covered	A	XXX	4	N	D	N	N	N	-	-	221.28	221.28
70554		Not Covered	A	XXX	4	N	D	N	N	N	-	-	297.07	297.07
70555	26 Not Covered	A	A	XXX	N	N	D	N	N	N	-	-	89.57	89.57
70555 TC		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
70555		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
70557	26	C	A	XXX	N	N	D	N	N	N	-	-	114.48	114.48
70557 TC		C	C	XXX	N	N	D	N	N	Y	5.84	5.84	154.78	154.78
70557		C	C	XXX	N	N	D	N	N	Y	10.16	10.16	269.21	269.21
70558	26	C	A	XXX	N	N	D	N	N	N	-	-	125.88	125.88
70558 TC		C	C	XXX	N	N	D	N	N	Y	6.02	6.02	159.55	159.55
70558		C	C	XXX	N	N	D	N	N	Y	10.77	10.77	285.53	285.53
70559	26	C	A	XXX	N	N	D	N	N	N	-	-	117.13	117.13
70559 TC		C	C	XXX	N	N	D	N	N	Y	6.02	6.02	159.55	159.55
70559		C	C	XXX	N	N	D	N	N	Y	10.44	10.44	276.61	276.61
71045	26	A	A	XXX	N	N	D	N	N	N	-	-	6.36	6.36
71045 TC		A	A	XXX	N	N	D	N	N	N	-	-	6.89	6.89
71045		A	A	XXX	N	N	D	N	N	N	-	-	13.52	13.52
71046	26	A	A	XXX	N	N	D	N	N	N	-	-	7.69	7.69
71046 TC		A	A	XXX	N	N	D	N	N	N	-	-	12.46	12.46
71046		A	A	XXX	N	N	D	N	N	N	-	-	20.41	20.41
71047	26	A	A	XXX	N	N	D	N	N	N	-	-	9.81	9.81
71047 TC		A	A	XXX	N	N	D	N	N	N	-	-	15.90	15.90
71047		A	A	XXX	N	N	D	N	N	N	-	-	25.97	25.97
71048	26	A	A	XXX	N	N	D	N	N	N	-	-	11.40	11.40
71048 TC		A	A	XXX	N	N	D	N	N	N	-	-	16.43	16.43
71048		A	A	XXX	N	N	D	N	N	N	-	-	28.09	28.09
71100	26	A	A	XXX	N	N	D	N	N	N	-	-	7.95	7.95
71100 TC		A	A	XXX	N	N	D	N	N	N	-	-	14.05	14.05
71100		A	A	XXX	N	N	D	N	N	N	-	-	22.26	22.26
71101	26	A	A	XXX	N	N	D	N	N	N	-	-	10.07	10.07
71101 TC		A	A	XXX	N	N	D	N	N	N	-	-	15.64	15.64
71101		A	A	XXX	N	N	D	N	N	N	-	-	25.71	25.71
71110	26	A	A	XXX	N	B	D	N	N	N	-	-	10.34	10.34
71110 TC		A	A	XXX	N	B	D	N	N	N	-	-	16.17	16.17
71110		A	A	XXX	N	B	D	N	N	N	-	-	26.77	26.77
71111	26	A	A	XXX	N	B	D	N	N	N	-	-	11.93	11.93
71111 TC		A	A	XXX	N	B	D	N	N	N	-	-	19.61	19.61
71111		A	A	XXX	N	B	D	N	N	N	-	-	31.54	31.54
71120	26	A	A	XXX	N	N	D	N	N	N	-	-	7.16	7.16

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
71120	TC	A	A	XXX	N	N	D	N	N	N	-	-	12.46	12.46
71120		A	A	XXX	N	N	D	N	N	N	-	-	19.88	19.88
71130	26	A	A	XXX	N	N	D	N	N	N	-	-	7.95	7.95
71130	TC	A	A	XXX	N	N	D	N	N	N	-	-	15.90	15.90
71130		A	A	XXX	N	N	D	N	N	N	-	-	24.12	24.12
71250	26	A	A	XXX	4	N	D	N	N	N	-	-	41.87	41.87
71250	TC	A	A	XXX	4	N	D	N	N	N	-	-	67.05	67.05
71250		A	A	XXX	4	N	D	N	N	N	-	-	108.92	108.92
71260	26	A	A	XXX	4	N	D	N	N	N	-	-	44.52	44.52
71260	TC	A	A	XXX	4	N	D	N	N	N	-	-	86.13	86.13
71260		A	A	XXX	4	N	D	N	N	N	-	-	130.65	130.65
71270	26	A	A	XXX	4	N	D	N	N	N	-	-	49.56	49.56
71270	TC	A	A	XXX	4	N	D	N	N	N	-	-	106.53	106.53
71270		A	A	XXX	4	N	D	N	N	N	-	-	156.35	156.35
71275	26	A	A	XXX	4	N	D	N	N	N	-	-	65.19	65.19
71275	TC	A	A	XXX	4	N	D	N	N	N	-	-	134.36	134.36
71275		A	A	XXX	4	N	D	N	N	N	-	-	199.55	199.55
71550	26	A	A	XXX	4	N	D	N	N	N	-	-	52.21	52.21
71550	TC	A	A	XXX	4	N	D	N	N	Y	5.84	5.84	154.78	154.78
71550		A	A	XXX	4	N	D	N	N	Y	7.82	7.82	207.16	207.16
71551	26	A	A	XXX	4	N	D	N	N	N	-	-	62.01	62.01
71551	TC	A	A	XXX	4	N	D	N	N	N	-	-	238.50	238.50
71551		A	A	XXX	4	N	D	N	N	N	-	-	300.51	300.51
71552	26	A	A	XXX	4	N	D	N	N	N	-	-	80.83	80.83
71552	TC	A	A	XXX	4	N	D	N	N	Y	10.88	10.88	288.32	288.32
71552		A	A	XXX	4	N	D	N	N	Y	13.93	13.93	369.26	369.26
71555	26	A	R	XXX	4	N	D	N	N	N	-	-	64.40	64.40
71555	TC	A	R	XXX	4	N	D	N	N	N	-	-	199.55	199.55
71555		A	R	XXX	4	N	D	N	N	N	-	-	263.68	263.68
72020	26	A	A	XXX	N	N	D	N	N	N	-	-	5.30	5.30
72020	TC	A	A	XXX	N	N	D	N	N	N	-	-	9.28	9.28
72020		A	A	XXX	N	N	D	N	N	N	-	-	14.84	14.84
72040	26	A	A	XXX	N	N	D	N	N	N	-	-	7.95	7.95
72040	TC	A	A	XXX	N	N	D	N	N	N	-	-	14.05	14.05
72040		A	A	XXX	N	N	D	N	N	N	-	-	22.26	22.26
72050	26	A	A	XXX	N	N	D	N	N	N	-	-	11.40	11.40
72050	TC	A	A	XXX	N	N	D	N	N	N	-	-	18.82	18.82
72050		A	A	XXX	N	N	D	N	N	N	-	-	30.48	30.48
72052	26	A	A	XXX	N	N	D	N	N	N	-	-	13.25	13.25
72052	TC	A	A	XXX	N	N	D	N	N	N	-	-	24.12	24.12
72052		A	A	XXX	N	N	D	N	N	N	-	-	37.37	37.37
72070	26	A	A	XXX	N	N	D	N	N	N	-	-	7.95	7.95
72070	TC	A	A	XXX	N	N	D	N	N	N	-	-	14.58	14.58
72070		A	A	XXX	N	N	D	N	N	N	-	-	22.79	22.79
72072	26	A	A	XXX	N	N	D	N	N	N	-	-	7.69	7.69
72072	TC	A	A	XXX	N	N	D	N	N	N	-	-	15.37	15.37
72072		A	A	XXX	N	N	D	N	N	N	-	-	23.06	23.06
72074	26	A	A	XXX	N	N	D	N	N	N	-	-	7.69	7.69
72074	TC	A	A	XXX	N	N	D	N	N	N	-	-	18.02	18.02
72074		A	A	XXX	N	N	D	N	N	N	-	-	25.97	25.97
72080	26	A	A	XXX	N	N	D	N	N	N	-	-	7.95	7.95
72080	TC	A	A	XXX	N	N	D	N	N	N	-	-	14.31	14.31
72080		A	A	XXX	N	N	D	N	N	N	-	-	22.53	22.53
72081	26	A	A	XXX	N	N	D	N	N	N	-	-	9.81	9.81
72081	TC	A	A	XXX	N	N	D	N	N	N	-	-	16.17	16.17
72081		A	A	XXX	N	N	D	N	N	N	-	-	25.97	25.97
72082	26	A	A	XXX	N	N	D	N	N	N	-	-	11.66	11.66
72082	TC	A	A	XXX	N	N	D	N	N	N	-	-	29.68	29.68
72082		A	A	XXX	N	N	D	N	N	N	-	-	41.34	41.34

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
72083	26	A	A	XXX	N	N	D	N	N	N	-	-	13.25	13.25
72083	TC	A	A	XXX	N	N	D	N	N	N	-	-	36.31	36.31
72083		A	A	XXX	N	N	D	N	N	N	-	-	49.56	49.56
72084	26	A	A	XXX	N	N	D	N	N	N	-	-	15.64	15.64
72084	TC	A	A	XXX	N	N	D	N	N	N	-	-	42.40	42.40
72084		A	A	XXX	N	N	D	N	N	N	-	-	57.77	57.77
72100	26	A	A	XXX	N	N	D	N	N	N	-	-	7.95	7.95
72100	TC	A	A	XXX	N	N	D	N	N	N	-	-	15.37	15.37
72100		A	A	XXX	N	N	D	N	N	N	-	-	23.32	23.32
72110	26	A	A	XXX	N	N	D	N	N	N	-	-	11.40	11.40
72110	TC	A	A	XXX	N	N	D	N	N	N	-	-	21.20	21.20
72110		A	A	XXX	N	N	D	N	N	N	-	-	32.60	32.60
72114	26	A	A	XXX	N	N	D	N	N	N	-	-	11.93	11.93
72114	TC	A	A	XXX	N	N	D	N	N	N	-	-	28.89	28.89
72114		A	A	XXX	N	N	D	N	N	N	-	-	40.81	40.81
72120	26	A	A	XXX	N	N	D	N	N	N	-	-	7.95	7.95
72120	TC	A	A	XXX	N	N	D	N	N	N	-	-	18.82	18.82
72120		A	A	XXX	N	N	D	N	N	N	-	-	27.03	27.03
72125	26	A	A	XXX	4	N	D	N	N	N	-	-	38.16	38.16
72125	TC	A	A	XXX	4	N	D	N	N	Y	2.83	2.83	75.06	75.06
72125		A	A	XXX	4	N	D	N	N	Y	4.28	4.28	113.37	113.37
72126	26	A	A	XXX	4	N	D	N	N	N	-	-	43.99	43.99
72126	TC	A	A	XXX	4	N	D	N	N	N	-	-	107.06	107.06
72126		A	A	XXX	4	N	D	N	N	N	-	-	150.79	150.79
72127	26	A	A	XXX	4	N	D	N	N	N	-	-	45.32	45.32
72127	TC	A	A	XXX	4	N	D	N	N	N	-	-	132.77	132.77
72127		A	A	XXX	4	N	D	N	N	N	-	-	178.08	178.08
72128	26	A	A	XXX	4	N	D	N	N	N	-	-	36.31	36.31
72128	TC	A	A	XXX	4	N	D	N	N	Y	2.83	2.83	75.06	75.06
72128		A	A	XXX	4	N	D	N	N	Y	4.19	4.19	111.12	111.12
72129	26	A	A	XXX	4	N	D	N	N	N	-	-	43.99	43.99
72129	TC	A	A	XXX	4	N	D	N	N	N	-	-	107.59	107.59
72129		A	A	XXX	4	N	D	N	N	N	-	-	151.58	151.58
72130	26	A	A	XXX	4	N	D	N	N	N	-	-	45.58	45.58
72130	TC	A	A	XXX	4	N	D	N	N	N	-	-	133.56	133.56
72130		A	A	XXX	4	N	D	N	N	N	-	-	179.14	179.14
72131	26	A	A	XXX	4	N	D	N	N	N	-	-	36.31	36.31
72131	TC	A	A	XXX	4	N	D	N	N	Y	2.83	2.83	75.06	75.06
72131		A	A	XXX	4	N	D	N	N	Y	4.19	4.19	111.12	111.12
72132	26	A	A	XXX	4	N	D	N	N	N	-	-	43.99	43.99
72132	TC	A	A	XXX	4	N	D	N	N	N	-	-	107.06	107.06
72132		A	A	XXX	4	N	D	N	N	N	-	-	150.79	150.79
72133	26	A	A	XXX	4	N	D	N	N	N	-	-	45.58	45.58
72133	TC	A	A	XXX	4	N	D	N	N	N	-	-	131.97	131.97
72133		A	A	XXX	4	N	D	N	N	N	-	-	177.82	177.82
72141	26	A	A	XXX	4	N	D	N	N	N	-	-	53.53	53.53
72141	TC	A	A	XXX	4	N	D	N	N	N	-	-	96.46	96.46
72141		A	A	XXX	4	N	D	N	N	N	-	-	150.26	150.26
72142	26	A	A	XXX	4	N	D	N	N	N	-	-	64.13	64.13
72142	TC	A	A	XXX	4	N	D	N	N	N	-	-	152.38	152.38
72142		A	A	XXX	4	N	D	N	N	N	-	-	216.77	216.77
72146	26	A	A	XXX	4	N	D	N	N	N	-	-	53.53	53.53
72146	TC	A	A	XXX	4	N	D	N	N	N	-	-	96.73	96.73
72146		A	A	XXX	4	N	D	N	N	N	-	-	150.26	150.26
72147	26	A	A	XXX	4	N	D	N	N	N	-	-	64.13	64.13
72147	TC	A	A	XXX	4	N	D	N	N	N	-	-	151.05	151.05
72147		A	A	XXX	4	N	D	N	N	N	-	-	215.18	215.18
72148	26	A	A	XXX	4	N	D	N	N	N	-	-	53.53	53.53
72148	TC	A	A	XXX	4	N	D	N	N	N	-	-	96.46	96.46

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
72148		A	A	XXX	4	N	D	N	N	N	-	-	150.26	150.26
72149	26	A	A	XXX	4	N	D	N	N	N	-	-	64.40	64.40
72149	TC	A	A	XXX	4	N	D	N	N	N	-	-	149.73	149.73
72149		A	A	XXX	4	N	D	N	N	N	-	-	214.12	214.12
72156	26	A	A	XXX	4	N	D	N	N	N	-	-	81.89	81.89
72156	TC	A	A	XXX	4	N	D	N	N	N	-	-	171.19	171.19
72156		A	A	XXX	4	N	D	N	N	N	-	-	252.81	252.81
72157	26	A	A	XXX	4	N	D	N	N	N	-	-	81.89	81.89
72157	TC	A	A	XXX	4	N	D	N	N	N	-	-	171.46	171.46
72157		A	A	XXX	4	N	D	N	N	N	-	-	253.34	253.34
72158	26	A	A	XXX	4	N	D	N	N	N	-	-	82.15	82.15
72158	TC	A	A	XXX	4	N	D	N	N	N	-	-	170.40	170.40
72158		A	A	XXX	4	N	D	N	N	N	-	-	252.28	252.28
72159	26	Not Covered	R	XXX	4	N	D	N	N	N	-	-	64.40	64.40
72159	TC	Not Covered	R	XXX	4	N	N	N	N	Y	6.02	6.02	159.66	159.66
72159		Not Covered	R	XXX	4	N	D	N	N	Y	8.45	8.45	223.93	223.93
72170	26	A	A	XXX	N	N	D	N	N	N	-	-	6.10	6.10
72170	TC	A	A	XXX	N	N	D	N	N	N	-	-	14.84	14.84
72170		A	A	XXX	N	N	D	N	N	N	-	-	21.20	21.20
72190	26	A	A	XXX	N	N	D	N	N	N	-	-	7.69	7.69
72190	TC	A	A	XXX	N	N	D	N	N	N	-	-	17.23	17.23
72190		A	A	XXX	N	N	D	N	N	N	-	-	25.18	25.18
72191	26	A	A	XXX	4	N	D	N	N	N	-	-	64.66	64.66
72191	TC	A	A	XXX	4	N	D	N	N	N	-	-	138.60	138.60
72191		A	A	XXX	4	N	D	N	N	N	-	-	203.26	203.26
72192	26	A	A	XXX	4	N	D	N	N	N	-	-	38.96	38.96
72192	TC	A	A	XXX	4	N	D	N	N	N	-	-	58.57	58.57
72192		A	A	XXX	4	N	D	N	N	N	-	-	97.79	97.79
72193	26	A	A	XXX	4	N	D	N	N	N	-	-	41.87	41.87
72193	TC	A	A	XXX	4	N	D	N	N	N	-	-	107.59	107.59
72193		A	A	XXX	4	N	D	N	N	N	-	-	149.20	149.20
72194	26	A	A	XXX	4	N	D	N	N	N	-	-	43.99	43.99
72194	TC	A	A	XXX	4	N	D	N	N	N	-	-	127.73	127.73
72194		A	A	XXX	4	N	D	N	N	N	-	-	171.46	171.46
72195	26	A	A	XXX	4	N	D	N	N	N	-	-	52.21	52.21
72195	TC	A	A	XXX	4	N	D	N	N	Y	5.84	5.84	154.78	154.78
72195		A	A	XXX	4	N	D	N	N	Y	7.82	7.82	207.16	207.16
72196	26	A	A	XXX	4	N	D	N	N	N	-	-	62.28	62.28
72196	TC	A	A	XXX	4	N	D	N	N	N	-	-	168.01	168.01
72196		A	A	XXX	4	N	D	N	N	N	-	-	230.29	230.29
72197	26	A	A	XXX	4	N	D	N	N	N	-	-	79.24	79.24
72197	TC	A	A	XXX	4	N	D	N	N	N	-	-	203.26	203.26
72197		A	A	XXX	4	N	D	N	N	N	-	-	282.23	282.23
72198	26	A	A	XXX	4	N	D	N	N	N	-	-	63.87	63.87
72198	TC	A	A	XXX	4	N	D	N	N	N	-	-	200.61	200.61
72198		A	A	XXX	4	N	D	N	N	N	-	-	264.47	264.47
72200	26	A	A	XXX	N	N	D	N	N	N	-	-	6.10	6.10
72200	TC	A	A	XXX	N	N	D	N	N	N	-	-	12.46	12.46
72200		A	A	XXX	N	N	D	N	N	N	-	-	18.82	18.82
72202	26	A	A	XXX	N	N	D	N	N	N	-	-	6.63	6.63
72202	TC	A	A	XXX	N	N	D	N	N	N	-	-	15.11	15.11
72202		A	A	XXX	N	N	D	N	N	N	-	-	22.00	22.00
72220	26	A	A	XXX	N	N	D	N	N	N	-	-	6.10	6.10
72220	TC	A	A	XXX	N	N	D	N	N	N	-	-	12.46	12.46
72220		A	A	XXX	N	N	D	N	N	N	-	-	18.82	18.82
72240	26	A	A	XXX	N	N	D	N	N	N	-	-	32.33	32.33
72240	TC	A	A	XXX	N	N	D	N	N	N	-	-	33.66	33.66
72240		A	A	XXX	N	N	D	N	N	N	-	-	66.25	66.25
72255	26	A	A	XXX	N	N	D	N	N	N	-	-	33.39	33.39

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
72255	TC	A	A	XXX	N	N	D	N	N	N	-	-	33.13	33.13
72255		A	A	XXX	N	N	D	N	N	N	-	-	66.52	66.52
72265	26	A	A	XXX	N	N	D	N	N	N	-	-	29.42	29.42
72265	TC	A	A	XXX	N	N	D	N	N	N	-	-	32.60	32.60
72265		A	A	XXX	N	N	D	N	N	N	-	-	62.28	62.28
72270	26	A	A	XXX	N	N	D	N	N	N	-	-	48.23	48.23
72270	TC	A	A	XXX	N	N	D	N	N	N	-	-	38.69	38.69
72270		A	A	XXX	N	N	D	N	N	N	-	-	87.19	87.19
72275	26	A	A	XXX	N	N	D	N	N	N	-	-	27.83	27.83
72275	TC	A	A	XXX	N	N	D	N	N	N	-	-	49.03	49.03
72275		A	A	XXX	N	N	D	N	N	N	-	-	76.85	76.85
72285	26	A	A	XXX	N	N	D	N	N	N	-	-	42.67	42.67
72285	TC	A	A	XXX	N	N	D	N	N	N	-	-	33.39	33.39
72285		A	A	XXX	N	N	D	N	N	N	-	-	76.06	76.06
72295	26	A	A	XXX	N	N	D	N	N	N	-	-	31.01	31.01
72295	TC	A	A	XXX	N	N	D	N	N	N	-	-	34.45	34.45
72295		A	A	XXX	N	N	D	N	N	N	-	-	65.72	65.72
73000	26	A	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
73000	TC	A	A	XXX	N	N	D	N	N	N	-	-	12.46	12.46
73000		A	A	XXX	N	N	D	N	N	N	-	-	18.55	18.55
73010	26	A	A	XXX	N	N	D	N	N	N	-	-	6.36	6.36
73010	TC	A	A	XXX	N	N	D	N	N	N	-	-	13.78	13.78
73010		A	A	XXX	N	N	D	N	N	N	-	-	20.14	20.14
73020	26	A	A	XXX	N	N	D	N	N	N	-	-	5.57	5.57
73020	TC	A	A	XXX	N	N	D	N	N	N	-	-	9.54	9.54
73020		A	A	XXX	N	N	D	N	N	N	-	-	15.37	15.37
73030	26	A	A	XXX	N	N	D	N	N	N	-	-	6.63	6.63
73030	TC	A	A	XXX	N	N	D	N	N	N	-	-	12.72	12.72
73030		A	A	XXX	N	N	D	N	N	N	-	-	19.61	19.61
73040	26	A	A	XXX	N	N	D	N	N	N	-	-	19.61	19.61
73040	TC	A	A	XXX	N	N	D	N	N	N	-	-	47.17	47.17
73040		A	A	XXX	N	N	D	N	N	N	-	-	66.78	66.78
73050	26	A	A	XXX	N	B	D	N	N	N	-	-	7.42	7.42
73050	TC	A	A	XXX	N	B	D	N	N	N	-	-	16.17	16.17
73050		A	A	XXX	N	B	D	N	N	N	-	-	23.85	23.85
73060	26	A	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
73060	TC	A	A	XXX	N	N	D	N	N	N	-	-	13.25	13.25
73060		A	A	XXX	N	N	D	N	N	N	-	-	19.35	19.35
73070	26	A	A	XXX	N	N	D	N	N	N	-	-	5.57	5.57
73070	TC	A	A	XXX	N	N	D	N	N	N	-	-	12.19	12.19
73070		A	A	XXX	N	N	D	N	N	N	-	-	18.02	18.02
73080	26	A	A	XXX	N	N	D	N	N	N	-	-	6.10	6.10
73080	TC	A	A	XXX	N	N	D	N	N	N	-	-	14.58	14.58
73080		A	A	XXX	N	N	D	N	N	N	-	-	20.94	20.94
73085	26	A	A	XXX	N	N	D	N	N	N	-	-	20.67	20.67
73085	TC	A	A	XXX	N	N	D	N	N	N	-	-	42.93	42.93
73085		A	A	XXX	N	N	D	N	N	N	-	-	63.60	63.60
73090	26	A	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
73090	TC	A	A	XXX	N	N	D	N	N	N	-	-	11.13	11.13
73090		A	A	XXX	N	N	D	N	N	N	-	-	17.23	17.23
73092	26	A	A	XXX	N	N	D	N	N	N	-	-	5.57	5.57
73092	TC	A	A	XXX	N	N	D	N	N	N	-	-	12.19	12.19
73092		A	A	XXX	N	N	D	N	N	N	-	-	18.29	18.29
73100	26	A	A	XXX	N	N	D	N	N	N	-	-	6.10	6.10
73100	TC	A	A	XXX	N	N	D	N	N	N	-	-	14.58	14.58
73100		A	A	XXX	N	N	D	N	N	N	-	-	20.94	20.94
73110	26	A	A	XXX	N	N	D	N	N	N	-	-	6.10	6.10
73110	TC	A	A	XXX	N	N	D	N	N	N	-	-	16.96	16.96
73110		A	A	XXX	N	N	D	N	N	N	-	-	23.32	23.32

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
73115	26	A	A	XXX	N	N	D	N	N	N	-	-	20.41	20.41
73115 TC		A	A	XXX	N	N	D	N	N	N	-	-	50.35	50.35
73115		A	A	XXX	N	N	D	N	N	N	-	-	70.49	70.49
73120	26	A	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
73120 TC		A	A	XXX	N	N	D	N	N	N	-	-	12.72	12.72
73120		A	A	XXX	N	N	D	N	N	N	-	-	18.82	18.82
73130	26	A	A	XXX	N	N	D	N	N	N	-	-	6.10	6.10
73130 TC		A	A	XXX	N	N	D	N	N	N	-	-	14.84	14.84
73130		A	A	XXX	N	N	D	N	N	N	-	-	21.20	21.20
73140	26	A	A	XXX	N	N	D	N	N	N	-	-	5.04	5.04
73140 TC		A	A	XXX	N	N	D	N	N	N	-	-	16.17	16.17
73140		A	A	XXX	N	N	D	N	N	N	-	-	21.47	21.47
73200	26	A	A	XXX	4	N	D	N	N	N	-	-	36.31	36.31
73200 TC		A	A	XXX	4	N	D	N	N	Y	2.83	2.83	75.06	75.06
73200		A	A	XXX	4	N	D	N	N	Y	4.19	4.19	111.12	111.12
73201	26	A	A	XXX	4	N	D	N	N	N	-	-	41.87	41.87
73201 TC		A	A	XXX	4	N	D	N	N	N	-	-	105.47	105.47
73201		A	A	XXX	4	N	D	N	N	N	-	-	147.34	147.34
73202	26	A	A	XXX	4	N	D	N	N	N	-	-	43.99	43.99
73202 TC		A	A	XXX	4	N	D	N	N	N	-	-	139.13	139.13
73202		A	A	XXX	4	N	D	N	N	N	-	-	182.85	182.85
73206	26	A	A	XXX	4	N	D	N	N	N	-	-	64.40	64.40
73206 TC		A	A	XXX	4	N	D	N	N	N	-	-	153.17	153.17
73206		A	A	XXX	4	N	D	N	N	N	-	-	217.57	217.57
73218	26	A	A	XXX	4	N	D	N	N	N	-	-	48.50	48.50
73218 TC		A	A	XXX	4	N	D	N	N	Y	5.85	5.85	155.12	155.12
73218		A	A	XXX	4	N	D	N	N	Y	7.69	7.69	203.78	203.78
73219	26	A	A	XXX	4	N	D	N	N	N	-	-	58.04	58.04
73219 TC		A	A	XXX	4	N	D	N	N	N	-	-	207.23	207.23
73219		A	A	XXX	4	N	D	N	N	N	-	-	265.00	265.00
73220	26	A	A	XXX	4	N	D	N	N	N	-	-	77.38	77.38
73220 TC		A	A	XXX	4	N	D	N	N	N	-	-	252.55	252.55
73220		A	A	XXX	4	N	D	N	N	N	-	-	329.40	329.40
73221	26	A	A	XXX	4	N	D	N	N	N	-	-	48.76	48.76
73221 TC		A	A	XXX	4	N	D	N	N	N	-	-	109.18	109.18
73221		A	A	XXX	4	N	D	N	N	N	-	-	157.68	157.68
73222	26	A	A	XXX	4	N	D	N	N	N	-	-	58.30	58.30
73222 TC		A	A	XXX	4	N	D	N	N	N	-	-	191.86	191.86
73222		A	A	XXX	4	N	D	N	N	N	-	-	249.90	249.90
73223	26	A	A	XXX	4	N	D	N	N	N	-	-	77.38	77.38
73223 TC		A	A	XXX	4	N	D	N	N	N	-	-	233.47	233.47
73223		A	A	XXX	4	N	D	N	N	N	-	-	310.58	310.58
73225	26	A	R	XXX	4	N	D	N	N	N	-	-	61.48	61.48
73225 TC		A	R	XXX	4	N	N	N	N	Y	6.02	6.02	159.66	159.66
73225		A	R	XXX	4	N	D	N	N	Y	8.35	8.35	221.23	221.23
73501	26	A	A	XXX	N	N	D	N	N	N	-	-	6.63	6.63
73501 TC		A	A	XXX	N	N	D	N	N	N	-	-	13.25	13.25
73501		A	A	XXX	N	N	D	N	N	N	-	-	20.14	20.14
73502	26	A	A	XXX	N	N	D	N	N	N	-	-	7.95	7.95
73502 TC		A	A	XXX	N	N	D	N	N	N	-	-	19.35	19.35
73502		A	A	XXX	N	N	D	N	N	N	-	-	27.56	27.56
73503	26	A	A	XXX	N	N	D	N	N	N	-	-	10.34	10.34
73503 TC		A	A	XXX	N	N	D	N	N	N	-	-	23.85	23.85
73503		A	A	XXX	N	N	D	N	N	N	-	-	34.19	34.19
73521	26	A	A	XXX	N	N	D	N	N	N	-	-	7.95	7.95
73521 TC		A	A	XXX	N	N	D	N	N	N	-	-	16.96	16.96
73521		A	A	XXX	N	N	D	N	N	N	-	-	24.91	24.91
73522	26	A	A	XXX	N	N	D	N	N	N	-	-	10.87	10.87
73522 TC		A	A	XXX	N	N	D	N	N	N	-	-	21.73	21.73

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
73522		A	A	XXX	N	N	D	N	N	N	-	-	32.60	32.60
73523	26	A	A	XXX	N	N	D	N	N	N	-	-	11.66	11.66
73523 TC		A	A	XXX	N	N	D	N	N	N	-	-	25.97	25.97
73523		A	A	XXX	N	N	D	N	N	N	-	-	37.63	37.63
73525	26	A	A	XXX	N	N	D	N	N	N	-	-	20.94	20.94
73525 TC		A	A	XXX	N	N	D	N	N	N	-	-	47.44	47.44
73525		A	A	XXX	N	N	D	N	N	N	-	-	68.64	68.64
73551	26	A	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
73551 TC		A	A	XXX	N	N	D	N	N	N	-	-	12.46	12.46
73551		A	A	XXX	N	N	D	N	N	N	-	-	18.55	18.55
73552	26	A	A	XXX	N	N	D	N	N	N	-	-	6.63	6.63
73552 TC		A	A	XXX	N	N	D	N	N	N	-	-	15.11	15.11
73552		A	A	XXX	N	N	D	N	N	N	-	-	22.00	22.00
73560	26	A	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
73560 TC		A	A	XXX	N	N	D	N	N	N	-	-	14.58	14.58
73560		A	A	XXX	N	N	D	N	N	N	-	-	20.67	20.67
73562	26	A	A	XXX	N	N	D	N	N	N	-	-	6.63	6.63
73562 TC		A	A	XXX	N	N	D	N	N	N	-	-	16.96	16.96
73562		A	A	XXX	N	N	D	N	N	N	-	-	23.59	23.59
73564	26	A	A	XXX	N	N	D	N	N	N	-	-	7.95	7.95
73564 TC		A	A	XXX	N	N	D	N	N	N	-	-	18.29	18.29
73564		A	A	XXX	N	N	D	N	N	N	-	-	26.24	26.24
73565	26	A	A	XXX	N	B	D	N	N	N	-	-	6.10	6.10
73565 TC		A	A	XXX	N	B	D	N	N	N	-	-	17.23	17.23
73565		A	A	XXX	N	B	D	N	N	N	-	-	23.59	23.59
73580	26	A	A	XXX	N	N	D	N	N	N	-	-	20.67	20.67
73580 TC		A	A	XXX	N	N	D	N	N	N	-	-	56.71	56.71
73580		A	A	XXX	N	N	D	N	N	N	-	-	77.38	77.38
73590	26	A	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
73590 TC		A	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
73590		A	A	XXX	N	N	D	N	N	N	-	-	19.08	19.08
73592	26	A	A	XXX	N	N	D	N	N	N	-	-	5.57	5.57
73592 TC		A	A	XXX	N	N	D	N	N	N	-	-	12.19	12.19
73592		A	A	XXX	N	N	D	N	N	N	-	-	18.29	18.29
73600	26	A	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
73600 TC		A	A	XXX	N	N	D	N	N	N	-	-	13.78	13.78
73600		A	A	XXX	N	N	D	N	N	N	-	-	19.88	19.88
73610	26	A	A	XXX	N	N	D	N	N	N	-	-	6.10	6.10
73610 TC		A	A	XXX	N	N	D	N	N	N	-	-	14.58	14.58
73610		A	A	XXX	N	N	D	N	N	N	-	-	20.94	20.94
73615	26	A	A	XXX	N	N	D	N	N	N	-	-	20.67	20.67
73615 TC		A	A	XXX	N	N	D	N	N	N	-	-	50.09	50.09
73615		A	A	XXX	N	N	D	N	N	N	-	-	70.49	70.49
73620	26	A	A	XXX	N	N	D	N	N	N	-	-	5.30	5.30
73620 TC		A	A	XXX	N	N	D	N	N	N	-	-	11.93	11.93
73620		A	A	XXX	N	N	D	N	N	N	-	-	17.49	17.49
73630	26	A	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
73630 TC		A	A	XXX	N	N	D	N	N	N	-	-	13.52	13.52
73630		A	A	XXX	N	N	D	N	N	N	-	-	19.61	19.61
73650	26	A	A	XXX	N	N	D	N	N	N	-	-	5.57	5.57
73650 TC		A	A	XXX	N	N	D	N	N	N	-	-	12.19	12.19
73650		A	A	XXX	N	N	D	N	N	N	-	-	18.29	18.29
73660	26	A	A	XXX	N	N	D	N	N	N	-	-	4.77	4.77
73660 TC		A	A	XXX	N	N	D	N	N	N	-	-	13.78	13.78
73660		A	A	XXX	N	N	D	N	N	N	-	-	19.08	19.08
73700	26	A	A	XXX	4	N	D	N	N	N	-	-	36.31	36.31
73700 TC		A	A	XXX	4	N	D	N	N	Y	2.83	2.83	75.06	75.06
73700		A	A	XXX	4	N	D	N	N	Y	4.19	4.19	111.12	111.12
73701	26	A	A	XXX	4	N	D	N	N	N	-	-	41.87	41.87

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
73701	TC	A	A	XXX	4	N	D	N	N	N	-	-	107.59	107.59
73701		A	A	XXX	4	N	D	N	N	N	-	-	149.20	149.20
73702	26	A	A	XXX	4	N	D	N	N	N	-	-	43.73	43.73
73702	TC	A	A	XXX	4	N	D	N	N	N	-	-	137.01	137.01
73702		A	A	XXX	4	N	D	N	N	N	-	-	180.73	180.73
73706	26	A	A	XXX	4	N	D	N	N	N	-	-	67.84	67.84
73706	TC	A	A	XXX	4	N	D	N	N	Y	6.03	6.03	159.77	159.77
73706		A	A	XXX	4	N	D	N	N	Y	8.59	8.59	227.64	227.64
73718	26	A	A	XXX	4	N	D	N	N	N	-	-	48.50	48.50
73718	TC	A	A	XXX	4	N	D	N	N	N	-	-	153.70	153.70
73718		A	A	XXX	4	N	D	N	N	N	-	-	202.46	202.46
73719	26	A	A	XXX	4	N	D	N	N	N	-	-	58.04	58.04
73719	TC	A	A	XXX	4	N	D	N	N	Y	6.02	6.02	159.66	159.66
73719		A	A	XXX	4	N	D	N	N	Y	8.22	8.22	217.85	217.85
73720	26	A	A	XXX	4	N	D	N	N	N	-	-	77.12	77.12
73720	TC	A	A	XXX	4	N	D	N	N	N	-	-	204.85	204.85
73720		A	A	XXX	4	N	D	N	N	N	-	-	281.43	281.43
73721	26	A	A	XXX	4	N	D	N	N	N	-	-	48.76	48.76
73721	TC	A	A	XXX	4	N	D	N	N	N	-	-	109.18	109.18
73721		A	A	XXX	4	N	D	N	N	N	-	-	157.68	157.68
73722	26	A	A	XXX	4	N	D	N	N	N	-	-	58.30	58.30
73722	TC	A	A	XXX	4	N	D	N	N	N	-	-	193.45	193.45
73722		A	A	XXX	4	N	D	N	N	N	-	-	251.49	251.49
73723	26	A	A	XXX	4	N	D	N	N	N	-	-	77.12	77.12
73723	TC	A	A	XXX	4	N	D	N	N	N	-	-	233.47	233.47
73723		A	A	XXX	4	N	D	N	N	N	-	-	310.05	310.05
73725	26	A	R	XXX	4	N	D	N	N	N	-	-	64.66	64.66
73725	TC	A	R	XXX	4	N	D	N	N	N	-	-	200.08	200.08
73725		A	R	XXX	4	N	D	N	N	N	-	-	264.74	264.74
74018	26	A	A	XXX	N	N	D	N	N	N	-	-	6.36	6.36
74018	TC	A	A	XXX	N	N	D	N	N	N	-	-	11.66	11.66
74018		A	A	XXX	N	N	D	N	N	N	-	-	18.29	18.29
74019	26	A	A	XXX	N	N	D	N	N	N	-	-	8.22	8.22
74019	TC	A	A	XXX	N	N	D	N	N	N	-	-	13.78	13.78
74019		A	A	XXX	N	N	D	N	N	N	-	-	22.26	22.26
74021	26	A	A	XXX	N	N	D	N	N	N	-	-	10.07	10.07
74021	TC	A	A	XXX	N	N	D	N	N	N	-	-	16.17	16.17
74021		A	A	XXX	N	N	D	N	N	N	-	-	26.24	26.24
74022	26	A	A	XXX	N	N	D	N	N	N	-	-	11.66	11.66
74022	TC	A	A	XXX	N	N	D	N	N	N	-	-	18.29	18.29
74022		A	A	XXX	N	N	D	N	N	N	-	-	29.95	29.95
74150	26	A	A	XXX	4	N	D	N	N	N	-	-	42.93	42.93
74150	TC	A	A	XXX	4	N	D	N	N	N	-	-	57.77	57.77
74150		A	A	XXX	4	N	D	N	N	N	-	-	100.70	100.70
74160	26	A	A	XXX	4	N	D	N	N	N	-	-	45.58	45.58
74160	TC	A	A	XXX	4	N	D	N	N	N	-	-	107.33	107.33
74160		A	A	XXX	4	N	D	N	N	N	-	-	152.91	152.91
74170	26	A	A	XXX	4	N	D	N	N	N	-	-	50.35	50.35
74170	TC	A	A	XXX	4	N	D	N	N	N	-	-	123.23	123.23
74170		A	A	XXX	4	N	D	N	N	N	-	-	173.84	173.84
74174	26	A	A	XXX	4	N	D	N	N	N	-	-	78.44	78.44
74174	TC	A	A	XXX	4	N	D	N	N	Y	6.02	6.02	159.66	159.66
74174		A	A	XXX	4	N	D	N	N	Y	8.98	8.98	237.93	237.93
74175	26	A	A	XXX	4	N	D	N	N	N	-	-	64.93	64.93
74175	TC	A	A	XXX	4	N	D	N	N	N	-	-	139.39	139.39
74175		A	A	XXX	4	N	D	N	N	N	-	-	204.05	204.05
74176	26	A	A	XXX	4	N	N	N	N	N	-	-	62.54	62.54
74176	TC	A	A	XXX	4	N	N	N	N	N	-	-	72.61	72.61
74176		A	A	XXX	4	N	N	N	N	N	-	-	135.15	135.15

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
74177	26	A	A	XXX	4	N	N	N	N	N	-	-	65.46	65.46
74177 TC		A	A	XXX	4	N	N	N	N	N	-	-	141.25	141.25
74177		A	A	XXX	4	N	N	N	N	N	-	-	206.70	206.70
74178	26	A	A	XXX	4	N	N	N	N	N	-	-	71.82	71.82
74178 TC		A	A	XXX	4	N	N	N	N	Y	6.02	6.02	159.66	159.66
74178		A	A	XXX	4	N	N	N	N	Y	8.73	8.73	231.47	231.47
74181	26	A	A	XXX	4	N	D	N	N	N	-	-	52.21	52.21
74181 TC		A	A	XXX	4	N	D	N	N	N	-	-	134.36	134.36
74181		A	A	XXX	4	N	D	N	N	N	-	-	187.09	187.09
74182	26	A	A	XXX	4	N	D	N	N	N	-	-	62.28	62.28
74182 TC		A	A	XXX	4	N	D	N	N	N	-	-	190.54	190.54
74182		A	A	XXX	4	N	D	N	N	N	-	-	252.81	252.81
74183	26	A	A	XXX	4	N	D	N	N	N	-	-	79.24	79.24
74183 TC		A	A	XXX	4	N	D	N	N	N	-	-	204.05	204.05
74183		A	A	XXX	4	N	D	N	N	N	-	-	283.02	283.02
74185	26	A	R	XXX	4	N	D	N	N	N	-	-	64.13	64.13
74185 TC		A	R	XXX	4	N	D	N	N	N	-	-	201.93	201.93
74185		A	R	XXX	4	N	D	N	N	N	-	-	266.06	266.06
74190	26	C	A	XXX	N	N	D	N	N	N	-	-	16.96	16.96
74190 TC		C	C	XXX	N	N	D	N	N	Y	11.59	11.59	307.16	307.16
74190		C	C	XXX	N	N	D	N	N	Y	12.23	12.23	324.11	324.11
74210	26	A	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
74210 TC		A	A	XXX	N	N	D	N	N	N	-	-	38.43	38.43
74210		A	A	XXX	N	N	D	N	N	N	-	-	51.41	51.41
74220	26	A	A	XXX	N	N	D	N	N	N	-	-	16.70	16.70
74220 TC		A	A	XXX	N	N	D	N	N	N	-	-	41.87	41.87
74220		A	A	XXX	N	N	D	N	N	N	-	-	58.30	58.30
74230	26	A	A	XXX	N	N	D	N	N	N	-	-	19.08	19.08
74230 TC		A	A	XXX	N	N	D	N	N	N	-	-	65.72	65.72
74230		A	A	XXX	N	N	D	N	N	N	-	-	84.80	84.80
74235	26	C	A	XXX	N	N	D	N	N	N	-	-	44.52	44.52
74235 TC		C	C	XXX	N	N	D	N	N	N	-	-	-	-
74235		C	C	XXX	N	N	D	N	N	N	-	-	-	-
74240	26	A	A	XXX	N	N	D	N	N	N	-	-	24.91	24.91
74240 TC		A	A	XXX	N	N	D	N	N	N	-	-	50.09	50.09
74240		A	A	XXX	N	N	D	N	N	N	-	-	75.00	75.00
74241	26	A	A	XXX	N	N	D	N	N	N	-	-	24.65	24.65
74241 TC		A	A	XXX	N	N	D	N	N	N	-	-	53.00	53.00
74241		A	A	XXX	N	N	D	N	N	N	-	-	77.65	77.65
74245	26	A	A	XXX	N	N	D	N	N	N	-	-	32.60	32.60
74245 TC		A	A	XXX	N	N	D	N	N	Y	2.83	2.83	75.06	75.06
74245		A	A	XXX	N	N	D	N	N	Y	4.07	4.07	107.80	107.80
74246	26	A	A	XXX	N	N	D	N	N	N	-	-	24.65	24.65
74246 TC		A	A	XXX	N	N	D	N	N	N	-	-	58.83	58.83
74246		A	A	XXX	N	N	D	N	N	N	-	-	83.74	83.74
74247	26	A	A	XXX	N	N	D	N	N	N	-	-	24.65	24.65
74247 TC		A	A	XXX	N	N	D	N	N	N	-	-	68.37	68.37
74247		A	A	XXX	N	N	D	N	N	N	-	-	93.28	93.28
74249	26	A	A	XXX	N	N	D	N	N	N	-	-	32.60	32.60
74249 TC		A	A	XXX	N	N	D	N	N	N	-	-	88.25	88.25
74249		A	A	XXX	N	N	D	N	N	N	-	-	121.11	121.11
74250	26	A	A	XXX	N	N	D	N	N	N	-	-	16.96	16.96
74250 TC		A	A	XXX	N	N	D	N	N	N	-	-	51.15	51.15
74250		A	A	XXX	N	N	D	N	N	N	-	-	68.11	68.11
74251	26	A	A	XXX	N	N	D	N	N	N	-	-	24.65	24.65
74251 TC		A	A	XXX	N	N	D	N	N	Y	2.84	2.84	75.29	75.29
74251		A	A	XXX	N	N	D	N	N	Y	3.77	3.77	100.00	100.00
74260	26	A	A	XXX	N	N	D	N	N	N	-	-	18.02	18.02
74260 TC		A	A	XXX	N	N	D	N	N	Y	2.83	2.83	75.06	75.06

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
74260		A	A	XXX	N	N	D	N	N	Y	3.52	3.52	93.21	93.21
74261	26	A	A	XXX	4	N	D	N	N	N	-	-	86.13	86.13
74261	TC	A	A	XXX	4	N	D	N	N	Y	2.83	2.83	75.06	75.06
74261		A	A	XXX	4	N	D	N	N	Y	6.09	6.09	161.29	161.29
74262	26	A	A	XXX	4	N	D	N	N	N	-	-	89.84	89.84
74262	TC	A	A	XXX	4	N	D	N	N	Y	6.02	6.02	159.55	159.55
74262		A	A	XXX	4	N	D	N	N	Y	9.41	9.41	249.24	249.24
74263	26	Not Covered	N	XXX	N	N	N	N	N	N	-	-	80.56	80.56
74263	TC	Not Covered	N	XXX	N	N	N	N	N	N	-	-	416.85	416.85
74263		Not Covered	N	XXX	N	N	N	N	N	N	-	-	497.41	497.41
74270	26	A	A	XXX	N	N	D	N	N	N	-	-	24.65	24.65
74270	TC	A	A	XXX	N	N	D	N	N	N	-	-	74.20	74.20
74270		A	A	XXX	N	N	D	N	N	N	-	-	98.85	98.85
74280	26	A	A	XXX	N	N	D	N	N	N	-	-	35.78	35.78
74280	TC	A	A	XXX	N	N	D	N	N	N	-	-	104.68	104.68
74280		A	A	XXX	N	N	D	N	N	N	-	-	140.45	140.45
74283	26	A	A	XXX	N	N	D	N	N	N	-	-	73.94	73.94
74283	TC	A	A	XXX	N	N	D	N	N	N	-	-	68.37	68.37
74283		A	A	XXX	N	N	D	N	N	N	-	-	142.31	142.31
74290	26	A	A	XXX	N	N	D	N	N	N	-	-	11.66	11.66
74290	TC	A	A	XXX	N	N	D	N	N	N	-	-	34.45	34.45
74290		A	A	XXX	N	N	D	N	N	N	-	-	46.11	46.11
74300	26	C	A	XXX	N	N	D	N	N	N	-	-	13.25	13.25
74300	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
74300		C	C	XXX	N	N	D	N	N	N	-	-	-	-
74301	26	C	A	ZZZ	N	N	D	N	N	N	-	-	7.69	7.69
74301	TC	C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
74301		C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
74328	26	C	A	XXX	N	N	D	N	N	N	-	-	25.44	25.44
74328	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
74328		C	C	XXX	N	N	D	N	N	N	-	-	-	-
74329	26	C	A	XXX	N	N	D	N	N	N	-	-	25.71	25.71
74329	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
74329		C	C	XXX	N	N	D	N	N	N	-	-	-	-
74330	26	C	A	XXX	N	N	D	N	N	N	-	-	32.60	32.60
74330	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
74330		C	C	XXX	N	N	D	N	N	N	-	-	-	-
74340	26	C	A	XXX	N	N	D	N	N	N	-	-	19.35	19.35
74340	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
74340		C	C	XXX	N	N	D	N	N	N	-	-	-	-
74355	26	C	A	XXX	N	N	D	N	N	N	-	-	28.36	28.36
74355	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
74355		C	C	XXX	N	N	D	N	N	N	-	-	-	-
74360	26	C	A	XXX	N	N	D	N	N	N	-	-	20.14	20.14
74360	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
74360		C	C	XXX	N	N	D	N	N	N	-	-	-	-
74363	26	C	A	XXX	N	N	D	N	N	N	-	-	30.48	30.48
74363	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
74363		C	C	XXX	N	N	D	N	N	N	-	-	-	-
74400	26	A	A	XXX	N	N	D	N	N	N	-	-	17.49	17.49
74400	TC	A	A	XXX	N	N	D	N	N	N	-	-	54.59	54.59
74400		A	A	XXX	N	N	D	N	N	N	-	-	72.08	72.08
74410	26	A	A	XXX	N	N	D	N	N	N	-	-	17.49	17.49
74410	TC	A	A	XXX	N	N	D	N	N	N	-	-	55.39	55.39
74410		A	A	XXX	N	N	D	N	N	N	-	-	73.14	73.14
74415	26	A	A	XXX	N	N	D	N	N	N	-	-	17.49	17.49
74415	TC	A	A	XXX	N	N	D	N	N	N	-	-	71.55	71.55
74415		A	A	XXX	N	N	D	N	N	N	-	-	89.31	89.31
74420	26	C	A	XXX	N	N	D	N	N	N	-	-	12.46	12.46

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

1. A - Active Code
2. B - Bundled code
3. C - Carrier-Priced
4. T- Injections and other minor services
5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
6. Manual - Claims are pended for review and pricing.
7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
74420	TC	C	C	XXX	N	N	D	N	N	Y	10.87	10.87	288.09	288.09
74420		C	C	XXX	N	N	D	N	N	Y	11.34	11.34	300.59	300.59
74425	26	C	A	XXX	N	N	D	N	N	N	-	-	12.72	12.72
74425	TC	C	C	XXX	N	N	D	N	N	Y	6.02	6.02	159.55	159.55
74425		C	C	XXX	N	N	D	N	N	Y	6.50	6.50	172.17	172.17
74430	26	A	A	XXX	N	N	D	N	N	N	-	-	11.66	11.66
74430	TC	A	A	XXX	N	N	D	N	N	N	-	-	14.05	14.05
74430		A	A	XXX	N	N	D	N	N	N	-	-	25.97	25.97
74440	26	A	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
74440	TC	A	A	XXX	N	N	D	N	N	N	-	-	39.75	39.75
74440		A	A	XXX	N	N	D	N	N	N	-	-	53.00	53.00
74445	26	C	A	XXX	N	N	D	N	N	N	-	-	39.75	39.75
74445	TC	C	C	XXX	N	N	D	N	N	Y	2.83	2.83	75.06	75.06
74445		C	C	XXX	N	N	D	N	N	Y	4.34	4.34	114.93	114.93
74450	26	C	A	XXX	N	N	D	N	N	N	-	-	11.93	11.93
74450	TC	C	C	XXX	N	N	D	N	N	Y	5.84	5.84	154.78	154.78
74450		C	C	XXX	N	N	D	N	N	Y	6.29	6.29	166.64	166.64
74455	26	A	A	XXX	N	N	D	N	N	N	-	-	11.93	11.93
74455	TC	A	A	XXX	N	N	D	N	N	N	-	-	42.40	42.40
74455		A	A	XXX	N	N	D	N	N	N	-	-	54.33	54.33
74470	26	C	A	XXX	N	N	D	N	N	N	-	-	18.82	18.82
74470	TC	C	C	XXX	N	N	D	N	N	Y	5.84	5.84	154.78	154.78
74470		C	C	XXX	N	N	D	N	N	Y	6.56	6.56	173.72	173.72
74485	26	A	A	XXX	N	N	D	N	N	N	-	-	18.55	18.55
74485	TC	A	A	XXX	N	N	D	N	N	N	-	-	42.67	42.67
74485		A	A	XXX	N	N	D	N	N	N	-	-	61.48	61.48
74710	26	A	A	XXX	N	N	D	N	N	N	-	-	12.46	12.46
74710	TC	A	A	XXX	N	N	D	N	N	N	-	-	12.19	12.19
74710		A	A	XXX	N	N	D	N	N	N	-	-	24.91	24.91
74712	26	A	A	XXX	4	N	D	N	N	N	-	-	107.86	107.86
74712	TC	A	A	XXX	4	N	D	N	N	Y	2.83	2.83	75.06	75.06
74712		A	A	XXX	4	N	D	N	N	Y	6.90	6.90	182.90	182.90
74713	26	A	A	ZZZ	N	N	D	N	N	N	-	-	66.78	66.78
74713	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	93.28	93.28
74713		A	A	ZZZ	N	N	D	N	N	N	-	-	160.33	160.33
74740	26	A	A	XXX	N	N	D	N	N	N	-	-	13.78	13.78
74740	TC	A	A	XXX	N	N	D	N	N	N	-	-	35.78	35.78
74740		A	A	XXX	N	N	D	N	N	N	-	-	49.56	49.56
74742	26	C	A	XXX	N	N	D	N	N	N	-	-	22.26	22.26
74742	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
74742		C	C	XXX	N	N	D	N	N	N	-	-	-	-
74775	26	C	A	XXX	N	N	D	N	N	N	-	-	22.53	22.53
74775	TC	C	C	XXX	N	N	D	N	N	Y	2.83	2.83	75.06	75.06
74775		C	C	XXX	N	N	D	N	N	Y	3.68	3.68	97.53	97.53
75557	26	A	A	XXX	4	N	D	N	N	N	-	-	82.68	82.68
75557	TC	A	A	XXX	4	N	D	N	N	N	-	-	137.27	137.27
75557		A	A	XXX	4	N	D	N	N	N	-	-	220.22	220.22
75559	26	A	A	XXX	4	N	D	N	N	N	-	-	102.03	102.03
75559	TC	A	A	XXX	4	N	D	N	N	Y	5.85	5.85	155.12	155.12
75559		A	A	XXX	4	N	D	N	N	Y	9.70	9.70	257.13	257.13
75561	26	A	A	XXX	4	N	D	N	N	N	-	-	91.43	91.43
75561	TC	A	A	XXX	4	N	D	N	N	N	-	-	196.90	196.90
75561		A	A	XXX	4	N	D	N	N	N	-	-	288.06	288.06
75563	26	A	A	XXX	4	N	D	N	N	N	-	-	104.94	104.94
75563	TC	A	A	XXX	4	N	D	N	N	N	-	-	237.71	237.71
75563		A	A	XXX	4	N	D	N	N	N	-	-	342.38	342.38
75565	26	A	A	ZZZ	N	N	D	N	N	N	-	-	8.75	8.75
75565	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	27.30	27.30
75565		A	A	ZZZ	N	N	D	N	N	N	-	-	36.04	36.04

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
75571		Not Covered	A	XXX	4	N	D	N	N	N	-	-	20.67	20.67
75571	TC	Not Covered	A	XXX	4	N	D	N	N	Y	1.49	1.49	39.40	39.40
75571		Not Covered	A	XXX	4	N	D	N	N	Y	2.27	2.27	60.05	60.05
75572	26	A	A	XXX	4	N	D	N	N	N	-	-	62.28	62.28
75572	TC	A	A	XXX	4	N	D	N	N	N	-	-	127.73	127.73
75572		A	A	XXX	4	N	D	N	N	N	-	-	189.74	189.74
75573	26	A	A	XXX	4	N	D	N	N	N	-	-	90.10	90.10
75573	TC	A	A	XXX	4	N	D	N	N	Y	6.02	6.02	159.66	159.66
75573		A	A	XXX	4	N	D	N	N	Y	9.42	9.42	249.73	249.73
75574	26	A	A	XXX	4	N	D	N	N	N	-	-	84.80	84.80
75574	TC	A	A	XXX	4	N	D	N	N	Y	6.02	6.02	159.66	159.66
75574		A	A	XXX	4	N	D	N	N	Y	9.22	9.22	244.30	244.30
75600	26	A	A	XXX	6	N	D	N	N	N	-	-	17.49	17.49
75600	TC	A	A	XXX	6	N	D	N	N	N	-	-	113.16	113.16
75600		A	A	XXX	6	N	D	N	N	N	-	-	130.91	130.91
75605	26	A	A	XXX	6	N	D	N	N	N	-	-	40.28	40.28
75605	TC	A	A	XXX	6	N	D	N	N	N	-	-	52.74	52.74
75605		A	A	XXX	6	N	D	N	N	N	-	-	93.02	93.02
75625	26	A	A	XXX	6	N	D	N	N	N	-	-	41.08	41.08
75625	TC	A	A	XXX	6	N	D	N	N	N	-	-	51.94	51.94
75625		A	A	XXX	6	N	D	N	N	N	-	-	93.02	93.02
75630	26	A	A	XXX	6	N	D	N	N	N	-	-	63.87	63.87
75630	TC	A	A	XXX	6	N	D	N	N	N	-	-	52.74	52.74
75630		A	A	XXX	6	N	D	N	N	N	-	-	116.87	116.87
75635	26	A	A	XXX	4	N	D	N	N	N	-	-	85.07	85.07
75635	TC	A	A	XXX	4	N	D	N	N	Y	6.02	6.02	159.66	159.66
75635		A	A	XXX	4	N	D	N	N	Y	9.24	9.24	244.75	244.75
75705	26	A	A	XXX	6	N	D	N	N	N	-	-	84.80	84.80
75705	TC	A	A	XXX	6	N	D	N	N	N	-	-	88.78	88.78
75705		A	A	XXX	6	N	D	N	N	N	-	-	173.31	173.31
75710	26	A	A	XXX	6	N	D	N	N	N	-	-	63.07	63.07
75710	TC	A	A	XXX	6	N	D	N	N	N	-	-	55.12	55.12
75710		A	A	XXX	6	N	D	N	N	N	-	-	118.46	118.46
75716	26	A	A	XXX	6	B	D	N	N	N	-	-	70.23	70.23
75716	TC	A	A	XXX	6	B	D	N	N	N	-	-	63.34	63.34
75716		A	A	XXX	6	B	D	N	N	N	-	-	133.56	133.56
75726	26	A	A	XXX	6	N	D	N	N	N	-	-	39.75	39.75
75726	TC	A	A	XXX	6	N	D	N	N	N	-	-	60.16	60.16
75726		A	A	XXX	6	N	D	N	N	N	-	-	100.17	100.17
75731	26	A	A	XXX	6	N	D	N	N	N	-	-	41.08	41.08
75731	TC	A	A	XXX	6	N	D	N	N	N	-	-	73.94	73.94
75731		A	A	XXX	6	N	D	N	N	N	-	-	115.01	115.01
75733	26	A	A	XXX	6	B	D	N	N	N	-	-	45.58	45.58
75733	TC	A	A	XXX	6	B	D	N	N	N	-	-	78.18	78.18
75733		A	A	XXX	6	B	D	N	N	N	-	-	123.49	123.49
75736	26	A	A	XXX	6	N	D	N	N	N	-	-	39.75	39.75
75736	TC	A	A	XXX	6	N	D	N	N	N	-	-	67.58	67.58
75736		A	A	XXX	6	N	D	N	N	N	-	-	107.33	107.33
75741	26	A	A	XXX	6	N	D	N	N	N	-	-	45.32	45.32
75741	TC	A	A	XXX	6	N	D	N	N	N	-	-	55.65	55.65
75741		A	A	XXX	6	N	D	N	N	N	-	-	101.23	101.23
75743	26	A	A	XXX	6	B	D	N	N	N	-	-	58.30	58.30
75743	TC	A	A	XXX	6	B	D	N	N	N	-	-	56.45	56.45
75743		A	A	XXX	6	B	D	N	N	N	-	-	114.48	114.48
75746	26	A	A	XXX	6	N	D	N	N	N	-	-	40.02	40.02
75746	TC	A	A	XXX	6	N	D	N	N	N	-	-	62.01	62.01
75746		A	A	XXX	6	N	D	N	N	N	-	-	101.76	101.76
75756	26	A	A	XXX	6	N	D	N	N	N	-	-	41.61	41.61
75756	TC	A	A	XXX	6	N	D	N	N	N	-	-	74.47	74.47

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
75756		A	A	XXX	6	N	D	N	N	N	-	-	116.07	116.07
75774	26	A	A	ZZZ	N	N	D	N	N	N	-	-	12.72	12.72
75774	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	44.52	44.52
75774		A	A	ZZZ	N	N	D	N	N	N	-	-	57.24	57.24
75801	26	C	A	XXX	N	N	D	N	N	N	-	-	32.60	32.60
75801	TC	C	C	XXX	N	N	D	N	N	Y	14.58	14.58	386.42	386.42
75801		C	C	XXX	N	N	D	N	N	Y	15.82	15.82	419.23	419.23
75803	26	C	A	XXX	N	B	D	N	N	N	-	-	43.46	43.46
75803	TC	C	C	XXX	N	B	D	N	N	Y	14.58	14.58	386.42	386.42
75803		C	C	XXX	N	B	D	N	N	Y	16.22	16.22	429.80	429.80
75805	26	C	A	XXX	N	N	D	N	N	N	-	-	28.09	28.09
75805	TC	C	C	XXX	N	N	D	N	N	Y	23.40	23.40	620.11	620.11
75805		C	C	XXX	N	N	D	N	N	Y	24.47	24.47	648.47	648.47
75807	26	C	A	XXX	N	B	D	N	N	N	-	-	40.81	40.81
75807	TC	C	C	XXX	N	B	D	N	N	Y	59.34	59.34	1,572.59	1,572.59
75807		C	C	XXX	N	B	D	N	N	Y	60.88	60.88	1,613.35	1,613.35
75809	26	A	A	XXX	6	N	D	N	N	N	-	-	16.96	16.96
75809	TC	A	A	XXX	6	N	D	N	N	N	-	-	48.23	48.23
75809		A	A	XXX	6	N	D	N	N	N	-	-	65.19	65.19
75810	26	C	A	XXX	N	N	D	N	N	N	-	-	39.22	39.22
75810	TC	C	C	XXX	N	N	D	N	N	Y	23.40	23.40	620.11	620.11
75810		C	C	XXX	N	N	D	N	N	Y	24.88	24.88	659.42	659.42
75820	26	A	A	XXX	6	N	D	N	N	N	-	-	25.44	25.44
75820	TC	A	A	XXX	6	N	D	N	N	N	-	-	51.94	51.94
75820		A	A	XXX	6	N	D	N	N	N	-	-	77.12	77.12
75822	26	A	A	XXX	6	B	D	N	N	N	-	-	37.63	37.63
75822	TC	A	A	XXX	6	B	D	N	N	N	-	-	53.53	53.53
75822		A	A	XXX	6	B	D	N	N	N	-	-	91.43	91.43
75825	26	A	A	XXX	6	N	D	N	N	N	-	-	40.81	40.81
75825	TC	A	A	XXX	6	N	D	N	N	N	-	-	50.35	50.35
75825		A	A	XXX	6	N	D	N	N	N	-	-	91.43	91.43
75827	26	A	A	XXX	6	N	D	N	N	N	-	-	41.08	41.08
75827	TC	A	A	XXX	6	N	D	N	N	N	-	-	53.00	53.00
75827		A	A	XXX	6	N	D	N	N	N	-	-	94.08	94.08
75831	26	A	A	XXX	6	N	D	N	N	N	-	-	40.02	40.02
75831	TC	A	A	XXX	6	N	D	N	N	N	-	-	54.59	54.59
75831		A	A	XXX	6	N	D	N	N	N	-	-	94.61	94.61
75833	26	A	A	XXX	6	B	D	N	N	N	-	-	53.53	53.53
75833	TC	A	A	XXX	6	B	D	N	N	N	-	-	60.16	60.16
75833		A	A	XXX	6	B	D	N	N	N	-	-	113.42	113.42
75840	26	A	A	XXX	6	N	D	N	N	N	-	-	41.08	41.08
75840	TC	A	A	XXX	6	N	D	N	N	N	-	-	58.30	58.30
75840		A	A	XXX	6	N	D	N	N	N	-	-	99.38	99.38
75842	26	A	A	XXX	6	B	D	N	N	N	-	-	53.80	53.80
75842	TC	A	A	XXX	6	B	D	N	N	N	-	-	66.25	66.25
75842		A	A	XXX	6	B	D	N	N	N	-	-	119.78	119.78
75860	26	A	A	XXX	6	N	D	N	N	N	-	-	40.55	40.55
75860	TC	A	A	XXX	6	N	D	N	N	N	-	-	56.71	56.71
75860		A	A	XXX	6	N	D	N	N	N	-	-	97.26	97.26
75870	26	A	A	XXX	6	N	D	N	N	N	-	-	41.08	41.08
75870	TC	A	A	XXX	6	N	D	N	N	N	-	-	58.30	58.30
75870		A	A	XXX	6	N	D	N	N	N	-	-	99.38	99.38
75872	26	A	A	XXX	6	N	D	N	N	N	-	-	41.08	41.08
75872	TC	A	A	XXX	6	N	D	N	N	N	-	-	58.30	58.30
75872		A	A	XXX	6	N	D	N	N	N	-	-	99.38	99.38
75880	26	A	A	XXX	6	N	D	N	N	N	-	-	25.18	25.18
75880	TC	A	A	XXX	6	N	D	N	N	N	-	-	58.30	58.30
75880		A	A	XXX	6	N	D	N	N	N	-	-	83.48	83.48
75885	26	A	A	XXX	6	N	D	N	N	N	-	-	49.29	49.29

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
75885	TC	A	A	XXX	6	N	D	N	N	N	-	-	56.71	56.71
75885		A	A	XXX	6	N	D	N	N	N	-	-	106.00	106.00
75887	26	A	A	XXX	6	N	D	N	N	N	-	-	49.03	49.03
75887	TC	A	A	XXX	6	N	D	N	N	N	-	-	56.71	56.71
75887		A	A	XXX	6	N	D	N	N	N	-	-	106.00	106.00
75889	26	A	A	XXX	6	N	D	N	N	N	-	-	39.22	39.22
75889	TC	A	A	XXX	6	N	D	N	N	N	-	-	56.98	56.98
75889		A	A	XXX	6	N	D	N	N	N	-	-	96.20	96.20
75891	26	A	A	XXX	6	N	D	N	N	N	-	-	39.75	39.75
75891	TC	A	A	XXX	6	N	D	N	N	N	-	-	57.24	57.24
75891		A	A	XXX	6	N	D	N	N	N	-	-	96.99	96.99
75893	26	A	A	XXX	6	N	D	N	N	N	-	-	19.35	19.35
75893	TC	A	A	XXX	6	N	D	N	N	N	-	-	59.89	59.89
75893		A	A	XXX	6	N	D	N	N	N	-	-	79.24	79.24
75894	26	C	A	XXX	N	N	D	N	N	N	-	-	53.27	53.27
75894	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
75894		C	C	XXX	N	N	D	N	N	N	-	-	-	-
75898	26	C	A	XXX	N	N	D	N	N	N	-	-	66.25	66.25
75898	TC	C	C	XXX	N	N	D	N	N	Y	23.40	23.40	620.11	620.11
75898		C	C	XXX	N	N	D	N	N	Y	25.90	25.90	686.39	686.39
75901	26	A	A	XXX	N	N	D	N	N	N	-	-	16.96	16.96
75901	TC	A	A	XXX	N	N	D	N	N	N	-	-	99.91	99.91
75901		A	A	XXX	N	N	D	N	N	N	-	-	116.87	116.87
75902	26	A	A	XXX	N	N	D	N	N	N	-	-	13.78	13.78
75902	TC	A	A	XXX	N	N	D	N	N	N	-	-	34.19	34.19
75902		A	A	XXX	N	N	D	N	N	N	-	-	47.97	47.97
75956	26	C	A	XXX	N	N	D	N	N	N	-	-	259.17	259.17
75956	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
75956		C	C	XXX	N	N	D	N	N	N	-	-	-	-
75957	26	C	A	XXX	N	N	D	N	N	N	-	-	222.07	222.07
75957	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
75957		C	C	XXX	N	N	D	N	N	N	-	-	-	-
75958	26	C	A	XXX	N	N	D	N	N	N	-	-	147.61	147.61
75958	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
75958		C	C	XXX	N	N	D	N	N	N	-	-	-	-
75959	26	C	A	XXX	N	N	D	N	N	N	-	-	129.85	129.85
75959	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
75959		C	C	XXX	N	N	D	N	N	N	-	-	-	-
75970	26	C	A	XXX	N	N	D	N	N	N	-	-	28.36	28.36
75970	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
75970		C	C	XXX	N	N	D	N	N	N	-	-	-	-
75984	26	A	A	XXX	N	N	D	N	N	N	-	-	25.18	25.18
75984	TC	A	A	XXX	N	N	D	N	N	N	-	-	45.58	45.58
75984		A	A	XXX	N	N	D	N	N	N	-	-	70.76	70.76
75989	26	A	A	XXX	N	N	D	N	N	N	-	-	41.87	41.87
75989	TC	A	A	XXX	N	N	D	N	N	N	-	-	40.55	40.55
75989		A	A	XXX	N	N	D	N	N	N	-	-	82.68	82.68
76000	26	A	A	XXX	N	N	D	N	N	N	-	-	6.36	6.36
76000	TC	A	A	XXX	N	N	D	N	N	N	-	-	24.91	24.91
76000		A	A	XXX	N	N	D	N	N	N	-	-	31.54	31.54
76001	26	C	A	XXX	N	N	D	N	N	N	-	-	27.03	27.03
76001	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
76001		C	C	XXX	N	N	D	N	N	N	-	-	-	-
76010	26	A	A	XXX	N	N	D	N	N	N	-	-	6.36	6.36
76010	TC	A	A	XXX	N	N	D	N	N	N	-	-	10.87	10.87
76010		A	A	XXX	N	N	D	N	N	N	-	-	17.49	17.49
76080	26	A	A	XXX	N	N	D	N	N	N	-	-	18.82	18.82
76080	TC	A	A	XXX	N	N	D	N	N	N	-	-	18.55	18.55
76080		A	A	XXX	N	N	D	N	N	N	-	-	37.10	37.10

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
76098	26	A	A	XXX	N	N	D	N	N	N	-	-	5.57	5.57
76098	TC	A	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
76098		A	A	XXX	N	N	D	N	N	N	-	-	11.66	11.66
76100	26	A	A	XXX	N	N	D	N	N	N	-	-	22.53	22.53
76100	TC	A	A	XXX	N	N	D	N	N	N	-	-	38.43	38.43
76100		A	A	XXX	N	N	D	N	N	N	-	-	61.22	61.22
76101	26	A	A	XXX	N	N	D	N	N	N	-	-	21.47	21.47
76101	TC	A	A	XXX	N	N	D	N	N	N	-	-	50.09	50.09
76101		A	A	XXX	N	N	D	N	N	N	-	-	71.55	71.55
76102	26	A	A	XXX	N	B	D	N	N	N	-	-	24.91	24.91
76102	TC	A	A	XXX	N	B	D	N	N	Y	2.84	2.84	75.18	75.18
76102		A	A	XXX	N	B	D	N	N	Y	3.78	3.78	100.27	100.27
76120	26	A	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
76120	TC	A	A	XXX	N	N	D	N	N	N	-	-	47.97	47.97
76120		A	A	XXX	N	N	D	N	N	N	-	-	60.95	60.95
76125	26	C	A	ZZZ	N	N	D	N	N	N	-	-	10.07	10.07
76125	TC	C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
76125		C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
76140		C	I	XXX	N	N	N	N	N	N	-	-	-	-
76376	26 Not Covered	A	A	XXX	N	N	D	N	N	N	-	-	6.89	6.89
76376	TC Not Covered	A	A	XXX	N	N	D	N	N	N	-	-	8.75	8.75
76376		A	A	XXX	N	N	D	N	N	N	-	-	15.90	15.90
76377	26 Not Covered	A	A	XXX	N	N	D	N	N	N	-	-	28.36	28.36
76377	TC Not Covered	A	A	XXX	N	N	D	N	N	N	-	-	20.14	20.14
76377		A	A	XXX	N	N	D	N	N	N	-	-	48.50	48.50
76380	26	A	A	XXX	N	N	D	N	N	N	-	-	35.25	35.25
76380	TC	A	A	XXX	N	N	D	N	N	Y	1.49	1.49	39.40	39.40
76380		A	A	XXX	N	N	D	N	N	Y	2.81	2.81	74.50	74.50
76390	26	A	N	XXX	N	N	N	N	N	N	-	-	49.56	49.56
76390	TC	A	N	XXX	N	N	N	N	N	N	-	-	243.80	243.80
76390		A	N	XXX	N	N	N	N	N	N	-	-	293.36	293.36
76496	26 nlstd/Manu	C	C	XXX	N	N	D	N	N	N	-	-	-	-
76496	TC nlstd/Manu	C	C	XXX	N	N	D	N	N	Y	1.49	1.49	39.40	39.40
76496		C	C	XXX	N	N	D	N	N	N	-	-	-	-
76497	26 nlstd/Manu	C	C	XXX	N	N	D	N	N	N	-	-	-	-
76497	TC nlstd/Manu	C	C	XXX	N	N	D	N	N	Y	1.49	1.49	39.40	39.40
76497		C	C	XXX	N	N	D	N	N	N	-	-	-	-
76498	26 nlstd/Manu	C	C	XXX	N	N	D	N	N	N	-	-	-	-
76498	TC nlstd/Manu	C	C	XXX	N	N	D	N	N	Y	1.49	1.49	39.40	39.40
76498		C	C	XXX	N	N	D	N	N	N	-	-	-	-
76499	26 nlstd/Manu	C	C	XXX	N	N	D	N	N	N	-	-	-	-
76499	TC nlstd/Manu	C	C	XXX	N	N	D	N	N	N	-	-	-	-
76499		C	C	XXX	N	N	D	N	N	N	-	-	-	-
76506	26	A	A	XXX	N	N	D	N	N	N	-	-	23.06	23.06
76506	TC	A	A	XXX	N	N	D	N	N	N	-	-	55.12	55.12
76506		A	A	XXX	N	N	D	N	N	N	-	-	78.44	78.44
76510	26	A	A	XXX	7	N	D	N	N	N	-	-	48.50	48.50
76510	TC	A	A	XXX	7	N	D	N	N	N	-	-	42.14	42.14
76510		A	A	XXX	7	N	D	N	N	N	-	-	90.90	90.90
76511	26	A	A	XXX	7	N	D	N	N	N	-	-	29.68	29.68
76511	TC	A	A	XXX	7	N	D	N	N	N	-	-	25.18	25.18
76511		A	A	XXX	7	N	D	N	N	N	-	-	55.12	55.12
76512	26	A	A	XXX	7	N	D	N	N	N	-	-	29.42	29.42
76512	TC	A	A	XXX	7	N	D	N	N	N	-	-	20.67	20.67
76512		A	A	XXX	7	N	D	N	N	N	-	-	50.35	50.35
76513	26	A	A	XXX	7	N	D	N	N	N	-	-	25.18	25.18
76513	TC	A	A	XXX	7	N	D	N	N	N	-	-	38.69	38.69
76513		A	A	XXX	7	N	D	N	N	N	-	-	64.13	64.13
76514	26	A	A	XXX	7	B	D	N	N	N	-	-	6.89	6.89

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
76514	TC	A	A	XXX	7	B	D	N	N	N	-	-	3.71	3.71
76514		A	A	XXX	7	B	D	N	N	N	-	-	10.60	10.60
76516	26	A	A	XXX	7	B	D	N	N	N	-	-	17.49	17.49
76516	TC	A	A	XXX	7	B	D	N	N	N	-	-	24.91	24.91
76516		A	A	XXX	7	B	D	N	N	N	-	-	42.40	42.40
76519	26	A	A	XXX	7	B	D	N	N	N	-	-	21.73	21.73
76519	TC	A	A	XXX	7	B	D	N	N	N	-	-	27.83	27.83
76519		A	A	XXX	7	B	D	N	N	N	-	-	49.82	49.82
76529	26	A	A	XXX	N	N	D	N	N	N	-	-	23.06	23.06
76529	TC	A	A	XXX	N	N	D	N	N	N	-	-	30.48	30.48
76529		A	A	XXX	N	N	D	N	N	N	-	-	53.80	53.80
76536	26	A	A	XXX	N	N	D	N	N	N	-	-	20.14	20.14
76536	TC	A	A	XXX	N	N	D	N	N	N	-	-	57.24	57.24
76536		A	A	XXX	N	N	D	N	N	N	-	-	77.38	77.38
76604	26	A	A	XXX	4	N	D	N	N	N	-	-	19.35	19.35
76604	TC	A	A	XXX	4	N	D	N	N	N	-	-	40.28	40.28
76604		A	A	XXX	4	N	D	N	N	N	-	-	59.63	59.63
76641	26	A	A	XXX	N	Y	D	N	N	N	-	-	26.24	26.24
76641	TC	A	A	XXX	N	Y	D	N	N	N	-	-	45.85	45.85
76641		A	A	XXX	N	Y	D	N	N	N	-	-	72.08	72.08
76642	26	A	A	XXX	N	Y	D	N	N	N	-	-	24.38	24.38
76642	TC	A	A	XXX	N	Y	D	N	N	N	-	-	34.98	34.98
76642		A	A	XXX	N	Y	D	N	N	N	-	-	59.63	59.63
76700	26	A	A	XXX	4	N	D	N	N	N	-	-	28.89	28.89
76700	TC	A	A	XXX	4	N	D	N	N	N	-	-	53.27	53.27
76700		A	A	XXX	4	N	D	N	N	N	-	-	81.89	81.89
76705	26	A	A	XXX	4	N	D	N	N	N	-	-	21.20	21.20
76705	TC	A	A	XXX	4	N	D	N	N	N	-	-	40.28	40.28
76705		A	A	XXX	4	N	D	N	N	N	-	-	61.48	61.48
76706	26	A	A	XXX	N	N	D	N	N	N	-	-	19.88	19.88
76706	TC	A	A	XXX	N	N	D	N	N	N	-	-	43.20	43.20
76706		A	A	XXX	N	N	D	N	N	N	-	-	63.07	63.07
76770	26	A	A	XXX	4	N	D	N	N	N	-	-	26.24	26.24
76770	TC	A	A	XXX	4	N	D	N	N	N	-	-	49.56	49.56
76770		A	A	XXX	4	N	D	N	N	N	-	-	75.79	75.79
76775	26	A	A	XXX	4	N	D	N	N	N	-	-	20.67	20.67
76775	TC	A	A	XXX	4	N	D	N	N	N	-	-	18.82	18.82
76775		A	A	XXX	4	N	D	N	N	N	-	-	39.49	39.49
76776	26	A	A	XXX	4	N	D	N	N	N	-	-	27.03	27.03
76776	TC	A	A	XXX	4	N	D	N	N	N	-	-	77.12	77.12
76776		A	A	XXX	4	N	D	N	N	N	-	-	104.15	104.15
76800	26	A	A	XXX	N	N	D	N	N	N	-	-	43.73	43.73
76800	TC	A	A	XXX	N	N	D	N	N	N	-	-	55.65	55.65
76800		A	A	XXX	N	N	D	N	N	N	-	-	99.38	99.38
76801	26	A	A	XXX	N	N	D	N	N	N	-	-	36.04	36.04
76801	TC	A	A	XXX	N	N	D	N	N	N	-	-	47.70	47.70
76801		A	A	XXX	N	N	D	N	N	N	-	-	83.74	83.74
76802	26	A	A	ZZZ	N	N	D	N	N	N	-	-	30.48	30.48
76802	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	14.58	14.58
76802		A	A	ZZZ	N	N	D	N	N	N	-	-	45.05	45.05
76805	26	A	A	XXX	N	N	D	N	N	N	-	-	36.57	36.57
76805	TC	A	A	XXX	N	N	D	N	N	N	-	-	59.63	59.63
76805		A	A	XXX	N	N	D	N	N	N	-	-	95.93	95.93
76810	26	A	A	ZZZ	N	N	D	N	N	N	-	-	36.31	36.31
76810	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	27.83	27.83
76810		A	A	ZZZ	N	N	D	N	N	N	-	-	64.13	64.13
76811	26	A	A	XXX	N	N	D	N	N	N	-	-	71.02	71.02
76811	TC	A	A	XXX	N	N	D	N	N	N	-	-	55.65	55.65
76811		A	A	XXX	N	N	D	N	N	N	-	-	126.14	126.14

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
76812	26	A	A	ZZZ	N	N	D	N	N	N	-	-	66.25	66.25
76812	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	72.88	72.88
76812		A	A	ZZZ	N	N	D	N	N	N	-	-	139.39	139.39
76813	26	A	A	XXX	N	N	D	N	N	N	-	-	43.99	43.99
76813	TC	A	A	XXX	N	N	D	N	N	N	-	-	39.75	39.75
76813		A	A	XXX	N	N	D	N	N	N	-	-	83.74	83.74
76814	26	A	A	XXX	N	N	D	N	N	N	-	-	37.37	37.37
76814	TC	A	A	XXX	N	N	D	N	N	N	-	-	19.08	19.08
76814		A	A	XXX	N	N	D	N	N	N	-	-	56.71	56.71
76815	26	A	A	XXX	N	N	D	N	N	N	-	-	23.59	23.59
76815	TC	A	A	XXX	N	N	D	N	N	N	-	-	33.66	33.66
76815		A	A	XXX	N	N	D	N	N	N	-	-	57.24	57.24
76816	26	A	A	XXX	N	N	D	N	N	N	-	-	31.54	31.54
76816	TC	A	A	XXX	N	N	D	N	N	N	-	-	46.64	46.64
76816		A	A	XXX	N	N	D	N	N	N	-	-	78.18	78.18
76817	26	A	A	XXX	N	N	D	N	N	N	-	-	27.03	27.03
76817	TC	A	A	XXX	N	N	D	N	N	N	-	-	38.43	38.43
76817		A	A	XXX	N	N	D	N	N	N	-	-	65.72	65.72
76818	26	A	A	XXX	N	N	D	N	N	N	-	-	39.22	39.22
76818	TC	A	A	XXX	N	N	D	N	N	N	-	-	45.05	45.05
76818		A	A	XXX	N	N	D	N	N	N	-	-	84.01	84.01
76819	26	A	A	XXX	N	N	D	N	N	N	-	-	28.36	28.36
76819	TC	A	A	XXX	N	N	D	N	N	N	-	-	32.86	32.86
76819		A	A	XXX	N	N	D	N	N	N	-	-	60.95	60.95
76820	26	A	A	XXX	N	N	D	N	N	N	-	-	18.29	18.29
76820	TC	A	A	XXX	N	N	D	N	N	N	-	-	14.58	14.58
76820		A	A	XXX	N	N	D	N	N	N	-	-	32.86	32.86
76821	26	A	A	XXX	N	N	D	N	N	N	-	-	26.24	26.24
76821	TC	A	A	XXX	N	N	D	N	N	N	-	-	37.10	37.10
76821		A	A	XXX	N	N	D	N	N	N	-	-	63.34	63.34
76825	26	A	A	XXX	N	N	D	N	N	N	-	-	60.16	60.16
76825	TC	A	A	XXX	N	N	D	N	N	N	-	-	126.14	126.14
76825		A	A	XXX	N	N	D	N	N	N	-	-	186.30	186.30
76826	26	A	A	XXX	N	N	D	N	N	N	-	-	29.68	29.68
76826	TC	A	A	XXX	N	N	D	N	N	N	-	-	79.50	79.50
76826		A	A	XXX	N	N	D	N	N	N	-	-	109.18	109.18
76827	26	A	A	XXX	N	N	D	N	N	N	-	-	20.67	20.67
76827	TC	A	A	XXX	N	N	D	N	N	N	-	-	30.21	30.21
76827		A	A	XXX	N	N	D	N	N	N	-	-	50.88	50.88
76828	26	A	A	XXX	N	N	D	N	N	N	-	-	20.41	20.41
76828	TC	A	A	XXX	N	N	D	N	N	N	-	-	16.17	16.17
76828		A	A	XXX	N	N	D	N	N	N	-	-	36.57	36.57
76830	26	A	A	XXX	N	N	D	N	N	N	-	-	24.91	24.91
76830	TC	A	A	XXX	N	N	D	N	N	N	-	-	56.71	56.71
76830		A	A	XXX	N	N	D	N	N	N	-	-	81.62	81.62
76831	26	A	A	XXX	4	N	D	N	N	N	-	-	26.50	26.50
76831	TC	A	A	XXX	4	N	D	N	N	N	-	-	53.53	53.53
76831		A	A	XXX	4	N	D	N	N	N	-	-	80.30	80.30
76856	26	A	A	XXX	4	N	D	N	N	N	-	-	24.65	24.65
76856	TC	A	A	XXX	4	N	D	N	N	N	-	-	49.03	49.03
76856		A	A	XXX	4	N	D	N	N	N	-	-	73.94	73.94
76857	26	A	A	XXX	4	N	D	N	N	N	-	-	17.76	17.76
76857	TC	A	A	XXX	4	N	D	N	N	N	-	-	15.37	15.37
76857		A	A	XXX	4	N	D	N	N	N	-	-	33.13	33.13
76870	26	A	A	XXX	4	N	D	N	N	N	-	-	23.06	23.06
76870	TC	A	A	XXX	4	N	D	N	N	N	-	-	23.32	23.32
76870		A	A	XXX	4	N	D	N	N	N	-	-	46.11	46.11
76872	26	A	A	XXX	N	N	D	N	N	N	-	-	24.12	24.12
76872	TC	A	A	XXX	N	N	D	N	N	N	-	-	40.81	40.81

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
76872		A	A	XXX	N	N	D	N	N	N	-	-	64.93	64.93
76873	26	A	A	XXX	N	N	D	N	N	N	-	-	55.65	55.65
76873	TC	A	A	XXX	N	N	D	N	N	N	-	-	61.48	61.48
76873		A	A	XXX	N	N	D	N	N	N	-	-	117.40	117.40
76881	26	A	A	XXX	N	N	D	N	N	N	-	-	22.79	22.79
76881	TC	A	A	XXX	N	N	D	N	N	N	-	-	45.32	45.32
76881		A	A	XXX	N	N	D	N	N	N	-	-	67.84	67.84
76882	26	A	A	XXX	N	N	D	N	N	N	-	-	17.49	17.49
76882	TC	A	A	XXX	N	N	D	N	N	N	-	-	21.47	21.47
76882		A	A	XXX	N	N	D	N	N	N	-	-	38.96	38.96
76885	26	A	A	XXX	N	N	D	N	N	N	-	-	26.50	26.50
76885	TC	A	A	XXX	N	N	D	N	N	Y	1.49	1.49	39.40	39.40
76885		A	A	XXX	N	N	D	N	N	Y	2.49	2.49	66.08	66.08
76886	26	A	A	XXX	N	N	D	N	N	N	-	-	22.53	22.53
76886	TC	A	A	XXX	N	N	D	N	N	Y	1.49	1.49	39.40	39.40
76886		A	A	XXX	N	N	D	N	N	Y	2.33	2.33	61.87	61.87
76930	26	C	A	XXX	N	N	D	N	N	N	-	-	23.85	23.85
76930	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
76930		C	C	XXX	N	N	D	N	N	N	-	-	-	-
76932	26	C	A	XXX	N	N	D	N	N	N	-	-	23.59	23.59
76932	TC	C	C	YYY	N	N	D	N	N	N	-	-	-	-
76932		C	C	YYY	N	N	D	N	N	N	-	-	-	-
76936	26	A	A	XXX	N	N	D	N	N	N	-	-	71.55	71.55
76936	TC	A	A	XXX	N	N	D	N	N	N	-	-	112.89	112.89
76936		A	A	XXX	N	N	D	N	N	N	-	-	184.44	184.44
76937	26	A	A	ZZZ	N	N	D	N	N	N	-	-	10.60	10.60
76937	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	10.87	10.87
76937		A	A	ZZZ	N	N	D	N	N	N	-	-	21.47	21.47
76940	26	C	A	XXX	N	N	D	N	N	N	-	-	75.26	75.26
76940	TC	C	C	YYY	N	N	D	N	N	N	-	-	-	-
76940		C	C	YYY	N	N	D	N	N	N	-	-	-	-
76941	26	C	A	XXX	N	N	D	N	N	N	-	-	49.03	49.03
76941	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
76941		C	C	XXX	N	N	D	N	N	N	-	-	-	-
76942	26	A	A	XXX	N	N	D	N	N	N	-	-	23.32	23.32
76942	TC	A	A	XXX	N	N	D	N	N	N	-	-	17.76	17.76
76942		A	A	XXX	N	N	D	N	N	N	-	-	41.08	41.08
76945	26	C	A	XXX	N	N	D	N	N	N	-	-	24.38	24.38
76945	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
76945		C	C	XXX	N	N	D	N	N	N	-	-	-	-
76946	26	A	A	XXX	N	N	D	N	N	N	-	-	14.31	14.31
76946	TC	A	A	XXX	N	N	D	N	N	N	-	-	8.48	8.48
76946		A	A	XXX	N	N	D	N	N	N	-	-	22.79	22.79
76948	26	A	A	XXX	N	N	D	N	N	N	-	-	25.18	25.18
76948	TC	A	A	XXX	N	N	D	N	N	N	-	-	23.59	23.59
76948		A	A	XXX	N	N	D	N	N	N	-	-	49.03	49.03
76965	26	A	A	XXX	N	N	D	N	N	N	-	-	47.70	47.70
76965	TC	A	A	XXX	N	N	D	N	N	N	-	-	15.64	15.64
76965		A	A	XXX	N	N	D	N	N	N	-	-	63.87	63.87
76970	26	A	A	XXX	N	N	D	N	N	N	-	-	13.78	13.78
76970	TC	A	A	XXX	N	N	D	N	N	N	-	-	47.17	47.17
76970		A	A	XXX	N	N	D	N	N	N	-	-	61.22	61.22
76975	26	C	A	XXX	N	N	D	N	N	N	-	-	30.48	30.48
76975	TC	C	C	XXX	N	N	D	N	N	Y	5.84	5.84	154.78	154.78
76975		C	C	XXX	N	N	D	N	N	Y	6.99	6.99	185.29	185.29
76977	26	A	A	XXX	N	N	D	N	N	N	-	-	2.12	2.12
76977	TC	A	A	XXX	N	N	D	N	N	N	-	-	2.92	2.92
76977		A	A	XXX	N	N	D	N	N	N	-	-	5.30	5.30
76998	26	C	A	XXX	N	N	D	N	N	N	-	-	47.17	47.17

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
76998 TC		C	C	XXX	N	N	D	N	N	N	-	-	-	-
76998		C	C	XXX	N	N	D	N	N	N	-	-	-	-
76999	26	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
76999 TC		nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
76999		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
77001	26	A	A	ZZZ	N	N	D	N	N	N	-	-	13.52	13.52
77001 TC		A	A	ZZZ	N	N	D	N	N	N	-	-	42.14	42.14
77001		A	A	ZZZ	N	N	D	N	N	N	-	-	55.65	55.65
77002	26	A	A	ZZZ	N	N	D	N	N	N	-	-	20.14	20.14
77002 TC		A	A	ZZZ	N	N	D	N	N	N	-	-	42.40	42.40
77002		A	A	ZZZ	N	N	D	N	N	N	-	-	62.54	62.54
77003	26	A	A	ZZZ	N	N	D	N	N	N	-	-	21.47	21.47
77003 TC		A	A	ZZZ	N	N	D	N	N	N	-	-	41.34	41.34
77003		A	A	ZZZ	N	N	D	N	N	N	-	-	62.81	62.81
77011	26	A	A	XXX	N	N	N	N	N	N	-	-	44.79	44.79
77011 TC		A	A	XXX	N	N	N	N	N	N	-	-	105.21	105.21
77011		A	A	XXX	N	N	N	N	N	N	-	-	150.26	150.26
77012	26	A	A	XXX	N	N	N	N	N	N	-	-	41.08	41.08
77012 TC		A	A	XXX	N	N	N	N	N	N	-	-	43.20	43.20
77012		A	A	XXX	N	N	N	N	N	N	-	-	84.27	84.27
77013	26	C	A	XXX	N	N	D	N	N	N	-	-	138.60	138.60
77013 TC		C	C	XXX	N	N	D	N	N	N	-	-	-	-
77013		C	C	XXX	N	N	D	N	N	N	-	-	-	-
77014	26	A	A	XXX	N	N	N	N	N	N	-	-	31.54	31.54
77014 TC		A	A	XXX	N	N	N	N	N	N	-	-	48.76	48.76
77014		A	A	XXX	N	N	N	N	N	N	-	-	80.03	80.03
77021	26	A	A	XXX	N	N	N	N	N	N	-	-	52.74	52.74
77021 TC		A	A	XXX	N	N	N	N	N	N	-	-	203.79	203.79
77021		A	A	XXX	N	N	N	N	N	N	-	-	256.79	256.79
77022	26	C	A	XXX	N	N	N	N	N	N	-	-	154.76	154.76
77022 TC		C	C	XXX	N	N	D	N	N	N	-	-	-	-
77022		C	C	XXX	N	N	D	N	N	N	-	-	-	-
77053	26	A	A	XXX	N	N	N	N	N	N	-	-	12.99	12.99
77053 TC		A	A	XXX	N	N	N	N	N	N	-	-	25.97	25.97
77053		A	A	XXX	N	N	N	N	N	N	-	-	38.96	38.96
77054	26	A	A	XXX	N	N	N	N	N	N	-	-	16.43	16.43
77054 TC		A	A	XXX	N	N	N	N	N	N	-	-	34.45	34.45
77054		A	A	XXX	N	N	N	N	N	N	-	-	50.62	50.62
77058	26	A	A	XXX	4	N	N	N	N	N	-	-	58.30	58.30
77058 TC		A	A	XXX	4	N	N	N	N	Y	10.88	10.88	288.32	288.32
77058		A	A	XXX	4	N	N	N	N	Y	13.09	13.09	346.76	346.76
77059	26	A	A	XXX	4	B	N	N	N	N	-	-	58.30	58.30
77059 TC		A	A	XXX	4	B	N	N	N	Y	10.88	10.88	288.32	288.32
77059		A	A	XXX	4	B	N	N	N	Y	13.09	13.09	346.76	346.76
77061	26	Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
77061 TC		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
77061		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
77062	26	Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
77062 TC		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
77062		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
77063	26	A	A	ZZZ	N	B	N	N	N	N	-	-	21.47	21.47
77063 TC		A	A	ZZZ	N	B	N	N	N	N	-	-	16.17	16.17
77063		A	A	ZZZ	N	B	N	N	N	N	-	-	37.63	37.63
77065	26	A	A	XXX	N	N	D	N	N	N	-	-	28.09	28.09
77065 TC		A	A	XXX	N	N	D	N	N	N	-	-	60.69	60.69
77065		A	A	XXX	N	N	D	N	N	N	-	-	89.04	89.04
77066	26	A	A	XXX	N	B	D	N	N	N	-	-	33.66	35.25
77066 TC		A	A	XXX	N	B	D	N	N	N	-	-	77.38	77.38
77066		A	A	XXX	N	B	D	N	N	N	-	-	111.30	112.89

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
77067	26	A	A	XXX	N	B	D	N	N	N	-	-	26.50	26.50
77067	TC	A	A	XXX	N	B	D	N	N	N	-	-	64.13	64.13
77067		A	A	XXX	N	B	D	N	N	N	-	-	90.63	90.63
77071		A	A	XXX	N	B	D	N	N	N	-	-	33.13	33.13
77072	26	A	A	XXX	N	N	D	N	N	N	-	-	6.63	6.63
77072	TC	A	A	XXX	N	N	D	N	N	N	-	-	8.75	8.75
77072		A	A	XXX	N	N	D	N	N	N	-	-	15.64	15.64
77073	26	A	A	XXX	N	N	D	N	N	N	-	-	10.34	10.34
77073	TC	A	A	XXX	N	N	D	N	N	N	-	-	13.78	13.78
77073		A	A	XXX	N	N	D	N	N	N	-	-	24.38	24.38
77074	26	A	A	XXX	N	N	D	N	N	N	-	-	16.43	16.43
77074	TC	A	A	XXX	N	N	D	N	N	N	-	-	26.50	26.50
77074		A	A	XXX	N	N	D	N	N	N	-	-	42.93	42.93
77075	26	A	A	XXX	N	N	D	N	N	N	-	-	19.35	19.35
77075	TC	A	A	XXX	N	N	D	N	N	N	-	-	38.69	38.69
77075		A	A	XXX	N	N	D	N	N	N	-	-	58.04	58.04
77076	26	A	A	XXX	N	N	D	N	N	N	-	-	25.18	25.18
77076	TC	A	A	XXX	N	N	D	N	N	N	-	-	38.96	38.96
77076		A	A	XXX	N	N	D	N	N	N	-	-	64.13	64.13
77077	26	A	A	XXX	N	N	D	N	N	N	-	-	11.66	11.66
77077	TC	A	A	XXX	N	N	D	N	N	N	-	-	13.52	13.52
77077		A	A	XXX	N	N	D	N	N	N	-	-	25.18	25.18
77078	26	A	A	XXX	N	N	D	N	N	N	-	-	8.75	8.75
77078	TC	A	A	XXX	N	N	D	N	N	Y	1.49	1.49	39.40	39.40
77078		A	A	XXX	N	N	D	N	N	Y	1.82	1.82	48.19	48.19
77080	26	A	A	XXX	N	N	D	N	N	N	-	-	7.16	7.16
77080	TC	A	A	XXX	N	N	D	N	N	N	-	-	20.41	20.41
77080		A	A	XXX	N	N	D	N	N	N	-	-	27.83	27.83
77081	26	A	A	XXX	N	N	D	N	N	N	-	-	7.69	7.69
77081	TC	A	A	XXX	N	N	D	N	N	N	-	-	11.13	11.13
77081		A	A	XXX	N	N	D	N	N	N	-	-	19.08	19.08
77084	26	A	A	XXX	N	N	D	N	N	N	-	-	57.77	57.77
77084	TC	A	A	XXX	N	N	D	N	N	Y	5.85	5.85	155.12	155.12
77084		A	A	XXX	N	N	D	N	N	Y	8.03	8.03	212.80	212.80
77085	26	A	A	XXX	N	N	D	N	N	N	-	-	10.87	10.87
77085	TC	A	A	XXX	N	N	D	N	N	N	-	-	26.77	26.77
77085		A	A	XXX	N	N	D	N	N	N	-	-	37.90	37.90
77086	26	A	A	XXX	N	N	D	N	N	N	-	-	6.10	6.10
77086	TC	A	A	XXX	N	N	D	N	N	N	-	-	17.76	17.76
77086		A	A	XXX	N	N	D	N	N	N	-	-	24.12	24.12
77261		A	A	XXX	N	N	D	N	N	N	-	-	51.15	51.15
77262		A	A	XXX	N	N	D	N	N	N	-	-	76.85	76.85
77263		A	A	XXX	N	N	D	N	N	N	-	-	119.25	119.25
77280	26	A	A	XXX	N	N	D	N	N	N	-	-	26.24	26.24
77280	TC	A	A	XXX	N	N	D	N	N	N	-	-	157.68	157.68
77280		A	A	XXX	N	N	D	N	N	N	-	-	183.65	183.65
77285	26	A	A	XXX	N	N	D	N	N	N	-	-	39.49	39.49
77285	TC	A	A	XXX	N	N	D	N	N	N	-	-	259.97	259.97
77285		A	A	XXX	N	N	D	N	N	N	-	-	299.72	299.72
77290	26	A	A	XXX	N	N	D	N	N	N	-	-	58.04	58.04
77290	TC	A	A	XXX	N	N	D	N	N	N	-	-	287.53	287.53
77290		A	A	XXX	N	N	D	N	N	N	-	-	345.56	345.56
77293	26	A	A	ZZZ	N	N	D	N	N	N	-	-	74.20	74.20
77293	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	239.03	239.03
77293		A	A	ZZZ	N	N	D	N	N	N	-	-	312.97	312.97
77295	26	A	A	XXX	N	N	D	N	N	N	-	-	158.47	158.47
77295	TC	A	A	XXX	N	N	D	N	N	N	-	-	177.29	177.29
77295		A	A	XXX	N	N	D	N	N	N	-	-	336.02	336.02
77299	26 nlstd/Manu		C	XXX	N	N	D	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
77299	TC	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
77299		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
77300	26	A	A	XXX	N	N	D	N	N	N	-	-	23.06	23.06
77300	TC	A	A	XXX	N	N	D	N	N	N	-	-	22.53	22.53
77300		A	A	XXX	N	N	D	N	N	N	-	-	45.58	45.58
77301	26	A	A	XXX	N	N	D	N	N	N	-	-	295.21	295.21
77301	TC	A	A	XXX	N	N	D	N	N	N	-	-	1,017.34	1,017.34
77301		A	A	XXX	N	N	D	N	N	N	-	-	1,312.55	1,312.55
77306	26	A	A	XXX	N	N	D	N	N	N	-	-	51.94	51.94
77306	TC	A	A	XXX	N	N	D	N	N	N	-	-	50.88	50.88
77306		A	A	XXX	N	N	D	N	N	N	-	-	102.82	102.82
77307	26	A	A	XXX	N	N	D	N	N	N	-	-	107.06	107.06
77307	TC	A	A	XXX	N	N	D	N	N	N	-	-	91.96	91.96
77307		A	A	XXX	N	N	D	N	N	N	-	-	198.75	198.75
77316	26	A	A	XXX	N	N	D	N	N	N	-	-	51.94	51.94
77316	TC	A	A	XXX	N	N	D	N	N	N	-	-	76.59	76.59
77316		A	A	XXX	N	N	D	N	N	N	-	-	128.53	128.53
77317	26	A	A	XXX	N	N	D	N	N	N	-	-	67.58	67.58
77317	TC	A	A	XXX	N	N	D	N	N	N	-	-	99.91	99.91
77317		A	A	XXX	N	N	D	N	N	N	-	-	167.75	167.75
77318	26	A	A	XXX	N	N	D	N	N	N	-	-	107.06	107.06
77318	TC	A	A	XXX	N	N	D	N	N	N	-	-	135.95	135.95
77318		A	A	XXX	N	N	D	N	N	N	-	-	242.74	242.74
77321	26	A	A	XXX	N	N	D	N	N	N	-	-	35.25	35.25
77321	TC	A	A	XXX	N	N	D	N	N	N	-	-	28.89	28.89
77321		A	A	XXX	N	N	D	N	N	N	-	-	64.13	64.13
77331	26	A	A	XXX	N	N	D	N	N	N	-	-	32.33	32.33
77331	TC	A	A	XXX	N	N	D	N	N	N	-	-	12.46	12.46
77331		A	A	XXX	N	N	D	N	N	N	-	-	44.79	44.79
77332	26	A	A	XXX	N	N	D	N	N	N	-	-	16.96	16.96
77332	TC	A	A	XXX	N	N	D	N	N	N	-	-	22.79	22.79
77332		A	A	XXX	N	N	D	N	N	N	-	-	39.75	39.75
77333	26	A	A	XXX	N	N	D	N	N	N	-	-	27.56	27.56
77333	TC	A	A	XXX	N	N	D	N	N	N	-	-	38.16	38.16
77333		A	A	XXX	N	N	D	N	N	N	-	-	65.72	65.72
77334	26	A	A	XXX	N	N	D	N	N	N	-	-	42.67	42.67
77334	TC	A	A	XXX	N	N	D	N	N	N	-	-	45.05	45.05
77334		A	A	XXX	N	N	D	N	N	N	-	-	87.98	87.98
77336		A	A	XXX	N	N	D	N	N	N	-	-	53.00	53.00
77338	26	A	A	XXX	N	N	D	N	N	N	-	-	158.47	158.47
77338	TC	A	A	XXX	N	N	D	N	N	N	-	-	189.21	189.21
77338		A	A	XXX	N	N	D	N	N	N	-	-	347.68	347.68
77370		A	A	XXX	N	N	D	N	N	N	-	-	81.89	81.89
77371		C	C	XXX	N	N	D	N	N	N	-	-	-	-
77372		A	A	XXX	N	N	D	N	N	N	-	-	707.55	707.55
77373		A	A	XXX	N	N	D	N	N	N	-	-	899.94	899.94
77385		A	I	XXX	N	N	D	N	N	N	-	-	226.58	226.58
77386		A	I	XXX	N	N	D	N	N	N	-	-	225.52	225.52
77387		Not Covere	I	XXX	N	N	D	N	N	N	-	-	-	-
77399	26	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
77399	TC	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
77399		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
77401		A	A	XXX	N	N	D	N	N	N	-	-	16.17	16.17
77402		C	I	XXX	N	N	D	N	N	N	-	-	-	-
77407		C	I	XXX	N	N	D	N	N	N	-	-	-	-
77412		C	I	XXX	N	N	D	N	N	N	-	-	-	-
77417		A	A	XXX	N	N	D	N	N	N	-	-	7.42	7.42
77423		C	C	XXX	N	N	D	N	N	N	-	-	-	-
77424		Not Covere	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
77425		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
77427		A	A	XXX	N	N	N	N	N	N	-	-	133.30	133.30
77431		A	A	XXX	N	N	D	N	N	N	-	-	73.14	73.14
77432		A	A	XXX	N	N	D	N	N	N	-	-	301.04	301.04
77435		A	A	XXX	N	N	D	N	N	N	-	-	453.42	453.42
77469		A	A	XXX	N	N	D	N	N	N	-	-	228.17	228.17
77470	26	A	A	XXX	N	N	D	N	N	N	-	-	75.00	75.00
77470 TC		A	A	XXX	N	N	D	N	N	N	-	-	20.14	20.14
77470		A	A	XXX	N	N	D	N	N	N	-	-	95.40	95.40
77499	26	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
77499 TC		nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
77499		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
77520		C	C	XXX	N	N	D	N	N	N	-	-	-	-
77522		C	C	XXX	N	N	D	N	N	N	-	-	-	-
77523		C	C	XXX	N	N	D	N	N	N	-	-	-	-
77525		C	C	XXX	N	N	D	N	N	N	-	-	-	-
77600	26	A	R	XXX	N	N	D	N	N	N	-	-	50.35	50.35
77600 TC		A	R	XXX	N	N	D	N	N	N	-	-	234.00	234.00
77600		A	R	XXX	N	N	D	N	N	N	-	-	284.35	284.35
77605	26	A	R	XXX	N	N	D	N	N	N	-	-	74.73	74.73
77605 TC		A	R	XXX	N	N	D	N	N	N	-	-	426.65	426.65
77605		A	R	XXX	N	N	D	N	N	N	-	-	501.91	501.91
77610	26	A	R	XXX	N	N	D	N	N	N	-	-	46.91	46.91
77610 TC		A	R	XXX	N	N	D	N	N	N	-	-	452.62	452.62
77610		A	R	XXX	N	N	D	N	N	N	-	-	499.53	499.53
77615	26	A	R	XXX	N	N	D	N	N	N	-	-	67.84	67.84
77615 TC		A	R	XXX	N	N	D	N	N	N	-	-	614.01	614.01
77615		A	R	XXX	N	N	D	N	N	N	-	-	681.85	681.85
77620	26	A	R	XXX	N	N	D	N	N	N	-	-	64.13	64.13
77620 TC		A	R	XXX	N	N	D	N	N	N	-	-	250.43	250.43
77620		A	R	XXX	N	N	D	N	N	N	-	-	314.56	314.56
77750	26	A	A	090	N	N	D	N	N	N	-	-	184.71	184.71
77750 TC		A	A	090	N	N	D	N	N	N	-	-	75.26	75.26
77750		A	A	090	N	N	D	N	N	N	-	-	259.70	259.70
77761	26	A	A	090	N	N	D	N	N	N	-	-	142.57	142.57
77761 TC		A	A	090	N	N	D	N	N	N	-	-	126.41	126.41
77761		A	A	090	N	N	D	N	N	N	-	-	268.98	268.98
77762	26	A	A	090	N	N	D	N	N	N	-	-	213.06	213.06
77762 TC		A	A	090	N	N	D	N	N	N	-	-	145.75	145.75
77762		A	A	090	N	N	D	N	N	N	-	-	358.81	358.81
77763	26	A	A	090	N	N	D	N	N	N	-	-	323.04	323.04
77763 TC		A	A	090	N	N	D	N	N	N	-	-	192.92	192.92
77763		A	A	090	N	N	D	N	N	N	-	-	515.96	515.96
77767	26	A	A	XXX	N	N	D	N	N	N	-	-	38.43	38.43
77767 TC		A	A	XXX	N	N	D	N	N	N	-	-	112.63	112.63
77767		A	A	XXX	N	N	D	N	N	N	-	-	151.05	151.05
77768	26	A	A	XXX	N	N	D	N	N	N	-	-	51.94	51.94
77768 TC		A	A	XXX	N	N	D	N	N	N	-	-	184.71	184.71
77768		A	A	XXX	N	N	D	N	N	N	-	-	236.65	236.65
77770	26	A	A	XXX	N	N	D	N	N	N	-	-	71.82	71.82
77770 TC		A	A	XXX	N	N	D	N	N	N	-	-	146.02	146.02
77770		A	A	XXX	N	N	D	N	N	N	-	-	218.10	218.10
77771	26	A	A	XXX	N	N	D	N	N	N	-	-	140.72	140.72
77771 TC		A	A	XXX	N	N	D	N	N	N	-	-	265.27	265.27
77771		A	A	XXX	N	N	D	N	N	N	-	-	405.98	405.98
77772	26	A	A	XXX	N	N	D	N	N	N	-	-	199.55	199.55
77772 TC		A	A	XXX	N	N	D	N	N	N	-	-	418.97	418.97
77772		A	A	XXX	N	N	D	N	N	N	-	-	617.98	617.98
77778	26	A	A	000	N	N	D	N	N	N	-	-	323.57	323.57

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
77778	TC	A	A	000	N	N	D	N	N	N	-	-	244.07	244.07
77778		A	A	000	N	N	D	N	N	N	-	-	567.63	567.63
77789	26	A	A	000	N	N	D	N	N	N	-	-	42.40	42.40
77789	TC	A	A	000	N	N	D	N	N	N	-	-	40.28	40.28
77789		A	A	000	N	N	D	N	N	N	-	-	82.95	82.95
77790		A	A	XXX	N	N	D	N	N	N	-	-	9.81	9.81
77799	26	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
77799	TC	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
77799		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
78012	26	A	A	XXX	N	N	D	N	N	N	-	-	6.63	6.63
78012	TC	A	A	XXX	N	N	D	N	N	N	-	-	47.97	47.97
78012		A	A	XXX	N	N	D	N	N	N	-	-	54.59	54.59
78013	26	A	A	XXX	N	N	D	N	N	N	-	-	13.25	13.25
78013	TC	A	A	XXX	N	N	D	N	N	N	-	-	116.34	116.34
78013		A	A	XXX	N	N	D	N	N	N	-	-	129.32	129.32
78014	26	A	A	XXX	N	N	D	N	N	N	-	-	17.76	17.76
78014	TC	A	A	XXX	N	N	D	N	N	N	-	-	145.22	145.22
78014		A	A	XXX	N	N	D	N	N	N	-	-	162.98	162.98
78015	26	A	A	XXX	N	N	D	N	N	N	-	-	23.85	23.85
78015	TC	A	A	XXX	N	N	D	N	N	N	-	-	127.20	127.20
78015		A	A	XXX	N	N	D	N	N	N	-	-	151.05	151.05
78016	26	A	A	XXX	N	N	D	N	N	N	-	-	24.38	24.38
78016	TC	A	A	XXX	N	N	D	N	N	N	-	-	165.89	165.89
78016		A	A	XXX	N	N	D	N	N	N	-	-	190.27	190.27
78018	26	A	A	XXX	N	N	D	N	N	N	-	-	29.42	29.42
78018	TC	A	A	XXX	N	N	D	N	N	N	-	-	182.06	182.06
78018		A	A	XXX	N	N	D	N	N	N	-	-	211.47	211.47
78020	26	A	A	ZZZ	N	N	D	N	N	N	-	-	20.14	20.14
78020	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	38.16	38.16
78020		A	A	ZZZ	N	N	D	N	N	N	-	-	57.77	57.77
78070	26	A	A	XXX	N	N	D	N	N	N	-	-	27.83	27.83
78070	TC	A	A	XXX	N	N	D	N	N	N	-	-	174.90	174.90
78070		A	A	XXX	N	N	D	N	N	N	-	-	202.99	202.99
78071	26	A	A	XXX	N	N	D	N	N	N	-	-	42.14	42.14
78071	TC	A	A	XXX	N	N	D	N	N	N	-	-	200.61	200.61
78071		A	A	XXX	N	N	D	N	N	N	-	-	242.74	242.74
78072	26	A	A	XXX	N	N	D	N	N	N	-	-	55.39	55.39
78072	TC	A	A	XXX	N	N	D	N	N	N	-	-	226.31	226.31
78072		A	A	XXX	N	N	D	N	N	N	-	-	281.96	281.96
78075	26	A	A	XXX	N	N	D	N	N	N	-	-	26.50	26.50
78075	TC	A	A	XXX	N	N	D	N	N	N	-	-	277.72	277.72
78075		A	A	XXX	N	N	D	N	N	N	-	-	304.49	304.49
78099	26	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
78099	TC	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
78099		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
78102	26	A	A	XXX	N	N	D	N	N	N	-	-	19.08	19.08
78102	TC	A	A	XXX	N	N	D	N	N	N	-	-	95.93	95.93
78102		A	A	XXX	N	N	D	N	N	N	-	-	115.01	115.01
78103	26	A	A	XXX	N	N	D	N	N	N	-	-	25.18	25.18
78103	TC	A	A	XXX	N	N	D	N	N	N	-	-	121.64	121.64
78103		A	A	XXX	N	N	D	N	N	N	-	-	146.81	146.81
78104	26	A	A	XXX	N	N	D	N	N	N	-	-	27.56	27.56
78104	TC	A	A	XXX	N	N	D	N	N	N	-	-	139.92	139.92
78104		A	A	XXX	N	N	D	N	N	N	-	-	167.48	167.48
78110	26	A	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
78110	TC	A	A	XXX	N	N	D	N	N	N	-	-	49.03	49.03
78110		A	A	XXX	N	N	D	N	N	N	-	-	54.59	54.59
78111	26	A	A	XXX	N	N	D	N	N	N	-	-	6.63	6.63
78111	TC	A	A	XXX	N	N	D	N	N	N	-	-	45.85	45.85

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
78111		A	A	XXX	N	N	D	N	N	N	-	-	52.47	52.47
78120	26	A	A	XXX	N	N	D	N	N	N	-	-	6.89	6.89
78120	TC	A	A	XXX	N	N	D	N	N	N	-	-	44.79	44.79
78120		A	A	XXX	N	N	D	N	N	N	-	-	51.68	51.68
78121	26	A	A	XXX	N	N	D	N	N	N	-	-	9.54	9.54
78121	TC	A	A	XXX	N	N	D	N	N	N	-	-	47.97	47.97
78121		A	A	XXX	N	N	D	N	N	N	-	-	57.77	57.77
78122	26	A	A	XXX	N	N	D	N	N	N	-	-	15.11	15.11
78122	TC	A	A	XXX	N	N	D	N	N	N	-	-	50.09	50.09
78122		A	A	XXX	N	N	D	N	N	N	-	-	64.93	64.93
78130	26	A	A	XXX	N	N	D	N	N	N	-	-	18.29	18.29
78130	TC	A	A	XXX	N	N	D	N	N	N	-	-	74.47	74.47
78130		A	A	XXX	N	N	D	N	N	N	-	-	92.75	92.75
78135	26	A	A	XXX	N	N	D	N	N	N	-	-	19.08	19.08
78135	TC	A	A	XXX	N	N	D	N	N	N	-	-	173.31	173.31
78135		A	A	XXX	N	N	D	N	N	N	-	-	192.39	192.39
78140	26	A	A	XXX	N	N	D	N	N	N	-	-	18.29	18.29
78140	TC	A	A	XXX	N	N	D	N	N	N	-	-	58.83	58.83
78140		A	A	XXX	N	N	D	N	N	N	-	-	76.85	76.85
78185	26	A	A	XXX	N	N	D	N	N	N	-	-	12.19	12.19
78185	TC	A	A	XXX	N	N	D	N	N	N	-	-	103.62	103.62
78185		A	A	XXX	N	N	D	N	N	N	-	-	115.81	115.81
78191	26	A	A	XXX	N	N	D	N	N	N	-	-	18.29	18.29
78191	TC	A	A	XXX	N	N	D	N	N	N	-	-	74.47	74.47
78191		A	A	XXX	N	N	D	N	N	N	-	-	92.75	92.75
78195	26	A	A	XXX	N	N	D	N	N	N	-	-	42.14	42.14
78195	TC	A	A	XXX	N	N	D	N	N	N	-	-	199.55	199.55
78195		A	A	XXX	N	N	D	N	N	N	-	-	241.68	241.68
78199	26nlstd/Manu	A	C	XXX	N	N	D	N	N	N	-	-	-	-
78199	TCnlstd/Manu	A	C	XXX	N	N	D	N	N	N	-	-	-	-
78199	Unlstd/Manu	A	C	XXX	N	N	D	N	N	N	-	-	-	-
78201	26	A	A	XXX	N	N	D	N	N	N	-	-	15.37	15.37
78201	TC	A	A	XXX	N	N	D	N	N	N	-	-	112.89	112.89
78201		A	A	XXX	N	N	D	N	N	N	-	-	128.00	128.00
78202	26	A	A	XXX	N	N	D	N	N	N	-	-	16.96	16.96
78202	TC	A	A	XXX	N	N	D	N	N	N	-	-	117.93	117.93
78202		A	A	XXX	N	N	D	N	N	N	-	-	134.62	134.62
78205	26	A	A	XXX	N	N	D	N	N	N	-	-	24.12	24.12
78205	TC	A	A	XXX	N	N	D	N	N	N	-	-	119.25	119.25
78205		A	A	XXX	N	N	D	N	N	N	-	-	143.37	143.37
78206	26	A	A	XXX	N	N	D	N	N	N	-	-	33.39	33.39
78206	TC	A	A	XXX	N	N	D	N	N	N	-	-	199.28	199.28
78206		A	A	XXX	N	N	D	N	N	N	-	-	233.20	233.20
78215	26	A	A	XXX	N	N	D	N	N	N	-	-	17.49	17.49
78215	TC	A	A	XXX	N	N	D	N	N	N	-	-	114.22	114.22
78215		A	A	XXX	N	N	D	N	N	N	-	-	131.44	131.44
78216	26	A	A	XXX	N	N	D	N	N	N	-	-	19.61	19.61
78216	TC	A	A	XXX	N	N	D	N	N	N	-	-	66.78	66.78
78216		A	A	XXX	N	N	D	N	N	N	-	-	86.39	86.39
78226	26	A	A	XXX	N	N	D	N	N	N	-	-	25.97	25.97
78226	TC	A	A	XXX	N	N	D	N	N	N	-	-	197.43	197.43
78226		A	A	XXX	N	N	D	N	N	N	-	-	223.40	223.40
78227	26	A	A	XXX	N	N	D	N	N	N	-	-	31.80	31.80
78227	TC	A	A	XXX	N	N	D	N	N	N	-	-	270.57	270.57
78227		A	A	XXX	N	N	D	N	N	N	-	-	302.63	302.63
78230	26	A	A	XXX	N	N	D	N	N	N	-	-	16.43	16.43
78230	TC	A	A	XXX	N	N	D	N	N	N	-	-	101.50	101.50
78230		A	A	XXX	N	N	D	N	N	N	-	-	117.66	117.66
78231	26	A	A	XXX	N	N	D	N	N	N	-	-	15.64	15.64

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
78231	TC	A	A	XXX	N	N	D	N	N	N	-	-	55.92	55.92
78231		A	A	XXX	N	N	D	N	N	N	-	-	71.55	71.55
78232	26	A	A	XXX	N	N	D	N	N	N	-	-	14.05	14.05
78232	TC	A	A	XXX	N	N	D	N	N	N	-	-	54.33	54.33
78232		A	A	XXX	N	N	D	N	N	N	-	-	68.11	68.11
78258	26	A	A	XXX	N	N	D	N	N	N	-	-	25.97	25.97
78258	TC	A	A	XXX	N	N	D	N	N	N	-	-	126.41	126.41
78258		A	A	XXX	N	N	D	N	N	N	-	-	152.38	152.38
78261	26	A	A	XXX	N	N	D	N	N	N	-	-	20.67	20.67
78261	TC	A	A	XXX	N	N	D	N	N	N	-	-	116.07	116.07
78261		A	A	XXX	N	N	D	N	N	N	-	-	136.74	136.74
78262	26	A	A	XXX	N	N	D	N	N	N	-	-	23.85	23.85
78262	TC	A	A	XXX	N	N	D	N	N	N	-	-	139.66	139.66
78262		A	A	XXX	N	N	D	N	N	N	-	-	163.24	163.24
78264	26	A	A	XXX	N	N	D	N	N	N	-	-	27.56	27.56
78264	TC	A	A	XXX	N	N	D	N	N	N	-	-	199.02	199.02
78264		A	A	XXX	N	N	D	N	N	N	-	-	226.84	226.84
78265	26	A	A	XXX	N	N	D	N	N	N	-	-	34.45	34.45
78265	TC	A	A	XXX	N	N	D	N	N	Y	8.34	8.34	221.10	221.10
78265		A	A	XXX	N	N	D	N	N	Y	9.65	9.65	255.62	255.62
78266	26	A	A	XXX	N	N	D	N	N	N	-	-	38.43	38.43
78266	TC	A	A	XXX	N	N	D	N	N	N	-	-	282.23	282.23
78266		A	A	XXX	N	N	D	N	N	N	-	-	320.65	320.65
78267		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
78268		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
78270	26	A	A	XXX	N	N	D	N	N	N	-	-	7.42	7.42
78270	TC	A	A	XXX	N	N	D	N	N	N	-	-	61.75	61.75
78270		A	A	XXX	N	N	D	N	N	N	-	-	69.17	69.17
78271	26	A	A	XXX	N	N	D	N	N	N	-	-	6.10	6.10
78271	TC	A	A	XXX	N	N	D	N	N	N	-	-	43.20	43.20
78271		A	A	XXX	N	N	D	N	N	N	-	-	49.29	49.29
78272	26	A	A	XXX	N	N	D	N	N	N	-	-	8.22	8.22
78272	TC	A	A	XXX	N	N	D	N	N	N	-	-	46.11	46.11
78272		A	A	XXX	N	N	D	N	N	N	-	-	54.33	54.33
78278	26	A	A	XXX	N	N	D	N	N	N	-	-	34.98	34.98
78278	TC	A	A	XXX	N	N	D	N	N	N	-	-	201.14	201.14
78278		A	A	XXX	N	N	D	N	N	N	-	-	236.38	236.38
78282	26	Not Covered	A	XXX	N	N	D	N	N	N	-	-	13.78	13.78
78282	TC	Not Covered	C	XXX	N	N	D	N	N	Y	8.33	8.33	220.64	220.64
78282		Not Covered	C	XXX	N	N	D	N	N	Y	8.84	8.84	234.23	234.23
78290	26	A	A	XXX	N	N	D	N	N	N	-	-	24.12	24.12
78290	TC	A	A	XXX	N	N	D	N	N	N	-	-	199.28	199.28
78290		A	A	XXX	N	N	D	N	N	N	-	-	223.40	223.40
78291	26	A	A	XXX	N	N	D	N	N	N	-	-	30.48	30.48
78291	TC	A	A	XXX	N	N	D	N	N	N	-	-	143.37	143.37
78291		A	A	XXX	N	N	D	N	N	N	-	-	173.84	173.84
78299	26	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
78299	TC	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
78299		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
78300	26	A	A	XXX	N	N	D	N	N	N	-	-	22.53	22.53
78300	TC	A	A	XXX	N	N	D	N	N	N	-	-	133.83	133.83
78300		A	A	XXX	N	N	D	N	N	N	-	-	156.35	156.35
78305	26	A	A	XXX	N	N	D	N	N	N	-	-	29.42	29.42
78305	TC	A	A	XXX	N	N	D	N	N	N	-	-	161.12	161.12
78305		A	A	XXX	N	N	D	N	N	N	-	-	190.54	190.54
78306	26	A	A	XXX	Y	N	D	N	N	N	-	-	30.48	30.48
78306	TC	A	A	XXX	Y	N	D	N	N	N	-	-	174.90	174.90
78306		A	A	XXX	Y	N	D	N	N	N	-	-	205.38	205.38
78315	26	A	A	XXX	N	N	D	N	N	N	-	-	35.78	35.78

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
78315	TC	A	A	XXX	N	N	D	N	N	N	-	-	198.75	198.75
78315		A	A	XXX	N	N	D	N	N	N	-	-	234.79	234.79
78320	26	A	A	XXX	Y	N	D	N	N	N	-	-	35.78	35.78
78320	TC	A	A	XXX	Y	N	D	N	N	N	-	-	119.78	119.78
78320		A	A	XXX	Y	N	D	N	N	N	-	-	155.56	155.56
78350	26	A	N	XXX	N	N	N	N	N	N	-	-	7.95	7.95
78350	TC	A	N	XXX	N	N	N	N	N	N	-	-	14.31	14.31
78350		A	N	XXX	N	N	N	N	N	N	-	-	22.53	22.53
78351		Not Covered	N	XXX	N	N	N	N	N	N	-	-	11.13	11.13
78399	26	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
78399	TC	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
78399		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
78414	26	C	A	XXX	N	N	D	N	N	N	-	-	15.90	15.90
78414	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
78414		C	C	XXX	N	N	D	N	N	N	-	-	-	-
78428	26	A	A	XXX	6	N	D	N	N	N	-	-	26.77	26.77
78428	TC	A	A	XXX	6	N	D	N	N	N	-	-	97.26	97.26
78428		A	A	XXX	6	N	D	N	N	N	-	-	124.29	124.29
78445	26	A	A	XXX	6	N	D	N	N	N	-	-	17.76	17.76
78445	TC	A	A	XXX	6	N	D	N	N	N	-	-	108.65	108.65
78445		A	A	XXX	6	N	D	N	N	N	-	-	126.41	126.41
78451	26	A	A	XXX	6	N	D	N	N	N	-	-	47.97	47.97
78451	TC	A	A	XXX	6	N	D	N	N	N	-	-	183.65	183.65
78451		A	A	XXX	6	N	D	N	N	N	-	-	231.61	231.61
78452	26	A	A	XXX	6	N	D	N	N	N	-	-	56.45	56.45
78452	TC	A	A	XXX	6	N	D	N	N	N	-	-	265.27	265.27
78452		A	A	XXX	6	N	D	N	N	N	-	-	321.71	321.71
78453	26	A	A	XXX	6	N	D	N	N	N	-	-	35.25	35.25
78453	TC	A	A	XXX	6	N	D	N	N	N	-	-	170.93	170.93
78453		A	A	XXX	6	N	D	N	N	N	-	-	206.44	206.44
78454	26	A	A	XXX	6	N	D	N	N	N	-	-	47.44	47.44
78454	TC	A	A	XXX	6	N	D	N	N	N	-	-	248.57	248.57
78454		A	A	XXX	6	N	D	N	N	N	-	-	296.27	296.27
78456	26	A	A	XXX	6	N	N	N	N	N	-	-	34.72	34.72
78456	TC	A	A	XXX	6	N	N	N	N	N	-	-	175.17	175.17
78456		A	A	XXX	6	N	N	N	N	N	-	-	210.15	210.15
78457	26	A	A	XXX	6	N	D	N	N	N	-	-	26.77	26.77
78457	TC	A	A	XXX	6	N	D	N	N	N	-	-	103.62	103.62
78457		A	A	XXX	6	N	D	N	N	N	-	-	130.65	130.65
78458	26	A	A	XXX	6	B	D	N	N	N	-	-	32.07	32.07
78458	TC	A	A	XXX	6	B	D	N	N	N	-	-	107.06	107.06
78458		A	A	XXX	6	B	D	N	N	N	-	-	139.39	139.39
78459	26	C	A	XXX	N	N	D	N	N	N	-	-	50.88	50.88
78459	TC	C	C	XXX	N	N	D	N	N	Y	28.64	28.64	758.87	758.87
78459		C	C	XXX	N	N	D	N	N	Y	30.55	30.55	809.55	809.55
78466	26	A	A	XXX	6	N	D	N	N	N	-	-	25.18	25.18
78466	TC	A	A	XXX	6	N	D	N	N	N	-	-	108.92	108.92
78466		A	A	XXX	6	N	D	N	N	N	-	-	134.09	134.09
78468	26	A	A	XXX	6	N	D	N	N	N	-	-	27.56	27.56
78468	TC	A	A	XXX	6	N	D	N	N	N	-	-	103.62	103.62
78468		A	A	XXX	6	N	D	N	N	N	-	-	131.18	131.18
78469	26	A	A	XXX	6	N	D	N	N	N	-	-	32.07	32.07
78469	TC	A	A	XXX	6	N	D	N	N	N	-	-	123.76	123.76
78469		A	A	XXX	6	N	D	N	N	N	-	-	155.82	155.82
78472	26	A	A	XXX	6	N	D	N	N	N	-	-	34.45	34.45
78472	TC	A	A	XXX	6	N	D	N	N	N	-	-	121.64	121.64
78472		A	A	XXX	6	N	D	N	N	N	-	-	156.09	156.09
78473	26	A	A	XXX	6	N	D	N	N	N	-	-	50.88	50.88
78473	TC	A	A	XXX	6	N	D	N	N	N	-	-	146.55	146.55

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
78473		A	A	XXX	6	N	D	N	N	N	-	-	197.43	197.43
78481	26	A	A	XXX	6	N	D	N	N	N	-	-	34.19	34.19
78481	TC	A	A	XXX	6	N	D	N	N	N	-	-	85.86	85.86
78481		A	A	XXX	6	N	D	N	N	N	-	-	120.05	120.05
78483	26	A	A	XXX	6	N	D	N	N	N	-	-	50.88	50.88
78483	TC	A	A	XXX	6	N	D	N	N	N	-	-	114.75	114.75
78483		A	A	XXX	6	N	D	N	N	N	-	-	165.63	165.63
78491	26	C	A	XXX	N	N	D	N	N	N	-	-	50.88	50.88
78491	TC	C	C	XXX	N	N	D	N	N	Y	32.78	32.78	868.79	868.79
78491		C	C	XXX	N	N	D	N	N	Y	34.71	34.71	919.70	919.70
78492	26	C	A	XXX	N	N	D	N	N	N	-	-	64.13	64.13
78492	TC	C	C	XXX	N	N	D	N	N	Y	32.78	32.78	868.79	868.79
78492		C	C	XXX	N	N	D	N	N	Y	35.20	35.20	932.92	932.92
78494	26	A	A	XXX	6	N	D	N	N	N	-	-	41.34	41.34
78494	TC	A	A	XXX	6	N	D	N	N	N	-	-	112.63	112.63
78494		A	A	XXX	6	N	D	N	N	N	-	-	153.97	153.97
78496	26	A	A	ZZZ	N	N	D	N	N	N	-	-	17.49	17.49
78496	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	13.25	13.25
78496		A	A	ZZZ	N	N	D	N	N	N	-	-	30.48	30.48
78499	26 nlstd/Manu		C	XXX	N	N	D	N	N	N	-	-	-	-
78499	TC nlstd/Manu		C	XXX	N	N	D	N	N	N	-	-	-	-
78499	Unlstd/Manu		C	XXX	N	N	D	N	N	N	-	-	-	-
78579	26	A	A	XXX	N	N	D	N	N	N	-	-	17.23	17.23
78579	TC	A	A	XXX	N	N	D	N	N	N	-	-	109.45	109.45
78579		A	A	XXX	N	N	D	N	N	N	-	-	126.14	126.14
78580	26	A	A	XXX	N	N	D	N	N	N	-	-	25.97	25.97
78580	TC	A	A	XXX	N	N	D	N	N	N	-	-	135.68	135.68
78580		A	A	XXX	N	N	D	N	N	N	-	-	161.65	161.65
78582	26	A	A	XXX	N	N	D	N	N	N	-	-	37.90	37.90
78582	TC	A	A	XXX	N	N	D	N	N	N	-	-	188.95	188.95
78582		A	A	XXX	N	N	D	N	N	N	-	-	226.84	226.84
78597	26	A	A	XXX	N	N	D	N	N	N	-	-	25.44	25.44
78597	TC	A	A	XXX	N	N	D	N	N	N	-	-	112.63	112.63
78597		A	A	XXX	N	N	D	N	N	N	-	-	137.80	137.80
78598	26	A	A	XXX	N	N	D	N	N	N	-	-	29.42	29.42
78598	TC	A	A	XXX	N	N	D	N	N	N	-	-	176.76	176.76
78598		A	A	XXX	N	N	D	N	N	N	-	-	206.17	206.17
78599	26 nlstd/Manu		C	XXX	N	N	D	N	N	N	-	-	-	-
78599	TC nlstd/Manu		C	XXX	N	N	D	N	N	N	-	-	-	-
78599	Unlstd/Manu		C	XXX	N	N	D	N	N	N	-	-	-	-
78600	26	A	A	XXX	N	N	D	N	N	N	-	-	16.17	16.17
78600	TC	A	A	XXX	N	N	D	N	N	N	-	-	108.92	108.92
78600		A	A	XXX	N	N	D	N	N	N	-	-	125.08	125.08
78601	26	A	A	XXX	N	N	D	N	N	N	-	-	18.02	18.02
78601	TC	A	A	XXX	N	N	D	N	N	N	-	-	127.20	127.20
78601		A	A	XXX	N	N	D	N	N	N	-	-	144.96	144.96
78605	26	A	A	XXX	N	N	D	N	N	N	-	-	19.08	19.08
78605	TC	A	A	XXX	N	N	D	N	N	N	-	-	115.54	115.54
78605		A	A	XXX	N	N	D	N	N	N	-	-	134.62	134.62
78606	26	A	A	XXX	N	N	D	N	N	N	-	-	22.53	22.53
78606	TC	A	A	XXX	N	N	D	N	N	N	-	-	199.55	199.55
78606		A	A	XXX	N	N	D	N	N	N	-	-	222.07	222.07
78607	26	A	A	XXX	N	N	D	N	N	N	-	-	42.40	42.40
78607	TC	A	A	XXX	N	N	D	N	N	N	-	-	195.57	195.57
78607		A	A	XXX	N	N	D	N	N	N	-	-	237.97	237.97
78608	26	C	A	XXX	N	N	D	N	N	N	-	-	51.41	51.41
78608	TC	C	C	XXX	N	N	D	N	N	Y	32.78	32.78	868.79	868.79
78608		C	C	XXX	N	N	D	N	N	Y	34.73	34.73	920.27	920.27
78609	26	C	N	XXX	N	N	N	N	N	N	-	-	53.00	53.00

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

1. A - Active Code
2. B - Bundled code
3. C - Carrier-Priced
4. T- Injections and other minor services
5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
6. Manual - Claims are pended for review and pricing.
7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
78609	TC	C	N	XXX	N	N	N	N	N	N	-	-	-	-
78609		C	N	XXX	N	N	N	N	N	N	-	-	53.00	53.00
78610	26	A	A	XXX	N	N	D	N	N	N	-	-	10.87	10.87
78610	TC	A	A	XXX	N	N	D	N	N	N	-	-	107.06	107.06
78610		A	A	XXX	N	N	D	N	N	N	-	-	117.93	117.93
78630	26	A	A	XXX	N	N	D	N	N	N	-	-	24.38	24.38
78630	TC	A	A	XXX	N	N	D	N	N	N	-	-	204.05	204.05
78630		A	A	XXX	N	N	D	N	N	N	-	-	228.43	228.43
78635	26	A	A	XXX	N	N	D	N	N	N	-	-	22.26	22.26
78635	TC	A	A	XXX	N	N	D	N	N	N	-	-	206.17	206.17
78635		A	A	XXX	N	N	D	N	N	N	-	-	228.43	228.43
78645	26	A	A	XXX	N	N	D	N	N	N	-	-	19.88	19.88
78645	TC	A	A	XXX	N	N	D	N	N	N	-	-	199.02	199.02
78645		A	A	XXX	N	N	D	N	N	N	-	-	219.16	219.16
78647	26	A	A	XXX	N	N	D	N	N	N	-	-	32.33	32.33
78647	TC	A	A	XXX	N	N	D	N	N	N	-	-	205.11	205.11
78647		A	A	XXX	N	N	D	N	N	N	-	-	237.71	237.71
78650	26	A	A	XXX	N	N	D	N	N	N	-	-	18.29	18.29
78650	TC	A	A	XXX	N	N	D	N	N	N	-	-	165.63	165.63
78650		A	A	XXX	N	N	D	N	N	N	-	-	183.65	183.65
78660	26	A	A	XXX	N	N	D	N	N	N	-	-	18.55	18.55
78660	TC	A	A	XXX	N	N	D	N	N	N	-	-	103.62	103.62
78660		A	A	XXX	N	N	D	N	N	N	-	-	121.90	121.90
78699	26 nlstd/Manu	C	N	XXX	N	N	D	N	N	N	-	-	-	-
78699	TC nlstd/Manu	C	N	XXX	N	N	D	N	N	N	-	-	-	-
78699	Unlstd/Manu	C	N	XXX	N	N	D	N	N	N	-	-	-	-
78700	26	A	A	XXX	N	N	D	N	N	N	-	-	15.90	15.90
78700	TC	A	A	XXX	N	N	D	N	N	N	-	-	100.70	100.70
78700		A	A	XXX	N	N	D	N	N	N	-	-	116.34	116.34
78701	26	A	A	XXX	N	N	D	N	N	N	-	-	17.23	17.23
78701	TC	A	A	XXX	N	N	D	N	N	N	-	-	127.73	127.73
78701		A	A	XXX	N	N	D	N	N	N	-	-	144.69	144.69
78707	26	A	A	XXX	N	N	D	N	N	N	-	-	33.39	33.39
78707	TC	A	A	XXX	N	N	D	N	N	N	-	-	125.08	125.08
78707		A	A	XXX	N	N	D	N	N	N	-	-	158.21	158.21
78708	26	A	A	XXX	N	N	D	N	N	N	-	-	42.40	42.40
78708	TC	A	A	XXX	N	N	D	N	N	N	-	-	78.71	78.71
78708		A	A	XXX	N	N	D	N	N	N	-	-	121.11	121.11
78709	26	A	A	XXX	N	N	D	N	N	N	-	-	48.76	48.76
78709	TC	A	A	XXX	N	N	D	N	N	N	-	-	200.34	200.34
78709		A	A	XXX	N	N	D	N	N	N	-	-	249.10	249.10
78710	26	A	A	XXX	N	N	D	N	N	N	-	-	21.20	21.20
78710	TC	A	A	XXX	N	N	D	N	N	N	-	-	115.28	115.28
78710		A	A	XXX	N	N	D	N	N	N	-	-	136.48	136.48
78725	26	A	A	XXX	N	N	D	N	N	N	-	-	13.25	13.25
78725	TC	A	A	XXX	N	N	D	N	N	N	-	-	59.63	59.63
78725		A	A	XXX	N	N	D	N	N	N	-	-	72.61	72.61
78730	26	A	A	ZZZ	N	N	D	N	N	N	-	-	5.57	5.57
78730	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	46.91	46.91
78730		A	A	ZZZ	N	N	D	N	N	N	-	-	52.74	52.74
78740	26	A	A	XXX	N	N	D	N	N	N	-	-	19.61	19.61
78740	TC	A	A	XXX	N	N	D	N	N	N	-	-	127.73	127.73
78740		A	A	XXX	N	N	D	N	N	N	-	-	147.08	147.08
78761	26	A	A	XXX	N	N	D	N	N	N	-	-	25.44	25.44
78761	TC	A	A	XXX	N	N	D	N	N	N	-	-	117.66	117.66
78761		A	A	XXX	N	N	D	N	N	N	-	-	143.10	143.10
78799	26 nlstd/Manu	C	N	XXX	N	N	D	N	N	N	-	-	-	-
78799	TC nlstd/Manu	C	N	XXX	N	N	D	N	N	N	-	-	-	-
78799	Unlstd/Manu	C	N	XXX	N	N	D	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
78800	26	A	A	XXX	N	N	D	N	N	N	-	-	24.65	24.65
78800	TC	A	A	XXX	N	N	D	N	N	N	-	-	106.80	106.80
78800		A	A	XXX	N	N	D	N	N	N	-	-	131.44	131.44
78801	26	A	A	XXX	N	N	D	N	N	N	-	-	28.36	28.36
78801	TC	A	A	XXX	N	N	D	N	N	N	-	-	147.87	147.87
78801		A	A	XXX	N	N	D	N	N	N	-	-	176.23	176.23
78802	26	A	A	XXX	Y	N	D	N	N	N	-	-	29.68	29.68
78802	TC	A	A	XXX	Y	N	D	N	N	N	-	-	189.21	189.21
78802		A	A	XXX	Y	N	D	N	N	N	-	-	218.89	218.89
78803	26	A	A	XXX	Y	N	D	N	N	N	-	-	36.84	36.84
78803	TC	A	A	XXX	Y	N	D	N	N	N	-	-	195.04	195.04
78803		A	A	XXX	Y	N	D	N	N	N	-	-	232.14	232.14
78804	26	A	A	XXX	N	N	D	N	N	N	-	-	37.10	37.10
78804	TC	A	A	XXX	N	N	D	N	N	N	-	-	345.30	345.30
78804		A	A	XXX	N	N	D	N	N	N	-	-	382.66	382.66
78805	26	A	A	XXX	N	N	D	N	N	N	-	-	25.71	25.71
78805	TC	A	A	XXX	N	N	D	N	N	N	-	-	98.85	98.85
78805		A	A	XXX	N	N	D	N	N	N	-	-	124.82	124.82
78806	26	A	A	XXX	Y	N	D	N	N	N	-	-	29.95	29.95
78806	TC	A	A	XXX	Y	N	D	N	N	N	-	-	195.84	195.84
78806		A	A	XXX	Y	N	D	N	N	N	-	-	225.52	225.52
78807	26	A	A	XXX	Y	N	D	N	N	N	-	-	37.10	37.10
78807	TC	A	A	XXX	Y	N	D	N	N	N	-	-	195.31	195.31
78807		A	A	XXX	Y	N	D	N	N	N	-	-	232.67	232.67
78808		Not Covered	A	XXX	N	N	D	N	N	N	-	-	26.24	26.24
78811	26	C	A	XXX	N	N	D	N	N	N	-	-	54.59	54.59
78811	TC	C	C	XXX	N	N	D	N	N	Y	28.64	28.64	758.87	758.87
78811		C	C	XXX	N	N	D	N	N	Y	30.70	30.70	813.54	813.54
78812	26	C	A	XXX	N	N	D	N	N	N	-	-	66.78	66.78
78812	TC	C	C	XXX	N	N	D	N	N	Y	32.78	32.78	868.79	868.79
78812		C	C	XXX	N	N	D	N	N	Y	35.31	35.31	935.60	935.60
78813	26	C	A	XXX	N	N	D	N	N	N	-	-	69.17	69.17
78813	TC	C	C	XXX	N	N	D	N	N	Y	32.78	32.78	868.79	868.79
78813		C	C	XXX	N	N	D	N	N	Y	35.39	35.39	937.85	937.85
78814	26	C	A	XXX	N	N	D	N	N	N	-	-	76.85	76.85
78814	TC	C	C	XXX	N	N	D	N	N	Y	32.78	32.78	868.79	868.79
78814		C	C	XXX	N	N	D	N	N	Y	35.69	35.69	945.69	945.69
78815	26	C	A	XXX	N	N	D	N	N	N	-	-	85.33	85.33
78815	TC	C	C	XXX	N	N	D	N	N	Y	32.78	32.78	868.79	868.79
78815		C	C	XXX	N	N	D	N	N	Y	36.00	36.00	954.00	954.00
78816	26	C	A	XXX	N	N	D	N	N	N	-	-	86.66	86.66
78816	TC	C	C	XXX	N	N	D	N	N	Y	32.78	32.78	868.79	868.79
78816		C	C	XXX	N	N	D	N	N	Y	36.04	36.04	955.08	955.08
78999	26	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
78999	TC	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
78999		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
79005	26	A	A	XXX	N	N	D	N	N	N	-	-	62.81	62.81
79005	TC	A	A	XXX	N	N	D	N	N	N	-	-	32.07	32.07
79005		A	A	XXX	N	N	D	N	N	N	-	-	94.87	94.87
79101	26	A	A	XXX	N	N	D	N	N	N	-	-	68.64	68.64
79101	TC	A	A	XXX	N	N	D	N	N	N	-	-	31.27	31.27
79101		A	A	XXX	N	N	D	N	N	N	-	-	100.17	100.17
79200	26	A	A	XXX	N	N	D	N	N	N	-	-	59.63	59.63
79200	TC	A	A	XXX	N	N	D	N	N	N	-	-	33.39	33.39
79200		A	A	XXX	N	N	D	N	N	N	-	-	92.75	92.75
79300	26	C	A	XXX	N	N	D	N	N	N	-	-	57.24	57.24
79300	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
79300		C	C	XXX	N	N	D	N	N	N	-	-	-	-
79403	26	A	A	XXX	N	N	D	N	N	N	-	-	78.44	78.44

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
79403	TC	A	A	XXX	N	N	D	N	N	N	-	-	54.33	54.33
79403		A	A	XXX	N	N	D	N	N	N	-	-	132.77	132.77
79440	26	A	A	XXX	N	N	D	N	N	N	-	-	59.63	59.63
79440	TC	A	A	XXX	N	N	D	N	N	N	-	-	26.50	26.50
79440		A	A	XXX	N	N	D	N	N	N	-	-	86.39	86.39
79445	26	C	A	XXX	N	N	D	N	N	N	-	-	82.42	82.42
79445	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
79445		C	C	XXX	N	N	D	N	N	N	-	-	-	-
79999	26	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
79999	TC	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
79999		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
80047		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80048		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80050		CLFS	N	XXX	N	N	N	N	N	N	-	-	-	-
80051		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80053		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80055		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80061		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80069		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80074		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80076		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80081		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80150		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80155		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80156		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80157		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80158		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80159		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80162		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80163		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80164		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80165		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80168		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80169		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80170		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80171		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80173		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80175		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80176		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80177		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80178		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80180		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80183		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80184		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80185		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80186		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80188		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80190		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80192		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80194		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80195		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80197		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80198		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80199		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80200		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80201		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80202		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80203		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80299		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
80305		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80306		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80307		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80320		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80321		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80322		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80323		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80324		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80325		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80326		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80327		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80328		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80329		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80330		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80331		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80332		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80333		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80334		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80335		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80336		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80337		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80338		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80339		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80340		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80341		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80342		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80343		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80344		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80345		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80346		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80347		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80348		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80349		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80350		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80351		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80352		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80353		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80354		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80355		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80356		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80357		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80358		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80359		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80360		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80361		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80362		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80363		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80364		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80365		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80366		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80367		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80368		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80369		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80370		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80371		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80372		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80373		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80374		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80375		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
80376		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80377		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
80400		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80402		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80406		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80408		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80410		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80412		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80414		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80415		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80416		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80417		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80418		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80420		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80422		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80424		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80426		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80428		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80430		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80432		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80434		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80435		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80436		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80438		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80439		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
80500		A	A	XXX	N	N	D	N	N	N	-	-	14.31	16.43
80502		A	A	XXX	N	N	D	N	N	N	-	-	50.35	52.21
81000		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81001		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81002		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81003		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81005		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81007		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81015		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81020		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81025		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81050		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81099		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81105		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81106		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81107		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81108		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81109		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81110		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81111		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81112		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81120		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81121		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81161		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81162		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81170		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81175		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81176		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81200		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81201		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81202		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81203		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81205		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81206		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
81207		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81208		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81209		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81210		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81211		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81212		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81213		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81214		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81215		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81216		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81217		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81218		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81219	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81220		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81221		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81222		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81223		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81224	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81225	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81226	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81227	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81228	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81229	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81230	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81231	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81232	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81235		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81238		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81240		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81241		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81242		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81243		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81244		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81245		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81246		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81247		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81248		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81249		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81250	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81251	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81252		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81253		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81254		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81255		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81256		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81257		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81258		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81259		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81260	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81261		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81262		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81263		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81264		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81265		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81266		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81267		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81268		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81269		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81270		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
81272		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81273		Not Covere	X	XXX	N	N	N	N	N	N	-	-	-	-
81275		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81276		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81283		Not Covere	X	XXX	N	N	N	N	N	N	-	-	-	-
81287		Not Covere	X	XXX	N	N	N	N	N	N	-	-	-	-
81288		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81290		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81291		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81292		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81293		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81294		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81295		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81296		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81297		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81298		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81299		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81300		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81301		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81302		Not Covere	X	XXX	N	N	N	N	N	N	-	-	-	-
81303		Not Covere	X	XXX	N	N	N	N	N	N	-	-	-	-
81304		Not Covere	X	XXX	N	N	N	N	N	N	-	-	-	-
81310		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81311		Not Covere	X	XXX	N	N	N	N	N	N	-	-	-	-
81313		Not Covere	X	XXX	N	N	N	N	N	N	-	-	-	-
81314		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81315		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81316		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81317		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81318		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81319		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81321		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81322		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81323		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81324		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81325		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81326		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81327		Not Covere	X	XXX	N	N	N	N	N	N	-	-	-	-
81328		Not Covere	X	XXX	N	N	N	N	N	N	-	-	-	-
81330		Not Covere	X	XXX	N	N	N	N	N	N	-	-	-	-
81331		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81332		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81334		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81335		Not Covere	X	XXX	N	N	N	N	N	N	-	-	-	-
81340		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81341		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81342		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81346		Not Covere	X	XXX	N	N	N	N	N	N	-	-	-	-
81350		Not Covere	X	XXX	N	N	N	N	N	N	-	-	-	-
81355		Not Covere	X	XXX	N	N	N	N	N	N	-	-	-	-
81361		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81362		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81363		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81364		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81370		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81371		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81372		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81373		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81374		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
81375		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81376		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81377		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81378		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81379		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81380		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81381		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81382		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81383		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81400	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81401	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81402	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81403	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81404	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81405	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81406	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81407	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81408	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81410		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81411		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81412		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81413	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81414	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81415	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81416	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81417	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81420		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81422	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81425	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81426	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81427	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81430	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81431	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81432		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81433		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81434		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81435		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81436		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81437		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81438		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81439	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81440	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81442		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81445	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81448	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81450	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81455	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81460	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81465	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81470	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81471	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81479	Unlstd/Manu		X	XXX	N	N	N	N	N	N	-	-	-	-
81490	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81493	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81500	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81503	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81504	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81506	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
81507		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018										Days	Proc
		Status	Status							Cap?	RVU	RVU	\$ 38.15	OB/GYN
		Code	Indicator										Facility	Non-Facility
81508		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
81509		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
81510		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
81511		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
81512		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
81519		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81520		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
81521		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
81525		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
81528		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
81535		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
81536		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
81538		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
81539		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81540		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
81541		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
81545		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
81551		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
81595		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
81599		Unlstd/Manu	X	XXX	N	N	N	N	N	N	-	-	-	-
82009		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82010		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82013		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82016		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82017		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82024		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82030		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82040		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82042		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82043		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82044		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82045		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82075		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82085		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82088		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82103		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82104		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82105		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82106		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82107		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82108		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82120		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82127		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82128		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82131		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82135		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82136		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82139		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82140		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82143		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82150		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82154		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82157		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82160		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82163		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82164		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82172		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82175		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82180		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
82190		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82232		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82239		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82240		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82247		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82248		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82252		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82261		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82270		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82271		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82272		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82274		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82286		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82300		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82306		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82308		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82310		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82330		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82331		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82340		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82355		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82360		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82365		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82370		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82373		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82374		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82375		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82376		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82378		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82379		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82380		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82382		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82383		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82384		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82387		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82390		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82397		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82415		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82435		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82436		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82438		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82441		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82465		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82480		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82482		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82485		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82495		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82507		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82523		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82525		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82528		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82530		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82533		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82540		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82542		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82550		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82552		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82553		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82554		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
82565		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82570		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82575		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82585		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82595		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82600		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82607		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82608		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82610		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82615		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82626		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82627		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82633		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82634		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82638		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82652		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82656		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82657		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82658		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82664		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82668		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82670		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82671		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82672		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82677		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82679		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82693		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82696		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82705		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82710		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82715		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82725		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82726		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82728		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82731		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82735		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82746		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82747		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82757		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82759		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82760		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82775		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82776		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82777		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
82784		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82785		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82787		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82800		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82803		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82805		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82810		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82820		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82930		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82938		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82941		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82943		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82945		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82946		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82947		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018										Days	Proc
		Status	Status							Cap?	RVU	RVU	\$ 38.15	OB/GYN
		Code	Indicator										Facility	Non-Facility
82948		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82950		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82951		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82952		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82955		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82960		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82962		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82963		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82965		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82977		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82978		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82979		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
82985		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83001		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83002		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83003		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83006	Not Covered	CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83009		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83010		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83012		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83013		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83014		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83015		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83018		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83020	26	CLFS	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
83020		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83021		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83026		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83030		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83033		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83036		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83037		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83045		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83050		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83051		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83060		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83065		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83068		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83069		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83070		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83080		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83088		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83090		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83150		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83491		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83497		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83498		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83500		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83505		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83516		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83518		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83519		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83520		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83525		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83527		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83528		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83540		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83550		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83570		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018										Days	Proc
		Status	Status							Cap?	RVU	RVU	\$ 38.15	OB/GYN
		Code	Indicator										Facility	Non-Facility
83582		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83586		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83593		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83605		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83615		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83625		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83630		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83631		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83632		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83633		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83655		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83661		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83662		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83663		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83664		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83670		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83690		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83695		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83698		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83700		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83701		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83704		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83718		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83719		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83721		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83727		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83735		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83775		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83785		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83789		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83825		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83835		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83857		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83861		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83864		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83872		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83873		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83874		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83876		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83880		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83883		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83885		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83915		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83916		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83918		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83919		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83921		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83930		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83935		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83937		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83945		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83950		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83951		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83970		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83986		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83987		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
83992		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
83993		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84030		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
84035		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84060		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84066		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84075		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84078		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84080		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84081		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84085		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84087		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84100		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84105		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84106		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84110		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84112		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84119		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84120		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84126		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84132		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84133		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84134		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84135		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84138		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84140		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84143		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84144		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84145	Not Covered	CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84146		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84150		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84152		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84153		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84154		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84155		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84156		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84157		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84160		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84163		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84165	26	CLFS	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
84165		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84166	26	CLFS	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
84166		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84181	26	CLFS	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
84181		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84182	26	CLFS	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
84182		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84202		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84203		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84206		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84207		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84210		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84220		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84228		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84233		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84234		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84235		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84238		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84244		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84252		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84255		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84260		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
84270		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84275		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84285		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84295		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84300		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84302		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84305		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84307		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84311		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84315		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84375		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84376		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84377		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84378		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84379		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84392		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84402		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84403		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84410		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84425		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84430		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84431		Not Covere	X	XXX	N	N	N	N	N	N	-	-	-	-
84432		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84436		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84437		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84439		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84442		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84443		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84445		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84446		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84449		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84450		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84460		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84466		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84478		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84479		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84480		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84481		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84482		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84484		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84485		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84488		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84490		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84510		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84512		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84520		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84525		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84540		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84545		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84550		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84560		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84577		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84578		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84580		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84583		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84585		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84586		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84588		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84590		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018										Imaging	Imaging
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
84591		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84597		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84600		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84620		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84630		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84681		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84702		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84703		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84704		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84830		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
84999	Unlstd/Manu		X	XXX	N	N	N	N	N	N	-	-	-	-
85002		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85004		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85007		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85008		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85009		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85013		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85014		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85018		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85025		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85027		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85032		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85041		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85044		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85045		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85046		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85048		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85049		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85055		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85060	A	A	A	XXX	N	N	D	N	N	N	-	-	17.76	17.76
85097	A	A	A	XXX	N	N	D	N	N	N	-	-	35.78	62.28
85130		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85170		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85175		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85210		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85220		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85230		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85240		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85244		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85245		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85246		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85247		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85250		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85260		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85270		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85280		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85290		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85291		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85292		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85293		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85300		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85301		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85302		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85303		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85305		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85306		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85307		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85335		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85337		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
85345		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85347		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85348		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85360		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85362		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85366		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85370		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85378		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85379		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85380		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85384		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85385		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85390	26	CLFS	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
85390		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85396		A	A	XXX	N	N	D	N	N	N	-	-	14.84	14.84
85397	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
85400		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85410		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85415		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85420		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85421		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85441		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85445		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85460		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85461		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85475		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85520		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85525		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85530		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85536		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85540		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85547		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85549		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85555		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85557		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85576	26	CLFS	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
85576		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85597		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85598		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85610		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85611		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85612		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85613		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85635		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85651		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85652		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85660		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85670		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85675		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85705		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85730		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85732		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85810		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
85999	Unlstd/Manu		X	XXX	N	N	N	N	N	N	-	-	-	-
86000		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86001		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86003		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86005		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86008		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
86021		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86022		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86023		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86038		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86039		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86060		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86063		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86077		A	A	XXX	N	N	D	N	N	N	-	-	37.10	39.49
86078		A	A	XXX	N	N	D	N	N	N	-	-	37.10	39.49
86079		A	A	XXX	N	N	D	N	N	N	-	-	36.84	39.22
86140		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86141		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86146		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86147		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86148		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86152		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86153	26	A	A	XXX	N	N	D	N	N	N	-	-	24.65	24.65
86155		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86156		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86157		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86160		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86161		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86162		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86171		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86200		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86215		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86225		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86226		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86235		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86255	26	CLFS	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
86255		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86256	26	CLFS	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
86256		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86277		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86280		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86294		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86300		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86301		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86304		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86305		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
86308		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86309		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86310		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86316		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86317		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86318		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86320	26	CLFS	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
86320		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86325	26	CLFS	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
86325		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86327	26	CLFS	A	XXX	N	N	D	N	N	N	-	-	14.84	14.84
86327		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86329		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86331		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86332		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86334	26	CLFS	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
86334		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86335	26	CLFS	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
86335		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018										Imaging	Imaging
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
86336		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86337		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86340		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86341		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86343		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86344		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86352	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
86353		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86355		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86356		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86357		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86359		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86360		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86361		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86367		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86376		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86382		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86384		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86386		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86403		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86406		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86430		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86431		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86480		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86481		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86485		CLFS	C	XXX	N	N	D	N	N	N	-	-	-	-
86486	A	A	A	XXX	N	N	D	N	N	N	-	-	3.18	3.18
86490	A	A	A	XXX	N	N	D	N	N	N	-	-	57.77	57.77
86510	A	A	A	XXX	N	N	D	N	N	N	-	-	4.24	4.24
86580	A	A	A	XXX	N	N	D	N	N	N	-	-	5.30	5.30
86590		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86592		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86593		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86602		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86603		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86606		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86609		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86611		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86612		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86615		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86617		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86618		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86619		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86622		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86625		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86628		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86631		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86632		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86635		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86638		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86641		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86644		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86645		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86648		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86651		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86652		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86653		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86654		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86658		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
86663		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86664		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86665		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86666		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86668		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86671		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86674		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86677		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86682		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86684		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86687		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86688		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86689		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86692		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86694		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86695		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86696		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86698		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86701		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86702		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86703		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86704		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86705		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86706		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86707		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86708		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86709		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86710		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86711		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86713		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86717		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86720		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86723		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86727		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86732		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86735		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86738		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86741		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86744		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86747		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86750		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86753		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86756		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86757		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86759		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86762		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86765		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86768		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86771		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86774		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86777		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86778		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86780		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86784		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86787		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86788		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86789		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86790		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86793		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
86794		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86800		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86803		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86804		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86805		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86806		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86807		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86808		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86812		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86813		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86816		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86817		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86821		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86825		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86826		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86828		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86829		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86830		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86831		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86832		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86833		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86834		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86835		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86849		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86850		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86860		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86870		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86880		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86885		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86886		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86890		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86891		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86900		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86901		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86902		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86904		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86905		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86906		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86910		Not Covere	N	XXX	N	N	N	N	N	N	-	-	-	-
86911		Not Covere	N	XXX	N	N	N	N	N	N	-	-	-	-
86920		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86921		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86922		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86923		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86927		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86930		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86931		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86932		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86940		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86941		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86945		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86950		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86960		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86965		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86970		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86971		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86972		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86975		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86976		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018										Days	Proc
		Status	Status							Cap?	RVU	RVU	\$ 38.15	OB/GYN
		Code	Indicator										Facility	Non-Facility
86977		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86978		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86985		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
86999	Unlstd/Manu		X	XXX	N	N	N	N	N	N	-	-	-	-
87003		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87015		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87040		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87045		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87046		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87070		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87071		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87073		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87075		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87076		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87077		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87081		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87084		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87086		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87088		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87101		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87102		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87103		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87106		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87107		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87109		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87110		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87116		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87118		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87140		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87143		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87147		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87149		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87150		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87152		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87153		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87158		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87164	26	CLFS	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
87164		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87166		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87168		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87169		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87172		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87176		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87177		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87181		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87184		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87185		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87186		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87187		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87188		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87190		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87197		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87205		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87206		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87207	26	CLFS	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
87207		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87209		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87210		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87220		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
87230		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87250		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87252		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87253		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87254		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87255		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87260		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87265		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87267		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87269		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87270		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87271		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87272		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87273		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87274		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87275		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87276		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87278		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87279		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87280		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87281		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87283		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87285		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87290		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87299		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87300		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87301		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87305		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87320		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87324		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87327		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87328		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87329		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87332		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87335		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87336		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87337		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87338		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87339		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87340		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87341		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87350		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87380		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87385		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87389		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87390		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87391		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87400		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87420		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87425		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87427		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87430		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87449		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87450		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87451		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87471		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87472		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87475		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87476		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
87480		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87481		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87482		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87483		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87485		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87486		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87487		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87490		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87491		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87492		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87493		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87495		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87496		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87497		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87498		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87500		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87501		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87502		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87503		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87505		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87506		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87507		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87510		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87511		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87512		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87516		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87517		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87520		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87521		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87522		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87525		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87526		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87527		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87528		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87529		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87530		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87531		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87532		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87533		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87534		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87535		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87536		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87537		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87538		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87539		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87540		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87541		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87542		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87550		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87551		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87552		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87555		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87556		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87557		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87560		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87561		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87562		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87580		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87581		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
87582		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87590		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87591		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87592		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87623		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87624		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87625		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87631		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87632		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87633		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87634		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87640		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87641		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87650		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87651		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87652		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87653		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87660		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87661		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87662		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87797		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87798		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87799		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87800		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87801		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87802		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87803		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87804		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87806		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87807		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87808		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87809		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87810		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87850		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87880		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87899		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87900		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87901		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87902		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87903		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87904		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87905		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
87906		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87910		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87912		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
87999		Unlstd/Manu	X	XXX	N	N	N	N	N	N	-	-	-	-
88000		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
88005		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
88007		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
88012		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
88014		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
88016		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
88020		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
88025		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
88027		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
88028		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
88029		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
88036		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
88037		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
88040		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
88045		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
88099		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
88104	26	A	A	XXX	N	N	D	N	N	N	-	-	20.41	20.41
88104	TC	A	A	XXX	N	N	D	N	N	N	-	-	28.09	28.09
88104		A	A	XXX	N	N	D	N	N	N	-	-	48.76	48.76
88106	26	A	A	XXX	N	N	D	N	N	N	-	-	14.05	14.05
88106	TC	A	A	XXX	N	N	D	N	N	N	-	-	28.62	28.62
88106		A	A	XXX	N	N	D	N	N	N	-	-	42.93	42.93
88108	26	A	A	XXX	N	N	D	N	N	N	-	-	16.43	16.43
88108	TC	A	A	XXX	N	N	D	N	N	N	-	-	24.38	24.38
88108		A	A	XXX	N	N	D	N	N	N	-	-	41.08	41.08
88112	26	A	A	XXX	N	N	D	N	N	N	-	-	20.14	20.14
88112	TC	A	A	XXX	N	N	D	N	N	N	-	-	25.71	25.71
88112		A	A	XXX	N	N	D	N	N	N	-	-	46.11	46.11
88120	26	A	A	XXX	N	N	D	N	N	N	-	-	42.14	42.14
88120	TC	A	A	XXX	N	N	D	N	N	N	-	-	371.80	371.80
88120		A	A	XXX	N	N	D	N	N	N	-	-	413.93	413.93
88121	26	A	A	XXX	N	N	D	N	N	N	-	-	36.31	36.31
88121	TC	A	A	XXX	N	N	D	N	N	N	-	-	308.99	308.99
88121		A	A	XXX	N	N	D	N	N	N	-	-	345.30	345.30
88125	26	A	A	XXX	N	N	D	N	N	N	-	-	10.07	10.07
88125	TC	A	A	XXX	N	N	D	N	N	N	-	-	7.95	7.95
88125		A	A	XXX	N	N	D	N	N	N	-	-	18.29	18.29
88130		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88140		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88141		A	A	XXX	N	N	D	N	N	N	-	-	22.53	22.53
88142		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88143		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88147		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88148		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88150		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88152		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88153		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88155		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88160	26	A	A	XXX	N	N	D	N	N	N	-	-	18.55	18.55
88160	TC	A	A	XXX	N	N	D	N	N	N	-	-	29.68	29.68
88160		A	A	XXX	N	N	D	N	N	N	-	-	48.50	48.50
88161	26	A	A	XXX	N	N	D	N	N	N	-	-	18.02	18.02
88161	TC	A	A	XXX	N	N	D	N	N	N	-	-	25.97	25.97
88161		A	A	XXX	N	N	D	N	N	N	-	-	44.26	44.26
88162	26	A	A	XXX	N	N	D	N	N	N	-	-	28.09	28.09
88162	TC	A	A	XXX	N	N	D	N	N	N	-	-	37.10	37.10
88162		A	A	XXX	N	N	D	N	N	N	-	-	64.93	64.93
88164		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88165		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88166		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88167		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88172	26	A	A	XXX	N	N	D	N	N	N	-	-	26.50	26.50
88172	TC	A	A	XXX	N	N	D	N	N	N	-	-	13.25	13.25
88172		A	A	XXX	N	N	D	N	N	N	-	-	39.75	39.75
88173	26	A	A	XXX	N	N	D	N	N	N	-	-	51.68	51.68
88173	TC	A	A	XXX	N	N	D	N	N	N	-	-	52.74	52.74
88173		A	A	XXX	N	N	D	N	N	N	-	-	104.15	104.15
88174		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88175		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88177	26	A	A	ZZZ	N	N	D	N	N	N	-	-	16.17	16.17
88177	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	5.04	5.04
88177		A	A	ZZZ	N	N	D	N	N	N	-	-	21.20	21.20

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

1. A - Active Code
2. B - Bundled code
3. C - Carrier-Priced
4. T- Injections and other minor services
5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
6. Manual - Claims are pended for review and pricing.
7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
88182	26	A	A	XXX	N	N	D	N	N	N	-	-	28.09	28.09
88182	TC	A	A	XXX	N	N	D	N	N	N	-	-	59.10	59.10
88182		A	A	XXX	N	N	D	N	N	N	-	-	87.19	87.19
88184		A	A	XXX	N	N	D	N	N	N	-	-	43.20	43.20
88185		A	A	ZZZ	N	N	D	N	N	N	-	-	19.35	19.35
88187		A	A	XXX	N	N	D	N	N	N	-	-	32.86	32.86
88188		A	A	XXX	N	N	D	N	N	N	-	-	46.38	46.38
88189		A	A	XXX	N	N	D	N	N	N	-	-	61.75	61.75
88199	26	CLFS	C	XXX	N	N	D	N	N	N	-	-	-	-
88199	TC	CLFS	C	XXX	N	N	D	N	N	N	-	-	-	-
88199		CLFS	C	XXX	N	N	D	N	N	N	-	-	-	-
88230		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88233		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88235		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88237		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88239		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88240		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88241		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88245		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88248		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88249		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88261		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88262		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88263		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88264		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88267		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88269		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88271		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88272		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88273		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88274		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88275		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88280		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88283		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88285		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88289		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88291		A	A	XXX	N	N	D	N	N	N	-	-	23.06	23.06
88299		CLFS	C	XXX	N	N	D	N	N	N	-	-	-	-
88300	26	A	A	XXX	N	N	D	N	N	N	-	-	3.18	3.18
88300	TC	A	A	XXX	N	N	D	N	N	N	-	-	7.69	7.69
88300		A	A	XXX	N	N	D	N	N	N	-	-	11.40	11.40
88302	26	A	A	XXX	N	N	D	N	N	N	-	-	5.30	5.30
88302	TC	A	A	XXX	N	N	D	N	N	N	-	-	15.37	15.37
88302		A	A	XXX	N	N	D	N	N	N	-	-	20.94	20.94
88304	26	A	A	XXX	N	N	D	N	N	N	-	-	8.22	8.22
88304	TC	A	A	XXX	N	N	D	N	N	N	-	-	18.55	18.55
88304		A	A	XXX	N	N	D	N	N	N	-	-	27.30	27.30
88305	26	A	A	XXX	N	N	D	N	N	N	-	-	27.56	27.56
88305	TC	A	A	XXX	N	N	D	N	N	N	-	-	19.08	19.08
88305		A	A	XXX	N	N	D	N	N	N	-	-	46.64	46.64
88307	26	A	A	XXX	N	N	D	N	N	N	-	-	60.42	60.42
88307	TC	A	A	XXX	N	N	D	N	N	N	-	-	115.28	115.28
88307		A	A	XXX	N	N	D	N	N	N	-	-	175.70	175.70
88309	26	A	A	XXX	N	N	D	N	N	N	-	-	107.06	107.06
88309	TC	A	A	XXX	N	N	D	N	N	N	-	-	160.59	160.59
88309		A	A	XXX	N	N	D	N	N	N	-	-	267.92	267.92
88311	26	A	A	XXX	N	N	D	N	N	N	-	-	9.01	9.01
88311	TC	A	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
88311		A	A	XXX	N	N	D	N	N	N	-	-	15.37	15.37

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
88312	26	A	A	XXX	N	N	D	N	N	N	-	-	19.35	19.35
88312	TC	A	A	XXX	N	N	D	N	N	N	-	-	45.05	45.05
88312		A	A	XXX	N	N	D	N	N	N	-	-	64.66	64.66
88313	26	A	A	XXX	N	N	D	N	N	N	-	-	8.75	8.75
88313	TC	A	A	XXX	N	N	D	N	N	N	-	-	37.63	37.63
88313		A	A	XXX	N	N	D	N	N	N	-	-	46.38	46.38
88314	26	A	A	XXX	N	N	D	N	N	N	-	-	16.17	16.17
88314	TC	A	A	XXX	N	N	D	N	N	N	-	-	40.02	40.02
88314		A	A	XXX	N	N	D	N	N	N	-	-	56.45	56.45
88319	26	A	A	XXX	N	N	D	N	N	N	-	-	19.35	19.35
88319	TC	A	A	XXX	N	N	D	N	N	N	-	-	39.22	39.22
88319		A	A	XXX	N	N	D	N	N	N	-	-	58.57	58.57
88321		A	A	XXX	N	N	D	N	N	N	-	-	60.95	71.82
88323	26	A	A	XXX	N	N	D	N	N	N	-	-	63.34	63.34
88323	TC	A	A	XXX	N	N	D	N	N	N	-	-	21.20	21.20
88323		A	A	XXX	N	N	D	N	N	N	-	-	84.54	84.54
88325		A	A	XXX	N	N	D	N	N	N	-	-	108.92	129.32
88329		A	A	XXX	N	N	D	N	N	N	-	-	26.50	36.04
88331	26	A	A	XXX	N	N	D	N	N	N	-	-	45.85	45.85
88331	TC	A	A	XXX	N	N	D	N	N	N	-	-	20.94	20.94
88331		A	A	XXX	N	N	D	N	N	N	-	-	66.78	66.78
88332	26	A	A	XXX	N	N	D	N	N	N	-	-	22.53	22.53
88332	TC	A	A	XXX	N	N	D	N	N	N	-	-	13.78	13.78
88332		A	A	XXX	N	N	D	N	N	N	-	-	36.31	36.31
88333	26	A	A	XXX	N	N	D	N	N	N	-	-	45.85	45.85
88333	TC	A	A	XXX	N	N	D	N	N	N	-	-	15.90	15.90
88333		A	A	XXX	N	N	D	N	N	N	-	-	61.75	61.75
88334	26	A	A	ZZZ	N	N	D	N	N	N	-	-	28.36	28.36
88334	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	10.34	10.34
88334		A	A	ZZZ	N	N	D	N	N	N	-	-	38.43	38.43
88341	26	A	A	ZZZ	N	N	D	N	N	N	-	-	20.41	20.41
88341	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	40.81	40.81
88341		A	A	ZZZ	N	N	D	N	N	N	-	-	61.48	61.48
88342	26	A	A	XXX	N	N	D	N	N	N	-	-	25.97	25.97
88342	TC	A	A	XXX	N	N	D	N	N	N	-	-	46.91	46.91
88342		A	A	XXX	N	N	D	N	N	N	-	-	72.88	72.88
88344	26	A	A	XXX	N	N	D	N	N	N	-	-	28.36	28.36
88344	TC	A	A	XXX	N	N	D	N	N	N	-	-	86.92	86.92
88344		A	A	XXX	N	N	D	N	N	N	-	-	115.28	115.28
88346	26	A	A	XXX	N	N	D	N	N	N	-	-	25.97	25.97
88346	TC	A	A	XXX	N	N	D	N	N	N	-	-	36.57	36.57
88346		A	A	XXX	N	N	D	N	N	N	-	-	62.81	62.81
88348	26	A	A	XXX	N	N	D	N	N	N	-	-	55.12	55.12
88348	TC	A	A	XXX	N	N	D	N	N	N	-	-	173.58	173.58
88348		A	A	XXX	N	N	D	N	N	N	-	-	228.70	228.70
88350	26	A	A	ZZZ	N	N	D	N	N	N	-	-	20.94	20.94
88350	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	27.56	27.56
88350		A	A	ZZZ	N	N	D	N	N	N	-	-	48.23	48.23
88355	26	A	A	XXX	N	N	D	N	N	N	-	-	59.63	59.63
88355	TC	A	A	XXX	N	N	D	N	N	N	-	-	30.74	30.74
88355		A	A	XXX	N	N	D	N	N	N	-	-	90.37	90.37
88356	26	A	A	XXX	N	N	D	N	N	N	-	-	90.10	90.10
88356	TC	A	A	XXX	N	N	D	N	N	N	-	-	60.69	60.69
88356		A	A	XXX	N	N	D	N	N	N	-	-	151.05	151.05
88358	26	A	A	XXX	N	N	D	N	N	N	-	-	33.92	33.92
88358	TC	A	A	XXX	N	N	D	N	N	N	-	-	30.21	30.21
88358		A	A	XXX	N	N	D	N	N	N	-	-	64.40	64.40
88360	26	A	A	XXX	N	N	D	N	N	N	-	-	32.33	32.33
88360	TC	A	A	XXX	N	N	D	N	N	N	-	-	56.71	56.71

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
88360		A	A	XXX	N	N	D	N	N	N	-	-	88.78	88.78
88361	26	A	A	XXX	N	N	D	N	N	N	-	-	34.45	34.45
88361 TC		A	A	XXX	N	N	D	N	N	N	-	-	62.28	62.28
88361		A	A	XXX	N	N	D	N	N	N	-	-	96.73	96.73
88362	26	A	A	XXX	N	N	D	N	N	N	-	-	80.30	80.30
88362 TC		A	A	XXX	N	N	D	N	N	N	-	-	62.01	62.01
88362		A	A	XXX	N	N	D	N	N	N	-	-	142.31	142.31
88363		A	A	XXX	N	N	D	N	N	N	-	-	14.58	16.96
88364	26	A	A	ZZZ	N	N	D	N	N	N	-	-	25.71	25.71
88364 TC		A	A	ZZZ	N	N	D	N	N	N	-	-	62.01	62.01
88364		A	A	ZZZ	N	N	D	N	N	N	-	-	87.72	87.72
88365	26	A	A	XXX	N	N	D	N	N	N	-	-	32.07	32.07
88365 TC		A	A	XXX	N	N	D	N	N	N	-	-	86.66	86.66
88365		A	A	XXX	N	N	D	N	N	N	-	-	118.72	118.72
88366	26	A	A	XXX	N	N	D	N	N	N	-	-	45.32	45.32
88366 TC		A	A	XXX	N	N	D	N	N	N	-	-	128.00	128.00
88366		A	A	XXX	N	N	D	N	N	N	-	-	173.31	173.31
88367	26	A	A	XXX	N	N	D	N	N	N	-	-	25.18	25.18
88367 TC		A	A	XXX	N	N	D	N	N	N	-	-	46.11	46.11
88367		A	A	XXX	N	N	D	N	N	N	-	-	71.55	71.55
88368	26	A	A	XXX	N	N	D	N	N	N	-	-	30.48	30.48
88368 TC		A	A	XXX	N	N	D	N	N	N	-	-	50.35	50.35
88368		A	A	XXX	N	N	D	N	N	N	-	-	80.83	80.83
88369	26	A	A	ZZZ	N	N	D	N	N	N	-	-	23.59	23.59
88369 TC		A	A	ZZZ	N	N	D	N	N	N	-	-	49.03	49.03
88369		A	A	ZZZ	N	N	D	N	N	N	-	-	72.88	72.88
88371	26	CLFS	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
88371		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88372	26	CLFS	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
88372		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88373	26	A	A	ZZZ	N	N	D	N	N	N	-	-	19.88	19.88
88373 TC		A	A	ZZZ	N	N	D	N	N	N	-	-	32.60	32.60
88373		A	A	ZZZ	N	N	D	N	N	N	-	-	52.47	52.47
88374	26	A	A	XXX	N	N	D	N	N	N	-	-	31.80	31.80
88374 TC		A	A	XXX	N	N	D	N	N	N	-	-	192.66	192.66
88374		A	A	XXX	N	N	D	N	N	N	-	-	224.72	224.72
88375		Not Covered	A	XXX	N	N	D	N	N	N	-	-	36.04	36.04
88377	26	A	A	XXX	N	N	D	N	N	N	-	-	46.64	46.64
88377 TC		A	A	XXX	N	N	D	N	N	N	-	-	221.54	221.54
88377		A	A	XXX	N	N	D	N	N	N	-	-	267.92	267.92
88380	26	A	A	XXX	N	N	D	N	N	N	-	-	40.02	40.02
88380 TC		A	A	XXX	N	N	D	N	N	N	-	-	52.47	52.47
88380		A	A	XXX	N	N	D	N	N	N	-	-	91.96	91.96
88381	26	A	A	XXX	N	N	D	N	N	N	-	-	18.02	18.02
88381 TC		A	A	XXX	N	N	D	N	N	N	-	-	62.54	62.54
88381		A	A	XXX	N	N	D	N	N	N	-	-	80.56	80.56
88387	26	A	A	XXX	N	N	D	N	N	N	-	-	20.67	20.67
88387 TC		A	A	XXX	N	N	D	N	N	N	-	-	3.98	3.98
88387		A	A	XXX	N	N	D	N	N	N	-	-	24.65	24.65
88388	26	A	A	XXX	N	N	D	N	N	N	-	-	17.23	17.23
88388 TC		A	A	XXX	N	N	D	N	N	N	-	-	6.36	6.36
88388		A	A	XXX	N	N	D	N	N	N	-	-	23.85	23.85
88399	26	CLFS	C	XXX	N	N	D	N	N	N	-	-	-	-
88399 TC		CLFS	C	XXX	N	N	D	N	N	N	-	-	-	-
88399		CLFS	C	XXX	N	N	D	N	N	N	-	-	-	-
88720		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88738		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88740		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
88741		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
88749		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
89049		A	A	XXX	N	N	D	N	N	N	-	-	45.85	161.92
89050		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
89051		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
89055		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
89060	26	CLFS	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
89060		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
89125		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
89160		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
89190		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
89220		A	A	XXX	N	N	D	N	N	N	-	-	10.60	10.60
89230		A	A	XXX	N	N	D	N	N	N	-	-	2.39	2.39
89240		CLFS	C	XXX	N	N	D	N	N	N	-	-	-	-
89250	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89251	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89253	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89254	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89255	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89257	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89258	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89259	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89260	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89261	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89264	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89268	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89272	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89280	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89281	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89290	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89291	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89300	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89310	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89320	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89321	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89322	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89325	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89329	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89330	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89331	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89335	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89337	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89342	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89343	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89344	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89346	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89352	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89353	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89354	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89356	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
89398	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
90281	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
90283	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
90284	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
90287	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
90288	Unlstd/Manu		I	XXX	N	N	N	N	N	N	-	-	-	-
90291	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
90296	C		E	XXX	N	N	N	N	N	N	-	-	-	-
90371	Not Covered		E	XXX	N	N	N	N	N	N	-	-	-	-
90375	C		E	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
		2018 Status Code	2018 Status Indicator										\$ 26.50 Facility	Statewide OB/GYN Non-Facility
90376		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90378		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90384		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
90385		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
90386		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
90389		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
90393		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90396		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90399		Unlstd/Manu	I	XXX	N	N	N	N	N	N	-	-	-	-
90460		Not Covered	A	XXX	N	N	D	N	N	N	-	-	13.52	13.52
90461		Not Covered	A	ZZZ	N	N	D	N	N	N	-	-	8.48	8.48
90471		A	A	XXX	N	N	D	N	N	N	-	-	13.52	13.52
90472		A	A	ZZZ	N	N	D	N	N	N	-	-	8.48	8.48
90473		A	R	XXX	N	N	D	N	N	N	-	-	13.52	13.52
90474		A	R	ZZZ	N	N	D	N	N	N	-	-	8.48	8.48
90476		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
90477		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
90581		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90585		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90586		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90587		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
90620		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90621		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90625		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
90630		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
90632		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90633		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90634		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90636		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90644		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
90647		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90648		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90649		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90650		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90651		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90653		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
90654		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
90655		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90656		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90657		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90658		C	I	XXX	N	N	N	N	N	N	-	-	-	-
90660		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
90661		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90662		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90664		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
90666		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
90667		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
90668		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
90670		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90672		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90673		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90674		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90675		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90676		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90680		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90681		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90682		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
90685		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90686		C	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
90687		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90688		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90690		Not Covere	E	XXX	N	N	N	N	N	N	-	-	-	-
90691		Not Covere	E	XXX	N	N	N	N	N	N	-	-	-	-
90696		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90697		Not Covere	E	XXX	N	N	N	N	N	N	-	-	-	-
90698		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90700		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90702		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90707		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90710		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90713		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90714		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90715		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90716		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90717		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90723		C	I	XXX	N	N	N	N	N	N	-	-	-	-
90732		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90733		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90734		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90736		C	E	XXX	N	N	N	N	N	N	-	-	-	-
90738		Not Covere	I	XXX	N	N	N	N	N	N	-	-	-	-
90739		Not Covere	X	XXX	N	N	N	N	N	N	-	-	-	-
90740		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90743		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90744		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90746		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90747		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90748		C	I	XXX	N	N	N	N	N	N	-	-	-	-
90749		Unlstd/Manu	E	XXX	N	N	N	N	N	N	-	-	-	-
90750		A	E	XXX	N	N	N	N	N	N	-	-	-	-
90756		A	E	XXX	N	N	N	N	N	N	-	-	-	-
90785		Not Covere	A	ZZZ	N	N	N	N	N	N	-	-	9.81	10.34
90791		A	A	XXX	N	N	N	N	N	N	-	-	90.90	95.93
90792		A	A	XXX	N	N	N	N	N	N	-	-	102.03	107.33
90832		A	A	XXX	N	N	N	N	N	N	-	-	45.05	46.64
90833		A	A	ZZZ	N	N	N	N	N	N	-	-	47.17	48.76
90834		A	A	XXX	N	N	N	N	N	N	-	-	60.16	62.28
90836		A	A	ZZZ	N	N	N	N	N	N	-	-	59.36	61.48
90837		A	A	XXX	N	N	N	N	N	N	-	-	90.63	93.81
90838		Not Covere	A	ZZZ	N	N	N	N	N	N	-	-	78.44	81.36
90839		A	A	XXX	N	N	D	N	N	N	-	-	94.08	97.52
90840		A	A	ZZZ	N	N	D	N	N	N	-	-	45.05	46.64
90845		Not Covere	A	XXX	N	N	D	N	N	N	-	-	64.66	66.78
90846		A	R	XXX	N	N	D	N	N	N	-	-	73.14	75.53
90847		A	R	XXX	N	N	D	N	N	N	-	-	76.06	78.71
90849		Not Covere	R	XXX	N	N	D	N	N	N	-	-	22.26	25.71
90853		A	A	XXX	N	N	D	N	N	N	-	-	18.02	18.82
90863		C	I	XXX	N	N	N	N	N	N	-	-	17.49	18.55
90865		Not Covere	A	XXX	N	N	D	N	N	N	-	-	91.43	116.87
90867		Not Covere	C	000	N	N	N	N	N	N	-	-	-	-
90868		Not Covere	C	000	N	N	N	N	N	N	-	-	-	-
90869		Not Covere	C	000	N	N	N	N	N	N	-	-	-	-
90870		A	A	000	N	N	D	N	N	N	-	-	79.50	121.11
90875		A	N	XXX	N	N	N	N	N	N	-	-	43.73	44.52
90876		A	N	XXX	N	N	N	N	N	N	-	-	69.17	76.59
90880		Not Covere	A	XXX	N	N	D	N	N	N	-	-	66.25	73.94
90882		Not Covere	N	XXX	N	N	N	N	N	N	-	-	-	-
90885		B	B	XXX	N	N	N	N	N	N	-	-	35.78	35.78

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
90887		B	B	XXX	N	N	N	N	N	N	-	-	54.33	62.28
90889		B	B	XXX	N	N	N	N	N	N	-	-	-	-
90899		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
90901		Not Covered	A	000	N	N	D	N	N	N	-	-	14.31	27.03
90911		Not Covered	A	000	N	N	D	N	N	N	-	-	32.07	59.10
90935		A	A	000	N	N	D	N	N	N	-	-	52.21	52.21
90937		A	A	000	N	N	D	N	N	N	-	-	74.47	74.47
90940		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
90945		A	A	000	N	N	D	N	N	N	-	-	60.69	60.69
90947		A	A	000	N	N	D	N	N	N	-	-	88.25	88.25
90951		A	A	XXX	N	N	D	N	N	N	-	-	673.10	673.10
90952		C	C	XXX	N	N	D	N	N	N	-	-	-	-
90953		C	C	XXX	N	N	D	N	N	N	-	-	-	-
90954		A	A	XXX	N	N	D	N	N	N	-	-	579.82	579.82
90955		A	A	XXX	N	N	D	N	N	N	-	-	324.36	324.36
90956		A	A	XXX	N	N	D	N	N	N	-	-	224.99	224.99
90957		A	A	XXX	N	N	D	N	N	N	-	-	457.92	457.92
90958		A	A	XXX	N	N	D	N	N	N	-	-	310.32	310.32
90959		A	A	XXX	N	N	D	N	N	N	-	-	209.62	209.62
90960		A	A	XXX	N	N	D	N	N	N	-	-	200.34	200.34
90961		A	A	XXX	N	N	D	N	N	N	-	-	168.28	168.28
90962		A	A	XXX	N	N	D	N	N	N	-	-	129.32	129.32
90963		A	A	XXX	N	N	D	N	N	N	-	-	388.23	388.23
90964		A	A	XXX	N	N	D	N	N	N	-	-	338.67	338.67
90965		A	A	XXX	N	N	D	N	N	N	-	-	321.71	321.71
90966		A	A	XXX	N	N	D	N	N	N	-	-	167.75	167.75
90967		A	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
90968		A	A	XXX	N	N	D	N	N	N	-	-	11.13	11.13
90969		A	A	XXX	N	N	D	N	N	N	-	-	10.87	10.87
90970		A	A	XXX	N	N	D	N	N	N	-	-	5.57	5.57
90989		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90993		C	X	XXX	N	N	N	N	N	N	-	-	-	-
90997		A	A	000	N	N	D	N	N	N	-	-	63.87	63.87
90999		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
91010	26	A	A	000	N	N	D	N	N	N	-	-	47.97	47.97
91010 TC		A	A	000	N	N	D	N	N	N	-	-	71.02	71.02
91010		A	A	000	N	N	D	N	N	N	-	-	119.25	119.25
91013	26	A	A	ZZZ	N	N	D	N	N	N	-	-	6.63	6.63
91013 TC		A	A	ZZZ	N	N	D	N	N	N	-	-	10.34	10.34
91013		A	A	ZZZ	N	N	D	N	N	N	-	-	16.70	16.70
91020	26	A	A	000	N	N	D	N	N	N	-	-	53.53	53.53
91020 TC		A	A	000	N	N	D	N	N	N	-	-	103.88	103.88
91020		A	A	000	N	N	D	N	N	N	-	-	157.15	157.15
91022	26	A	A	000	N	N	D	N	N	N	-	-	53.53	53.53
91022 TC		A	A	000	N	N	D	N	N	N	-	-	61.22	61.22
91022		A	A	000	N	N	D	N	N	N	-	-	114.48	114.48
91030	26	A	A	000	N	N	D	N	N	N	-	-	33.92	33.92
91030 TC		A	A	000	N	N	D	N	N	N	-	-	57.77	57.77
91030		A	A	000	N	N	D	N	N	N	-	-	91.69	91.69
91034	26	A	A	000	N	N	D	N	N	N	-	-	36.57	36.57
91034 TC		A	A	000	N	N	D	N	N	N	-	-	88.51	88.51
91034		A	A	000	N	N	D	N	N	N	-	-	125.35	125.35
91035	26	A	A	000	N	N	D	N	N	N	-	-	60.42	60.42
91035 TC		A	A	000	N	N	D	N	N	N	-	-	257.05	257.05
91035		A	A	000	N	N	D	N	N	N	-	-	317.74	317.74
91037	26	A	A	000	N	N	D	N	N	N	-	-	36.04	36.04
91037 TC		A	A	000	N	N	D	N	N	N	-	-	71.55	71.55
91037		A	A	000	N	N	D	N	N	N	-	-	107.86	107.86
91038	26	A	A	000	N	N	D	N	N	N	-	-	41.08	41.08

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
91038	TC	A	A	000	N	N	D	N	N	N	-	-	252.55	252.55
91038		A	A	000	N	N	D	N	N	N	-	-	293.62	293.62
91040	26	A	A	000	N	N	D	N	N	N	-	-	34.98	34.98
91040	TC	A	A	000	N	N	D	N	N	N	-	-	257.85	257.85
91040		A	A	000	N	N	D	N	N	N	-	-	292.56	292.56
91065	26	A	A	000	N	N	D	N	N	N	-	-	7.16	7.16
91065	TC	A	A	000	N	N	D	N	N	N	-	-	40.02	40.02
91065		A	A	000	N	N	D	N	N	N	-	-	47.44	47.44
91110	26	A	A	XXX	N	N	D	N	N	N	-	-	92.22	92.22
91110	TC	A	A	XXX	N	N	D	N	N	Y	17.70	17.70	469.08	469.08
91110		A	A	XXX	N	N	D	N	N	Y	21.18	21.18	561.36	561.36
91111	26	Not Covered	A	XXX	N	N	D	N	N	N	-	-	37.37	37.37
91111	TC	Not Covered	A	XXX	N	N	D	N	N	N	-	-	447.59	447.59
91111		Not Covered	A	XXX	N	N	D	N	N	N	-	-	485.22	485.22
91112	26	A	A	XXX	N	N	D	N	N	N	-	-	77.91	77.91
91112	TC	A	A	XXX	N	N	D	N	N	N	-	-	622.49	622.49
91112		A	A	XXX	N	N	D	N	N	N	-	-	700.40	700.40
91117		Not Covered	A	000	N	N	D	N	N	N	-	-	99.64	99.64
91120	26	A	A	XXX	N	N	D	N	N	N	-	-	35.78	35.78
91120	TC	A	A	XXX	N	N	D	N	N	N	-	-	242.48	242.48
91120		A	A	XXX	N	N	D	N	N	N	-	-	278.52	278.52
91122	26	A	A	000	N	N	D	N	N	N	-	-	65.19	65.19
91122	TC	A	A	000	N	N	D	N	N	N	-	-	90.63	90.63
91122		A	A	000	N	N	D	N	N	N	-	-	155.56	155.56
91132	26	Not Covered	A	XXX	N	N	D	N	N	N	-	-	19.35	19.35
91132	TC	Not Covered	A	XXX	N	N	D	N	N	N	-	-	79.77	79.77
91132		Not Covered	A	XXX	N	N	D	N	N	N	-	-	99.11	99.11
91133	26	Not Covered	A	XXX	N	N	D	N	N	N	-	-	24.65	24.65
91133	TC	Not Covered	A	XXX	N	N	D	N	N	N	-	-	89.57	89.57
91133		Not Covered	A	XXX	N	N	D	N	N	N	-	-	114.22	114.22
91200	26	A	A	XXX	N	N	D	N	N	N	-	-	9.81	9.81
91200	TC	A	A	XXX	N	N	D	N	N	N	-	-	16.96	16.96
91200		A	A	XXX	N	N	D	N	N	N	-	-	27.03	27.03
91299	26	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
91299	TC	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
91299		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
92002		A	A	XXX	N	B	D	N	N	N	-	-	33.92	56.45
92004		A	A	XXX	N	B	D	N	N	N	-	-	70.23	103.09
92012		A	A	XXX	N	B	D	N	N	N	-	-	37.10	59.36
92014		A	A	XXX	N	B	D	N	N	N	-	-	56.18	85.86
92015		Not Covered	N	XXX	N	N	N	N	N	N	-	-	14.05	14.31
92018		A	A	XXX	N	N	D	N	N	N	-	-	102.29	102.29
92019		A	A	XXX	N	N	D	N	N	N	-	-	51.15	51.15
92020		A	A	XXX	N	B	D	N	N	N	-	-	14.84	18.55
92025	26	A	A	XXX	7	B	D	N	N	N	-	-	14.05	14.05
92025	TC	A	A	XXX	7	B	D	N	N	N	-	-	11.66	11.66
92025		A	A	XXX	7	B	D	N	N	N	-	-	25.97	25.97
92060	26	A	A	XXX	7	B	D	N	N	N	-	-	26.77	26.77
92060	TC	A	A	XXX	7	B	D	N	N	N	-	-	16.96	16.96
92060		A	A	XXX	7	B	D	N	N	N	-	-	44.26	44.26
92065	26	A	A	XXX	N	B	D	N	N	N	-	-	12.72	12.72
92065	TC	A	A	XXX	N	B	D	N	N	N	-	-	23.32	23.32
92065		A	A	XXX	N	B	D	N	N	N	-	-	36.31	36.31
92071		Not Covered	A	XXX	N	Y	D	N	N	N	-	-	23.85	26.50
92072		Not Covered	A	XXX	N	B	D	N	N	N	-	-	71.55	91.96
92081	26	A	A	XXX	7	B	D	N	N	N	-	-	11.66	11.66
92081	TC	A	A	XXX	7	B	D	N	N	N	-	-	11.66	11.66
92081		A	A	XXX	7	B	D	N	N	N	-	-	23.59	23.59
92082	26	A	A	XXX	7	B	D	N	N	N	-	-	15.37	15.37

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

1. A - Active Code
2. B - Bundled code
3. C - Carrier-Priced
4. T- Injections and other minor services
5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
6. Manual - Claims are pended for review and pricing.
7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
92082	TC	A	A	XXX	7	B	D	N	N	N	-	-	16.96	16.96
92082		A	A	XXX	7	B	D	N	N	N	-	-	32.60	32.60
92083	26	A	A	XXX	7	B	D	N	N	N	-	-	19.35	19.35
92083	TC	A	A	XXX	7	B	D	N	N	N	-	-	23.32	23.32
92083		A	A	XXX	7	B	D	N	N	N	-	-	42.93	42.93
92100		A	A	XXX	N	B	D	N	N	N	-	-	24.12	54.33
92132	26	Not Covered	A	XXX	7	B	D	N	N	N	-	-	11.66	11.66
92132	TC	Not Covered	A	XXX	7	B	D	N	N	N	-	-	9.54	9.54
92132		Not Covered	A	XXX	7	B	D	N	N	N	-	-	21.47	21.47
92133	26	A	A	XXX	7	B	D	N	N	N	-	-	15.90	15.90
92133	TC	A	A	XXX	7	B	D	N	N	N	-	-	9.81	9.81
92133		A	A	XXX	7	B	D	N	N	N	-	-	25.97	25.97
92134	26	A	A	XXX	7	B	D	N	N	N	-	-	18.02	18.02
92134	TC	A	A	XXX	7	B	D	N	N	N	-	-	10.07	10.07
92134		A	A	XXX	7	B	D	N	N	N	-	-	28.36	28.36
92136	26	A	A	XXX	7	B	D	N	N	N	-	-	21.73	21.73
92136	TC	A	A	XXX	7	B	D	N	N	N	-	-	30.48	30.48
92136		A	A	XXX	7	B	D	N	N	N	-	-	52.47	52.47
92145	26	Not Covered	A	XXX	7	B	D	N	N	N	-	-	6.63	6.63
92145	TC	Not Covered	A	XXX	7	B	D	N	N	N	-	-	5.30	5.30
92145		Not Covered	A	XXX	7	B	D	N	N	N	-	-	12.19	12.19
92225		A	A	XXX	N	N	D	N	N	N	-	-	15.11	18.82
92226		A	A	XXX	N	N	D	N	N	N	-	-	13.25	17.23
92227		A	A	XXX	N	B	D	N	N	N	-	-	9.54	9.54
92228	26	A	A	XXX	7	B	D	N	N	N	-	-	14.31	14.31
92228	TC	A	A	XXX	7	B	D	N	N	N	-	-	8.75	8.75
92228		A	A	XXX	7	B	D	N	N	N	-	-	23.32	23.32
92230		A	A	XXX	N	N	D	N	N	N	-	-	23.59	39.49
92235	26	A	A	XXX	7	B	D	N	N	N	-	-	30.21	30.21
92235	TC	A	A	XXX	7	B	D	N	N	N	-	-	27.30	27.30
92235		A	A	XXX	7	B	D	N	N	N	-	-	57.77	57.77
92240	26	A	A	XXX	7	B	D	N	N	N	-	-	32.86	32.86
92240	TC	A	A	XXX	7	B	D	N	N	N	-	-	104.94	104.94
92240		A	A	XXX	7	B	D	N	N	N	-	-	137.80	137.80
92242	26	A	A	XXX	7	B	D	N	N	N	-	-	38.16	38.16
92242	TC	A	A	XXX	7	B	D	N	N	N	-	-	111.83	111.83
92242		A	A	XXX	7	B	D	N	N	N	-	-	150.26	150.26
92250	26	A	A	XXX	7	B	D	N	N	N	-	-	15.37	15.37
92250	TC	A	A	XXX	7	B	D	N	N	N	-	-	22.79	22.79
92250		A	A	XXX	7	B	D	N	N	N	-	-	38.43	38.43
92260		A	A	XXX	N	B	D	N	N	N	-	-	7.69	12.46
92265	26	A	A	XXX	7	B	D	N	N	N	-	-	32.86	32.86
92265	TC	A	A	XXX	7	B	D	N	N	N	-	-	26.50	26.50
92265		A	A	XXX	7	B	D	N	N	N	-	-	59.36	59.36
92270	26	A	A	XXX	7	B	D	N	N	N	-	-	29.15	29.15
92270	TC	A	A	XXX	7	B	D	N	N	N	-	-	33.39	33.39
92270		A	A	XXX	7	B	D	N	N	N	-	-	62.54	62.54
92275	26	A	A	XXX	7	B	D	N	N	N	-	-	38.16	38.16
92275	TC	A	A	XXX	7	B	D	N	N	N	-	-	61.75	61.75
92275		A	A	XXX	7	B	D	N	N	N	-	-	99.91	99.91
92283	26	A	A	XXX	7	B	D	N	N	N	-	-	6.36	6.36
92283	TC	A	A	XXX	7	B	D	N	N	N	-	-	29.68	29.68
92283		A	A	XXX	7	B	D	N	N	N	-	-	36.04	36.04
92284	26	A	A	XXX	7	B	D	N	N	N	-	-	8.75	8.75
92284	TC	A	A	XXX	7	B	D	N	N	N	-	-	32.33	32.33
92284		A	A	XXX	7	B	D	N	N	N	-	-	41.34	41.34
92285	26	A	A	XXX	7	B	D	N	N	N	-	-	2.39	2.39
92285	TC	A	A	XXX	7	B	D	N	N	N	-	-	11.40	11.40
92285		A	A	XXX	7	B	D	N	N	N	-	-	14.05	14.05

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
92286	26	A	A	XXX	7	B	D	N	N	N	-	-	15.64	15.64
92286	TC	A	A	XXX	7	B	D	N	N	N	-	-	10.60	10.60
92286		A	A	XXX	7	B	D	N	N	N	-	-	26.24	26.24
92287	26	A	A	XXX	N	B	D	N	N	N	-	-	32.60	32.60
92287	TC	A	A	XXX	N	B	D	N	N	N	-	-	59.36	59.36
92287		A	A	XXX	N	B	D	N	N	N	-	-	91.96	91.96
92310		A	N	XXX	N	N	N	N	N	N	-	-	42.67	66.78
92311		A	A	XXX	N	N	D	N	N	N	-	-	39.22	69.17
92312		A	A	XXX	N	B	D	N	N	N	-	-	45.32	80.30
92313		A	A	XXX	N	N	D	N	N	N	-	-	33.13	65.19
92314		A	N	XXX	N	N	N	N	N	N	-	-	25.18	54.86
92315		A	A	XXX	N	N	D	N	N	N	-	-	15.90	49.82
92316		A	A	XXX	N	B	D	N	N	N	-	-	23.85	62.81
92317		A	A	XXX	N	N	D	N	N	N	-	-	15.90	52.21
92325		A	A	XXX	N	N	D	N	N	N	-	-	28.09	28.09
92326		A	A	XXX	N	N	D	N	N	N	-	-	23.59	23.59
92340		Not Covered	N	XXX	N	N	N	N	N	N	-	-	13.52	24.38
92341		Not Covered	N	XXX	N	N	N	N	N	N	-	-	16.96	28.09
92342		Not Covered	N	XXX	N	N	N	N	N	N	-	-	19.35	29.95
92352		B	B	XXX	N	N	N	N	N	N	-	-	13.52	27.56
92353		B	B	XXX	N	N	N	N	N	N	-	-	18.02	32.07
92354		B	B	XXX	N	N	N	N	N	N	-	-	9.01	9.01
92355		B	B	XXX	N	N	N	N	N	N	-	-	13.78	13.78
92358		B	B	XXX	N	N	N	N	N	N	-	-	7.42	7.42
92370		A	N	XXX	N	N	N	N	N	N	-	-	11.66	21.20
92371		B	B	XXX	N	N	N	N	N	N	-	-	7.42	7.42
92499		26 unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
92499	TC	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
92499		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
92502		A	A	000	N	N	D	N	N	N	-	-	67.84	67.84
92504		A	A	XXX	N	N	D	N	N	N	-	-	6.63	19.35
92507		A	A	XXX	5	N	D	N	N	N	-	-	54.86	54.86
92508		A	A	XXX	5	N	D	N	N	N	-	-	15.90	15.90
92511		A	A	000	N	N	D	N	N	N	-	-	26.50	72.35
92512		A	A	XXX	N	N	D	N	N	N	-	-	20.41	40.02
92516		A	A	XXX	N	N	D	N	N	N	-	-	16.43	45.85
92520		A	A	XXX	N	N	D	N	N	N	-	-	28.89	51.94
92521		A	A	XXX	5	N	D	N	N	N	-	-	79.24	79.24
92522		A	A	XXX	5	N	D	N	N	N	-	-	64.13	64.13
92523		A	A	XXX	5	N	D	N	N	N	-	-	137.01	137.01
92524		A	A	XXX	5	N	D	N	N	N	-	-	61.75	61.75
92526		A	A	XXX	5	N	D	N	N	N	-	-	59.36	59.36
92531		B	B	XXX	N	N	N	N	N	N	-	-	-	-
92532		B	B	XXX	N	N	N	N	N	N	-	-	-	-
92533		B	B	XXX	N	N	N	N	N	N	-	-	-	-
92534		B	B	XXX	N	N	N	N	N	N	-	-	-	-
92537	26	A	A	XXX	N	B	D	N	N	N	-	-	22.53	22.53
92537	TC	A	A	XXX	N	B	D	N	N	N	-	-	5.83	5.83
92537		A	A	XXX	N	B	D	N	N	N	-	-	28.36	28.36
92538	26	A	A	XXX	N	B	D	N	N	N	-	-	11.13	11.13
92538	TC	A	A	XXX	N	B	D	N	N	N	-	-	3.18	3.18
92538		A	A	XXX	N	B	D	N	N	N	-	-	14.58	14.58
92540	26	A	A	XXX	N	N	D	N	N	N	-	-	56.45	56.45
92540	TC	A	A	XXX	N	N	D	N	N	N	-	-	14.05	14.05
92540		A	A	XXX	N	N	D	N	N	N	-	-	70.49	70.49
92541	26	A	A	XXX	N	N	D	N	N	N	-	-	14.84	14.84
92541	TC	A	A	XXX	N	N	D	N	N	N	-	-	2.39	2.39
92541		A	A	XXX	N	N	D	N	N	N	-	-	17.49	17.49
92542	26	A	A	XXX	N	N	D	N	N	N	-	-	17.76	17.76

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
92542	TC	A	A	XXX	N	N	D	N	N	N	-	-	2.12	2.12
92542		A	A	XXX	N	N	D	N	N	N	-	-	19.88	19.88
92544	26	A	A	XXX	N	N	D	N	N	N	-	-	10.07	10.07
92544	TC	A	A	XXX	N	N	D	N	N	N	-	-	1.59	1.59
92544		A	A	XXX	N	N	D	N	N	N	-	-	11.93	11.93
92545	26	A	A	XXX	N	N	D	N	N	N	-	-	9.28	9.28
92545	TC	A	A	XXX	N	N	D	N	N	N	-	-	1.59	1.59
92545		A	A	XXX	N	N	D	N	N	N	-	-	11.13	11.13
92546	26	A	A	XXX	N	N	D	N	N	N	-	-	10.60	10.60
92546	TC	A	A	XXX	N	N	D	N	N	N	-	-	57.77	57.77
92546		A	A	XXX	N	N	D	N	N	N	-	-	68.37	68.37
92547		A	A	ZZZ	N	N	D	N	N	N	-	-	3.98	3.98
92548	26	A	A	XXX	N	N	D	N	N	N	-	-	18.55	18.55
92548	TC	A	A	XXX	N	N	D	N	N	N	-	-	46.91	46.91
92548		A	A	XXX	N	N	D	N	N	N	-	-	65.46	65.46
92550		A	A	XXX	N	B	D	N	N	N	-	-	15.37	15.37
92551		A	N	XXX	N	N	N	N	N	N	-	-	7.95	7.95
92552		A	A	XXX	N	B	D	N	N	N	-	-	20.41	20.41
92553		A	A	XXX	N	B	D	N	N	N	-	-	24.65	24.65
92555		A	A	XXX	N	B	D	N	N	N	-	-	15.37	15.37
92556		A	A	XXX	N	B	D	N	N	N	-	-	24.65	24.65
92557		A	A	XXX	N	B	D	N	N	N	-	-	23.32	26.50
92558		Not Covered	X	XXX	N	N	N	N	N	N	-	-	6.10	6.89
92559		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
92560		C	N	XXX	N	N	N	N	N	N	-	-	-	-
92561		A	A	XXX	N	B	D	N	N	N	-	-	25.44	25.44
92562		A	A	XXX	N	B	D	N	N	N	-	-	29.95	29.95
92563		A	A	XXX	N	B	D	N	N	N	-	-	20.14	20.14
92564		A	A	XXX	N	B	D	N	N	N	-	-	16.96	16.96
92565		A	A	XXX	N	B	D	N	N	N	-	-	10.07	10.07
92567		A	A	XXX	N	B	D	N	N	N	-	-	7.69	9.81
92568		A	A	XXX	N	B	D	N	N	N	-	-	11.13	11.40
92570		A	A	XXX	N	B	D	N	N	N	-	-	21.20	22.53
92571		A	A	XXX	N	B	D	N	N	N	-	-	17.76	17.76
92572		A	A	XXX	N	B	D	N	N	N	-	-	34.19	34.19
92575		A	A	XXX	N	B	D	N	N	N	-	-	30.74	30.74
92576		A	A	XXX	N	B	D	N	N	N	-	-	24.38	24.38
92577		A	A	XXX	N	B	D	N	N	N	-	-	9.28	9.28
92579		A	A	XXX	N	B	D	N	N	N	-	-	27.30	32.07
92582		A	A	XXX	N	B	D	N	N	N	-	-	44.26	44.26
92583		A	A	XXX	N	B	D	N	N	N	-	-	31.80	31.80
92584		A	A	XXX	N	B	D	N	N	N	-	-	47.97	47.97
92585	26	A	A	XXX	N	B	D	N	N	N	-	-	19.08	19.08
92585	TC	A	A	XXX	N	B	D	N	N	N	-	-	70.23	70.23
92585		A	A	XXX	N	B	D	N	N	N	-	-	89.04	89.04
92586		A	A	XXX	N	B	D	N	N	N	-	-	57.77	57.77
92587	26	A	A	XXX	N	B	D	N	N	N	-	-	12.99	12.99
92587	TC	A	A	XXX	N	B	D	N	N	N	-	-	2.12	2.12
92587		A	A	XXX	N	B	D	N	N	N	-	-	15.37	15.37
92588	26	A	A	XXX	N	B	D	N	N	N	-	-	20.14	20.14
92588	TC	A	A	XXX	N	B	D	N	N	N	-	-	2.65	2.65
92588		A	A	XXX	N	B	D	N	N	N	-	-	23.06	23.06
92590		C	N	XXX	N	N	N	N	N	N	-	-	-	-
92591		C	N	XXX	N	N	N	N	N	N	-	-	-	-
92592		C	N	XXX	N	N	N	N	N	N	-	-	-	-
92593		C	N	XXX	N	N	N	N	N	N	-	-	-	-
92594		C	N	XXX	N	N	N	N	N	N	-	-	-	-
92595		C	N	XXX	N	N	N	N	N	N	-	-	-	-
92596		A	A	XXX	N	B	D	N	N	N	-	-	43.99	43.99

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
92597		A	A	XXX	5	N	D	N	N	N	-	-	50.88	50.88
92601		A	A	XXX	N	N	D	N	N	N	-	-	88.78	113.69
92602		A	A	XXX	N	N	D	N	N	N	-	-	50.35	70.23
92603		A	A	XXX	N	N	D	N	N	N	-	-	86.39	106.00
92604		A	A	XXX	N	N	D	N	N	N	-	-	48.23	62.54
92605		B	B	XXX	N	N	N	N	N	N	-	-	63.60	66.25
92606		B	B	XXX	N	N	N	N	N	N	-	-	50.88	58.30
92607		A	A	XXX	5	N	D	N	N	N	-	-	90.37	90.37
92608		A	A	ZZZ	N	N	D	N	N	N	-	-	36.31	36.31
92609		A	A	XXX	5	N	D	N	N	N	-	-	75.53	75.53
92610		A	A	XXX	N	N	D	N	N	N	-	-	51.41	59.89
92611		A	A	XXX	N	N	D	N	N	N	-	-	60.95	60.95
92612		A	A	XXX	N	N	D	N	N	N	-	-	48.50	127.47
92613	Not Covered	A	A	XXX	N	N	D	N	N	N	-	-	27.03	27.03
92614		A	A	XXX	N	N	D	N	N	N	-	-	47.44	97.52
92615		A	A	XXX	N	N	D	N	N	N	-	-	23.59	23.59
92616		A	A	XXX	N	N	D	N	N	N	-	-	71.29	140.19
92617		A	A	XXX	N	N	D	N	N	N	-	-	29.15	29.42
92618	Not Covered	B	B	ZZZ	N	N	N	N	N	N	-	-	23.59	24.12
92620		A	A	XXX	N	B	D	N	N	N	-	-	58.30	65.99
92621		A	A	ZZZ	N	N	D	N	N	N	-	-	13.25	15.64
92625		A	A	XXX	N	B	D	N	N	N	-	-	44.26	49.03
92626		A	A	XXX	N	B	D	N	N	N	-	-	53.53	62.28
92627		A	A	ZZZ	N	N	D	N	N	N	-	-	12.72	15.64
92630	Not Covered	I	I	XXX	N	N	N	N	N	N	-	-	-	-
92633	Not Covered	I	I	XXX	N	N	N	N	N	N	-	-	-	-
92640		A	A	XXX	N	B	D	N	N	N	-	-	68.11	79.77
92700		C	C	XXX	N	N	D	N	N	N	-	-	-	-
92920		A	A	000	Y	N	D	N	N	N	-	-	405.98	405.98
92921		B	B	ZZZ	N	N	N	N	N	N	-	-	-	-
92924		A	A	000	Y	N	D	N	N	N	-	-	483.89	483.89
92925		B	B	ZZZ	N	N	N	N	N	N	-	-	-	-
92928		A	A	000	Y	N	D	N	N	N	-	-	451.56	451.56
92929		B	B	ZZZ	N	N	N	N	N	N	-	-	-	-
92933		A	A	000	Y	N	D	N	N	N	-	-	506.15	506.15
92934		B	B	ZZZ	N	N	N	N	N	N	-	-	-	-
92937		A	A	000	Y	N	D	N	N	N	-	-	451.03	451.03
92938		B	B	ZZZ	N	N	N	N	N	N	-	-	-	-
92941		A	A	000	Y	N	D	N	N	N	-	-	507.21	507.21
92943		A	A	000	Y	N	D	N	N	N	-	-	507.21	507.21
92944		B	B	ZZZ	N	N	N	N	N	N	-	-	-	-
92950		A	A	000	N	N	D	N	N	N	-	-	136.74	211.74
92953		A	A	000	N	N	D	N	N	N	-	-	0.80	0.80
92960		A	A	000	N	N	D	N	N	N	-	-	78.71	110.24
92961		A	A	000	N	N	N	N	N	N	-	-	188.68	188.68
92970		A	A	000	N	N	D	N	N	N	-	-	149.99	149.99
92971		A	A	000	N	N	D	N	N	N	-	-	75.79	75.79
92973		A	A	ZZZ	N	N	D	N	N	N	-	-	135.15	135.15
92974		A	A	ZZZ	N	N	D	N	N	N	-	-	124.02	124.02
92975		A	A	000	Y	N	D	N	N	N	-	-	287.26	287.26
92977		A	A	XXX	N	N	D	N	N	N	-	-	38.69	38.69
92978	26	C	A	ZZZ	N	N	D	N	N	N	-	-	72.08	72.08
92978 TC		C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
92978		C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
92979	26	C	A	ZZZ	N	N	D	N	N	N	-	-	58.30	58.30
92979 TC		C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
92979		C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
92986		A	A	090	Y	N	D	N	N	N	-	-	995.61	995.61
92987		A	A	090	Y	N	D	N	N	N	-	-	1,027.41	1,027.41

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
92990		A	A	090	Y	N	D	N	N	N	-	-	820.18	820.18
92992		Unlstd/Manu	C	090	Y	N	Y	N	N	N	-	-	-	-
92993		C	C	090	Y	N	Y	N	N	N	-	-	-	-
92997		A	A	000	Y	N	D	N	N	N	-	-	499.79	499.79
92998		A	A	ZZZ	N	N	D	N	N	N	-	-	248.57	248.57
93000		A	A	XXX	6	N	D	N	N	N	-	-	11.66	11.66
93005		A	A	XXX	6	N	D	N	N	N	-	-	5.57	5.57
93010		A	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
93015		A	A	XXX	6	N	D	N	N	N	-	-	48.23	48.23
93016		A	A	XXX	N	N	D	N	N	N	-	-	15.90	15.90
93017		A	A	XXX	6	N	D	N	N	N	-	-	22.00	22.00
93018		A	A	XXX	N	N	D	N	N	N	-	-	10.34	10.34
93024	26	A	A	XXX	6	N	D	N	N	N	-	-	40.55	40.55
93024 TC		A	A	XXX	6	N	D	N	N	N	-	-	35.25	35.25
93024		A	A	XXX	6	N	D	N	N	N	-	-	75.79	75.79
93025	26	A	A	XXX	6	N	D	N	N	N	-	-	26.24	26.24
93025 TC		A	A	XXX	6	N	D	N	N	N	-	-	81.36	81.36
93025		A	A	XXX	6	N	D	N	N	N	-	-	107.59	107.59
93040		A	A	XXX	6	N	D	N	N	N	-	-	8.75	8.75
93041		A	A	XXX	6	N	D	N	N	N	-	-	3.71	3.71
93042		A	A	XXX	N	N	D	N	N	N	-	-	4.77	4.77
93050	26 Not Covered	A	A	XXX	6	B	D	N	N	N	-	-	5.83	5.83
93050 TC		Not Covered	A	XXX	6	B	D	N	N	N	-	-	5.30	5.30
93050		Not Covered	A	XXX	6	B	D	N	N	N	-	-	11.40	11.40
93224		A	A	XXX	6	N	D	N	N	N	-	-	60.42	60.42
93225		A	A	XXX	6	N	D	N	N	N	-	-	16.96	16.96
93226		A	A	XXX	6	N	D	N	N	N	-	-	24.38	24.38
93227		A	A	XXX	N	N	D	N	N	N	-	-	19.08	19.08
93228		A	A	XXX	N	N	D	N	N	N	-	-	18.55	18.55
93229		A	A	XXX	6	N	D	N	N	N	-	-	469.85	469.85
93260	26 Not Covered	A	A	XXX	6	N	D	N	N	N	-	-	30.74	30.74
93260 TC		Not Covered	A	XXX	6	N	D	N	N	N	-	-	14.05	14.05
93260		Not Covered	A	XXX	6	N	D	N	N	N	-	-	44.79	44.79
93261	26 Not Covered	A	A	XXX	6	N	D	N	N	N	-	-	26.77	26.77
93261 TC		Not Covered	A	XXX	6	N	D	N	N	N	-	-	13.78	13.78
93261		Not Covered	A	XXX	6	N	D	N	N	N	-	-	40.55	40.55
93268		A	A	XXX	6	N	D	N	N	N	-	-	134.36	134.36
93270		A	A	XXX	6	N	D	N	N	N	-	-	5.83	5.83
93271		A	A	XXX	6	N	D	N	N	N	-	-	110.24	110.24
93272		A	A	XXX	N	N	D	N	N	N	-	-	18.02	18.02
93278	26	A	A	XXX	6	N	D	N	N	N	-	-	9.01	9.01
93278 TC		A	A	XXX	6	N	D	N	N	N	-	-	11.93	11.93
93278		A	A	XXX	6	N	D	N	N	N	-	-	20.94	20.94
93279	26	A	A	XXX	6	N	D	N	N	N	-	-	23.06	23.06
93279 TC		A	A	XXX	6	N	D	N	N	N	-	-	10.87	10.87
93279		A	A	XXX	6	N	D	N	N	N	-	-	34.19	34.19
93280	26	A	A	XXX	6	N	D	N	N	N	-	-	27.30	27.30
93280 TC		A	A	XXX	6	N	D	N	N	N	-	-	12.72	12.72
93280		A	A	XXX	6	N	D	N	N	N	-	-	40.02	40.02
93281	26	A	A	XXX	6	N	D	N	N	N	-	-	30.48	30.48
93281 TC		A	A	XXX	6	N	D	N	N	N	-	-	12.99	12.99
93281		A	A	XXX	6	N	D	N	N	N	-	-	43.46	43.46
93282	26	A	A	XXX	6	N	D	N	N	N	-	-	30.21	30.21
93282 TC		A	A	XXX	6	N	D	N	N	N	-	-	11.93	11.93
93282		A	A	XXX	6	N	D	N	N	N	-	-	42.14	42.14
93283	26	A	A	XXX	6	N	D	N	N	N	-	-	41.08	41.08
93283 TC		A	A	XXX	6	N	D	N	N	N	-	-	12.99	12.99
93283		A	A	XXX	6	N	D	N	N	N	-	-	54.06	54.06
93284	26	A	A	XXX	6	N	D	N	N	N	-	-	44.79	44.79

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
93284	TC	A	A	XXX	6	N	D	N	N	N	-	-	14.05	14.05
93284		A	A	XXX	6	N	D	N	N	N	-	-	59.10	59.10
93285	26	A	A	XXX	6	N	D	N	N	N	-	-	18.82	18.82
93285	TC	A	A	XXX	6	N	D	N	N	N	-	-	10.60	10.60
93285		A	A	XXX	6	N	D	N	N	N	-	-	29.42	29.42
93286	26	Not Covered	A	XXX	6	N	D	N	N	N	-	-	10.60	10.60
93286	TC	Not Covered	A	XXX	6	N	D	N	N	N	-	-	9.54	9.54
93286		Not Covered	A	XXX	6	N	D	N	N	N	-	-	20.41	20.41
93287	26	Not Covered	A	XXX	6	N	D	N	N	N	-	-	16.43	16.43
93287	TC	Not Covered	A	XXX	6	N	D	N	N	N	-	-	9.54	9.54
93287		Not Covered	A	XXX	6	N	D	N	N	N	-	-	25.97	25.97
93288	26	A	A	XXX	6	N	D	N	N	N	-	-	15.64	15.64
93288	TC	A	A	XXX	6	N	D	N	N	N	-	-	10.87	10.87
93288		A	A	XXX	6	N	D	N	N	N	-	-	26.50	26.50
93289	26	A	A	XXX	6	N	D	N	N	N	-	-	26.50	26.50
93289	TC	A	A	XXX	6	N	D	N	N	N	-	-	10.87	10.87
93289		A	A	XXX	6	N	D	N	N	N	-	-	37.37	37.37
93290	26	Not Covered	A	XXX	6	N	D	N	N	N	-	-	15.90	15.90
93290	TC	Not Covered	A	XXX	6	N	D	N	N	N	-	-	9.54	9.54
93290		Not Covered	A	XXX	6	N	D	N	N	N	-	-	25.44	25.44
93291	26	A	A	XXX	6	N	D	N	N	N	-	-	12.99	12.99
93291	TC	A	A	XXX	6	N	D	N	N	N	-	-	9.28	9.28
93291		A	A	XXX	6	N	D	N	N	N	-	-	22.53	22.53
93292	26	A	A	XXX	6	N	D	N	N	N	-	-	15.64	15.64
93292	TC	A	A	XXX	6	N	D	N	N	N	-	-	9.81	9.81
93292		A	A	XXX	6	N	D	N	N	N	-	-	25.44	25.44
93293	26	A	A	XXX	N	N	D	N	N	N	-	-	10.60	10.60
93293	TC	A	A	XXX	N	N	D	N	N	N	-	-	24.65	24.65
93293		A	A	XXX	N	N	D	N	N	N	-	-	35.51	35.51
93294		A	A	XXX	N	N	D	N	N	N	-	-	22.00	22.00
93295		A	A	XXX	N	N	D	N	N	N	-	-	37.90	37.90
93296		A	A	XXX	N	N	D	N	N	N	-	-	16.96	16.96
93297		A	A	XXX	N	N	D	N	N	N	-	-	18.82	18.82
93298		A	A	XXX	N	N	D	N	N	N	-	-	19.08	19.08
93299		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
93303	26	A	A	XXX	6	N	D	N	N	N	-	-	45.32	45.32
93303	TC	A	A	XXX	6	N	D	N	N	N	-	-	114.75	114.75
93303		A	A	XXX	6	N	D	N	N	N	-	-	160.33	160.33
93304	26	A	A	XXX	6	N	D	N	N	N	-	-	25.97	25.97
93304	TC	A	A	XXX	6	N	D	N	N	N	-	-	80.03	80.03
93304		A	A	XXX	6	N	D	N	N	N	-	-	106.00	106.00
93306	26	A	A	XXX	6	N	D	N	N	N	-	-	51.94	51.94
93306	TC	A	A	XXX	6	N	D	N	N	N	-	-	87.98	87.98
93306		A	A	XXX	6	N	D	N	N	N	-	-	140.19	140.19
93307	26	A	A	XXX	6	N	D	N	N	N	-	-	32.07	32.07
93307	TC	A	A	XXX	6	N	D	N	N	N	-	-	62.81	62.81
93307		A	A	XXX	6	N	D	N	N	N	-	-	94.87	94.87
93308	26	A	A	XXX	6	N	D	N	N	N	-	-	18.29	18.29
93308	TC	A	A	XXX	6	N	D	N	N	N	-	-	51.68	51.68
93308		A	A	XXX	6	N	D	N	N	N	-	-	69.96	69.96
93312	26	A	A	XXX	6	N	D	N	N	N	-	-	78.44	78.44
93312	TC	A	A	XXX	6	N	D	N	N	N	-	-	89.31	89.31
93312		A	A	XXX	6	N	D	N	N	N	-	-	167.48	167.48
93313		A	A	XXX	N	N	D	N	N	N	-	-	8.48	8.48
93314	26	A	A	XXX	6	N	D	N	N	N	-	-	66.78	66.78
93314	TC	A	A	XXX	6	N	D	N	N	N	-	-	95.40	95.40
93314		A	A	XXX	6	N	D	N	N	N	-	-	161.92	161.92
93315	26	C	A	XXX	N	N	D	N	N	N	-	-	92.49	92.49
93315	TC	C	C	XXX	N	N	D	N	N	Y	11.59	11.59	307.16	307.16

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
93315		C	C	XXX	N	N	D	N	N	Y	15.08	15.08	399.56	399.56
93316		A	A	XXX	N	N	D	N	N	N	-	-	19.88	19.88
93317	26	C	A	XXX	N	N	D	N	N	N	-	-	67.58	67.58
93317 TC		C	C	XXX	N	N	D	N	N	N	-	-	-	-
93317		C	C	XXX	N	N	D	N	N	N	-	-	-	-
93318	26	Not Covered	A	XXX	6	N	D	N	N	N	-	-	76.06	76.06
93318 TC		Not Covered	C	XXX	6	N	D	N	N	Y	11.59	11.59	307.16	307.16
93318		Not Covered	C	XXX	6	N	D	N	N	Y	14.46	14.46	383.14	383.14
93320	26	A	A	ZZZ	N	N	D	N	N	N	-	-	12.99	12.99
93320 TC		A	A	ZZZ	N	N	D	N	N	N	-	-	23.06	23.06
93320		A	A	ZZZ	N	N	D	N	N	N	-	-	36.31	36.31
93321	26	A	A	ZZZ	N	N	D	N	N	N	-	-	5.04	5.04
93321 TC		A	A	ZZZ	N	N	D	N	N	N	-	-	12.99	12.99
93321		A	A	ZZZ	N	N	D	N	N	N	-	-	18.02	18.02
93325	26	A	A	ZZZ	N	N	D	N	N	N	-	-	2.39	2.39
93325 TC		A	A	ZZZ	N	N	D	N	N	N	-	-	14.58	14.58
93325		A	A	ZZZ	N	N	D	N	N	N	-	-	16.96	16.96
93350	26	A	A	XXX	6	N	D	N	N	N	-	-	50.62	50.62
93350 TC		A	A	XXX	6	N	D	N	N	N	-	-	88.25	88.25
93350		A	A	XXX	6	N	D	N	N	N	-	-	138.86	138.86
93351	26	A	A	XXX	6	N	N	N	N	N	-	-	60.69	60.69
93351 TC		A	A	XXX	6	N	N	N	N	N	-	-	96.20	96.20
93351		A	A	XXX	6	N	N	N	N	N	-	-	156.88	156.88
93352		A	A	ZZZ	N	N	D	N	N	N	-	-	22.53	22.53
93355		A	A	XXX	N	N	D	N	N	N	-	-	164.30	164.30
93451	26	A	A	000	Y	N	D	N	N	N	-	-	98.85	98.85
93451 TC		A	A	000	N	N	D	N	N	N	-	-	384.25	384.25
93451		A	A	000	Y	N	D	N	N	N	-	-	483.10	483.10
93452	26	A	A	000	Y	N	D	N	N	N	-	-	180.20	180.20
93452 TC		A	A	000	N	N	D	N	N	N	-	-	377.63	377.63
93452		A	A	000	Y	N	D	N	N	N	-	-	557.56	557.56
93453	26	A	A	000	Y	N	D	N	N	N	-	-	241.42	241.42
93453 TC		A	A	000	N	N	D	N	N	N	-	-	484.69	484.69
93453		A	A	000	Y	N	D	N	N	N	-	-	726.10	726.10
93454	26	A	A	000	Y	N	D	N	N	N	-	-	182.32	182.32
93454 TC		A	A	000	N	N	D	N	N	N	-	-	383.72	383.72
93454		A	A	000	Y	N	D	N	N	N	-	-	566.04	566.04
93455	26	A	A	000	Y	N	D	N	N	N	-	-	212.80	212.80
93455 TC		A	A	000	N	N	D	N	N	N	-	-	449.71	449.71
93455		A	A	000	Y	N	D	N	N	N	-	-	662.50	662.50
93456	26	A	A	000	Y	N	D	N	N	N	-	-	237.18	237.18
93456 TC		A	A	000	N	N	D	N	N	N	-	-	479.92	479.92
93456		A	A	000	Y	N	D	N	N	N	-	-	717.09	717.09
93457	26	A	A	000	Y	N	D	N	N	N	-	-	266.86	266.86
93457 TC		A	A	000	N	N	D	N	N	N	-	-	545.11	545.11
93457		A	A	000	Y	N	D	N	N	N	-	-	811.96	811.96
93458	26	A	A	000	Y	N	D	N	N	N	-	-	225.25	225.25
93458 TC		A	A	000	N	N	D	N	N	N	-	-	457.92	457.92
93458		A	A	000	Y	N	D	N	N	N	-	-	683.17	683.17
93459	26	A	A	000	Y	N	D	N	N	N	-	-	255.73	255.73
93459 TC		A	A	000	N	N	D	N	N	N	-	-	502.44	502.44
93459		A	A	000	Y	N	D	N	N	N	-	-	758.17	758.17
93460	26	A	A	000	Y	N	D	N	N	N	-	-	286.20	286.20
93460 TC		A	A	000	N	N	D	N	N	N	-	-	531.86	531.86
93460		A	A	000	Y	N	D	N	N	N	-	-	818.32	818.32
93461	26	A	A	000	Y	N	D	N	N	N	-	-	315.62	315.62
93461 TC		A	A	000	N	N	D	N	N	N	-	-	618.78	618.78
93461		A	A	000	Y	N	D	N	N	N	-	-	934.66	934.66
93462		A	A	ZZZ	N	N	D	N	N	N	-	-	159.27	159.27

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
93463		A	A	ZZZ	N	N	D	N	N	N	-	-	71.02	71.02
93464	26	A	A	ZZZ	N	N	D	N	N	N	-	-	62.54	62.54
93464	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	108.39	108.39
93464		A	A	ZZZ	N	N	D	N	N	N	-	-	170.93	170.93
93503		A	A	000	N	N	D	N	N	N	-	-	75.53	75.53
93505	26	A	A	000	Y	N	D	N	N	N	-	-	165.36	165.36
93505	TC	A	A	000	N	N	D	N	N	N	-	-	310.05	310.05
93505		A	A	000	Y	N	D	N	N	N	-	-	475.15	475.15
93530	26	C	A	000	Y	N	D	N	N	N	-	-	153.44	153.44
93530	TC	C	C	000	N	N	D	N	N	N	-	-	-	-
93530		C	C	000	Y	N	D	N	N	N	-	-	-	-
93531	26	C	A	000	Y	N	D	N	N	N	-	-	319.06	319.06
93531	TC	C	C	000	N	N	D	N	N	N	-	-	-	-
93531		C	C	000	Y	N	D	N	N	N	-	-	-	-
93532	26	C	A	000	Y	N	D	N	N	N	-	-	384.78	384.78
93532	TC	C	C	000	N	N	D	N	N	N	-	-	-	-
93532		C	C	000	Y	N	D	N	N	N	-	-	-	-
93533	26	C	A	000	Y	N	D	N	N	N	-	-	259.44	259.44
93533	TC	C	C	000	N	N	D	N	N	N	-	-	-	-
93533		C	C	000	Y	N	D	N	N	N	-	-	-	-
93561	26	C	A	000	N	N	D	N	N	N	-	-	8.75	8.75
93561	TC	C	C	000	N	N	D	N	N	N	-	-	-	-
93561		C	C	000	N	N	D	N	N	N	-	-	-	-
93562	26	C	A	000	N	N	D	N	N	N	-	-	0.80	0.80
93562	TC	C	C	000	N	N	D	N	N	N	-	-	-	-
93562		C	C	000	N	N	D	N	N	N	-	-	-	-
93563		A	A	ZZZ	N	N	D	N	N	N	-	-	43.99	43.99
93564		A	A	ZZZ	N	N	D	N	N	N	-	-	46.64	46.64
93565		A	A	ZZZ	N	N	D	N	N	N	-	-	33.92	33.92
93566		A	A	ZZZ	N	N	D	N	N	N	-	-	35.51	109.71
93567		A	A	ZZZ	N	N	D	N	N	N	-	-	40.28	93.81
93568		A	A	ZZZ	N	N	D	N	N	N	-	-	36.31	98.58
93571	26	C	A	ZZZ	N	N	D	N	N	N	-	-	72.08	72.08
93571	TC	C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
93571		C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
93572	26	C	A	ZZZ	N	N	D	N	N	N	-	-	58.30	58.30
93572	TC	C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
93572		C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
93580		A	A	000	Y	N	D	N	N	N	-	-	743.06	743.06
93581		A	A	000	Y	N	D	N	N	N	-	-	1,015.75	1,015.75
93582		A	A	000	Y	N	D	N	N	N	-	-	508.54	508.54
93583		A	A	000	Y	N	D	N	N	N	-	-	566.31	566.31
93590		Not Covered	A	000	Y	N	Y	D	N	N	-	-	785.46	785.46
93591		Not Covered	A	000	Y	N	D	Y	D	N	-	-	652.43	652.43
93592		Not Covered	A	ZZZ	N	N	Y	D	N	N	-	-	287.53	287.53
93600	26	C	A	000	N	N	D	N	N	N	-	-	89.84	89.84
93600	TC	C	C	000	N	N	D	N	N	N	-	-	-	-
93600		C	C	000	N	N	D	N	N	N	-	-	-	-
93602	26	C	A	000	N	N	D	N	N	N	-	-	87.19	87.19
93602	TC	C	C	000	N	N	D	N	N	N	-	-	-	-
93602		C	C	000	N	N	D	N	N	N	-	-	-	-
93603	26	C	A	000	N	N	D	N	N	N	-	-	87.19	87.19
93603	TC	C	C	000	N	N	D	N	N	N	-	-	-	-
93603		C	C	000	N	N	D	N	N	N	-	-	-	-
93609	26	C	A	ZZZ	N	N	D	N	N	N	-	-	209.88	209.88
93609	TC	C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
93609		C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
93610	26	C	A	000	N	N	D	N	N	N	-	-	123.76	123.76
93610	TC	C	C	000	N	N	D	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
93610		C	C	000	N	N	D	N	N	N	-	-	-	-
93612	26	C	A	000	N	N	D	N	N	N	-	-	122.70	122.70
93612 TC		C	C	000	N	N	D	N	N	N	-	-	-	-
93612		C	C	000	N	N	D	N	N	N	-	-	-	-
93613		A	A	ZZZ	N	N	D	N	N	N	-	-	242.21	242.21
93615	26	C	A	000	N	N	D	N	N	N	-	-	27.30	27.30
93615 TC		C	C	000	N	N	D	N	N	N	-	-	-	-
93615		C	C	000	N	N	D	N	N	N	-	-	-	-
93616	26	C	A	000	N	N	D	N	N	N	-	-	44.26	44.26
93616 TC		C	C	000	N	N	D	N	N	N	-	-	-	-
93616		C	C	000	N	N	D	N	N	N	-	-	-	-
93618	26	C	A	000	N	N	D	N	N	N	-	-	167.22	167.22
93618 TC		C	C	000	N	N	D	N	N	N	-	-	-	-
93618		C	C	000	N	N	D	N	N	N	-	-	-	-
93619	26	C	A	000	Y	N	D	N	N	N	-	-	295.21	295.21
93619 TC		C	C	000	N	N	D	N	N	N	-	-	-	-
93619		C	C	000	Y	N	D	N	N	N	-	-	-	-
93620	26	C	A	000	Y	N	D	N	N	N	-	-	473.82	473.82
93620 TC		C	C	000	N	N	D	N	N	N	-	-	-	-
93620		C	C	000	Y	N	D	N	N	N	-	-	-	-
93621	26	C	A	ZZZ	N	N	D	N	N	N	-	-	88.51	88.51
93621 TC		C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
93621		C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
93622	26	C	A	ZZZ	N	N	D	N	N	N	-	-	129.85	129.85
93622 TC		C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
93622		C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
93623	26	C	A	ZZZ	N	N	D	N	N	N	-	-	119.78	119.78
93623 TC		C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
93623		C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
93624	26	C	A	000	Y	N	D	N	N	N	-	-	188.42	188.42
93624 TC		C	C	000	N	N	D	N	N	N	-	-	-	-
93624		C	C	000	Y	N	D	N	N	N	-	-	-	-
93631	26	C	A	000	N	N	D	N	N	N	-	-	301.31	301.31
93631 TC		C	C	000	N	N	D	N	N	N	-	-	-	-
93631		C	C	000	N	N	D	N	N	N	-	-	-	-
93640	26	C	A	000	Y	N	D	N	N	N	-	-	135.15	135.15
93640 TC		C	C	000	N	N	D	N	N	N	-	-	-	-
93640		C	C	000	Y	N	D	N	N	N	-	-	-	-
93641	26	C	A	000	Y	N	D	N	N	N	-	-	236.12	236.12
93641 TC		C	C	000	N	N	D	N	N	N	-	-	-	-
93641		C	C	000	Y	N	D	N	N	N	-	-	-	-
93642	26	A	A	000	Y	N	D	N	N	N	-	-	193.72	193.72
93642 TC		A	A	000	N	N	D	N	N	N	-	-	54.06	54.06
93642		A	A	000	Y	N	D	N	N	N	-	-	247.25	247.25
93644	26 Not Covered	A	A	000	Y	N	D	N	N	N	-	-	107.06	107.06
93644 TC	Not Covered	A	A	000	N	N	D	N	N	N	-	-	34.98	34.98
93644	Not Covered	A	A	000	Y	N	D	N	N	N	-	-	142.31	142.31
93650		A	A	000	Y	N	D	N	N	N	-	-	447.32	447.32
93653		A	A	000	Y	N	D	N	N	N	-	-	634.41	634.41
93654		A	A	000	Y	N	D	N	N	N	-	-	849.86	849.86
93655		A	A	ZZZ	N	N	D	N	N	N	-	-	323.57	323.57
93656		A	A	000	Y	N	D	N	N	N	-	-	851.98	851.98
93657		A	A	ZZZ	N	N	D	N	N	N	-	-	323.57	323.57
93660	26	A	A	000	Y	N	D	N	N	N	-	-	67.05	67.05
93660 TC		A	A	000	N	N	D	N	N	N	-	-	42.93	42.93
93660		A	A	000	Y	N	D	N	N	N	-	-	109.71	109.71
93662	26 Not Covered	A	A	ZZZ	N	N	D	N	N	N	-	-	101.76	101.76
93662 TC	Not Covered	C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
93662	Not Covered	C	C	ZZZ	N	N	D	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
93668		Not Covered	A	XXX	N	N	D	N	N	N	-	-	12.46	12.46
93701		A	A	XXX	6	N	D	N	N	N	-	-	15.64	15.64
93702		Not Covered	A	XXX	6	N	D	N	N	N	-	-	79.77	79.77
93724	26	A	A	000	6	N	D	N	N	N	-	-	173.05	173.05
93724	TC	A	A	000	6	N	D	N	N	N	-	-	18.55	18.55
93724		A	A	000	6	N	D	N	N	N	-	-	191.86	191.86
93740		B	B	XXX	N	N	N	N	N	N	-	-	5.57	5.57
93745	26	Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
93745	TC	Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
93745		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
93750		Not Covered	A	XXX	N	N	D	N	N	N	-	-	33.92	39.75
93770		B	B	XXX	N	N	N	N	N	N	-	-	5.57	5.57
93784		A	A	XXX	6	N	D	N	N	N	-	-	36.04	36.04
93786		Not Covered	A	XXX	6	N	D	N	N	N	-	-	19.08	19.08
93788		Not Covered	A	XXX	6	N	D	N	N	N	-	-	3.45	3.45
93790		Not Covered	A	XXX	N	N	D	N	N	N	-	-	13.25	13.25
93792		Not Covered	A	XXX	N	N	D	N	N	N	-	-	34.98	34.98
93793		Not Covered	A	XXX	N	N	D	N	N	N	-	-	8.22	8.22
93797		A	A	000	N	N	D	N	N	N	-	-	6.10	10.87
93798		A	A	000	N	N	D	N	N	N	-	-	10.34	17.23
93799	26	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
93799	TC	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
93799		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
93880	26	A	A	XXX	6	B	D	N	N	N	-	-	28.89	28.89
93880	TC	A	A	XXX	6	B	D	N	N	Y	2.82	2.82	74.83	74.83
93880		A	A	XXX	6	B	D	N	N	Y	3.92	3.92	103.85	103.85
93882	26	A	A	XXX	6	N	D	N	N	N	-	-	18.55	18.55
93882	TC	A	A	XXX	6	N	D	N	N	N	-	-	68.11	68.11
93882		A	A	XXX	6	N	D	N	N	N	-	-	86.66	86.66
93886	26	A	A	XXX	6	N	D	N	N	N	-	-	33.92	33.92
93886	TC	A	A	XXX	6	N	D	N	N	Y	2.83	2.83	75.06	75.06
93886		A	A	XXX	6	N	D	N	N	Y	4.11	4.11	108.82	108.82
93888	26	A	A	XXX	6	N	D	N	N	N	-	-	18.55	18.55
93888	TC	A	A	XXX	6	N	D	N	N	Y	2.83	2.83	75.06	75.06
93888		A	A	XXX	6	N	D	N	N	Y	3.54	3.54	93.89	93.89
93890	26	A	A	XXX	6	N	D	N	N	N	-	-	36.84	36.84
93890	TC	A	A	XXX	6	N	D	N	N	N	-	-	147.87	147.87
93890		A	A	XXX	6	N	D	N	N	N	-	-	184.71	184.71
93892	26	A	A	XXX	6	N	D	N	N	N	-	-	43.20	43.20
93892	TC	A	A	XXX	6	N	D	N	N	Y	2.83	2.83	75.06	75.06
93892		A	A	XXX	6	N	D	N	N	Y	4.46	4.46	118.26	118.26
93893	26	A	A	XXX	6	N	D	N	N	N	-	-	42.67	42.67
93893	TC	A	A	XXX	6	N	D	N	N	Y	2.83	2.83	75.06	75.06
93893		A	A	XXX	6	N	D	N	N	Y	4.45	4.45	117.81	117.81
93895	26	Not Covered	N	XXX	6	N	D	N	N	N	-	-	-	-
93895	TC	Not Covered	N	XXX	6	N	D	N	N	N	-	-	-	-
93895		Not Covered	N	XXX	6	N	D	N	N	N	-	-	-	-
93922	26	A	A	XXX	6	B	D	N	N	N	-	-	9.28	9.28
93922	TC	A	A	XXX	6	B	D	N	N	N	-	-	48.76	48.76
93922		A	A	XXX	6	B	D	N	N	N	-	-	58.04	58.04
93923	26	A	A	XXX	6	B	D	N	N	N	-	-	15.90	15.90
93923	TC	A	A	XXX	6	B	D	N	N	N	-	-	74.47	74.47
93923		A	A	XXX	6	B	D	N	N	N	-	-	90.37	90.37
93924	26	A	A	XXX	6	B	D	N	N	N	-	-	17.76	17.76
93924	TC	A	A	XXX	6	B	D	N	N	N	-	-	94.34	94.34
93924		A	A	XXX	6	B	D	N	N	N	-	-	112.10	112.10
93925	26	A	A	XXX	6	B	D	N	N	N	-	-	28.62	28.62
93925	TC	A	A	XXX	6	B	D	N	N	N	-	-	143.90	143.90
93925		A	A	XXX	6	B	D	N	N	N	-	-	172.52	172.52

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
93926	26	A	A	XXX	6	N	D	N	N	N	-	-	17.49	17.49
93926	TC	A	A	XXX	6	N	D	N	N	Y	2.84	2.84	75.18	75.18
93926		A	A	XXX	6	N	D	N	N	Y	3.50	3.50	92.88	92.88
93930	26	A	A	XXX	6	B	D	N	N	N	-	-	28.89	28.89
93930	TC	A	A	XXX	6	B	D	N	N	Y	2.82	2.82	74.83	74.83
93930		A	A	XXX	6	B	D	N	N	Y	3.92	3.92	103.96	103.96
93931	26	A	A	XXX	6	N	D	N	N	N	-	-	17.76	17.76
93931	TC	A	A	XXX	6	N	D	N	N	N	-	-	68.37	68.37
93931		A	A	XXX	6	N	D	N	N	N	-	-	86.39	86.39
93970	26	A	A	XXX	6	B	D	N	N	N	-	-	25.18	25.18
93970	TC	A	A	XXX	6	B	D	N	N	N	-	-	105.47	105.47
93970		A	A	XXX	6	B	D	N	N	N	-	-	130.38	130.38
93971	26	A	A	XXX	6	N	D	N	N	N	-	-	16.17	16.17
93971	TC	A	A	XXX	6	N	D	N	N	N	-	-	63.60	63.60
93971		A	A	XXX	6	N	D	N	N	N	-	-	79.77	79.77
93975	26	A	A	XXX	6	N	D	N	N	N	-	-	41.87	41.87
93975	TC	A	A	XXX	6	N	D	N	N	N	-	-	146.28	146.28
93975		A	A	XXX	6	N	D	N	N	N	-	-	188.42	188.42
93976	26	A	A	XXX	6	N	D	N	N	N	-	-	28.36	28.36
93976	TC	A	A	XXX	6	N	D	N	N	Y	2.83	2.83	75.06	75.06
93976		A	A	XXX	6	N	D	N	N	Y	3.91	3.91	103.62	103.62
93978	26	A	A	XXX	6	N	D	N	N	N	-	-	29.15	29.15
93978	TC	A	A	XXX	6	N	D	N	N	Y	2.84	2.84	75.18	75.18
93978		A	A	XXX	6	N	D	N	N	Y	3.93	3.93	104.20	104.20
93979	26	A	A	XXX	6	N	D	N	N	N	-	-	18.29	18.29
93979	TC	A	A	XXX	6	N	D	N	N	N	-	-	62.54	62.54
93979		A	A	XXX	6	N	D	N	N	N	-	-	80.83	80.83
93980	26	A	A	XXX	6	N	D	N	N	N	-	-	43.99	43.99
93980	TC	A	A	XXX	6	N	D	N	N	N	-	-	41.61	41.61
93980		A	A	XXX	6	N	D	N	N	N	-	-	85.86	85.86
93981	26	A	A	XXX	6	N	D	N	N	N	-	-	15.90	15.90
93981	TC	A	A	XXX	6	N	D	N	N	N	-	-	35.78	35.78
93981		A	A	XXX	6	N	D	N	N	N	-	-	51.68	51.68
93990	26	A	A	XXX	6	N	D	N	N	N	-	-	18.02	18.02
93990	TC	A	A	XXX	6	N	D	N	N	Y	2.84	2.84	75.18	75.18
93990		A	A	XXX	6	N	D	N	N	Y	3.53	3.53	93.45	93.45
93998		Unlstd/Manu	C	XXX	N	N	D	D	D	N	-	-	-	-
94002		Not Covered	A	XXX	N	N	D	N	N	N	-	-	67.31	67.31
94003		Not Covered	A	XXX	N	N	D	N	N	N	-	-	48.23	48.23
94004		Not Covered	A	XXX	N	N	D	N	N	N	-	-	35.51	35.51
94005		B	B	XXX	N	N	N	N	N	N	-	-	65.19	65.19
94010	26	A	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
94010	TC	A	A	XXX	N	N	D	N	N	N	-	-	17.76	17.76
94010		A	A	XXX	N	N	D	N	N	N	-	-	23.85	23.85
94011		A	A	XXX	N	N	D	N	N	N	-	-	62.28	62.28
94012		A	A	XXX	N	N	D	N	N	N	-	-	101.50	101.50
94013		A	A	XXX	N	N	D	N	N	N	-	-	14.05	14.05
94014		Not Covered	A	XXX	N	N	D	N	N	N	-	-	38.16	38.16
94015		Not Covered	A	XXX	N	N	D	N	N	N	-	-	20.14	20.14
94016		Not Covered	A	XXX	N	N	D	N	N	N	-	-	18.02	18.02
94060	26	A	A	XXX	N	N	D	N	N	N	-	-	9.28	9.28
94060	TC	A	A	XXX	N	N	D	N	N	N	-	-	30.74	30.74
94060		A	A	XXX	N	N	D	N	N	N	-	-	40.28	40.28
94070	26	Not Covered	A	XXX	N	N	D	N	N	N	-	-	20.67	20.67
94070	TC	Not Covered	A	XXX	N	N	D	N	N	N	-	-	20.41	20.41
94070		Not Covered	A	XXX	N	N	D	N	N	N	-	-	41.34	41.34
94150	26	B	B	XXX	N	N	N	N	N	N	-	-	2.92	2.92
94150	TC	B	B	XXX	N	N	N	N	N	N	-	-	14.05	14.05
94150		B	B	XXX	N	N	N	N	N	N	-	-	17.23	17.23

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
94200	26	A	A	XXX	N	N	D	N	N	N	-	-	3.98	3.98
94200	TC	A	A	XXX	N	N	D	N	N	N	-	-	14.05	14.05
94200		A	A	XXX	N	N	D	N	N	N	-	-	18.55	18.55
94250	26	Not Covered	A	XXX	N	N	D	N	N	N	-	-	3.98	3.98
94250	TC	Not Covered	A	XXX	N	N	D	N	N	N	-	-	14.58	14.58
94250		Not Covered	A	XXX	N	N	D	N	N	N	-	-	18.82	18.82
94375	26	A	A	XXX	N	N	D	N	N	N	-	-	10.60	10.60
94375	TC	A	A	XXX	N	N	D	N	N	N	-	-	16.17	16.17
94375		A	A	XXX	N	N	D	N	N	N	-	-	27.03	27.03
94400	26	Not Covered	A	XXX	N	N	D	N	N	N	-	-	14.31	14.31
94400	TC	Not Covered	A	XXX	N	N	D	N	N	N	-	-	24.65	24.65
94400		Not Covered	A	XXX	N	N	D	N	N	N	-	-	38.96	38.96
94450	26	Not Covered	A	XXX	N	N	D	N	N	N	-	-	14.58	14.58
94450	TC	Not Covered	A	XXX	N	N	D	N	N	N	-	-	33.39	33.39
94450		Not Covered	A	XXX	N	N	D	N	N	N	-	-	47.70	47.70
94452	26	Not Covered	A	XXX	N	N	D	N	N	N	-	-	10.34	10.34
94452	TC	Not Covered	A	XXX	N	N	D	N	N	N	-	-	28.09	28.09
94452		Not Covered	A	XXX	N	N	D	N	N	N	-	-	38.43	38.43
94453	26	Not Covered	A	XXX	N	N	D	N	N	N	-	-	13.78	13.78
94453	TC	Not Covered	A	XXX	N	N	D	N	N	N	-	-	39.22	39.22
94453		Not Covered	A	XXX	N	N	D	N	N	N	-	-	53.27	53.27
94610		Not Covered	A	XXX	N	N	D	N	N	N	-	-	40.55	40.55
94617	26	A	A	XXX	N	N	D	N	N	N	-	-	24.12	24.12
94617	TC	A	A	XXX	N	N	D	N	N	N	-	-	40.02	40.02
94617		A	A	XXX	N	N	D	N	N	N	-	-	63.87	63.87
94618	26	A	A	XXX	N	N	D	N	N	N	-	-	16.43	16.43
94618	TC	A	A	XXX	N	N	D	N	N	N	-	-	7.42	7.42
94618		A	A	XXX	N	N	D	N	N	N	-	-	23.59	23.59
94621	26	A	A	XXX	N	N	D	N	N	N	-	-	49.29	49.29
94621	TC	A	A	XXX	N	N	D	N	N	N	-	-	62.01	62.01
94621		A	A	XXX	N	N	D	N	N	N	-	-	111.30	111.30
94640		A	A	XXX	N	N	D	N	N	N	-	-	12.19	12.19
94642		C	C	XXX	N	N	D	N	N	N	-	-	-	-
94644		Not Covered	A	XXX	N	N	D	N	N	N	-	-	29.15	29.15
94645		Not Covered	A	XXX	N	N	D	N	N	N	-	-	10.60	10.60
94660		Not Covered	A	XXX	N	N	D	N	N	N	-	-	27.56	44.52
94662		Not Covered	A	XXX	N	N	D	N	N	N	-	-	26.24	26.24
94664		A	A	XXX	N	N	D	N	N	N	-	-	11.13	11.13
94667		Not Covered	A	XXX	N	N	D	N	N	N	-	-	17.49	17.49
94668		Not Covered	A	XXX	N	N	D	N	N	N	-	-	20.94	20.94
94669		Not Covered	A	XXX	N	N	D	N	N	N	-	-	21.47	21.47
94680	26	Not Covered	A	XXX	N	N	D	N	N	N	-	-	9.01	9.01
94680	TC	Not Covered	A	XXX	N	N	D	N	N	N	-	-	29.68	29.68
94680		Not Covered	A	XXX	N	N	D	N	N	N	-	-	38.69	38.69
94681	26	Not Covered	A	XXX	N	N	D	N	N	N	-	-	7.16	7.16
94681	TC	Not Covered	A	XXX	N	N	D	N	N	N	-	-	30.21	30.21
94681		Not Covered	A	XXX	N	N	D	N	N	N	-	-	37.63	37.63
94690	26	Not Covered	A	XXX	N	N	D	N	N	N	-	-	2.92	2.92
94690	TC	Not Covered	A	XXX	N	N	D	N	N	N	-	-	33.39	33.39
94690		Not Covered	A	XXX	N	N	D	N	N	N	-	-	36.57	36.57
94726	26	A	A	XXX	N	N	D	N	N	N	-	-	8.75	8.75
94726	TC	A	A	XXX	N	N	D	N	N	N	-	-	27.56	27.56
94726		A	A	XXX	N	N	D	N	N	N	-	-	36.57	36.57
94727	26	A	A	XXX	N	N	D	N	N	N	-	-	8.75	8.75
94727	TC	A	A	XXX	N	N	D	N	N	N	-	-	20.41	20.41
94727		A	A	XXX	N	N	D	N	N	N	-	-	29.42	29.42
94728	26	Not Covered	A	XXX	N	N	D	N	N	N	-	-	9.01	9.01
94728	TC	Not Covered	A	XXX	N	N	D	N	N	N	-	-	18.55	18.55
94728		Not Covered	A	XXX	N	N	D	N	N	N	-	-	27.56	27.56

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
94729	26	A	A	ZZZ	N	N	D	N	N	N	-	-	6.36	6.36
94729	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	29.42	29.42
94729		A	A	ZZZ	N	N	D	N	N	N	-	-	36.04	36.04
94750	26	Not Covere	A	XXX	N	N	D	N	N	N	-	-	7.69	7.69
94750	TC	Not Covere	A	XXX	N	N	D	N	N	N	-	-	46.11	46.11
94750		Not Covere	A	XXX	N	N	D	N	N	N	-	-	54.06	54.06
94760		T	T	XXX	N	N	D	N	N	N	-	-	1.86	1.86
94761		T	T	XXX	N	N	D	N	N	N	-	-	2.92	2.92
94762		Not Covere	A	XXX	N	N	D	N	N	N	-	-	15.90	15.90
94770		Not Covere	A	XXX	N	N	D	N	N	N	-	-	5.04	5.04
94772	26	C	C	XXX	N	N	D	N	N	N	-	-	-	-
94772	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
94772		C	C	XXX	N	N	D	N	N	N	-	-	-	-
94774		Not Covere	C	YYY	N	N	D	N	N	N	-	-	-	-
94775		Not Covere	C	YYY	N	N	D	N	N	N	-	-	-	-
94776		Not Covere	C	YYY	N	N	D	N	N	N	-	-	-	-
94777		Not Covere	C	YYY	N	N	D	N	N	N	-	-	-	-
94780		Not Covere	A	XXX	N	N	N	N	N	N	-	-	17.23	35.25
94781		Not Covere	A	ZZZ	N	N	N	N	N	N	-	-	5.83	13.78
94799	26	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
94799	TC	nlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
94799		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
95004		A	A	XXX	N	N	D	N	N	N	-	-	3.45	3.45
95012		Not Covere	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
95017		A	A	XXX	N	N	D	N	N	N	-	-	2.92	5.30
95018		A	A	XXX	N	N	D	N	N	N	-	-	5.04	14.31
95024		A	A	XXX	N	N	D	N	N	N	-	-	0.80	5.30
95027		A	A	XXX	N	N	D	N	N	N	-	-	2.92	2.92
95028		A	A	XXX	N	N	D	N	N	N	-	-	8.48	8.48
95044		A	A	XXX	N	N	D	N	N	N	-	-	3.71	3.71
95052		A	A	XXX	N	N	D	N	N	N	-	-	4.24	4.24
95056		A	A	XXX	N	N	D	N	N	N	-	-	29.95	29.95
95060		A	A	XXX	N	N	D	N	N	N	-	-	22.79	22.79
95065		A	A	XXX	N	N	D	N	N	N	-	-	16.17	16.17
95070		A	A	XXX	N	N	D	N	N	N	-	-	20.41	20.41
95071		A	A	XXX	N	N	D	N	N	N	-	-	22.79	22.79
95076		A	A	XXX	N	N	D	N	N	N	-	-	53.00	82.15
95079		A	A	ZZZ	N	N	D	N	N	N	-	-	48.23	58.30
95115		A	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
95117		A	A	XXX	N	N	D	N	N	N	-	-	6.63	6.63
95120		Not Covere	I	XXX	N	N	N	N	N	N	-	-	-	-
95125		Not Covere	I	XXX	N	N	N	N	N	N	-	-	-	-
95130		Not Covere	I	XXX	N	N	N	N	N	N	-	-	-	-
95131		Not Covere	I	XXX	N	N	N	N	N	N	-	-	-	-
95132		Not Covere	I	XXX	N	N	N	N	N	N	-	-	-	-
95133		Not Covere	I	XXX	N	N	N	N	N	N	-	-	-	-
95134		Not Covere	I	XXX	N	N	N	N	N	N	-	-	-	-
95144		A	A	XXX	N	N	D	N	N	N	-	-	2.39	9.01
95145		A	A	XXX	N	N	D	N	N	N	-	-	2.39	16.96
95146		A	A	XXX	N	N	D	N	N	N	-	-	2.39	30.74
95147		A	A	XXX	N	N	D	N	N	N	-	-	2.39	32.86
95148		A	A	XXX	N	N	D	N	N	N	-	-	2.39	46.64
95149		A	A	XXX	N	N	D	N	N	N	-	-	2.39	61.22
95165		A	A	XXX	N	N	D	N	N	N	-	-	2.39	8.75
95170		A	A	XXX	N	N	D	N	N	N	-	-	2.39	6.63
95180		A	A	XXX	N	N	D	N	N	N	-	-	72.61	94.34
95199		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
95249		Not Covere	A	XXX	N	N	D	N	N	N	-	-	35.78	35.78
95250		Not Covere	A	XXX	N	N	D	N	N	N	-	-	99.11	99.11

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
95251		Not Covered	A	XXX	N	N	D	N	N	N	-	-	25.71	25.71
95782	26	A	A	XXX	N	N	D	N	N	N	-	-	90.10	90.10
95782	TC	A	A	XXX	N	N	D	N	N	N	-	-	510.66	510.66
95782		A	A	XXX	N	N	D	N	N	N	-	-	600.76	600.76
95783	26	A	A	XXX	N	N	D	N	N	N	-	-	98.05	98.05
95783	TC	A	A	XXX	N	N	D	N	N	N	-	-	542.72	542.72
95783		A	A	XXX	N	N	D	N	N	N	-	-	640.77	640.77
95800	26	Not Covered	A	XXX	N	N	D	N	N	N	-	-	37.10	37.10
95800	TC	Not Covered	A	XXX	N	N	D	N	N	N	-	-	80.56	80.56
95800		Not Covered	A	XXX	N	N	D	N	N	N	-	-	117.66	117.66
95801	26	Not Covered	A	XXX	N	N	D	N	N	N	-	-	35.25	35.25
95801	TC	Not Covered	A	XXX	N	N	D	N	N	N	-	-	26.50	26.50
95801		Not Covered	A	XXX	N	N	D	N	N	N	-	-	61.75	61.75
95803	26	Not Covered	A	XXX	N	N	D	N	N	N	-	-	31.54	31.54
95803	TC	Not Covered	A	XXX	N	N	D	N	N	N	-	-	63.87	63.87
95803		Not Covered	A	XXX	N	N	D	N	N	N	-	-	95.40	95.40
95805	26	A	A	XXX	N	N	D	N	N	N	-	-	42.14	42.14
95805	TC	A	A	XXX	N	N	D	N	N	N	-	-	240.62	240.62
95805		A	A	XXX	N	N	D	N	N	N	-	-	283.02	283.02
95806	26	A	A	XXX	N	N	D	N	N	N	-	-	43.73	43.73
95806	TC	A	A	XXX	N	N	D	N	N	N	-	-	69.96	69.96
95806		A	A	XXX	N	N	D	N	N	N	-	-	113.95	113.95
95807	26	A	A	XXX	N	N	D	N	N	N	-	-	44.79	44.79
95807	TC	A	A	XXX	N	N	D	N	N	N	-	-	257.05	257.05
95807		A	A	XXX	N	N	D	N	N	N	-	-	301.84	301.84
95808	26	A	A	XXX	N	N	D	N	N	N	-	-	63.07	63.07
95808	TC	A	A	XXX	N	N	D	N	N	N	-	-	394.59	394.59
95808		A	A	XXX	N	N	D	N	N	N	-	-	457.92	457.92
95810	26	A	A	XXX	N	N	D	N	N	N	-	-	87.19	87.19
95810	TC	A	A	XXX	N	N	D	N	N	N	-	-	325.69	325.69
95810		A	A	XXX	N	N	D	N	N	N	-	-	412.87	412.87
95811	26	A	A	XXX	N	N	D	N	N	N	-	-	90.63	90.63
95811	TC	A	A	XXX	N	N	D	N	N	N	-	-	342.65	342.65
95811		A	A	XXX	N	N	D	N	N	N	-	-	433.54	433.54
95812	26	A	A	XXX	N	N	D	N	N	N	-	-	41.34	41.34
95812	TC	A	A	XXX	N	N	D	N	N	N	-	-	170.93	170.93
95812		A	A	XXX	N	N	D	N	N	N	-	-	212.00	212.00
95813	26	A	A	XXX	N	N	D	N	N	N	-	-	61.75	61.75
95813	TC	A	A	XXX	N	N	D	N	N	N	-	-	205.64	205.64
95813		A	A	XXX	N	N	D	N	N	N	-	-	267.39	267.39
95816	26	A	A	XXX	N	N	D	N	N	N	-	-	41.34	41.34
95816	TC	A	A	XXX	N	N	D	N	N	N	-	-	197.43	197.43
95816		A	A	XXX	N	N	D	N	N	N	-	-	238.77	238.77
95819	26	A	A	XXX	N	N	D	N	N	N	-	-	41.34	41.34
95819	TC	A	A	XXX	N	N	D	N	N	N	-	-	235.59	235.59
95819		A	A	XXX	N	N	D	N	N	N	-	-	276.93	276.93
95822	26	A	A	XXX	N	N	D	N	N	N	-	-	41.34	41.34
95822	TC	A	A	XXX	N	N	D	N	N	N	-	-	208.56	208.56
95822		A	A	XXX	N	N	D	N	N	N	-	-	249.90	249.90
95824	26	C	A	XXX	N	N	D	N	N	N	-	-	28.09	28.09
95824	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
95824		C	C	XXX	N	N	D	N	N	N	-	-	-	-
95827	26	A	A	XXX	N	N	D	N	N	N	-	-	40.28	40.28
95827	TC	A	A	XXX	N	N	D	N	N	N	-	-	368.62	368.62
95827		A	A	XXX	N	N	D	N	N	N	-	-	408.90	408.90
95829	26	A	A	XXX	N	N	D	N	N	N	-	-	243.01	243.01
95829	TC	A	A	XXX	N	N	D	N	N	N	-	-	1,014.69	1,014.69
95829		A	A	XXX	N	N	D	N	N	N	-	-	1,257.43	1,257.43
95830		A	A	XXX	N	N	D	N	N	N	-	-	66.25	157.41

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
95831		A	A	XXX	N	N	D	N	N	N	-	-	11.13	22.26
95832		A	A	XXX	N	N	D	N	N	N	-	-	12.19	22.26
95833		A	A	XXX	N	N	D	N	N	N	-	-	15.90	27.83
95834		A	A	XXX	N	N	D	N	N	N	-	-	22.53	37.10
95851		A	A	XXX	N	N	D	N	N	N	-	-	5.30	13.25
95852		A	A	XXX	N	N	D	N	N	N	-	-	4.24	12.19
95857		A	A	XXX	N	N	D	N	N	N	-	-	21.20	36.57
95860	26	A	A	XXX	N	N	D	N	N	N	-	-	36.84	36.84
95860	TC	A	A	XXX	N	N	D	N	N	N	-	-	45.85	45.85
95860		A	A	XXX	N	N	D	N	N	N	-	-	82.68	82.68
95861	26	A	A	XXX	N	N	D	N	N	N	-	-	59.36	59.36
95861	TC	A	A	XXX	N	N	D	N	N	N	-	-	59.10	59.10
95861		A	A	XXX	N	N	D	N	N	N	-	-	118.46	118.46
95863	26	A	A	XXX	N	N	D	N	N	N	-	-	71.29	71.29
95863	TC	A	A	XXX	N	N	D	N	N	N	-	-	78.97	78.97
95863		A	A	XXX	N	N	D	N	N	N	-	-	150.52	150.52
95864	26	A	A	XXX	N	N	D	N	N	N	-	-	76.06	76.06
95864	TC	A	A	XXX	N	N	D	N	N	N	-	-	91.69	91.69
95864		A	A	XXX	N	N	D	N	N	N	-	-	168.01	168.01
95865	26	A	A	XXX	N	B	D	N	N	N	-	-	60.16	60.16
95865	TC	A	A	XXX	N	B	D	N	N	N	-	-	40.81	40.81
95865		A	A	XXX	N	B	D	N	N	N	-	-	100.70	100.70
95866	26	A	A	XXX	N	N	D	N	N	N	-	-	47.70	47.70
95866	TC	A	A	XXX	N	N	D	N	N	N	-	-	43.46	43.46
95866		A	A	XXX	N	N	D	N	N	N	-	-	91.43	91.43
95867	26	A	A	XXX	N	N	D	N	N	N	-	-	30.21	30.21
95867	TC	A	A	XXX	N	N	D	N	N	N	-	-	38.16	38.16
95867		A	A	XXX	N	N	D	N	N	N	-	-	68.64	68.64
95868	26	A	A	XXX	N	B	D	N	N	N	-	-	45.05	45.05
95868	TC	A	A	XXX	N	B	D	N	N	N	-	-	46.64	46.64
95868		A	A	XXX	N	B	D	N	N	N	-	-	91.69	91.69
95869	26	A	A	XXX	N	N	D	N	N	N	-	-	14.31	14.31
95869	TC	A	A	XXX	N	N	D	N	N	N	-	-	47.44	47.44
95869		A	A	XXX	N	N	D	N	N	N	-	-	62.01	62.01
95870	26	A	A	XXX	N	N	D	N	N	N	-	-	14.31	14.31
95870	TC	A	A	XXX	N	N	D	N	N	N	-	-	48.50	48.50
95870		A	A	XXX	N	N	D	N	N	N	-	-	62.81	62.81
95872	26	A	A	XXX	N	N	D	N	N	N	-	-	110.77	110.77
95872	TC	A	A	XXX	N	N	D	N	N	N	-	-	27.30	27.30
95872		A	A	XXX	N	N	D	N	N	N	-	-	138.07	138.07
95873	26	A	A	ZZZ	N	N	D	N	N	N	-	-	14.05	14.05
95873	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	34.45	34.45
95873		A	A	ZZZ	N	N	D	N	N	N	-	-	48.76	48.76
95874	26	A	A	ZZZ	N	N	D	N	N	N	-	-	14.31	14.31
95874	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	35.51	35.51
95874		A	A	ZZZ	N	N	D	N	N	N	-	-	49.82	49.82
95875	26	A	A	XXX	N	N	D	N	N	N	-	-	42.14	42.14
95875	TC	A	A	XXX	N	N	D	N	N	N	-	-	45.85	45.85
95875		A	A	XXX	N	N	D	N	N	N	-	-	88.25	88.25
95885	26	A	A	ZZZ	N	N	D	N	N	N	-	-	13.78	13.78
95885	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	25.97	25.97
95885		A	A	ZZZ	N	N	D	N	N	N	-	-	39.49	39.49
95886	26	A	A	ZZZ	N	N	D	N	N	N	-	-	32.86	32.86
95886	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	29.15	29.15
95886		A	A	ZZZ	N	N	D	N	N	N	-	-	62.01	62.01
95887	26	A	A	ZZZ	N	N	D	N	N	N	-	-	27.30	27.30
95887	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	27.56	27.56
95887		A	A	ZZZ	N	N	D	N	N	N	-	-	54.86	54.86
95905	26	A	A	XXX	N	N	D	N	N	N	-	-	2.12	2.12

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
95905	TC	A	A	XXX	N	N	D	N	N	N	-	-	45.05	45.05
95905		A	A	XXX	N	N	D	N	N	N	-	-	47.44	47.44
95907	26	A	A	XXX	N	N	D	N	N	N	-	-	38.16	38.16
95907	TC	A	A	XXX	N	N	D	N	N	N	-	-	28.36	28.36
95907		A	A	XXX	N	N	D	N	N	N	-	-	66.78	66.78
95908	26	A	A	XXX	N	N	D	N	N	N	-	-	48.23	48.23
95908	TC	A	A	XXX	N	N	D	N	N	N	-	-	37.90	37.90
95908		A	A	XXX	N	N	D	N	N	N	-	-	86.13	86.13
95909	26	A	A	XXX	N	N	D	N	N	N	-	-	57.51	57.51
95909	TC	A	A	XXX	N	N	D	N	N	N	-	-	45.32	45.32
95909		A	A	XXX	N	N	D	N	N	N	-	-	102.56	102.56
95910	26	A	A	XXX	N	N	D	N	N	N	-	-	76.59	76.59
95910	TC	A	A	XXX	N	N	D	N	N	N	-	-	58.57	58.57
95910		A	A	XXX	N	N	D	N	N	N	-	-	135.15	135.15
95911	26	A	A	XXX	N	N	D	N	N	N	-	-	95.93	95.93
95911	TC	A	A	XXX	N	N	D	N	N	N	-	-	66.25	66.25
95911		A	A	XXX	N	N	D	N	N	N	-	-	161.92	161.92
95912	26	A	A	XXX	N	N	D	N	N	N	-	-	113.69	113.69
95912	TC	A	A	XXX	N	N	D	N	N	N	-	-	66.52	66.52
95912		A	A	XXX	N	N	D	N	N	N	-	-	180.47	180.47
95913	26	A	A	XXX	N	N	D	N	N	N	-	-	134.62	134.62
95913	TC	A	A	XXX	N	N	D	N	N	N	-	-	73.67	73.67
95913		A	A	XXX	N	N	D	N	N	N	-	-	208.56	208.56
95921	26	A	A	XXX	N	N	D	N	N	N	-	-	32.33	32.33
95921	TC	A	A	XXX	N	N	D	N	N	N	-	-	24.65	24.65
95921		A	A	XXX	N	N	D	N	N	N	-	-	56.98	56.98
95922	26	A	A	XXX	N	N	D	N	N	N	-	-	34.72	34.72
95922	TC	A	A	XXX	N	N	D	N	N	N	-	-	31.54	31.54
95922		A	A	XXX	N	N	D	N	N	N	-	-	66.25	66.25
95923	26	A	A	XXX	N	N	D	N	N	N	-	-	32.86	32.86
95923	TC	A	A	XXX	N	N	D	N	N	N	-	-	54.06	54.06
95923		A	A	XXX	N	N	D	N	N	N	-	-	87.19	87.19
95924	26	A	A	XXX	N	N	D	N	N	N	-	-	63.87	63.87
95924	TC	A	A	XXX	N	N	D	N	N	N	-	-	39.75	39.75
95924		A	A	XXX	N	N	D	N	N	N	-	-	103.88	103.88
95925	26	A	A	XXX	N	B	D	N	N	N	-	-	19.88	19.88
95925	TC	A	A	XXX	N	B	D	N	N	N	-	-	67.84	67.84
95925		A	A	XXX	N	B	D	N	N	N	-	-	87.45	87.45
95926	26	A	A	XXX	N	B	D	N	N	N	-	-	19.61	19.61
95926	TC	A	A	XXX	N	B	D	N	N	N	-	-	66.52	66.52
95926		A	A	XXX	N	B	D	N	N	N	-	-	85.86	85.86
95927	26	A	A	XXX	N	N	D	N	N	N	-	-	19.61	19.61
95927	TC	A	A	XXX	N	N	D	N	N	N	-	-	70.49	70.49
95927		A	A	XXX	N	N	D	N	N	N	-	-	90.10	90.10
95928	26	A	A	XXX	N	B	D	N	N	N	-	-	56.98	56.98
95928	TC	A	A	XXX	N	B	D	N	N	N	-	-	85.60	85.60
95928		A	A	XXX	N	B	D	N	N	N	-	-	142.84	142.84
95929	26	A	A	XXX	N	B	D	N	N	N	-	-	57.51	57.51
95929	TC	A	A	XXX	N	B	D	N	N	N	-	-	89.04	89.04
95929		A	A	XXX	N	B	D	N	N	N	-	-	146.81	146.81
95930	26	A	A	XXX	N	B	D	N	N	N	-	-	13.25	13.25
95930	TC	A	A	XXX	N	B	D	N	N	N	-	-	32.86	32.86
95930		A	A	XXX	N	B	D	N	N	N	-	-	46.38	46.38
95933	26	A	A	XXX	N	N	D	N	N	N	-	-	22.53	22.53
95933	TC	A	A	XXX	N	N	D	N	N	N	-	-	29.95	29.95
95933		A	A	XXX	N	N	D	N	N	N	-	-	52.47	52.47
95937	26	A	A	XXX	N	N	D	N	N	N	-	-	24.65	24.65
95937	TC	A	A	XXX	N	N	D	N	N	N	-	-	30.74	30.74
95937		A	A	XXX	N	N	D	N	N	N	-	-	55.39	55.39

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
95938	26	A	A	XXX	N	B	D	N	N	N	-	-	32.86	32.86
95938	TC	A	A	XXX	N	B	D	N	N	N	-	-	192.92	192.92
95938		A	A	XXX	N	B	D	N	N	N	-	-	225.78	225.78
95939	26	A	A	XXX	N	B	D	N	N	N	-	-	85.60	85.60
95939	TC	A	A	XXX	N	B	D	N	N	N	-	-	249.90	249.90
95939		A	A	XXX	N	B	D	N	N	N	-	-	335.49	335.49
95940		A	A	XXX	N	N	D	N	N	N	-	-	23.32	23.32
95941		C	I	XXX	N	N	N	N	N	N	-	-	-	-
95943	26	C	C	XXX	N	N	D	N	N	N	-	-	-	-
95943	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
95943		C	C	XXX	N	N	D	N	N	N	-	-	-	-
95950	26	A	A	XXX	N	N	D	N	N	N	-	-	57.24	57.24
95950	TC	A	A	XXX	N	N	D	N	N	N	-	-	169.34	169.34
95950		A	A	XXX	N	N	D	N	N	N	-	-	226.58	226.58
95951	26	C	A	XXX	N	N	D	N	N	N	-	-	228.43	228.43
95951	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
95951		C	C	XXX	N	N	D	N	N	N	-	-	-	-
95953	26	A	A	XXX	N	N	D	N	N	N	-	-	117.40	117.40
95953	TC	A	A	XXX	N	N	D	N	N	N	-	-	173.31	173.31
95953		A	A	XXX	N	N	D	N	N	N	-	-	290.71	290.71
95954	26	A	A	XXX	N	N	D	N	N	N	-	-	86.92	86.92
95954	TC	A	A	XXX	N	N	D	N	N	N	-	-	197.69	197.69
95954		A	A	XXX	N	N	D	N	N	N	-	-	284.35	284.35
95955	26	A	A	XXX	N	N	D	N	N	N	-	-	38.43	38.43
95955	TC	A	A	XXX	N	N	D	N	N	N	-	-	103.35	103.35
95955		A	A	XXX	N	N	D	N	N	N	-	-	142.04	142.04
95956	26	A	A	XXX	N	N	D	N	N	N	-	-	137.27	137.27
95956	TC	A	A	XXX	N	N	D	N	N	N	-	-	905.77	905.77
95956		A	A	XXX	N	N	D	N	N	N	-	-	1,042.78	1,042.78
95957	26	A	A	XXX	N	N	D	N	N	N	-	-	74.20	74.20
95957	TC	A	A	XXX	N	N	D	N	N	N	-	-	118.46	118.46
95957		A	A	XXX	N	N	D	N	N	N	-	-	192.66	192.66
95958	26	A	A	XXX	N	N	D	N	N	N	-	-	163.24	163.24
95958	TC	A	A	XXX	N	N	D	N	N	N	-	-	228.43	228.43
95958		A	A	XXX	N	N	D	N	N	N	-	-	391.94	391.94
95961	26	A	A	XXX	N	N	D	N	N	N	-	-	116.34	116.34
95961	TC	A	A	XXX	N	N	D	N	N	N	-	-	91.69	91.69
95961		A	A	XXX	N	N	D	N	N	N	-	-	208.29	208.29
95962	26	A	A	ZZZ	N	N	D	N	N	N	-	-	124.29	124.29
95962	TC	A	A	ZZZ	N	N	D	N	N	N	-	-	57.24	57.24
95962		A	A	ZZZ	N	N	D	N	N	N	-	-	181.79	181.79
95965	26	C	A	XXX	N	N	D	N	N	N	-	-	302.37	302.37
95965	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
95965		C	C	XXX	N	N	D	N	N	N	-	-	-	-
95966	26	C	A	XXX	N	N	D	N	N	N	-	-	155.56	155.56
95966	TC	C	C	XXX	N	N	D	N	N	N	-	-	-	-
95966		C	C	XXX	N	N	D	N	N	N	-	-	-	-
95967	26	C	A	ZZZ	N	N	D	N	N	N	-	-	138.07	138.07
95967	TC	C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
95967		C	C	ZZZ	N	N	D	N	N	N	-	-	-	-
95970		A	A	XXX	N	N	D	N	N	N	-	-	17.23	46.38
95971		A	A	XXX	N	N	D	N	N	N	-	-	29.42	35.78
95972		A	A	XXX	N	N	D	N	N	N	-	-	30.21	41.08
95974		A	A	XXX	N	N	D	N	N	N	-	-	118.46	146.55
95975		A	A	ZZZ	N	N	D	N	N	N	-	-	66.78	78.71
95978		A	A	XXX	N	N	D	N	N	N	-	-	139.39	177.29
95979		A	A	ZZZ	N	N	D	N	N	N	-	-	64.13	76.32
95980		Not Covered	A	XXX	N	N	D	N	N	N	-	-	34.19	34.19
95981		Not Covered	A	XXX	N	N	D	N	N	N	-	-	12.99	22.79

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
95982		Not Covered	A	XXX	N	N	D	N	N	N	-	-	27.03	37.90
95990		A	A	XXX	N	N	D	N	N	N	-	-	60.69	60.69
95991		A	A	XXX	N	N	D	N	N	N	-	-	28.62	79.77
95992		A	A	XXX	N	N	D	N	N	N	-	-	26.77	30.48
95999		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
96000		Not Covered	A	XXX	N	B	D	N	N	N	-	-	69.17	69.17
96001		Not Covered	A	XXX	N	B	D	N	N	N	-	-	95.14	95.14
96002		Not Covered	A	XXX	N	B	D	N	N	N	-	-	15.90	15.90
96003		Not Covered	A	XXX	N	B	D	N	N	N	-	-	12.19	12.19
96004		Not Covered	A	XXX	N	B	D	N	N	N	-	-	82.68	82.68
96020		Not Covered	A	XXX	N	N	D	N	N	N	-	-	115.81	115.81
96020	TC	Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
96020		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
96040		B	B	XXX	N	N	N	N	N	N	-	-	30.74	30.74
96101		A	A	XXX	N	N	D	N	N	N	-	-	57.24	59.10
96102		Not Covered	A	XXX	N	N	D	N	N	N	-	-	16.96	41.34
96103		Not Covered	A	XXX	N	N	D	N	N	N	-	-	18.82	19.61
96105		Not Covered	A	XXX	N	N	D	N	N	N	-	-	75.53	75.53
96110		A	N	XXX	N	N	N	N	N	N	-	-	6.63	6.63
96111		A	A	XXX	N	N	D	N	N	N	-	-	90.63	95.93
96116		A	A	XXX	N	N	D	N	N	N	-	-	61.48	66.78
96118		A	A	XXX	N	N	D	N	N	N	-	-	56.71	68.37
96119		Not Covered	A	XXX	N	N	D	N	N	N	-	-	17.23	53.00
96120		A	A	XXX	N	N	D	N	N	N	-	-	18.29	32.33
96125		Not Covered	A	XXX	5	N	D	N	N	N	-	-	81.89	81.89
96127		Not Covered	A	XXX	N	N	D	N	N	N	-	-	4.24	4.24
96150		A	A	XXX	N	N	D	N	N	N	-	-	15.37	15.90
96151		Not Covered	A	XXX	N	N	D	N	N	N	-	-	14.84	15.37
96152		Not Covered	A	XXX	N	N	D	N	N	N	-	-	14.05	14.84
96153		Not Covered	A	XXX	N	N	D	N	N	N	-	-	3.18	3.45
96154		Not Covered	A	XXX	N	N	D	N	N	N	-	-	13.52	14.31
96155		Not Covered	N	XXX	N	N	N	N	N	N	-	-	16.43	16.43
96160		A	A	ZZZ	N	N	N	N	N	N	-	-	2.39	2.39
96161		A	A	ZZZ	N	N	N	N	N	N	-	-	2.39	2.39
96360		A	A	XXX	N	N	D	N	N	N	-	-	30.74	30.74
96361		A	A	ZZZ	N	N	D	N	N	N	-	-	9.28	9.28
96365		A	A	XXX	N	N	D	N	N	N	-	-	47.70	47.70
96366		A	A	ZZZ	N	N	D	N	N	N	-	-	14.58	14.58
96367		A	A	ZZZ	N	N	D	N	N	N	-	-	20.94	20.94
96368		A	A	ZZZ	N	N	D	N	N	N	-	-	13.78	13.78
96369		Not Covered	A	XXX	N	N	D	N	N	N	-	-	112.36	112.36
96370		Not Covered	A	ZZZ	N	N	D	N	N	N	-	-	10.34	10.34
96371		Not Covered	A	ZZZ	N	N	D	N	N	N	-	-	40.81	40.81
96372		A	A	XXX	N	N	D	N	N	N	-	-	13.52	13.52
96373		A	A	XXX	N	N	D	N	N	N	-	-	12.72	12.72
96374		A	A	XXX	N	N	D	N	N	N	-	-	30.48	30.48
96375		A	A	ZZZ	N	N	D	N	N	N	-	-	11.93	11.93
96376		C	X	ZZZ	N	N	N	N	N	N	-	-	-	-
96377		C	A	XXX	N	N	D	N	N	N	-	-	13.52	13.52
96379		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
96401		A	A	XXX	N	N	D	N	N	N	-	-	52.47	52.47
96402		A	A	XXX	N	N	D	N	N	N	-	-	20.14	20.14
96405		A	A	000	Y	N	N	N	N	N	-	-	21.20	53.80
96406		A	A	000	Y	N	N	N	N	N	-	-	32.86	79.24
96409		A	A	XXX	N	N	D	N	N	N	-	-	71.82	71.82
96411		A	A	ZZZ	N	N	D	N	N	N	-	-	38.69	38.69
96413		A	A	XXX	N	N	D	N	N	N	-	-	93.02	93.02
96415		A	A	ZZZ	N	N	D	N	N	N	-	-	20.67	20.67
96416		A	A	XXX	N	N	D	N	N	N	-	-	94.34	94.34

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
96417		A	A	ZZZ	N	N	D	N	N	N	-	-	44.79	44.79
96420		A	A	XXX	N	N	D	N	N	N	-	-	69.43	69.43
96422		A	A	XXX	N	N	D	N	N	N	-	-	120.84	120.84
96423		A	A	ZZZ	N	N	D	N	N	N	-	-	55.12	55.12
96425		A	A	XXX	N	N	D	N	N	N	-	-	126.41	126.41
96440		A	A	000	N	N	D	N	N	N	-	-	93.55	519.14
96446		A	A	XXX	N	N	D	N	N	N	-	-	22.79	138.07
96450		A	A	000	N	N	D	N	N	N	-	-	58.04	123.76
96521		A	A	XXX	N	N	D	N	N	N	-	-	96.20	96.20
96522		A	A	XXX	N	N	D	N	N	N	-	-	78.44	78.44
96523		Not Covere	T	XXX	N	N	D	N	N	N	-	-	18.55	18.55
96542		A	A	XXX	N	N	D	N	N	N	-	-	30.21	89.04
96549		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
96567		A	A	XXX	N	N	D	N	N	N	-	-	73.67	73.67
96570		A	A	ZZZ	N	N	N	N	N	N	-	-	37.63	37.63
96571		A	A	ZZZ	N	N	N	N	N	N	-	-	20.94	20.94
96573		A	A	000	N	N	D	N	N	N	-	-	123.76	123.76
96574		A	A	000	N	N	D	N	N	N	-	-	160.59	160.59
96900		A	A	XXX	N	N	D	N	N	N	-	-	13.52	13.52
96902		B	B	XXX	N	N	N	N	N	N	-	-	15.11	15.37
96904		Not Covere	R	XXX	N	N	D	N	N	N	-	-	40.55	40.55
96910		A	A	XXX	N	N	D	N	N	N	-	-	73.14	73.14
96912		A	A	XXX	N	N	D	N	N	N	-	-	62.01	62.01
96913		A	A	XXX	N	N	D	N	N	N	-	-	86.13	86.13
96920		A	A	000	Y	N	N	N	N	N	-	-	47.44	110.24
96921		A	A	000	Y	N	N	N	N	N	-	-	53.53	120.84
96922		A	A	000	Y	N	N	N	N	N	-	-	85.86	165.63
96931		A	A	XXX	N	N	D	N	N	N	-	-	111.30	111.30
96932		A	A	XXX	N	N	D	N	N	Y	0.42	0.42	11.25	11.25
96933		A	A	XXX	N	N	D	N	N	N	-	-	29.15	29.15
96934		A	A	ZZZ	N	N	D	N	N	N	-	-	50.35	50.35
96935		A	A	ZZZ	N	N	D	N	N	N	-	-	22.53	22.53
96936		A	A	ZZZ	N	N	D	N	N	N	-	-	27.83	27.83
96999		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
97010		B	B	XXX	N	N	N	N	N	N	-	-	4.24	4.24
97012		A	A	XXX	5	N	D	N	N	N	-	-	10.34	10.34
97014		A	I	XXX	N	N	N	N	N	N	-	-	10.34	10.34
97016		A	A	XXX	5	N	D	N	N	N	-	-	10.60	10.60
97018		A	A	XXX	5	N	D	N	N	N	-	-	5.83	5.83
97022		A	A	XXX	5	N	D	N	N	N	-	-	12.72	12.72
97024		A	A	XXX	5	N	D	N	N	N	-	-	4.77	4.77
97026		A	R	XXX	5	N	D	N	N	N	-	-	4.24	4.24
97028		A	A	XXX	5	N	D	N	N	N	-	-	5.57	5.57
97032		A	A	XXX	5	N	D	N	N	N	-	-	10.60	10.60
97033		Not Covere	A	XXX	5	N	D	N	N	N	-	-	14.05	14.05
97034		A	A	XXX	5	N	D	N	N	N	-	-	10.34	10.34
97035		A	A	XXX	5	N	D	N	N	N	-	-	9.28	9.28
97036		A	A	XXX	5	N	D	N	N	N	-	-	23.85	23.85
97039		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
97110		A	A	XXX	5	N	D	N	N	N	-	-	21.20	21.20
97112		A	A	XXX	5	N	D	N	N	N	-	-	24.12	24.12
97113		A	A	XXX	5	N	D	N	N	N	-	-	26.77	26.77
97116		A	A	XXX	5	N	D	N	N	N	-	-	20.94	20.94
97124		A	A	XXX	5	N	D	N	N	N	-	-	20.94	20.94
97127		Not Covere	I	XXX	N	N	N	N	N	N	-	-	-	-
97139		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
97140		A	A	XXX	5	N	D	N	N	N	-	-	19.35	19.35
97150		A	A	XXX	5	N	D	N	N	N	-	-	12.72	12.72
97161		A	A	XXX	5	N	D	N	N	N	-	-	58.04	58.04

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
97162		A	A	XXX	5	N	D	N	N	N	-	-	58.04	58.04
97163		A	A	XXX	5	N	D	N	N	N	-	-	58.04	58.04
97164		A	A	XXX	5	N	D	N	N	N	-	-	38.96	38.96
97165		A	A	XXX	5	N	D	N	N	N	-	-	62.28	62.28
97166		A	A	XXX	5	N	D	N	N	N	-	-	62.28	62.28
97167		A	A	XXX	5	N	D	N	N	N	-	-	62.28	62.28
97168		A	A	XXX	5	N	D	N	N	N	-	-	42.14	42.14
97169		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
97170		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
97171		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
97172		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
97530		A	A	XXX	5	N	D	N	N	N	-	-	27.83	27.83
97533		A	A	XXX	5	N	D	N	N	N	-	-	23.59	23.59
97535		Not Covered	A	XXX	5	N	D	N	N	N	-	-	23.85	23.85
97537		Not Covered	A	XXX	5	N	D	N	N	N	-	-	23.06	23.06
97542		Not Covered	A	XXX	5	N	D	N	N	N	-	-	23.32	23.32
97545		Not Covered	R	XXX	N	N	D	N	N	N	-	-	-	-
97546		Not Covered	R	ZZZ	N	N	D	N	N	N	-	-	-	-
97597		A	A	000	N	N	D	N	N	N	-	-	17.23	55.65
97598		A	A	ZZZ	N	N	D	N	N	N	-	-	7.95	18.55
97602		C	B	XXX	N	N	N	N	N	N	-	-	-	-
97605		A	A	XXX	N	N	D	N	N	N	-	-	18.82	30.21
97606		A	A	XXX	N	N	D	N	N	N	-	-	20.14	35.78
97607		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
97608		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
97610		Not Covered	A	XXX	N	N	D	N	N	N	-	-	12.19	87.45
97750		A	A	XXX	5	N	D	N	N	N	-	-	25.71	25.71
97755		Not Covered	A	XXX	5	N	D	N	N	N	-	-	27.30	27.30
97760		Not Covered	A	XXX	5	N	D	N	N	N	-	-	31.80	31.80
97761		Not Covered	A	XXX	5	N	D	N	N	N	-	-	27.83	27.83
97763		Not Covered	A	XXX	5	N	D	N	N	N	-	-	32.86	32.86
97799		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
97802		A	A	XXX	N	N	D	N	N	N	-	-	22.79	24.12
97803		A	A	XXX	N	N	D	N	N	N	-	-	19.35	20.94
97804		Not Covered	A	XXX	N	N	D	N	N	N	-	-	10.60	10.87
97810		Not Covered	N	XXX	N	N	N	N	N	N	-	-	22.00	25.44
97811		Not Covered	N	ZZZ	N	N	N	N	N	N	-	-	18.02	19.35
97813		Not Covered	N	XXX	N	N	N	N	N	N	-	-	23.59	27.30
97814		Not Covered	N	ZZZ	N	N	N	N	N	N	-	-	19.88	22.00
98925		A	A	000	N	N	D	N	N	N	-	-	16.96	22.00
98926		A	A	000	N	N	D	N	N	N	-	-	25.71	32.07
98927		A	A	000	N	N	D	N	N	N	-	-	33.92	41.87
98928		A	A	000	N	N	D	N	N	N	-	-	42.67	51.15
98929		A	A	000	N	N	D	N	N	N	-	-	51.68	60.95
98940		A	A	000	N	N	D	N	N	N	-	-	16.17	19.88
98941		A	A	000	N	N	D	N	N	N	-	-	24.65	28.89
98942		A	A	000	N	N	D	N	N	N	-	-	33.39	37.63
98943		Not Covered	N	XXX	N	N	N	N	N	N	-	-	16.70	19.35
98960		Not Covered	B	XXX	N	N	N	N	N	N	-	-	18.29	18.29
98961		Not Covered	B	XXX	N	N	N	N	N	N	-	-	9.01	9.01
98962		Not Covered	B	XXX	N	N	N	N	N	N	-	-	6.36	6.36
98966		Not Covered	N	XXX	N	N	N	N	N	N	-	-	9.01	9.81
98967		Not Covered	N	XXX	N	N	N	N	N	N	-	-	18.02	19.08
98968		Not Covered	N	XXX	N	N	N	N	N	N	-	-	27.03	27.83
98969		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
99000		B	B	XXX	N	N	N	N	N	N	-	-	-	-
99001		B	B	XXX	N	N	N	N	N	N	-	-	-	-
99002		B	B	XXX	N	N	N	N	N	N	-	-	-	-
99024		B	B	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
99026		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
99027		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
99050		B	B	XXX	N	N	N	N	N	N	-	-	-	-
99051		B	B	XXX	N	N	N	N	N	N	-	-	-	-
99053		B	B	XXX	N	N	N	N	N	N	-	-	-	-
99056		B	B	XXX	N	N	N	N	N	N	-	-	-	-
99058		B	B	XXX	N	N	N	N	N	N	-	-	-	-
99060		B	B	XXX	N	N	N	N	N	N	-	-	-	-
99070		B	B	XXX	N	N	N	N	N	N	-	-	-	-
99071		B	B	XXX	N	N	N	N	N	N	-	-	-	-
99075		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
99078		B	B	XXX	N	N	N	N	N	N	-	-	-	-
99080		B	B	XXX	N	N	N	N	N	N	-	-	-	-
99082		C	C	XXX	N	N	D	N	N	N	-	-	-	-
99090		B	B	XXX	N	N	N	N	N	N	-	-	-	-
99091		Not Covered	A	XXX	N	N	D	N	N	N	-	-	40.81	40.81
99100		B	B	ZZZ	N	N	N	N	N	N	-	-	-	-
99116		B	B	ZZZ	N	N	N	N	N	N	-	-	-	-
99135		B	B	ZZZ	N	N	N	N	N	N	-	-	-	-
99140		C	B	ZZZ	N	N	N	N	N	N	-	-	-	-
99151		A	A	XXX	N	N	N	N	N	N	-	-	17.76	51.68
99152		A	A	XXX	N	N	N	N	N	N	-	-	9.28	34.19
99153		A	A	ZZZ	N	N	N	N	N	N	-	-	7.16	7.16
99155		A	A	XXX	N	N	N	N	N	N	-	-	69.43	69.43
99156		A	A	XXX	N	N	N	N	N	N	-	-	55.12	55.12
99157		A	A	ZZZ	N	N	N	N	N	N	-	-	42.14	42.14
99170		A	A	000	Y	N	N	N	N	N	-	-	62.28	108.12
99172		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
99173		A	N	XXX	N	N	N	N	N	N	-	-	2.12	2.12
99174		Not Covered	N	XXX	N	N	N	N	N	N	-	-	3.98	3.98
99175		A	A	XXX	N	N	D	N	N	N	-	-	16.70	16.70
99177		Not Covered	N	XXX	N	N	N	N	N	N	-	-	3.18	3.18
99183		A	A	XXX	N	N	D	N	N	N	-	-	80.56	80.56
99184		Not Covered	A	XXX	N	N	D	N	N	N	-	-	160.06	160.06
99188		A	N	XXX	N	N	D	N	N	N	-	-	20.00	20.00
99190		C	X	XXX	N	N	N	N	N	N	-	-	-	-
99191		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
99192		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
99195		A	A	XXX	N	N	D	N	N	N	-	-	66.52	66.52
99199		Unlstd/Manu	C	XXX	N	N	D	N	N	N	-	-	-	-
99201		A	A	XXX	N	N	D	N	N	N	-	-	19.08	30.48
99202		A	A	XXX	N	N	D	N	N	N	-	-	36.04	51.68
99203		A	A	XXX	N	N	D	N	N	N	-	-	54.86	75.00
99204		A	A	XXX	N	N	D	N	N	N	-	-	93.02	115.28
99205		A	A	XXX	N	N	D	N	N	N	-	-	121.11	145.49
99211		A	A	XXX	N	N	D	N	N	N	-	-	6.36	14.31
99212		A	A	XXX	N	N	D	N	N	N	-	-	18.02	29.95
99213 TH		A	A	XXX	N	N	D	N	N	0	-	-	52.65	72.49
99213		A	A	XXX	N	N	D	N	N	N	-	-	36.57	50.35
99214		A	A	XXX	N	N	D	N	N	N	-	-	55.92	74.47
99215		A	A	XXX	N	N	D	N	N	N	-	-	78.97	100.97
99217		A	A	XXX	N	N	D	N	N	N	-	-	51.94	51.94
99218		A	A	XXX	N	N	D	N	N	N	-	-	71.55	71.55
99219		A	A	XXX	N	N	D	N	N	N	-	-	97.26	97.26
99220		A	A	XXX	N	N	D	N	N	N	-	-	132.77	132.77
99221		A	A	XXX	N	N	D	N	N	N	-	-	72.88	72.88
99222		A	A	XXX	N	N	D	N	N	N	-	-	97.79	97.79
99223		A	A	XXX	N	N	D	N	N	N	-	-	144.96	144.96
99224		A	A	XXX	N	N	D	N	N	N	-	-	28.62	28.62

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
99225		A	A	XXX	N	N	D	N	N	N	-	-	52.21	52.21
99226		A	A	XXX	N	N	D	N	N	N	-	-	74.73	74.73
99231		A	A	XXX	N	N	D	N	N	N	-	-	28.09	28.09
99232		A	A	XXX	N	N	D	N	N	N	-	-	51.94	51.94
99233		A	A	XXX	N	N	D	N	N	N	-	-	74.20	74.20
99234		A	A	XXX	N	N	D	N	N	N	-	-	95.40	95.40
99235		A	A	XXX	N	N	D	N	N	N	-	-	120.84	120.84
99236		A	A	XXX	N	N	D	N	N	N	-	-	156.09	156.09
99238		A	A	XXX	N	N	D	N	N	N	-	-	51.94	51.94
99239		A	A	XXX	N	N	D	N	N	N	-	-	76.32	76.32
99241		Not Covered	I	XXX	N	N	N	N	N	N	-	-	23.32	32.86
99242		Not Covered	I	XXX	N	N	N	N	N	N	-	-	48.50	61.75
99243		Not Covered	I	XXX	N	N	N	N	N	N	-	-	68.11	85.07
99244		Not Covered	I	XXX	N	N	N	N	N	N	-	-	109.45	128.00
99245		Not Covered	I	XXX	N	N	N	N	N	N	-	-	135.42	156.35
99251		Not Covered	I	XXX	N	N	N	N	N	N	-	-	34.98	34.98
99252		Not Covered	I	XXX	N	N	N	N	N	N	-	-	53.53	53.53
99253		Not Covered	I	XXX	N	N	N	N	N	N	-	-	81.89	81.89
99254		Not Covered	I	XXX	N	N	N	N	N	N	-	-	118.99	118.99
99255		Not Covered	I	XXX	N	N	N	N	N	N	-	-	143.10	143.10
99281		A	A	XXX	N	N	D	N	N	N	-	-	15.11	15.11
99282		A	A	XXX	N	N	D	N	N	N	-	-	29.95	29.95
99283		A	A	XXX	N	N	D	N	N	N	-	-	45.05	45.05
99284		A	A	XXX	N	N	D	N	N	N	-	-	85.33	85.33
99285		A	A	XXX	N	N	D	N	N	N	-	-	125.88	125.88
99288		B	B	XXX	N	N	N	N	N	N	-	-	-	-
99291		A	A	XXX	N	N	D	N	N	N	-	-	160.59	193.72
99292		A	A	ZZZ	N	N	D	N	N	N	-	-	80.56	87.45
99304		A	A	XXX	N	N	D	N	N	N	-	-	64.40	64.40
99305		A	A	XXX	N	N	D	N	N	N	-	-	92.22	92.22
99306		A	A	XXX	N	N	D	N	N	N	-	-	118.46	118.46
99307		A	A	XXX	N	N	D	N	N	N	-	-	31.27	31.27
99308		A	A	XXX	N	N	D	N	N	N	-	-	48.76	48.76
99309		A	A	XXX	N	N	D	N	N	N	-	-	64.66	64.66
99310		A	A	XXX	N	N	D	N	N	N	-	-	96.20	96.20
99315		A	A	XXX	N	N	D	N	N	N	-	-	51.41	51.41
99316		A	A	XXX	N	N	D	N	N	N	-	-	75.26	75.26
99318		A	A	XXX	N	N	D	N	N	N	-	-	67.84	67.84
99324		A	A	XXX	N	N	D	N	N	N	-	-	39.22	39.22
99325		A	A	XXX	N	N	D	N	N	N	-	-	57.24	57.24
99326		A	A	XXX	N	N	D	N	N	N	-	-	99.11	99.11
99327		A	A	XXX	N	N	D	N	N	N	-	-	132.24	132.24
99328		A	A	XXX	N	N	D	N	N	N	-	-	155.03	155.03
99334		A	A	XXX	N	N	D	N	N	N	-	-	42.40	42.40
99335		A	A	XXX	N	N	D	N	N	N	-	-	67.05	67.05
99336		A	A	XXX	N	N	D	N	N	N	-	-	96.20	96.20
99337		A	A	XXX	N	N	D	N	N	N	-	-	137.27	137.27
99339		B	B	XXX	N	N	N	N	N	N	-	-	54.33	54.33
99340		Not Covered	B	XXX	N	N	N	N	N	N	-	-	76.06	76.06
99341		A	A	XXX	N	N	D	N	N	N	-	-	38.96	38.96
99342		A	A	XXX	N	N	D	N	N	N	-	-	56.71	56.71
99343		A	A	XXX	N	N	D	N	N	N	-	-	93.02	93.02
99344		A	A	XXX	N	N	D	N	N	N	-	-	130.12	130.12
99345		A	A	XXX	N	N	D	N	N	N	-	-	157.94	157.94
99347		A	A	XXX	N	N	D	N	N	N	-	-	39.22	39.22
99348		A	A	XXX	N	N	D	N	N	N	-	-	59.89	59.89
99349		A	A	XXX	N	N	D	N	N	N	-	-	91.43	91.43
99350		A	A	XXX	N	N	D	N	N	N	-	-	127.20	127.20
99354		A	A	ZZZ	N	N	D	N	N	N	-	-	86.92	92.49

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
99355		A	A	ZZZ	N	N	D	N	N	N	-	-	65.46	69.96
99356		A	A	ZZZ	N	N	D	N	N	N	-	-	65.46	65.46
99357		A	A	ZZZ	N	N	D	N	N	N	-	-	65.72	65.72
99358		Not Covered	A	XXX	N	N	D	N	N	N	-	-	79.50	79.50
99359		Not Covered	A	ZZZ	N	N	D	N	N	N	-	-	38.43	38.43
99360		Not Covered	X	XXX	N	N	N	N	N	N	-	-	43.73	43.73
99366		Not Covered	B	XXX	N	N	N	N	N	N	-	-	29.68	30.21
99367		Not Covered	B	XXX	N	N	N	N	N	N	-	-	40.28	40.28
99368		Not Covered	B	XXX	N	N	N	N	N	N	-	-	26.24	26.24
99374		B	B	XXX	N	N	N	N	N	N	-	-	40.28	48.76
99375		A	I	XXX	N	N	N	N	N	N	-	-	62.81	73.41
99377		B	B	XXX	N	N	N	N	N	N	-	-	40.28	48.76
99378		A	I	XXX	N	N	N	N	N	N	-	-	62.81	73.41
99379		B	B	XXX	N	N	N	N	N	N	-	-	40.28	48.76
99380		B	B	XXX	N	N	N	N	N	N	-	-	62.81	73.41
99381		A	N	XXX	N	N	N	N	N	N	-	-	54.86	76.59
99382		A	N	XXX	N	N	N	N	N	N	-	-	58.57	80.30
99383		A	N	XXX	N	N	N	N	N	N	-	-	62.01	83.21
99384		A	N	XXX	N	N	N	N	N	N	-	-	72.88	94.34
99385		A	N	XXX	N	N	N	N	N	N	-	-	69.43	91.16
99386		A	N	XXX	N	N	N	N	N	N	-	-	84.80	106.53
99387		A	N	XXX	N	N	N	N	N	N	-	-	90.90	115.28
99391		A	N	XXX	N	N	N	N	N	N	-	-	49.56	68.64
99392		A	N	XXX	N	N	N	N	N	N	-	-	54.86	73.67
99393		A	N	XXX	N	N	N	N	N	N	-	-	54.86	73.41
99394		A	N	XXX	N	N	N	N	N	N	-	-	62.01	80.56
99395		A	N	XXX	N	N	N	N	N	N	-	-	63.60	82.42
99396		A	N	XXX	N	N	N	N	N	N	-	-	69.17	87.98
99397		A	N	XXX	N	N	N	N	N	N	-	-	72.88	94.61
99401		A	N	XXX	N	N	N	N	N	N	-	-	17.49	25.97
99402		A	N	XXX	N	N	N	N	N	N	-	-	36.04	43.99
99403		Not Covered	N	XXX	N	N	N	N	N	N	-	-	53.53	61.75
99404		Not Covered	N	XXX	N	N	N	N	N	N	-	-	71.02	79.50
99406		A	A	XXX	N	N	D	N	N	N	-	-	9.01	10.34
99407		A	A	XXX	N	N	D	N	N	N	-	-	18.29	19.61
99408		Not Covered	N	XXX	N	N	N	N	N	N	-	-	23.59	25.18
99409		Not Covered	N	XXX	N	N	N	N	N	N	-	-	47.70	48.76
99411		Not Covered	N	XXX	N	N	N	N	N	N	-	-	5.30	11.93
99412		Not Covered	N	XXX	N	N	N	N	N	N	-	-	9.01	15.37
99415		A	A	ZZZ	N	N	D	N	N	N	-	-	6.36	6.36
99416		A	A	ZZZ	N	N	D	N	N	N	-	-	2.92	2.92
99429		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
99441		Not Covered	N	XXX	N	N	N	N	N	N	-	-	9.01	9.81
99442		Not Covered	N	XXX	N	N	N	N	N	N	-	-	18.02	19.08
99443		Not Covered	N	XXX	N	N	N	N	N	N	-	-	27.03	27.83
99444		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
99446		Not Covered	B	XXX	N	N	N	N	N	N	-	-	12.99	12.99
99447		Not Covered	B	XXX	N	N	N	N	N	N	-	-	25.44	25.44
99448		Not Covered	B	XXX	N	N	N	N	N	N	-	-	38.16	38.16
99449		Not Covered	B	XXX	N	N	N	N	N	N	-	-	50.88	50.88
99450		C	N	XXX	N	N	N	N	N	N	-	-	-	-
99455		Not Covered	R	XXX	N	N	D	N	N	N	-	-	-	-
99456		Not Covered	R	XXX	N	N	D	N	N	N	-	-	-	-
99460		A	A	XXX	N	N	D	N	N	N	-	-	68.37	68.37
99461		A	A	XXX	N	N	D	N	N	N	-	-	45.05	62.81
99462		A	A	XXX	N	N	D	N	N	N	-	-	29.68	29.68
99463		A	A	XXX	N	N	D	N	N	N	-	-	79.24	79.24
99464		A	A	XXX	N	N	D	N	N	N	-	-	53.80	53.80
99465		A	A	XXX	N	N	D	N	N	N	-	-	104.68	104.68

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
99466		A	A	XXX	N	N	D	N	N	N	-	-	170.93	170.93
99467		A	A	ZZZ	N	N	D	N	N	N	-	-	85.33	85.33
99468		A	A	XXX	N	N	D	N	N	N	-	-	658.26	658.26
99469		A	A	XXX	N	N	D	N	N	N	-	-	284.88	284.88
99471		A	A	XXX	N	N	D	N	N	N	-	-	570.02	570.02
99472		A	A	XXX	N	N	D	N	N	N	-	-	295.74	295.74
99475		A	A	XXX	N	N	D	N	N	N	-	-	401.21	401.21
99476		A	A	XXX	N	N	D	N	N	N	-	-	247.78	247.78
99477		A	A	XXX	N	N	D	N	N	N	-	-	249.63	249.63
99478		A	A	XXX	N	N	D	N	N	N	-	-	98.05	98.05
99479		A	A	XXX	N	N	D	N	N	N	-	-	89.31	89.31
99480		A	A	XXX	N	N	D	N	N	N	-	-	85.60	85.60
99483	Not Covered		A	XXX	N	N	D	N	N	N	-	-	125.08	164.83
99484	Not Covered		A	XXX	N	N	D	N	N	N	-	-	22.79	32.86
99485	Not Covered		B	XXX	N	N	N	N	N	N	-	-	54.86	54.86
99486	Not Covered		B	XXX	N	N	N	N	N	N	-	-	47.70	47.70
99487	Not Covered		A	XXX	N	N	D	N	N	N	-	-	37.37	63.60
99489	Not Covered		A	ZZZ	N	N	D	N	N	N	-	-	18.55	31.54
99490	Not Covered		A	XXX	N	N	D	N	N	N	-	-	22.79	29.15
99492	Not Covered		A	XXX	N	N	D	N	N	N	-	-	63.07	107.86
99493	Not Covered		A	XXX	N	N	D	N	N	N	-	-	57.24	86.92
99494	Not Covered		A	ZZZ	N	N	D	N	N	N	-	-	30.21	44.79
99495	Not Covered		A	XXX	N	N	D	N	N	N	-	-	78.44	113.16
99496	Not Covered		A	XXX	N	N	D	N	N	N	-	-	114.22	160.59
99497	Not Covered		A	XXX	N	N	D	N	N	N	-	-	56.45	59.89
99498	Not Covered		A	ZZZ	N	N	D	N	N	N	-	-	52.74	53.00
99499	Unlstd/Manu		C	XXX	N	N	D	N	N	N	-	-	-	-
99500	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
99501	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
99502	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
99503	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
99504	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
99505	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
99506	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
99507	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
99509	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
99510	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
99511	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
99512	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
99600	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
99601	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
99602	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
99605	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
99606	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
99607	Not Covered		X	XXX	N	N	N	N	N	N	-	-	-	-
0001F	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
0005F	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
0012F	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
0014F	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
0015F	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
0042T	Not Covered		C	XXX	N	N	D	N	N	N	-	-	-	-
0054T	Not Covered		C	XXX	N	N	D	N	N	N	-	-	-	-
0055T	Not Covered		C	XXX	N	N	D	N	N	N	-	-	-	-
0058T	Not Covered		C	XXX	N	N	D	N	N	N	-	-	-	-
0071T	Not Covered		C	XXX	N	N	D	N	N	N	-	-	-	-
0072T	Not Covered		C	XXX	N	N	D	N	N	N	-	-	-	-
0075T	26 Not Covered		C	XXX	N	N	D	N	N	N	-	-	-	-
0075T	TC	Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0075T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
0076T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0076T	TC	Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0076T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0085T		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
0095T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0098T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0100T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0101T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0102T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0106T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0107T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0108T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0109T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0110T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0111T		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
0126T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0159T		Not Covered	C	ZZZ	N	N	D	N	N	N	-	-	-	-
0159T	TC	Not Covered	C	ZZZ	N	N	D	N	N	N	-	-	-	-
0159T		Not Covered	C	ZZZ	N	N	D	N	N	N	-	-	-	-
0163T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
0164T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
0165T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
0174T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0175T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0184T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0188T		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
0189T		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
0190T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0191T		C	C	XXX	N	N	D	N	N	N	-	-	-	-
0195T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0196T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0198T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0200T		Not Covered	C	XXX	N	Y	D	N	N	N	-	-	-	-
0201T		Not Covered	C	XXX	N	B	D	N	N	N	-	-	-	-
0202T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0205T		Not Covered	C	ZZZ	N	N	D	N	N	N	-	-	-	-
0206T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0207T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0208T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0209T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0210T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0211T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0212T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0213T		Not Covered	C	XXX	N	Y	D	N	N	N	-	-	-	-
0214T		Not Covered	C	ZZZ	N	Y	D	N	N	N	-	-	-	-
0215T		Not Covered	C	ZZZ	N	Y	D	N	N	N	-	-	-	-
0216T		Not Covered	C	XXX	N	Y	D	N	N	N	-	-	-	-
0217T		Not Covered	C	ZZZ	N	Y	D	N	N	N	-	-	-	-
0218T		Not Covered	C	ZZZ	N	Y	D	N	N	N	-	-	-	-
0219T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0220T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0221T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0222T		Not Covered	C	ZZZ	N	N	D	N	N	N	-	-	-	-
0228T		Not Covered	C	XXX	N	Y	N	N	N	N	-	-	-	-
0229T		Not Covered	C	XXX	N	Y	N	N	N	N	-	-	-	-
0230T		Not Covered	C	XXX	N	Y	N	N	N	N	-	-	-	-
0231T		Not Covered	C	XXX	N	Y	N	N	N	N	-	-	-	-
0232T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0234T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
0235T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
0236T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
0237T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
0238T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
0249T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
0253T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
0254T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
0263T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0264T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0265T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0266T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
0267T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
0268T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
0269T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0270T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0271T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0272T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0273T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0274T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
0275T		Not Covered	R	XXX	N	N	N	N	N	N	-	-	-	-
0278T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0290T		Not Covered	C	ZZZ	N	N	D	N	N	N	-	-	-	-
0295T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0296T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0297T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0298T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0308T		Not Covered	C	YYY	Y	Y	N	N	N	N	-	-	-	-
0312T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0313T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0314T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0315T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0316T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0317T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0329T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0330T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0331T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0332T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0333T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0335T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0337T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0338T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0339T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0341T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0342T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0345T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0346T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0347T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0348T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0349T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0350T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0351T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0352T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0353T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0354T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0355T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0356T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0357T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0358T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0359T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
0360T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0361T		Not Covered	C	ZZZ	N	N	N	N	N	N	-	-	-	-
0362T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0363T		Not Covered	C	ZZZ	N	N	N	N	N	N	-	-	-	-
0364T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0365T		Not Covered	C	ZZZ	N	N	N	N	N	N	-	-	-	-
0366T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0367T		Not Covered	C	ZZZ	N	N	N	N	N	N	-	-	-	-
0368T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0369T		Not Covered	C	ZZZ	N	N	N	N	N	N	-	-	-	-
0370T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0371T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0372T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0373T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0374T		Not Covered	C	ZZZ	N	N	N	N	N	N	-	-	-	-
0375T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0376T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0377T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0378T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0379T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0380T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0381T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0382T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0383T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0384T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0385T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0386T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0387T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0388T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0389T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0390T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0391T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0394T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0395T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0396T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0397T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0398T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0399T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0400T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0401T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0402T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0403T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0404T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0405T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0406T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0407T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0408T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0409T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0410T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0411T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0412T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0413T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0414T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0415T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0416T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0417T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0418T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0419T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0420T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
0421T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0422T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0423T		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
0424T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0425T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0426T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0427T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0428T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0429T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0430T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0431T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0432T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0433T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0434T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0435T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0436T		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
0437T		Not Covered	C	ZZZ	N	N	D	N	N	N	-	-	-	-
0439T		Not Covered	C	ZZZ	N	N	D	N	N	N	-	-	-	-
0440T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
0441T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
0442T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
0443T		Not Covered	C	ZZZ	N	N	D	N	N	N	-	-	-	-
0444T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
0445T		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
0446T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0447T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0448T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0449T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0450T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0451T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0452T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0453T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0454T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0455T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0456T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0457T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0458T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0459T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0460T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0461T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0462T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0463T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0464T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0465T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0466T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0467T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0468T		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
0469T		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
0470T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0470T	TC	Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0470T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0471T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0471T	TC	Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0471T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0472T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0473T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0474T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0475T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0476T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
0477T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0478T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0479T		Not Covered	C	000	Y	N	N	N	N	N	-	-	-	-
0480T		Not Covered	C	ZZZ	N	N	N	N	N	N	-	-	-	-
0481T		Not Covered	C	000	N	N	N	N	N	N	-	-	-	-
0482T		26 Not Covered	C	ZZZ	N	N	N	N	N	N	-	-	-	-
0482T	TC	Not Covered	C	ZZZ	N	N	N	N	N	N	-	-	-	-
0482T		Not Covered	C	ZZZ	N	N	N	N	N	N	-	-	-	-
0483T		Not Covered	C	000	Y	N	D	Y	D	N	-	-	-	-
0484T		Not Covered	C	000	Y	N	D	Y	D	N	-	-	-	-
0485T		26 Not Covered	C	XXX	N	Y	N	N	N	N	-	-	-	-
0485T	TC	Not Covered	C	XXX	N	Y	N	N	N	N	-	-	-	-
0485T		Not Covered	C	XXX	N	Y	N	N	N	N	-	-	-	-
0486T		26 Not Covered	C	XXX	N	B	N	N	N	N	-	-	-	-
0486T	TC	Not Covered	C	XXX	N	B	N	N	N	N	-	-	-	-
0486T		Not Covered	C	XXX	N	B	N	N	N	N	-	-	-	-
0487T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0488T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0489T		Not Covered	C	000	N	N	N	N	N	N	-	-	-	-
0490T		Not Covered	C	000	N	N	N	N	N	N	-	-	-	-
0491T		Not Covered	C	000	N	N	N	N	N	N	-	-	-	-
0492T		Not Covered	C	ZZZ	N	N	N	N	N	N	-	-	-	-
0493T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0494T		Not Covered	C	XXX	Y	B	Y	D	N	N	-	-	-	-
0495T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0496T		Not Covered	C	ZZZ	N	N	N	N	N	N	-	-	-	-
0497T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0498T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0499T		Not Covered	C	000	Y	N	N	N	N	N	-	-	-	-
0500F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
0500T		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
0501F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
0501T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0502F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
0502T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0503F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
0503T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0504T		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
0505F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
0507F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
0509F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
0513F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
0514F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
0516F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
0517F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
0518F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
0519F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
0520F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
0521F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
0525F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
0526F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
0528F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
0529F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
0535F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
0540F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
0545F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
0550F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
0551F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
0555F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
0556F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
0557F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
0575F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
0580F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
0581F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
0582F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
0583F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
0584F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1000F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1002F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1003F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1004F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1005F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1006F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
1007F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1008F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1010F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1011F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1012F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1015F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1018F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1019F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1022F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1026F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1030F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1031F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1032F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1033F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1034F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1035F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1036F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
1038F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
1039F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
1040F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1050F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1052F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1055F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1060F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1061F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1065F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1066F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1070F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1071F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1090F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
1091F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1100F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
1101F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
1110F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1111F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
1116F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1118F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1119F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1121F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1123F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
1124F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
1125F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
1126F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
1127F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1128F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
1130F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1134F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1135F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1136F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1137F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1150F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1151F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1152F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1153F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1157F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1158F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1159F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1160F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1170F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
1175F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1180F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1181F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1182F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1183F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1200F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1205F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1220F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1400F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1450F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1451F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1460F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
1461F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
1490F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1491F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1493F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1494F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1500F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1501F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1502F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1503F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1504F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
1505F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
2000F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
2001F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
2002F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
2004F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
2010F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
2014F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
2015F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
2016F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
2018F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
2019F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
2020F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
2021F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
2022F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
2024F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
2026F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
2027F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
2028F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
2029F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
2030F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
2031F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
2035F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
2040F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
2044F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
2050F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
2060F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3006F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3008F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3011F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3014F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3015F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3016F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3017F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3018F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3019F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3020F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3021F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3022F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3023F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3025F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3027F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3028F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3035F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3037F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3038F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3040F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3042F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3044F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3045F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3046F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3048F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3049F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3050F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3055F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3056F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3060F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3061F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3062F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3066F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3072F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3073F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3074F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3075F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3077F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3078F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3079F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3080F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3082F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3083F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3084F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3085F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3088F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3089F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3090F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3091F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3092F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3093F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3095F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3096F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3100F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3110F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3111F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
3112F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3115F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3117F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3118F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3119F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3120F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3126F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3130F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3132F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3140F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3141F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3142F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3150F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3155F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3160F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3170F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3200F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3210F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3215F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3216F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3218F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3220F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3230F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3250F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3260F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3265F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3266F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3267F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3268F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3269F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3270F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3271F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3272F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3273F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3274F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3278F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3279F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3280F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3281F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3284F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3285F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3288F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3290F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3291F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3292F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3293F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3294F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3300F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3301F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3315F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3316F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3317F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3318F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3319F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3320F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3321F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3322F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3323F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3324F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
3325F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3328F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3330F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3331F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3340F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3341F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3342F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3343F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3344F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3345F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3350F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3351F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3352F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3353F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3354F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3370F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3372F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3374F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3376F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3378F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3380F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3382F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3384F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3386F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3388F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3390F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3394F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3395F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3450F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3451F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3452F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3455F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3470F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3471F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3472F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3475F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3476F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3490F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3491F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3492F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3493F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3494F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3495F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3496F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3497F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3498F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3500F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3502F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3503F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3510F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3511F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3512F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3513F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3514F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3515F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3517F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3520F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3550F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3551F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
3552F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3555F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3570F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3572F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3573F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3650F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3700F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3720F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3725F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
3750F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3751F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3752F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3753F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3754F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3755F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3756F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3757F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3758F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3759F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3760F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3761F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3762F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3763F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3775F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
3776F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4000F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4001F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4003F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4004F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4005F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4008F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4010F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4011F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4012F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4013F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4014F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4015F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4016F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4017F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4018F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4019F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4025F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4030F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4033F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4035F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4037F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4040F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4041F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4042F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4043F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4044F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4045F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4046F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4047F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4048F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4049F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4050F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4051F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4052F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
4053F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4054F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4055F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4056F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4058F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4060F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4062F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4063F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4064F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4065F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4066F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4067F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4069F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4070F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4073F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4075F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4077F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4079F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4084F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4086F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4090F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4095F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4100F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4110F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4115F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4120F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4124F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4130F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4131F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4132F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4133F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4134F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4135F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4136F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4140F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4142F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4144F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4145F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4148F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4149F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4150F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4151F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4153F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4155F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4157F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4158F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4159F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4163F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4164F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4165F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4167F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4168F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4169F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4171F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4172F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4174F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4175F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4176F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4177F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
4178F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4179F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4180F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4181F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4182F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4185F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4186F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4187F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4188F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4189F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4190F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4191F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4192F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4193F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4194F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4195F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4196F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4200F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4201F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4210F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4220F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4221F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4230F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4240F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4242F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4245F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4248F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4250F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4255F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4256F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4260F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4261F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4265F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4266F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4267F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4268F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4269F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4270F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4271F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4274F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4276F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4279F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4280F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4290F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4293F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4300F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4301F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4305F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4306F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4320F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4322F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4324F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4325F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4326F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4328F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4330F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4340F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4350F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4400F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
4450F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4470F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4480F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4481F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4500F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4510F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4525F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4526F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4540F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4541F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4550F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4551F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4552F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4553F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4554F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4555F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4556F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
4557F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4558F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4559F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4560F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4561F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4562F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
4563F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
5005F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
5010F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
5015F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
5020F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
5050F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
5060F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
5062F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
5100F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
5200F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
5250F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
6005F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
6010F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
6015F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
6020F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
6030F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
6040F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
6045F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
6070F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
6080F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
6090F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
6100F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
6101F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
6102F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
6110F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
6150F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
7010F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
7020F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
7025F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
9001F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
9002F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
9003F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
9004F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
9005F		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
9006F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
9007F		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
A9515		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
A9587		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
A9588		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
A9597		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
A9598		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0008		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0009		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0010		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0027		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0101		Not Covered	A	XXX	N	N	D	N	N	N	-	-	19.61	26.24
G0102		Not Covered	A	XXX	N	N	N	N	N	N	-	-	6.10	14.05
G0103		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0104		A	A	000	Y	N	N	N	N	N	-	-	41.08	113.16
G0105		A	A	000	Y	N	N	N	N	N	-	-	138.33	219.42
G0106	26	A	A	XXX	N	N	D	N	N	N	-	-	35.25	35.25
G0106	TC	A	A	XXX	N	N	D	N	N	N	-	-	104.68	104.68
G0106		A	A	XXX	N	N	D	N	N	N	-	-	140.19	140.19
G0108		A	A	XXX	N	N	D	N	N	N	-	-	37.37	37.37
G0109		A	A	XXX	N	N	D	N	N	N	-	-	10.07	10.07
G0117		Not Covered	T	XXX	N	N	D	N	N	N	-	-	36.31	36.31
G0118		Not Covered	T	XXX	N	N	D	N	N	N	-	-	28.09	28.09
G0120	26	A	A	XXX	N	N	D	N	N	N	-	-	37.90	37.90
G0120	TC	A	A	XXX	N	N	D	N	N	N	-	-	104.68	104.68
G0120		A	A	XXX	N	N	D	N	N	N	-	-	142.57	142.57
G0121		Not Covered	A	000	Y	N	N	N	N	N	-	-	138.60	219.69
G0122	26	Not Covered	N	XXX	N	N	N	N	N	N	-	-	35.25	35.25
G0122	TC	Not Covered	N	XXX	N	N	N	N	N	N	-	-	142.04	142.04
G0122		Not Covered	N	XXX	N	N	N	N	N	N	-	-	177.02	177.02
G0123		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0124		Not Covered	A	XXX	N	N	D	N	N	N	-	-	22.53	22.53
G0127		Not Covered	R	000	Y	N	N	N	N	N	-	-	5.30	16.17
G0128		Not Covered	R	XXX	N	N	D	N	N	N	-	-	5.04	5.04
G0129		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0130	26	Not Covered	A	XXX	N	N	D	N	N	N	-	-	7.95	7.95
G0130	TC	Not Covered	A	XXX	N	N	D	N	N	N	-	-	15.37	15.37
G0130		Not Covered	A	XXX	N	N	D	N	N	N	-	-	23.32	23.32
G0141		Not Covered	A	XXX	N	N	D	N	N	N	-	-	22.53	22.53
G0143		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0144		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0145		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0147		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0148		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0151		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0152		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0153		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0155		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0156		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0157		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
G0158		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
G0159		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
G0160		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
G0161		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
G0162		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
G0166		Not Covered	A	XXX	N	N	N	N	N	N	-	-	90.90	90.90
G0168		Not Covered	A	000	Y	N	N	N	N	N	-	-	20.41	68.64
G0175		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0176		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0177		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0179		Not Covered	A	XXX	N	N	D	N	N	N	-	-	28.36	28.36

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
G0180		Not Covered	A	XXX	N	N	D	N	N	N	-	-	37.10	37.10
G0181		Not Covered	A	XXX	N	N	D	N	N	N	-	-	76.06	76.06
G0182		Not Covered	A	XXX	N	N	D	N	N	N	-	-	75.79	75.79
G0186		Not Covered	C	YYY	Y	Y	D	D	D	N	-	-	-	-
G0219	26	C	N	XXX	N	N	N	N	N	N	-	-	-	-
G0219	TC	C	N	XXX	N	N	N	N	N	N	-	-	-	-
G0219		C	N	XXX	N	N	N	N	N	N	-	-	-	-
G0235	26	Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
G0235	TC	Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
G0235		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
G0237		A	A	XXX	N	N	D	N	N	N	-	-	6.36	6.36
G0238		A	A	XXX	N	N	D	N	N	N	-	-	6.63	6.63
G0239		A	A	XXX	N	N	D	N	N	N	-	-	8.48	8.48
G0245		Not Covered	R	XXX	N	N	D	N	N	N	-	-	31.01	45.58
G0246		Not Covered	R	XXX	N	N	D	N	N	N	-	-	15.37	26.24
G0247		Not Covered	R	ZZZ	N	N	D	N	N	N	-	-	16.70	48.23
G0248		Not Covered	R	XXX	N	N	D	N	N	N	-	-	57.24	57.24
G0249		Not Covered	R	XXX	N	N	D	N	N	N	-	-	56.98	56.98
G0250		Not Covered	R	XXX	N	N	D	N	N	N	-	-	6.36	6.36
G0252	26	Not Covered	N	XXX	N	N	N	N	N	N	-	-	53.00	53.00
G0252	TC	Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
G0252		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
G0255	26	Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
G0255	TC	Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
G0255		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
G0257		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
G0259		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
G0260		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
G0268		Not Covered	A	000	Y	B	N	N	N	N	-	-	24.65	36.57
G0269		Not Covered	B	XXX	N	N	N	N	N	N	-	-	-	-
G0270		Not Covered	A	XXX	N	N	D	N	N	N	-	-	19.35	20.94
G0271		Not Covered	A	XXX	N	N	D	N	N	N	-	-	10.60	10.87
G0276		Not Covered	R	000	Y	B	Y	D	N	N	-	-	294.15	294.15
G0277		A	A	XXX	N	N	D	N	N	N	-	-	54.59	54.59
G0278		Not Covered	A	ZZZ	N	N	D	N	N	N	-	-	10.60	10.60
G0279	26	A	A	ZZZ	N	B	N	N	N	N	-	-	21.47	21.47
G0279	TC	A	A	ZZZ	N	B	N	N	N	N	-	-	16.17	16.17
G0279		A	A	ZZZ	N	B	N	N	N	N	-	-	37.63	37.63
G0281		Not Covered	A	XXX	5	N	D	N	N	N	-	-	10.07	10.07
G0282		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
G0283		Not Covered	A	XXX	5	N	D	N	N	N	-	-	10.07	10.07
G0288		Not Covered	A	XXX	N	N	D	N	N	N	-	-	24.65	24.65
G0289		Not Covered	A	ZZZ	N	Y	D	N	N	N	-	-	64.66	64.66
G0293		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
G0294		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
G0295		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
G0296		A	A	XXX	N	N	D	N	N	N	-	-	18.82	20.14
G0297	26	A	A	XXX	4	N	D	N	N	N	-	-	37.10	37.10
G0297	TC	A	A	XXX	4	N	D	N	N	N	-	-	119.78	119.78
G0297		A	A	XXX	4	N	D	N	N	N	-	-	156.62	156.62
G0300		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0302		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0303		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0304		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0305		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0306		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0307		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0328		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0329		Not Covered	A	XXX	5	N	D	N	N	N	-	-	7.42	7.42

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
G0333		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0337		Not Covered	X	XXX	N	N	N	N	N	N	-	-	51.41	51.41
G0339		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
G0340		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
G0341		Not Covered	A	000	Y	N	D	D	N	N	-	-	276.13	1,379.86
G0342		Not Covered	A	090	Y	N	Y	D	N	N	-	-	512.78	512.78
G0343		Not Covered	A	090	Y	N	Y	D	N	N	-	-	846.41	846.41
G0365		Not Covered	A	XXX	N	N	D	N	N	N	-	-	9.01	9.01
G0365	TC	Not Covered	A	XXX	N	N	D	N	N	Y	2.83	2.83	75.06	75.06
G0365		Not Covered	A	XXX	N	N	D	N	N	Y	3.17	3.17	84.08	84.08
G0372		Not Covered	A	XXX	N	N	D	N	N	N	-	-	6.36	6.36
G0378		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0379		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0380		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0381		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0382		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0383		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0384		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0390		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0396		Not Covered	A	XXX	N	N	D	N	N	N	-	-	23.85	25.44
G0397		Not Covered	A	XXX	N	N	D	N	N	N	-	-	47.44	48.76
G0398		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
G0398	TC	Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
G0398		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
G0399		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
G0399	TC	Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
G0399		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
G0400		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
G0400	TC	Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
G0400		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
G0402		Not Covered	A	XXX	N	N	D	N	N	N	-	-	90.37	115.81
G0403		Not Covered	A	XXX	N	N	D	N	N	N	-	-	11.66	11.66
G0404		Not Covered	A	XXX	N	N	D	N	N	N	-	-	5.57	5.57
G0405		Not Covered	A	XXX	N	N	D	N	N	N	-	-	5.83	5.83
G0406		Not Covered	A	XXX	N	N	D	N	N	N	-	-	27.30	27.30
G0407		Not Covered	A	XXX	N	N	D	N	N	N	-	-	51.15	51.15
G0408		Not Covered	A	XXX	N	N	D	N	N	N	-	-	73.67	73.67
G0409		Not Covered	R	XXX	N	N	D	N	N	N	-	-	12.99	12.99
G0410		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0411		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0412		Not Covered	A	090	Y	N	Y	Y	N	N	-	-	523.64	523.64
G0413		Not Covered	A	090	Y	N	Y	Y	N	N	-	-	779.37	779.37
G0414		Not Covered	A	090	Y	N	Y	Y	N	N	-	-	730.34	730.34
G0415		Not Covered	A	090	Y	N	Y	Y	N	N	-	-	1,007.27	1,007.27
G0416		Not Covered	A	XXX	N	N	D	N	N	N	-	-	129.06	129.06
G0416	TC	Not Covered	A	XXX	N	N	D	N	N	N	-	-	156.62	156.62
G0416		Not Covered	A	XXX	N	N	D	N	N	N	-	-	285.67	285.67
G0420		Not Covered	A	XXX	N	N	D	N	N	N	-	-	77.65	77.65
G0421		Not Covered	A	XXX	N	N	D	N	N	N	-	-	17.76	17.76
G0422		Not Covered	A	XXX	N	N	D	N	N	N	-	-	79.77	79.77
G0423		Not Covered	A	XXX	N	N	D	N	N	N	-	-	79.77	79.77
G0424		Not Covered	A	XXX	N	N	D	N	N	N	-	-	10.34	20.41
G0425		Not Covered	A	XXX	N	N	D	N	N	N	-	-	71.02	71.02
G0426		Not Covered	A	XXX	N	N	D	N	N	N	-	-	96.20	96.20
G0427		Not Covered	A	XXX	N	N	D	N	N	N	-	-	143.37	143.37
G0428		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
G0429		Not Covered	A	000	Y	N	D	N	N	N	-	-	51.15	68.37
G0432		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0433		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
G0435		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0438		Not Covered	A	XXX	N	N	D	N	N	N	-	-	119.52	119.52
G0439		Not Covered	A	XXX	N	N	D	N	N	N	-	-	80.83	80.83
G0442		Not Covered	A	XXX	N	N	D	N	N	N	-	-	6.63	12.19
G0443		Not Covered	A	XXX	N	N	D	N	N	N	-	-	16.70	18.02
G0444		Not Covered	A	XXX	N	N	D	N	N	N	-	-	6.63	11.93
G0445		Not Covered	A	XXX	N	N	D	N	N	N	-	-	16.70	19.08
G0446		Not Covered	A	XXX	N	N	D	N	N	N	-	-	16.70	18.02
G0447		Not Covered	A	XXX	N	N	D	N	N	N	-	-	16.70	18.02
G0448		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
G0451		Not Covered	A	XXX	N	N	D	N	N	N	-	-	6.63	6.63
G0452	26	Not Covered	A	XXX	N	N	D	N	N	N	-	-	12.99	12.99
G0453		Not Covered	A	XXX	N	N	D	N	N	N	-	-	23.32	23.32
G0454		Not Covered	A	XXX	N	N	D	N	N	N	-	-	6.36	6.36
G0455		Not Covered	A	000	N	N	D	N	N	N	-	-	53.53	88.51
G0458		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
G0459		Not Covered	A	XXX	N	N	N	N	N	N	-	-	29.68	29.68
G0460		Not Covered	C	YYY	N	N	N	N	N	N	-	-	-	-
G0463		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0466		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0467		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0468		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0469		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0470		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0471		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0472		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0473		Not Covered	A	XXX	N	N	N	N	N	N	-	-	8.22	8.75
G0475		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0476		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0480		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
G0481		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
G0482		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
G0483		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
G0490		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0491		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0492		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0493		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0494		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0495		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0496		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0498		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
G0499		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0500		Not Covered	A	XXX	N	N	N	N	N	N	-	-	4.24	38.43
G0501		Not Covered	B	ZZZ	N	N	D	N	N	N	-	-	-	-
G0506		Not Covered	A	ZZZ	N	N	D	N	N	N	-	-	32.60	43.99
G0508		Not Covered	A	XXX	N	N	N	N	N	N	-	-	143.37	143.37
G0509		Not Covered	A	XXX	N	N	N	N	N	N	-	-	138.86	138.86
G0511		Not Covered	X	XXX	N	N	N	N	N	N	-	-	20.41	41.87
G0512		Not Covered	X	XXX	N	N	N	N	N	N	-	-	44.79	97.26
G0513		Not Covered	A	ZZZ	N	N	D	N	N	N	-	-	43.73	46.38
G0514		Not Covered	A	ZZZ	N	N	D	N	N	N	-	-	43.73	46.38
G0515		Not Covered	A	XXX	N	N	D	N	N	N	-	-	20.14	20.14
G0516		Not Covered	A	000	Y	N	D	N	N	N	-	-	78.18	159.27
G0517		Not Covered	A	000	Y	N	D	N	N	N	-	-	89.04	175.17
G0518		Not Covered	A	000	Y	N	D	N	N	N	-	-	144.96	302.37
G0659		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G0913		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G0914		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G0915		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
G0916		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G0917		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G0918		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G6001	26	A	A	XXX	N	N	D	N	N	N	-	-	21.47	21.47
G6001	TC	A	A	XXX	N	N	D	N	N	N	-	-	15.11	15.11
G6001		A	A	XXX	N	N	D	N	N	N	-	-	36.57	36.57
G6002	26	A	A	XXX	N	N	D	N	N	N	-	-	14.84	14.84
G6002	TC	A	A	XXX	N	N	D	N	N	N	-	-	36.31	36.31
G6002		A	A	XXX	N	N	D	N	N	N	-	-	51.15	51.15
G6003		A	A	XXX	N	N	D	N	N	N	-	-	127.73	127.73
G6004		A	A	XXX	N	N	D	N	N	N	-	-	94.87	94.87
G6005		A	A	XXX	N	N	D	N	N	N	-	-	94.61	94.61
G6006		A	A	XXX	N	N	D	N	N	N	-	-	94.87	94.87
G6007		A	A	XXX	N	N	D	N	N	N	-	-	191.60	191.60
G6008		A	A	XXX	N	N	D	N	N	N	-	-	131.18	131.18
G6009		A	A	XXX	N	N	D	N	N	N	-	-	130.65	130.65
G6010		A	A	XXX	N	N	D	N	N	N	-	-	129.59	129.59
G6011		A	A	XXX	N	N	D	N	N	N	-	-	182.06	182.06
G6012		A	A	XXX	N	N	D	N	N	N	-	-	173.58	173.58
G6013		A	A	XXX	N	N	D	N	N	N	-	-	173.58	173.58
G6014		A	A	XXX	N	N	D	N	N	N	-	-	173.84	173.84
G6015		A	A	XXX	N	N	D	N	N	N	-	-	226.58	226.58
G6016		A	A	XXX	N	N	D	N	N	N	-	-	225.52	225.52
G6017		Not Covered	C	YYY	N	N	D	N	N	N	-	-	-	-
G8395		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8396		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8397		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8398		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8399		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8400		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8404		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8405		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8410		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8415		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8416		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8417		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8418		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8419		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8420		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8421		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8422		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8427		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8428		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8430		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8431		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8432		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8433		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8442		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8450		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8451		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8452		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8465		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8473		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8474		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8475		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8476		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8477		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8478		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8482		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
G8483		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8484		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8506		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8509		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8510		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8511		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8535		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8536		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8539		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8540		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8541		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8542		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8543		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8559		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G8560		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G8561		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G8562		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G8563		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G8564		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G8565		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G8566		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G8567		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G8568		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G8569		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8570		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8571		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8572		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8573		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8574		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8575		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8576		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8577		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8578		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8598		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8599		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8600		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8601		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8602		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8627		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8628		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8633		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8635		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8647		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8648		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8649		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8650		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8651		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8652		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8653		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8654		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8655		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8656		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8657		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8658		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8659		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8660		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8661		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8662		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8663		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
G8664		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8665		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8666		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8667		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8668		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8669		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8670		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8671		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8672		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8673		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8674		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8694		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8708		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8709		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8710		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8711		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8712		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8721		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8722		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8723		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8724		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8730		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8731		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8732		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8733		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8734		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8735		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8749		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8752		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8753		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8754		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8755		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8756		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8783		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8785		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8797		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8798		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8806		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8807		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8808		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8809		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8810		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8811		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8815		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8816		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8817		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8818		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8825		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8826		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8833		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8834		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8838		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8839		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8840		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8841		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8842		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8843		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8844		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8845		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
G8846		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8849		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8850		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8851		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8852		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8854		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8855		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8856		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8857		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8858		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8861		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8863		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8864		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8865		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8866		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8867		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8869		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8872		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8873		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8874		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8875		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8876		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8877		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8878		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8880		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8881		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8882		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8883		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8884		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8885		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8907		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G8908		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G8909		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G8910		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G8911		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G8912		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G8913		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G8914		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G8915		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G8916		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G8917		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G8918		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G8923		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8924		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8925		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8926		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8934		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8935		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8936		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8937		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8938		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8939		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8941		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8942		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8944		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8946		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8950		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8952		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8955		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
G8956		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8958		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8959		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8960		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8961		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8962		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8963		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8964		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8965		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8966		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8967		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8968		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8969		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8970		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8973		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8974		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8975		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8976		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G8978		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8979		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8980		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8981		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8982		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8983		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8984		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8985		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8986		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8987		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8988		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8989		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8990		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8991		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8992		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8993		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8994		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8995		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8996		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8997		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8998		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G8999		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9001		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9002		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9003		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9004		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9005		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9006		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9007		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9008		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9009		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9010		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9011		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9012		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9013		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
G9014		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
G9016		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
G9017		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9018		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9019		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9020		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
G9033		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9034		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9035		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9036		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9050		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G9051		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G9052		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G9053		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G9054		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G9055		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G9056		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G9057		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G9058		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G9059		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G9060		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G9061		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G9062		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
G9063		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9064		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9065		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9066		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9067		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9068		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9069		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9070		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9071		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9072		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9073		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9074		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9075		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9077		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9078		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9079		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9080		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9083		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9084		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9085		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9086		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9087		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9088		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9089		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9090		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9091		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9092		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9093		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9094		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9095		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9096		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9097		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9098		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9099		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9100		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9101		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9102		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9103		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9104		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9105		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9106		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9107		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
G9108		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9109		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9110		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9111		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9112		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9113		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9114		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9115		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9116		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9117		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9123		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9124		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9125		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9126		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9128		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9129		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9130		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9131		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9132		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9133		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9134		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9135		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9136		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9137		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9138		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9139		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9140		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9143		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9147		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
G9148		Not Covered	R	XXX	N	N	N	N	N	N	-	-	-	-
G9149		Not Covered	R	XXX	N	N	N	N	N	N	-	-	-	-
G9150		Not Covered	R	XXX	N	N	N	N	N	N	-	-	-	-
G9151		Not Covered	R	XXX	N	N	N	N	N	N	-	-	-	-
G9152		Not Covered	R	XXX	N	N	N	N	N	N	-	-	-	-
G9153		Not Covered	R	XXX	N	N	N	N	N	N	-	-	-	-
G9156		Not Covered	R	XXX	N	N	N	N	N	N	-	-	-	-
G9157		Not Covered	A	XXX	N	N	N	N	N	N	-	-	71.02	71.02
G9158		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9159		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9160		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9161		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9162		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9163		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9164		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9165		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9166		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9167		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9168		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9169		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9170		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9171		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9172		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9173		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9174		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9175		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9176		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9186		Not Covered	Q	XXX	N	N	N	N	N	N	-	-	-	-
G9187		Not Covered	A	XXX	N	N	N	N	N	N	-	-	29.68	29.68
G9188		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
G9189		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9190		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9191		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9192		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9196		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9197		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9198		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9212		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9213		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9223		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9225		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9226		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9227		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9228		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9229		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9230		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9231		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9232		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9239		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9240		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9241		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9242		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9243		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9246		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9247		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9250		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9251		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9254		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9255		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9256		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9257		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9258		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9259		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9260		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9261		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9262		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9263		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9264		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9265		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9266		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9267		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9268		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9269		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9270		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9273		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9274		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9275		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9276		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9277		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9278		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9279		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9280		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9281		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9282		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9283		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9284		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9285		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9286		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9287		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
G9288		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9289		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9290		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9291		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9292		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9293		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9294		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9295		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9296		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9297		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9298		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9299		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9300		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9301		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9302		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9303		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9304		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9305		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9306		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9307		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9308		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9309		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9310		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9311		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9312		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9313		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9314		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9315		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9316		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9317		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9318		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9319		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9321		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9322		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9326		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9327		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9329		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9340		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9341		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9342		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9344		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9345		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9347		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9348		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9349		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9350		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9351		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9352		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9353		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9354		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9355		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9356		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9357		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9358		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9359		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9360		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9361		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9364		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9365		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
G9366		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9367		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9368		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9380		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9382		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9383		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9384		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9385		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9386		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9389		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9390		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9393		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9394		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9395		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9396		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9399		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9400		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9401		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9402		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9403		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9404		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9405		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9406		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9407		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9408		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9409		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9410		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9411		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9412		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9413		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9414		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9415		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9416		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9417		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9418		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9419		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9420		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9421		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9422		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9423		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9424		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9425		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9426		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9427		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9428		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9429		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9430		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9431		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9432		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9434		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9448		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9449		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9450		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9451		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9452		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9453		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9454		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9455		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9456		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
G9457		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9458		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9459		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9460		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9468		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9469		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9470		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9471		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9472		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9473		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9474		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9475		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9476		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9477		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9478		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9479		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9480		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9481		Not Covered	A	XXX	N	N	D	N	N	N	-	-	13.78	13.78
G9482		Not Covered	A	XXX	N	N	D	N	N	N	-	-	26.50	26.50
G9483		Not Covered	A	XXX	N	N	D	N	N	N	-	-	41.34	41.34
G9484		Not Covered	A	XXX	N	N	D	N	N	N	-	-	69.96	69.96
G9485		Not Covered	A	XXX	N	N	D	N	N	N	-	-	91.16	91.16
G9486		Not Covered	A	XXX	N	N	D	N	N	N	-	-	13.52	13.52
G9487		Not Covered	A	XXX	N	N	D	N	N	N	-	-	27.30	27.30
G9488		Not Covered	A	XXX	N	N	D	N	N	N	-	-	41.87	41.87
G9489		Not Covered	A	XXX	N	N	D	N	N	N	-	-	59.10	59.10
G9490		Not Covered	A	XXX	N	N	N	N	N	N	-	-	29.68	29.68
G9497		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9498		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9500		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9501		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9502		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9503		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9504		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9505		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9506		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9507		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9508		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9509		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9510		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9511		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9512		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9513		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9514		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9515		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9516		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9517		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9518		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9519		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9520		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9521		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9522		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9523		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9524		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9525		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9526		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9529		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9530		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9531		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
G9532		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9533		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9534		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9535		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9536		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9537		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9538		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9539		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9540		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9541		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9542		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9543		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9544		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9547		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9548		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9549		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9550		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9551		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9552		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9553		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9554		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9555		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9556		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9557		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9558		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9559		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9560		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9561		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9562		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9563		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9573		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9574		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9577		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9578		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9579		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9580		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9582		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9583		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9584		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9585		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9593		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9594		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9595		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9596		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9597		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9598		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9599		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9600		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9601		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9602		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9603		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9604		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9605		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9606		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9607		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9608		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9609		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9610		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9611		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
G9612		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9613		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9614		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9615		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9616		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9617		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9618		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9620		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9621		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9622		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9623		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9624		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9625		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9626		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9627		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9628		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9629		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9630		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9631		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9632		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9633		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9634		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9635		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9636		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9637		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9638		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9639		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9640		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9641		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9642		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9643		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9644		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9645		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9646		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9647		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9648		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9649		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9651		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9654		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9655		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9656		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9658		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9659		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9660		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9661		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9662		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9663		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9664		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9665		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9666		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9674		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9675		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9676		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9678		Not Covered	C	XXX	N	N	N	N	N	N	-	-	-	-
G9679		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9680		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9681		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9682		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9683		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
G9684		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
G9685		Not Covered	A	XXX	N	N	D	N	N	N	-	-	144.96	144.96
G9686		Not Covered	A	XXX	N	N	D	N	N	N	-	-	55.92	55.92
G9687		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9688		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9689		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9690		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9691		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9692		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9693		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9694		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9695		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9696		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9697		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9698		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9699		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9700		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9701		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9702		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9703		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9704		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9705		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9706		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9707		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9708		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9709		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9710		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9711		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9712		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9713		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9714		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9715		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9716		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9717		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9718		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9719		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9720		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9721		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9722		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9723		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9724		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9725		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9726		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9727		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9728		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9729		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9730		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9731		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9732		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9733		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9734		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9735		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9736		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9737		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9738		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9739		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9740		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9741		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9742		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
G9743		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9744		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9745		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9746		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9747		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9748		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9749		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9750		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9751		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9752		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9753		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9754		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9755		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9756		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9757		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9758		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9759		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9760		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9761		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9762		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9763		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9764		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9765		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9766		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9767		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9768		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9769		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9770		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9771		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9772		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9773		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9774		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9775		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9776		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9777		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9778		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9779		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9780		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9781		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9782		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9783		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9784		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9785		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9786		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9787		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9788		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9789		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9790		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9791		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9792		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9793		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9794		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9795		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9796		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9797		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9798		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9799		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9800		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9801		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
G9802		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9803		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9804		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9805		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9806		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9807		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9808		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9809		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9810		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9811		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9812		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9813		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9814		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9815		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9816		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9817		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9818		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9819		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9820		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9821		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9822		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9823		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9824		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9825		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9826		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9827		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9828		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9829		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9830		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9831		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9832		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9833		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9834		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9835		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9836		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9837		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9838		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9839		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9840		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9841		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9842		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9843		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9844		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9845		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9846		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9847		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9848		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9849		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9850		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9851		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9852		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9853		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9854		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9855		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9856		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9857		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9858		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9859		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9860		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 \$ 38.15 Facility	Statewide OB/GYN Non-Facility
G9861		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9862		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9868		Not Covered	A	XXX	N	N	N	N	N	N	-	-	20.41	20.41
G9869		Not Covered	A	XXX	N	N	N	N	N	N	-	-	27.30	27.30
G9870		Not Covered	A	XXX	N	N	N	N	N	N	-	-	34.19	34.19
G9890		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9891		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9892		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9893		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9894		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9895		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9896		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9897		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9898		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9899		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9900		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9901		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9902		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9903		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9904		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9905		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9906		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9907		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9908		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9909		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9910		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9911		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9912		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9913		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9914		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9915		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9916		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9917		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9918		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9919		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9920		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9921		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9922		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9923		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9924		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9925		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9926		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9927		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9928		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9929		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9930		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9931		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9932		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9933		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9934		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9935		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9936		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9937		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9938		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9939		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9940		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9941		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9942		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9943		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
G9944		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9945		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9946		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9947		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9948		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9949		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9954		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9955		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9956		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9957		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9958		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9959		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9960		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9961		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9962		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9963		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9964		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9965		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9966		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9967		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9968		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9969		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9970		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9974		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9975		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9976		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
G9977		Not Covered	M	XXX	N	N	N	N	N	N	-	-	-	-
M0075		C	N	XXX	N	N	N	N	N	N	-	-	-	-
M0076		C	N	XXX	N	N	N	N	N	N	-	-	-	-
M0100		C	N	XXX	N	N	N	N	N	N	-	-	-	-
M0300		C	N	XXX	N	N	N	N	N	N	-	-	-	-
M0301		C	N	XXX	N	N	N	N	N	N	-	-	-	-
P2028		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P2029		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P2031		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
P2033		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P2038		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P3000		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P3001		Not Covered	A	XXX	N	N	D	N	N	N	-	-	22.53	22.53
P7001		C	I	XXX	N	N	N	N	N	N	-	-	-	-
P9010		C	E	XXX	N	N	N	N	N	N	-	-	-	-
P9011		C	E	XXX	N	N	N	N	N	N	-	-	-	-
P9012		C	E	XXX	N	N	N	N	N	N	-	-	-	-
P9016		C	E	XXX	N	N	N	N	N	N	-	-	165.39	165.39
P9017		C	E	XXX	N	N	N	N	N	N	-	-	65.17	65.17
P9019		C	E	XXX	N	N	N	N	N	N	-	-	103.46	103.46
P9020		C	E	XXX	N	N	N	N	N	N	-	-	111.16	111.16
P9021		C	E	XXX	N	N	N	N	N	N	-	-	128.51	128.51
P9022		C	E	XXX	N	N	N	N	N	N	-	-	345.85	345.85
P9023		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9031		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9032		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9033		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9034		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9035		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9036		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9037		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9038		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9039		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
P9040		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9041		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9043		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9044		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9045		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9046		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9047		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9048		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9050		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9051		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9052		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9053		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9054		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9055		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9056		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9057		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9058		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9059		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9060		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9070		Manual	X	XXX	N	N	N	N	N	N	-	-	-	-
P9071		Manual	X	XXX	N	N	N	N	N	N	-	-	-	-
P9603		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9604		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
P9612		CLFS	X	XXX	N	N	N	N	N	N	-	-	-	-
P9615		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q0035		Not Covered	A	XXX	N	N	D	N	N	N	-	-	6.10	6.10
Q0035	TC	Not Covered	A	XXX	N	N	D	N	N	N	-	-	6.89	6.89
Q0035		Not Covered	A	XXX	N	N	D	N	N	N	-	-	13.25	13.25
Q0081		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0083		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0084		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0085		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0091		Not Covered	A	XXX	N	N	D	N	N	N	-	-	14.31	30.21
Q0092		Not Covered	A	XXX	N	N	D	N	N	N	-	-	16.43	16.43
Q0111		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q0112		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q0113		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q0114		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q0115		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q0138		C	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0139		C	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0144		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
Q0161		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0162		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0163		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q0164		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q0166		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q0167		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q0169		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q0173		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q0174		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q0175		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q0177		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q0180		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q0181		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q0477		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q0478		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0479		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0480		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018										Days	Proc
		Status	Status							Cap?	RVU	RVU	\$ 38.15	OB/GYN
		Code	Indicator										Facility	Non-Facility
Q0481		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0482		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0483		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0484		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0485		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0486		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0487		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0488		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0489		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0490		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0491		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0492		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0493		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0494		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0495		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0496		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0497		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0498		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0499		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0500		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0501		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0502		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0503		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0504		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0506		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0507		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0508		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0509		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0510		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0511		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0512		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0513		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0514		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q0515		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q1004		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q1005		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q2004		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q2009		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q2017		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q2026		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q2028		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q2034		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q2035		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q2036		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q2037		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q2038		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q2039		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q2040		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q2043		C	E	XXX	N	N	N	N	N	N	-	-	-	-
Q2049		C	E	XXX	N	N	N	N	N	N	-	-	-	-
Q2050		C	E	XXX	N	N	N	N	N	N	-	-	-	-
Q2052		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q3001		Not Covered	C	XXX	N	N	D	N	N	N	-	-	-	-
Q3014		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q3027		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q3028		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
Q3031		Not Covered	B	XXX	N	N	N	N	N	N	-	-	-	-
Q4001		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4002		C	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
Q4003		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4004		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4005		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4006		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4007		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4008		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4009		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4010		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4011		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4012		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4013		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4014		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4015		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4016		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4017		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4018		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4019		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4020		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4021		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4022		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4023		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4024		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4025		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4026		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4027		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4028		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4029		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4030		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4031		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4032		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4033		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4034		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4035		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4036		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4037		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4038		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4039		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4040		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4041		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4042		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4043		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4044		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4045		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4046		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4047		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4048		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4049		C	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4050		Cost Invoic	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4051		Cost Invoic	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4074		Not Covere	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4081		C	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4082		Not Covere	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4100		Cost Invoic	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4101		C	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4102		C	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4103		C	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4104		C	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4105		C	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4106		C	E	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018										Days	Proc
		Status	Status							Cap?	RVU	RVU	\$ 38.15	OB/GYN
		Code	Indicator										Facility	Non-Facility
Q4107		C	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4108		C	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4110		C	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4111		C	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4112		C	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4113		C	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4114		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4115		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4116		C	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4117		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4118		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4121		C	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4122		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4123		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4124		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4125		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4126		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4127		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4128		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4130		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4131		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4132		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4133		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4134		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4135		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4136		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
Q4137		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4138		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4139		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4140		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4141		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4142		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4143		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4145		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4146		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4147		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4148		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4149		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4150		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4151		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4152		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4153		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4154		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4155		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4156		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4157		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4158		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4159		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4160		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4161		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4162		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4163		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4164		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4165		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4166		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4167		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4168		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4169		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4170		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
Q4171		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4172		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4173		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4174		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4175		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4176		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4177		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4178		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4179		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4180		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4181		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q4182		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q5001		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q5002		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q5003		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q5004		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q5005		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q5006		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q5007		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q5008		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q5009		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q5010		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q5101	C		E	XXX	N	N	N	N	N	N	-	-	-	-
Q5102		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q9950		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q9951		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q9953	C		E	XXX	N	N	N	N	N	N	-	-	-	-
Q9954	C		E	XXX	N	N	N	N	N	N	-	-	-	-
Q9955	C		E	XXX	N	N	N	N	N	N	-	-	-	-
Q9956	C		E	XXX	N	N	N	N	N	N	-	-	-	-
Q9957	C		E	XXX	N	N	N	N	N	N	-	-	-	-
Q9958	C		E	XXX	N	N	N	N	N	N	-	-	-	-
Q9959	C		E	XXX	N	N	N	N	N	N	-	-	-	-
Q9960	C		E	XXX	N	N	N	N	N	N	-	-	-	-
Q9961	C		E	XXX	N	N	N	N	N	N	-	-	-	-
Q9962	C		E	XXX	N	N	N	N	N	N	-	-	-	-
Q9963	C		E	XXX	N	N	N	N	N	N	-	-	-	-
Q9964	C		E	XXX	N	N	N	N	N	N	-	-	-	-
Q9965	C		E	XXX	N	N	N	N	N	N	-	-	-	-
Q9966	C		E	XXX	N	N	N	N	N	N	-	-	-	-
Q9967	C		E	XXX	N	N	N	N	N	N	-	-	-	-
Q9968		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q9969		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q9982		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
Q9983		Not Covered	E	XXX	N	N	N	N	N	N	-	-	-	-
R0070	C		C	XXX	N	N	D	N	N	N	-	-	-	-
R0075	C		C	XXX	N	N	D	N	N	N	-	-	-	-
R0076		Not Covered	B	XXX	N	N	N	N	N	N	-	-	-	-
S0012		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0014		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0017		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0020		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0021		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0023		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0028		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0030		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0032		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0034		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0039		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
S0040		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0073		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0074		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0077		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0078		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0080		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0081		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0088		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0090		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0091		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0092		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0093		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0104		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0106		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0108		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0109		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0117		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0119		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0122		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0126		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0128		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0132		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0136		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0137		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0138		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0139		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0140		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0142		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0145		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0148		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0155		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0156		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0157		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0160		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0164		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0166		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0169		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0170		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0171		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0172		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0174		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0175		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0176		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0177		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0178		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0179		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0182		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0183		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0187		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0189		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0190		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0191		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0194		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0197		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0199		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0201		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0207		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0208		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0209		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
S0215		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0220		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0221		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0250		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0255		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0257		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0260		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0265		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0270		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0271		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0272		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0273		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0274		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0280		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0281		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0285		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0302		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0310		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0311		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0315		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0316		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0317		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0320		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0340		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0341		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0342		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0353		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0354		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0390		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0395		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0400		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0500		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0504		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0506		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0508		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0510		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0512		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0514		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0515		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0516		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0518		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0580		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0581		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0590		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0592		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0595		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0596		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0601		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0610		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0612		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0613		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0618		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0620		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0621		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0622		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0630		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S0800		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0810		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S0812		C	I	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
S1001		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S1002		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S1015		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S1016		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S1030		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S1031		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S1034		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S1035		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S1036		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S1037		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S1040		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S1090		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S2053		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2054		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2055		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2060		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2061		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2065		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2066		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S2067		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S2068		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S2070		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2079		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S2080		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2083		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2095		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S2102		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2103		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2107		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2112		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2115		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2117		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S2118		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S2120		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2140		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2142		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2150		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2152		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S2202		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2205		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2206		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2207		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2208		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2209		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2225		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S2230		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2235		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2260		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S2265		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S2266		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S2267		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S2300		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2325		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2340		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2341		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2342		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2348		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S2350		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2351		C	I	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
S2400		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2401		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2402		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2403		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2404		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2405		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2409		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2411		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S2900		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S3000		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3005		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S3600		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3601		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3620		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S3630		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3645		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3650		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3652		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3655		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3708		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3722		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S3800		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S3840		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3841		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3842		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3844		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3845		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3846		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3849		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3850		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3852		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3853		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S3854		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S3861		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S3865		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S3866		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S3870		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S3900		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3902		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S3904		C	I	XXX	N	N	N	N	N	N	-	-	-	-
S4005		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4011		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4013		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4014		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4015		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4016		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4017		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4018		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4020		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4021		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4022		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4023		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4025		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4026		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4027		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4028		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4030		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4031		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4035		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
S4037		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4040		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4042		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4981		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4989		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4990		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4991		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4993		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S4995		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5000		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5001		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5010		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5012		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5013		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5014		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5035		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5036		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5100		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5101		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5102		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5105		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5108		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5109		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5110		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5111		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5115		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5116		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5120		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5121		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5125	C		I	XXX	N	N	N	N	N	N	-	-	-	-
S5126	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5130	C		I	XXX	N	N	N	N	N	N	-	-	-	-
S5131	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5135	C		I	XXX	N	N	N	N	N	N	-	-	-	-
S5136	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5140	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5141	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5145	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5146	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5150	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5151	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5160	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5161	C		I	XXX	N	N	N	N	N	N	-	-	-	-
S5162	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5165	C		I	XXX	N	N	N	N	N	N	-	-	-	-
S5170	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5175	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5180	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5181	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5185	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5190	C		I	XXX	N	N	N	N	N	N	-	-	-	-
S5199	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5497	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5498	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5501	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5502	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5517	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5518	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-
S5520	Not Covered		I	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
S5521		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5522		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5523		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5550		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5551		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5552		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5553		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5560		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5561		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5565		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5566		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5570		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S5571		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8030		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8035		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8037		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8040		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8042		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8055		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8080		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8085		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8092		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8096		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8097		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8100		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8101		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8110		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8120		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8121		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8130		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8131		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8185		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8186		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8189		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8210		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8265		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8270		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8301		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8415		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8420		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8421		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8422		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8423		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8424		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8425		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8426		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8427		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8428		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8429		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8430		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8431		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8450		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8451		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8452		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8460		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8490		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8930		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8940		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8948		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
S8950		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8990		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S8999		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9001		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9007		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9024		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9025		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9034		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9055		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9056		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9061		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9083		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9088		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9090		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9097		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9098		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9110		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9117		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9122		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9123		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9124		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9125		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9126		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9127		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9128		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9129		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9131		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9140		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9141		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9145		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9150		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9152		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9208		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9209		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9211		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9212		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9213		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9214		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9325		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9326		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9327		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9328		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9329		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9330		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9331		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9335		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9336		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9338		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9339		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9340		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9341		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9342		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9343		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9345		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9346		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9347		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9348		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9349		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9351		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
S9353		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9355		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9357		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9359		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9361		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9363		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9364		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9365		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9366		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9367		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9368		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9370		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9372		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9373		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9374		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9375		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9376		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9377		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9379		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9381		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9401		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9430		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9433		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9434		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9435	C	Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9436		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9437		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9438		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9439		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9441		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9442	C	Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9443		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9444	C	Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9445	C	Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9446		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9447		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9449	C	Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9451	C	Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9452	C	Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9453		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9454		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9455		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9460		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9465		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9470		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9472		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9473		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9474		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9475		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9476		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9480		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9482		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9484		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9485		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9490		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9494		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9497		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9500		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9501		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
S9502		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9503		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9504		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9529	C		I	XXX	N	N	N	N	N	N	-	-	-	-
S9537		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9538		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9542		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9558		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9559		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9560		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9562		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9590		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9810		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9900		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9901		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9960		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9961		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9970		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9975		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9976		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9977		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9981		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9982		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9986		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9988		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9989		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9990		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9991		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9992		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9994		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9996		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
S9999		Not Covered	I	XXX	N	N	N	N	N	N	-	-	-	-
V2020	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2025		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V2100	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2101	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2102	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2103	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2104	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2105	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2106	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2107	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2108	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2109	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2110	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2111	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2112	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2113	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2114	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2115	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2118	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2121	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2199		Unlstd/Manu	X	XXX	N	N	N	N	N	N	-	-	-	-
V2200	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2201	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2202	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2203	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2204	C		X	XXX	N	N	N	N	N	N	-	-	-	-
V2205	C		X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina 2018 Status Code	CMS 2018 Status Indicator	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Imaging Cap?	Facility Imaging Cap RVU	Non-Fac Imaging Cap RVU	Conversion Factors	
													\$ 26.50 Facility	Statewide OB/GYN Non-Facility
V2206		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2207		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2208		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2209		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2210		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2211		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2212		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2213		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2214		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2215		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2218		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2219		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2220		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2221		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2299		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2300		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2301		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2302		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2303		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2304		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2305		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2306		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2307		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2308		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2309		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2310		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2311		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2312		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2313		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2314		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2315		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2318		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2319		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2320		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2321		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2399		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2410		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2430		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2499		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2500		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2501		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2502		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2503		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2510		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2511		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2512		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2513		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2520		C	P	XXX	N	N	N	N	N	N	-	-	-	-
V2521		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2522		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2523		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2530		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2531		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
V2599		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2600		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2610		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2615		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2623		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2624		C	X	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Imaging Cap?	Facility	Non-Fac	Conversion Factors	
		2018 Status Code	2018 Status Indicator								Imaging Cap RVU	Imaging Cap RVU	\$ 26.50 Facility	Statewide OB/GYN Non-Facility
V2625		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2626		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2627		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2628		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2629		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2630		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
V2631		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
V2632		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
V2700		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2702		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V2710		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2715		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2718		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2730		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2744		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2745		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
V2750		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2755		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2756		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
V2760		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
V2761		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
V2762		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
V2770		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2780		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2781		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
V2782		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
V2783		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
V2784		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
V2785		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2786		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
V2787		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V2788		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V2790		C	X	XXX	N	N	N	N	N	N	-	-	-	-
V2797		Not Covered	X	XXX	N	N	N	N	N	N	-	-	-	-
V2799		Unlstd/Manu	X	XXX	N	N	N	N	N	N	-	-	-	-
V5008		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5010		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5011		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5014		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5020		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5030		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5040		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5050		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5060		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5070		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5080		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5090		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5095		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5100		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5110		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5120		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5130		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5140		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5150		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5160		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5170		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5180		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5190		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5200		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-

2018 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2016 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2017/17 American Dental Association. All Rights Reserved.

Status Codes:

- 1. A - Active Code
- 2. B - Bundled code
- 3. C - Carrier-Priced
- 4. T- Injections and other minor services
- 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced.
- 6. Manual - Claims are pended for review and pricing.
- 7. CLFS - Rate may be found on the Clinical Lab Fee Schedule.
- 8. Cost Invoice - A cost invoice must be submitted with the claim for payment

RELEASED 11/15/2017

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Imaging	Facility	Non-Fac	Conversion Factors	
		2018	2018								Imaging	Imaging	\$ 26.50	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Cap?	Cap	Cap	\$ 38.15	OB/GYN
		Code	Indicator								RVU	RVU	Facility	Non-Facility
V5210		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5220		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5230		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5240		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5241		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5242		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5243		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5244		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5245		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5246		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5247		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5248		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5249		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5250		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5251		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5252		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5253		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5254		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5255		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5256		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5257		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5258		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5259		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5260		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5261		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5262		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5263		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5264		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5265		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5266		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5267		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5268		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5269		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5270		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5271		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5272		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5273		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5274		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5275		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5281		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5282		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5283		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5284		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5285		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5286		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5287		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5288		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5289		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5290		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5298		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5299		C	R	XXX	N	N	D	N	N	N	-	-	-	-
V5336		C	N	XXX	N	N	N	N	N	N	-	-	-	-
V5362		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5363		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-
V5364		Not Covered	N	XXX	N	N	N	N	N	N	-	-	-	-