

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina 2019 Status Code	CMS 2019 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Conversion Factors	
										25.96 37.02 Facility	Statewide OB/GYN Non-Facility
00100		Anesthesia	J	XXX	N	N	N	N	N	-	-
00102		Anesthesia	J	XXX	N	N	N	N	N	-	-
00103		Anesthesia	J	XXX	N	N	N	N	N	-	-
00104		Anesthesia	J	XXX	N	N	N	N	N	-	-
00120		Anesthesia	J	XXX	N	N	N	N	N	-	-
00124		Anesthesia	J	XXX	N	N	N	N	N	-	-
00126		Anesthesia	J	XXX	N	N	N	N	N	-	-
00140		Anesthesia	J	XXX	N	N	N	N	N	-	-
00142		Anesthesia	J	XXX	N	N	N	N	N	-	-
00144		Anesthesia	J	XXX	N	N	N	N	N	-	-
00145		Anesthesia	J	XXX	N	N	N	N	N	-	-
00147		Anesthesia	J	XXX	N	N	N	N	N	-	-
00148		Anesthesia	J	XXX	N	N	N	N	N	-	-
00160		Anesthesia	J	XXX	N	N	N	N	N	-	-
00162		Anesthesia	J	XXX	N	N	N	N	N	-	-
00164		Anesthesia	J	XXX	N	N	N	N	N	-	-
00170		Anesthesia	J	XXX	N	N	N	N	N	-	-
00172		Anesthesia	J	XXX	N	N	N	N	N	-	-
00174		Anesthesia	J	XXX	N	N	N	N	N	-	-
00176		Anesthesia	J	XXX	N	N	N	N	N	-	-
00190		Anesthesia	J	XXX	N	N	N	N	N	-	-
00192		Anesthesia	J	XXX	N	N	N	N	N	-	-
00210		Anesthesia	J	XXX	N	N	N	N	N	-	-
00211		Anesthesia	J	XXX	N	N	N	N	N	-	-
00212		Anesthesia	J	XXX	N	N	N	N	N	-	-
00214		Anesthesia	J	XXX	N	N	N	N	N	-	-
00215		Anesthesia	J	XXX	N	N	N	N	N	-	-
00216		Anesthesia	J	XXX	N	N	N	N	N	-	-
00218		Anesthesia	J	XXX	N	N	N	N	N	-	-
00220		Anesthesia	J	XXX	N	N	N	N	N	-	-
00222		Anesthesia	J	XXX	N	N	N	N	N	-	-
00300		Anesthesia	J	XXX	N	N	N	N	N	-	-
00320		Anesthesia	J	XXX	N	N	N	N	N	-	-
00322		Anesthesia	J	XXX	N	N	N	N	N	-	-
00326		Anesthesia	J	XXX	N	N	N	N	N	-	-
00350		Anesthesia	J	XXX	N	N	N	N	N	-	-
00352		Anesthesia	J	XXX	N	N	N	N	N	-	-
00400		Anesthesia	J	XXX	N	N	N	N	N	-	-
00402		Anesthesia	J	XXX	N	N	N	N	N	-	-
00404		Anesthesia	J	XXX	N	N	N	N	N	-	-
00406		Anesthesia	J	XXX	N	N	N	N	N	-	-
00410		Anesthesia	J	XXX	N	N	N	N	N	-	-
00450		Anesthesia	J	XXX	N	N	N	N	N	-	-
00454		Anesthesia	J	XXX	N	N	N	N	N	-	-
00470		Anesthesia	J	XXX	N	N	N	N	N	-	-
00472		Anesthesia	J	XXX	N	N	N	N	N	-	-
00474		Anesthesia	J	XXX	N	N	N	N	N	-	-
00500		Anesthesia	J	XXX	N	N	N	N	N	-	-
00520		Anesthesia	J	XXX	N	N	N	N	N	-	-
00522		Anesthesia	J	XXX	N	N	N	N	N	-	-
00524		Anesthesia	J	XXX	N	N	N	N	N	-	-
00528		Anesthesia	J	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
00529		Anesthesia	J	XXX	N	N	N	N	N	-	-
00530		Anesthesia	J	XXX	N	N	N	N	N	-	-
00532		Anesthesia	J	XXX	N	N	N	N	N	-	-
00534		Anesthesia	J	XXX	N	N	N	N	N	-	-
00537		Anesthesia	J	XXX	N	N	N	N	N	-	-
00539		Anesthesia	J	XXX	N	N	N	N	N	-	-
00540		Anesthesia	J	XXX	N	N	N	N	N	-	-
00541		Anesthesia	J	XXX	N	N	N	N	N	-	-
00542		Anesthesia	J	XXX	N	N	N	N	N	-	-
00546		Anesthesia	J	XXX	N	N	N	N	N	-	-
00548		Anesthesia	J	XXX	N	N	N	N	N	-	-
00550		Anesthesia	J	XXX	N	N	N	N	N	-	-
00560		Anesthesia	J	XXX	N	N	N	N	N	-	-
00561		Anesthesia	J	XXX	N	N	N	N	N	-	-
00562		Anesthesia	J	XXX	N	N	N	N	N	-	-
00563		Anesthesia	J	XXX	N	N	N	N	N	-	-
00566		Anesthesia	J	XXX	N	N	N	N	N	-	-
00567		Anesthesia	J	XXX	N	N	N	N	N	-	-
00580		Anesthesia	J	XXX	N	N	N	N	N	-	-
00600		Anesthesia	J	XXX	N	N	N	N	N	-	-
00604		Anesthesia	J	XXX	N	N	N	N	N	-	-
00620		Anesthesia	J	XXX	N	N	N	N	N	-	-
00625		Anesthesia	J	XXX	N	N	N	N	N	-	-
00626		Anesthesia	J	XXX	N	N	N	N	N	-	-
00630		Anesthesia	J	XXX	N	N	N	N	N	-	-
00632		Anesthesia	J	XXX	N	N	N	N	N	-	-
00635		Anesthesia	J	XXX	N	N	N	N	N	-	-
00640		Anesthesia	J	XXX	N	N	N	N	N	-	-
00670		Anesthesia	J	XXX	N	N	N	N	N	-	-
00700		Anesthesia	J	XXX	N	N	N	N	N	-	-
00702		Anesthesia	J	XXX	N	N	N	N	N	-	-
00730		Anesthesia	J	XXX	N	N	N	N	N	-	-
00731		Anesthesia	J	XXX	N	N	N	N	N	-	-
00732		Anesthesia	J	XXX	N	N	N	N	N	-	-
00750		Anesthesia	J	XXX	N	N	N	N	N	-	-
00752		Anesthesia	J	XXX	N	N	N	N	N	-	-
00754		Anesthesia	J	XXX	N	N	N	N	N	-	-
00756		Anesthesia	J	XXX	N	N	N	N	N	-	-
00770		Anesthesia	J	XXX	N	N	N	N	N	-	-
00790		Anesthesia	J	XXX	N	N	N	N	N	-	-
00792		Anesthesia	J	XXX	N	N	N	N	N	-	-
00794		Anesthesia	J	XXX	N	N	N	N	N	-	-
00796		Anesthesia	J	XXX	N	N	N	N	N	-	-
00797		Anesthesia	J	XXX	N	N	N	N	N	-	-
00800		Anesthesia	J	XXX	N	N	N	N	N	-	-
00802		Anesthesia	J	XXX	N	N	N	N	N	-	-
00811		Anesthesia	J	XXX	N	N	N	N	N	-	-
00812		Anesthesia	J	XXX	N	N	N	N	N	-	-
00813		Anesthesia	J	XXX	N	N	N	N	N	-	-
00820		Anesthesia	J	XXX	N	N	N	N	N	-	-
00830		Anesthesia	J	XXX	N	N	N	N	N	-	-
00832		Anesthesia	J	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
00834		Anesthesia	J	XXX	N	N	N	N	N	-	-
00836		Anesthesia	J	XXX	N	N	N	N	N	-	-
00840		Anesthesia	J	XXX	N	N	N	N	N	-	-
00842		Anesthesia	J	XXX	N	N	N	N	N	-	-
00844		Anesthesia	J	XXX	N	N	N	N	N	-	-
00846		Anesthesia	J	XXX	N	N	N	N	N	-	-
00848		Anesthesia	J	XXX	N	N	N	N	N	-	-
00851		Anesthesia	J	XXX	N	N	N	N	N	-	-
00860		Anesthesia	J	XXX	N	N	N	N	N	-	-
00862		Anesthesia	J	XXX	N	N	N	N	N	-	-
00864		Anesthesia	J	XXX	N	N	N	N	N	-	-
00865		Anesthesia	J	XXX	N	N	N	N	N	-	-
00866		Anesthesia	J	XXX	N	N	N	N	N	-	-
00868		Anesthesia	J	XXX	N	N	N	N	N	-	-
00870		Anesthesia	J	XXX	N	N	N	N	N	-	-
00872		Anesthesia	J	XXX	N	N	N	N	N	-	-
00873		Anesthesia	J	XXX	N	N	N	N	N	-	-
00880		Anesthesia	J	XXX	N	N	N	N	N	-	-
00882		Anesthesia	J	XXX	N	N	N	N	N	-	-
00902		Anesthesia	J	XXX	N	N	N	N	N	-	-
00904		Anesthesia	J	XXX	N	N	N	N	N	-	-
00906		Anesthesia	J	XXX	N	N	N	N	N	-	-
00908		Anesthesia	J	XXX	N	N	N	N	N	-	-
00910		Anesthesia	J	XXX	N	N	N	N	N	-	-
00912		Anesthesia	J	XXX	N	N	N	N	N	-	-
00914		Anesthesia	J	XXX	N	N	N	N	N	-	-
00916		Anesthesia	J	XXX	N	N	N	N	N	-	-
00918		Anesthesia	J	XXX	N	N	N	N	N	-	-
00920		Anesthesia	J	XXX	N	N	N	N	N	-	-
00921		Anesthesia	J	XXX	N	N	N	N	N	-	-
00922		Anesthesia	J	XXX	N	N	N	N	N	-	-
00924		Anesthesia	J	XXX	N	N	N	N	N	-	-
00926		Anesthesia	J	XXX	N	N	N	N	N	-	-
00928		Anesthesia	J	XXX	N	N	N	N	N	-	-
00930		Anesthesia	J	XXX	N	N	N	N	N	-	-
00932		Anesthesia	J	XXX	N	N	N	N	N	-	-
00934		Anesthesia	J	XXX	N	N	N	N	N	-	-
00936		Anesthesia	J	XXX	N	N	N	N	N	-	-
00938		Anesthesia	J	XXX	N	N	N	N	N	-	-
00940		Anesthesia	J	XXX	N	N	N	N	N	-	-
00942		Anesthesia	J	XXX	N	N	N	N	N	-	-
00944		Anesthesia	J	XXX	N	N	N	N	N	-	-
00948		Anesthesia	J	XXX	N	N	N	N	N	-	-
00950		Anesthesia	J	XXX	N	N	N	N	N	-	-
00952		Anesthesia	J	XXX	N	N	N	N	N	-	-
01112		Anesthesia	J	XXX	N	N	N	N	N	-	-
01120		Anesthesia	J	XXX	N	N	N	N	N	-	-
01130		Anesthesia	J	XXX	N	N	N	N	N	-	-
01140		Anesthesia	J	XXX	N	N	N	N	N	-	-
01150		Anesthesia	J	XXX	N	N	N	N	N	-	-
01160		Anesthesia	J	XXX	N	N	N	N	N	-	-
01170		Anesthesia	J	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
01173		Anesthesia	J	XXX	N	N	N	N	N	-	-
01200		Anesthesia	J	XXX	N	N	N	N	N	-	-
01202		Anesthesia	J	XXX	N	N	N	N	N	-	-
01210		Anesthesia	J	XXX	N	N	N	N	N	-	-
01212		Anesthesia	J	XXX	N	N	N	N	N	-	-
01214		Anesthesia	J	XXX	N	N	N	N	N	-	-
01215		Anesthesia	J	XXX	N	N	N	N	N	-	-
01220		Anesthesia	J	XXX	N	N	N	N	N	-	-
01230		Anesthesia	J	XXX	N	N	N	N	N	-	-
01232		Anesthesia	J	XXX	N	N	N	N	N	-	-
01234		Anesthesia	J	XXX	N	N	N	N	N	-	-
01250		Anesthesia	J	XXX	N	N	N	N	N	-	-
01260		Anesthesia	J	XXX	N	N	N	N	N	-	-
01270		Anesthesia	J	XXX	N	N	N	N	N	-	-
01272		Anesthesia	J	XXX	N	N	N	N	N	-	-
01274		Anesthesia	J	XXX	N	N	N	N	N	-	-
01320		Anesthesia	J	XXX	N	N	N	N	N	-	-
01340		Anesthesia	J	XXX	N	N	N	N	N	-	-
01360		Anesthesia	J	XXX	N	N	N	N	N	-	-
01380		Anesthesia	J	XXX	N	N	N	N	N	-	-
01382		Anesthesia	J	XXX	N	N	N	N	N	-	-
01390		Anesthesia	J	XXX	N	N	N	N	N	-	-
01392		Anesthesia	J	XXX	N	N	N	N	N	-	-
01400		Anesthesia	J	XXX	N	N	N	N	N	-	-
01402		Anesthesia	J	XXX	N	N	N	N	N	-	-
01404		Anesthesia	J	XXX	N	N	N	N	N	-	-
01420		Anesthesia	J	XXX	N	N	N	N	N	-	-
01430		Anesthesia	J	XXX	N	N	N	N	N	-	-
01432		Anesthesia	J	XXX	N	N	N	N	N	-	-
01440		Anesthesia	J	XXX	N	N	N	N	N	-	-
01442		Anesthesia	J	XXX	N	N	N	N	N	-	-
01444		Anesthesia	J	XXX	N	N	N	N	N	-	-
01462		Anesthesia	J	XXX	N	N	N	N	N	-	-
01464		Anesthesia	J	XXX	N	N	N	N	N	-	-
01470		Anesthesia	J	XXX	N	N	N	N	N	-	-
01472		Anesthesia	J	XXX	N	N	N	N	N	-	-
01474		Anesthesia	J	XXX	N	N	N	N	N	-	-
01480		Anesthesia	J	XXX	N	N	N	N	N	-	-
01482		Anesthesia	J	XXX	N	N	N	N	N	-	-
01484		Anesthesia	J	XXX	N	N	N	N	N	-	-
01486		Anesthesia	J	XXX	N	N	N	N	N	-	-
01490		Anesthesia	J	XXX	N	N	N	N	N	-	-
01500		Anesthesia	J	XXX	N	N	N	N	N	-	-
01502		Anesthesia	J	XXX	N	N	N	N	N	-	-
01520		Anesthesia	J	XXX	N	N	N	N	N	-	-
01522		Anesthesia	J	XXX	N	N	N	N	N	-	-
01610		Anesthesia	J	XXX	N	N	N	N	N	-	-
01620		Anesthesia	J	XXX	N	N	N	N	N	-	-
01622		Anesthesia	J	XXX	N	N	N	N	N	-	-
01630		Anesthesia	J	XXX	N	N	N	N	N	-	-
01634		Anesthesia	J	XXX	N	N	N	N	N	-	-
01636		Anesthesia	J	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN Non-Facility
		Code	Code								
01638		Anesthesia	J	XXX	N	N	N	N	N	-	-
01650		Anesthesia	J	XXX	N	N	N	N	N	-	-
01652		Anesthesia	J	XXX	N	N	N	N	N	-	-
01654		Anesthesia	J	XXX	N	N	N	N	N	-	-
01656		Anesthesia	J	XXX	N	N	N	N	N	-	-
01670		Anesthesia	J	XXX	N	N	N	N	N	-	-
01680		Anesthesia	J	XXX	N	N	N	N	N	-	-
01710		Anesthesia	J	XXX	N	N	N	N	N	-	-
01712		Anesthesia	J	XXX	N	N	N	N	N	-	-
01714		Anesthesia	J	XXX	N	N	N	N	N	-	-
01716		Anesthesia	J	XXX	N	N	N	N	N	-	-
01730		Anesthesia	J	XXX	N	N	N	N	N	-	-
01732		Anesthesia	J	XXX	N	N	N	N	N	-	-
01740		Anesthesia	J	XXX	N	N	N	N	N	-	-
01742		Anesthesia	J	XXX	N	N	N	N	N	-	-
01744		Anesthesia	J	XXX	N	N	N	N	N	-	-
01756		Anesthesia	J	XXX	N	N	N	N	N	-	-
01758		Anesthesia	J	XXX	N	N	N	N	N	-	-
01760		Anesthesia	J	XXX	N	N	N	N	N	-	-
01770		Anesthesia	J	XXX	N	N	N	N	N	-	-
01772		Anesthesia	J	XXX	N	N	N	N	N	-	-
01780		Anesthesia	J	XXX	N	N	N	N	N	-	-
01782		Anesthesia	J	XXX	N	N	N	N	N	-	-
01810		Anesthesia	J	XXX	N	N	N	N	N	-	-
01820		Anesthesia	J	XXX	N	N	N	N	N	-	-
01829		Anesthesia	J	XXX	N	N	N	N	N	-	-
01830		Anesthesia	J	XXX	N	N	N	N	N	-	-
01832		Anesthesia	J	XXX	N	N	N	N	N	-	-
01840		Anesthesia	J	XXX	N	N	N	N	N	-	-
01842		Anesthesia	J	XXX	N	N	N	N	N	-	-
01844		Anesthesia	J	XXX	N	N	N	N	N	-	-
01850		Anesthesia	J	XXX	N	N	N	N	N	-	-
01852		Anesthesia	J	XXX	N	N	N	N	N	-	-
01860		Anesthesia	J	XXX	N	N	N	N	N	-	-
01916		Anesthesia	J	XXX	N	N	N	N	N	-	-
01920		Anesthesia	J	XXX	N	N	N	N	N	-	-
01922		Anesthesia	J	XXX	N	N	N	N	N	-	-
01924		Anesthesia	J	XXX	N	N	N	N	N	-	-
01925		Anesthesia	J	XXX	N	N	N	N	N	-	-
01926		Anesthesia	J	XXX	N	N	N	N	N	-	-
01930		Anesthesia	J	XXX	N	N	N	N	N	-	-
01931		Anesthesia	J	XXX	N	N	N	N	N	-	-
01932		Anesthesia	J	XXX	N	N	N	N	N	-	-
01933		Anesthesia	J	XXX	N	N	N	N	N	-	-
01935		Anesthesia	J	XXX	N	N	N	N	N	-	-
01936		Anesthesia	J	XXX	N	N	N	N	N	-	-
01951		Anesthesia	J	XXX	N	N	N	N	N	-	-
01952		Anesthesia	J	XXX	N	N	N	N	N	-	-
01953		Anesthesia	J	XXX	N	N	N	N	N	-	-
01958		Anesthesia	J	XXX	N	N	N	N	N	-	-
01960		Anesthesia	J	XXX	N	N	N	N	N	-	-
01961		Anesthesia	J	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN Non-Facility
01962		Anesthesia	J	XXX	N	N	N	N	N	-	-
01963		Anesthesia	J	XXX	N	N	N	N	N	-	-
01965		Anesthesia	J	XXX	N	N	N	N	N	-	-
01966		Anesthesia	J	XXX	N	N	N	N	N	-	-
01967		Anesthesia	J	XXX	N	N	N	N	N	-	-
01968		Anesthesia	J	XXX	N	N	N	N	N	-	-
01969		Anesthesia	J	XXX	N	N	N	N	N	-	-
01990		Anesthesia	J	XXX	N	N	N	N	N	-	-
01991		Anesthesia	J	XXX	N	N	N	N	N	-	-
01992		Anesthesia	J	XXX	N	N	N	N	N	-	-
01996		Anesthesia	J	XXX	N	N	N	N	N	-	-
01999		Anesthesia	J	XXX	N	N	N	N	N	-	-
10004	A	A	A	ZZZ	N	N	D	N	N	31.93	37.38
10005	A	A	A	XXX	Y	N	D	N	N	53.74	86.97
10006	A	A	A	ZZZ	N	N	D	N	N	36.60	42.83
10007	A	A	A	XXX	Y	N	D	N	N	69.05	188.99
10008	A	A	A	ZZZ	N	N	D	N	N	44.91	107.21
10009	A	A	A	XXX	Y	N	D	N	N	83.85	305.55
10010	A	A	A	ZZZ	N	N	D	N	N	61.27	185.61
10011	C	C	C	XXX	Y	N	D	N	N	-	-
10012	C	C	C	ZZZ	N	N	D	N	N	-	-
10021	A	A	A	XXX	Y	N	D	N	N	41.28	67.24
10030	A	A	A	000	Y	N	D	N	N	101.24	374.86
10035	A	A	A	000	Y	Y	D	N	N	63.34	312.30
10036	A	A	A	ZZZ	N	N	D	N	N	32.19	266.61
10040	A	A	A	010	Y	N	N	N	N	41.80	73.73
10060	A	A	A	010	Y	N	N	N	N	68.53	81.00
10061	A	A	A	010	Y	N	N	N	N	127.46	143.04
10080	A	A	A	010	Y	N	N	N	N	71.65	122.79
10081	A	A	A	010	Y	N	N	N	N	121.49	187.69
10120	A	A	A	010	Y	N	N	N	N	71.91	102.28
10121	A	A	A	010	Y	N	N	N	N	133.17	187.69
10140	A	A	A	010	Y	N	N	N	N	83.85	114.22
10160	A	A	A	010	Y	N	N	N	N	66.72	88.52
10180	A	A	A	010	Y	N	N	N	N	127.72	172.63
11000	A	A	A	000	Y	N	N	N	N	21.03	37.64
11001	A	A	A	ZZZ	N	N	N	N	N	10.64	15.32
11004	A	A	A	000	Y	N	N	N	N	434.05	434.05
11005	A	A	A	000	N	N	D	N	N	593.19	593.19
11006	A	A	A	000	Y	N	N	N	N	532.70	532.70
11008	A	A	A	ZZZ	N	N	D	N	N	208.72	208.72
11010	A	A	A	010	Y	B	N	N	N	202.23	331.51
11011	A	A	A	000	Y	B	N	N	N	222.48	368.89
11012	A	A	A	000	Y	B	N	N	N	311.78	480.78
11042	A	A	A	000	Y	N	N	N	N	44.39	82.29
11043	A	A	A	000	Y	N	N	N	N	113.70	160.69
11044	A	A	A	000	Y	N	N	N	N	169.00	221.18
11045	A	A	A	ZZZ	N	N	D	N	N	19.47	28.82
11046	A	A	A	ZZZ	N	N	D	N	N	41.54	52.18
11047	A	A	A	ZZZ	N	N	D	N	N	73.99	89.04
11055	A	R	R	000	Y	N	N	N	N	11.94	37.12
11056	A	R	R	000	Y	N	N	N	N	16.61	44.39

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
11057		A	R	000	Y	N	N	N	N	21.81	49.84
11102		A	A	000	Y	N	N	N	N	28.82	65.94
11103		A	A	ZZZ	N	N	N	N	N	16.61	35.57
11104		A	A	000	Y	N	N	N	N	36.08	82.55
11105		A	A	ZZZ	N	N	N	N	N	19.73	41.02
11106		A	A	000	Y	N	N	N	N	44.13	100.21
11107		A	A	ZZZ	N	N	N	N	N	23.36	48.29
11200		A	A	010	Y	N	N	N	N	50.88	59.97
11201		A	A	ZZZ	N	N	N	N	N	12.20	13.50
11300		A	A	000	Y	N	D	N	N	25.44	64.64
11301		A	A	000	Y	N	D	N	N	38.94	80.48
11302		A	A	000	Y	N	D	N	N	45.43	93.98
11303		A	A	000	Y	N	D	N	N	54.00	104.36
11305		A	A	000	Y	N	D	N	N	28.56	68.27
11306		A	A	000	Y	N	D	N	N	37.90	81.51
11307		A	A	000	Y	N	D	N	N	48.80	97.09
11308		A	A	000	Y	N	D	N	N	54.52	103.58
11310		A	A	000	Y	N	D	N	N	34.53	76.06
11311		A	A	000	Y	N	D	N	N	47.51	91.64
11312		A	A	000	Y	N	D	N	N	56.59	107.73
11313		A	A	000	Y	N	D	N	N	73.21	126.94
11400		A	A	010	Y	N	N	N	N	56.59	83.33
11401		A	A	010	Y	N	N	N	N	73.47	102.80
11402		A	A	010	Y	N	N	N	N	81.25	114.48
11403		A	A	010	Y	N	N	N	N	104.88	133.43
11404		A	A	010	Y	N	N	N	N	116.30	151.87
11406		A	A	010	Y	N	N	N	N	179.38	221.70
11420		A	A	010	Y	N	N	N	N	56.85	83.59
11421		A	A	010	Y	N	N	N	N	77.88	107.73
11422		A	A	010	Y	N	N	N	N	95.79	121.49
11423		A	A	010	Y	N	N	N	N	110.85	139.66
11424		A	A	010	Y	N	N	N	N	128.76	162.77
11426		A	A	010	Y	N	N	N	N	200.15	237.01
11440		A	A	010	Y	N	N	N	N	71.39	92.42
11441		A	A	010	Y	N	N	N	N	91.90	115.78
11442		A	A	010	Y	N	N	N	N	102.28	129.54
11443		A	A	010	Y	N	N	N	N	126.68	155.76
11444		A	A	010	Y	N	N	N	N	162.51	196.78
11446		A	A	010	Y	N	N	N	N	234.16	274.92
11450		A	A	090	Y	Y	N	N	N	183.02	270.24
11451		A	A	090	Y	Y	D	N	N	235.72	341.89
11462		A	A	090	Y	Y	D	N	N	173.67	262.20
11463		A	A	090	Y	Y	D	N	N	235.98	345.01
11470		A	A	090	Y	N	N	N	N	202.23	289.97
11471		A	A	090	Y	N	D	N	N	250.77	355.65
11600		A	A	010	Y	N	N	N	N	85.41	131.88
11601		A	A	010	Y	N	N	N	N	106.70	156.28
11602		A	A	010	Y	N	N	N	N	116.82	169.26
11603		A	A	010	Y	N	N	N	N	140.70	194.96
11604		A	A	010	Y	N	N	N	N	155.24	216.51
11606		A	A	010	Y	N	N	N	N	234.68	314.89
11620		A	A	010	Y	N	N	N	N	86.45	132.66

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
11621		A	A	010	Y	N	N	N	N	107.47	157.06
11622		A	A	010	Y	N	N	N	N	122.79	175.49
11623		A	A	010	Y	N	N	N	N	152.64	207.16
11624		A	A	010	Y	N	N	N	N	173.93	235.20
11626		A	A	010	Y	N	N	N	N	214.95	285.30
11640		A	A	010	Y	N	N	N	N	89.30	136.55
11641		A	A	010	Y	N	N	N	N	111.89	162.77
11642		A	A	010	Y	N	N	N	N	132.40	186.39
11643		A	A	010	Y	N	N	N	N	166.14	220.92
11644		A	A	010	Y	N	N	N	N	206.64	273.36
11646		A	A	010	Y	N	N	N	N	288.68	360.84
11719		A	R	000	Y	N	N	N	N	5.45	9.86
11720		A	A	000	N	N	N	N	N	10.90	22.33
11721		A	A	000	N	N	N	N	N	18.17	31.15
11730		A	A	000	Y	N	N	N	N	39.98	73.47
11732		A	A	ZZZ	N	N	N	N	N	13.24	22.59
11740		A	A	000	Y	N	N	N	N	22.33	34.27
11750		A	A	010	Y	N	N	N	N	72.43	105.40
11755		A	A	000	Y	N	D	N	N	45.69	83.07
11760		A	A	010	Y	N	N	N	N	80.74	129.54
11762		A	A	010	Y	N	N	N	N	132.66	195.48
11765		A	A	010	Y	N	N	N	N	65.16	112.41
11770		A	A	010	Y	N	N	N	N	134.47	196.52
11771		A	A	090	Y	N	N	N	N	318.53	411.47
11772		A	A	090	Y	N	N	N	N	415.10	492.98
11900		A	A	000	Y	N	N	N	N	22.84	36.86
11901		A	A	000	Y	N	N	N	N	35.05	47.51
11920		Not Covered	R	000	Y	N	D	N	N	81.00	122.53
11921		Not Covered	R	000	Y	N	D	N	N	95.27	140.44
11922		Not Covered	R	ZZZ	N	N	D	N	N	21.55	41.02
11950		Not Covered	R	000	Y	N	D	N	N	34.27	47.77
11951		Not Covered	R	000	Y	N	D	N	N	50.62	69.05
11952		Not Covered	R	000	Y	N	D	N	N	71.39	93.20
11954		Not Covered	R	000	Y	N	D	N	N	81.77	108.51
11960		A	A	090	Y	N	N	N	N	682.23	682.23
11970		A	A	090	Y	Y	N	N	N	433.79	433.79
11971		A	A	090	Y	Y	D	N	N	223.00	320.09
11976		A	R	000	Y	N	D	N	N	68.02	100.47
11980		A	A	000	Y	N	N	N	N	41.28	65.42
11981		A	A	XXX	Y	N	D	N	N	62.04	98.65
11982		A	A	XXX	Y	N	D	N	N	73.99	110.07
11983		A	A	XXX	Y	N	D	N	N	131.62	163.55
12001		A	A	000	Y	N	N	N	N	32.45	60.49
12002		A	A	000	Y	N	N	N	N	43.09	74.25
12004		A	A	000	Y	N	N	N	N	54.00	88.00
12005		A	A	000	Y	N	N	N	N	70.61	114.74
12006		A	A	000	Y	N	N	N	N	86.71	136.03
12007		A	A	000	Y	N	N	D	N	107.99	157.58
12011		A	A	000	Y	N	N	N	N	40.50	74.25
12013		A	A	000	Y	N	N	N	N	43.35	78.40
12014		A	A	000	Y	N	N	N	N	56.07	94.75
12015		A	A	000	Y	N	N	N	N	70.35	114.74

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
12016		A	A	000	Y	N	N	N	N	95.79	145.90
12017		A	A	000	Y	N	D	N	N	113.70	113.70
12018		A	A	000	Y	N	Y	N	N	129.02	129.02
12020		A	A	010	Y	N	N	N	N	134.99	196.26
12021		A	A	010	Y	N	N	N	N	99.17	116.30
12031		A	A	010	Y	N	N	N	N	108.77	166.14
12032		A	A	010	Y	N	N	N	N	137.85	206.12
12034		A	A	010	Y	N	N	N	N	149.01	218.06
12035		A	A	010	Y	N	N	N	N	173.41	262.72
12036		A	A	010	Y	N	N	N	N	203.53	293.61
12037		A	A	010	Y	N	D	D	N	239.09	334.36
12041		A	A	010	Y	N	N	N	N	106.70	166.40
12042		A	A	010	Y	N	N	N	N	143.04	201.97
12044		A	A	010	Y	N	N	N	N	154.46	248.70
12045		A	A	010	Y	N	N	N	N	192.10	275.44
12046		A	A	010	Y	N	D	N	N	227.15	334.36
12047		A	A	010	Y	N	Y	D	N	253.63	368.37
12051		A	A	010	Y	N	N	N	N	122.01	180.42
12052		A	A	010	Y	N	N	N	N	145.38	205.60
12053		A	A	010	Y	N	N	N	N	156.54	239.61
12054		A	A	010	Y	N	N	N	N	160.43	251.55
12055		A	A	010	Y	N	N	N	N	217.54	326.58
12056		A	A	010	Y	N	D	N	N	274.14	384.73
12057		A	A	010	Y	N	Y	D	N	304.51	409.65
13100		A	A	010	Y	N	N	N	N	147.45	231.04
13101		A	A	010	Y	N	N	N	N	180.68	272.32
13102		A	A	ZZZ	N	N	N	N	N	54.52	83.85
13120		A	A	010	Y	N	N	N	N	168.22	241.95
13121		A	A	010	Y	N	N	N	N	192.10	294.13
13122		A	A	ZZZ	N	N	N	N	N	63.08	92.16
13131		A	A	010	Y	N	N	N	N	179.64	266.87
13132		A	A	010	Y	N	N	N	N	226.63	329.69
13133		A	A	ZZZ	N	N	N	N	N	95.79	124.61
13151		A	A	010	Y	N	N	N	N	206.90	293.35
13152		A	A	010	Y	N	N	N	N	251.29	351.24
13153		A	A	ZZZ	N	N	N	N	N	103.58	135.51
13160		A	A	090	Y	N	N	N	N	579.43	579.43
14000		A	A	090	Y	N	N	N	N	356.43	432.49
14001		A	A	090	Y	N	N	N	N	467.80	559.18
14020		A	A	090	Y	N	N	N	N	401.60	482.08
14021		A	A	090	Y	N	N	N	N	511.41	604.87
14040		A	A	090	Y	N	N	N	N	449.11	529.32
14041		A	A	090	Y	N	N	N	N	555.28	654.19
14060		A	A	090	Y	N	N	N	N	478.96	541.53
14061		A	A	090	Y	N	N	N	N	593.45	702.22
14301		A	A	090	Y	N	Y	N	N	632.65	755.96
14302		A	A	ZZZ	N	N	Y	N	N	162.25	162.25
14350		A	A	090	Y	N	D	N	N	489.87	489.87
15002		A	A	000	N	N	D	N	N	164.85	241.95
15003		A	A	ZZZ	N	N	D	N	N	34.27	51.92
15004		A	A	000	N	N	D	N	N	194.96	277.25
15005		A	A	ZZZ	N	N	D	N	N	68.27	87.74

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
15040		A	A	000	N	N	N	N	N	92.68	174.19
15050		A	A	090	Y	N	N	N	N	314.89	390.18
15100		A	A	090	Y	N	N	N	N	515.05	605.13
15101		A	A	ZZZ	N	N	N	N	N	82.29	128.76
15110		A	A	090	Y	N	N	N	N	502.85	569.56
15111		A	A	ZZZ	N	N	N	N	N	78.40	85.41
15115		A	A	090	Y	N	N	N	N	496.36	562.81
15116		A	A	ZZZ	N	N	N	D	N	111.37	120.71
15120		A	A	090	Y	N	N	N	N	502.07	597.34
15121		A	A	ZZZ	N	N	N	D	N	97.87	144.34
15130		A	A	090	Y	N	N	N	N	399.26	467.28
15131		A	A	ZZZ	N	N	N	D	N	67.24	71.91
15135		A	A	090	Y	N	N	N	N	536.07	604.09
15136		A	A	ZZZ	N	N	N	D	N	67.24	71.39
15150		A	A	090	Y	N	N	N	N	468.32	506.74
15151		A	A	ZZZ	N	N	N	N	N	83.85	89.56
15152		A	A	ZZZ	N	N	N	N	N	104.62	110.85
15155		A	A	090	Y	N	N	N	N	525.69	565.41
15156		A	A	ZZZ	N	N	N	D	N	115.26	121.23
15157		A	A	ZZZ	N	N	N	D	N	125.65	134.21
15200		A	A	090	Y	N	N	N	N	482.34	582.28
15201		A	A	ZZZ	N	N	N	N	N	57.89	99.69
15220		A	A	090	Y	N	N	N	N	438.20	535.81
15221		A	A	ZZZ	N	N	N	N	N	52.44	92.94
15240		A	A	090	Y	N	N	N	N	569.30	651.08
15241		A	A	ZZZ	N	N	N	N	N	81.25	126.43
15260		A	A	090	Y	N	N	N	N	610.84	705.07
15261		A	A	ZZZ	N	N	N	N	N	101.24	146.67
15271		A	A	000	Y	N	N	N	N	61.78	99.95
15272		A	A	ZZZ	N	N	N	N	N	12.72	18.69
15273		A	A	000	Y	N	N	N	N	150.31	214.43
15274		A	A	ZZZ	N	N	N	N	N	34.53	52.70
15275		A	A	000	Y	N	N	N	N	69.83	105.92
15276		A	A	ZZZ	N	N	N	N	N	18.95	24.40
15277		A	A	000	Y	N	N	D	N	169.52	235.20
15278		A	A	ZZZ	N	N	N	D	N	42.83	62.56
15570		A	A	090	Y	N	N	N	N	527.51	638.10
15572		A	A	090	Y	N	N	N	N	532.44	620.70
15574		A	A	090	Y	N	N	N	N	544.12	634.46
15576		A	A	090	Y	N	N	N	N	476.63	560.22
15600		A	A	090	Y	N	D	N	N	142.78	218.32
15610		A	A	090	Y	N	D	N	N	166.66	240.13
15620		A	A	090	Y	N	N	N	N	226.89	299.06
15630		A	A	090	Y	N	N	N	N	241.95	313.60
15650		A	A	090	Y	N	D	N	N	271.54	349.68
15730		A	A	090	Y	N	N	D	N	659.64	1,042.29
15731		A	A	090	Y	N	D	N	N	718.31	791.26
15733		A	A	090	Y	N	N	D	N	752.58	752.58
15734		A	A	090	Y	N	Y	D	N	1,104.60	1,104.60
15736		A	A	090	Y	N	N	D	N	884.46	884.46
15738		A	A	090	Y	N	Y	D	N	947.54	947.54
15740		A	A	090	Y	N	N	N	N	604.61	705.85

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
15750		A	A	090	Y	N	Y	N	N	660.94	660.94
15756		A	A	090	Y	N	Y	Y	N	1,678.05	1,678.05
15757		A	A	090	Y	N	Y	Y	N	1,661.18	1,661.18
15758		A	A	090	Y	N	Y	Y	N	1,673.90	1,673.90
15760		A	A	090	Y	N	N	N	N	503.88	592.93
15770		A	A	090	Y	N	Y	D	N	473.77	473.77
15775		Not Covered	R	000	Y	N	D	N	N	163.55	215.21
15776		Not Covered	R	000	Y	N	D	N	N	230.01	306.59
15777		A	A	ZZZ	N	Y	N	N	N	159.91	159.91
15780		Not Covered	A	090	Y	N	D	N	N	495.32	629.27
15781		Not Covered	A	090	Y	N	N	N	N	302.43	377.72
15782		Not Covered	A	090	Y	N	D	N	N	289.19	388.10
15783		Not Covered	A	090	Y	N	D	N	N	260.38	327.10
15786		Not Covered	A	010	Y	N	N	N	N	97.35	165.88
15787		Not Covered	A	ZZZ	N	N	N	N	N	12.72	29.85
15788		Not Covered	R	090	Y	N	N	N	N	162.77	294.91
15789		Not Covered	R	090	Y	N	N	N	N	292.83	379.02
15792		Not Covered	R	090	Y	N	D	N	N	166.66	272.84
15793		Not Covered	A	090	Y	N	D	N	N	254.15	336.70
15819		A	A	090	Y	N	D	N	N	566.71	566.71
15820		Not Covered	A	090	Y	Y	D	N	N	355.13	392.00
15821		Not Covered	A	090	Y	Y	D	N	N	378.50	419.51
15822		Not Covered	A	090	Y	Y	N	N	N	270.24	306.33
15823		A	A	090	Y	Y	N	N	N	376.94	418.22
15824		Not Covered	R	000	Y	Y	D	N	N	-	-
15825		Not Covered	R	000	Y	Y	D	N	N	-	-
15826		Not Covered	R	000	Y	Y	D	N	N	-	-
15828		Not Covered	R	000	Y	Y	D	N	N	-	-
15829		Not Covered	R	000	Y	Y	D	N	N	-	-
15830		A	R	090	Y	N	Y	D	N	849.93	849.93
15832		Not Covered	A	090	Y	Y	Y	D	N	660.68	660.68
15833		Not Covered	A	090	Y	Y	D	N	N	621.48	621.48
15834		Not Covered	A	090	Y	Y	D	N	N	636.80	636.80
15835		Not Covered	A	090	Y	N	D	N	N	670.55	670.55
15836		Not Covered	A	090	Y	Y	D	N	N	563.33	563.33
15837		Not Covered	A	090	Y	N	D	N	N	512.71	603.57
15838		Not Covered	A	090	Y	N	D	N	N	454.56	454.56
15839		Not Covered	A	090	Y	N	D	N	N	530.62	622.26
15840		A	A	090	Y	N	N	N	N	723.51	723.51
15841		A	A	090	Y	N	Y	D	N	1,286.58	1,286.58
15842		A	A	090	Y	N	Y	D	N	1,968.03	1,968.03
15845		A	A	090	Y	N	Y	N	N	712.86	712.86
15847		Not Covered	C	YYY	N	N	Y	D	N	-	-
15850		B	B	XXX	N	N	N	N	N	30.63	61.01
15851		A	A	000	Y	N	N	N	N	33.49	67.76
15852		A	A	000	Y	N	N	N	N	34.27	34.27
15860		A	A	000	Y	N	D	N	N	79.96	79.96
15876		Not Covered	R	000	Y	N	D	N	N	-	-
15877		Not Covered	R	000	Y	N	D	N	N	-	-
15878		Not Covered	R	000	Y	Y	D	N	N	-	-
15879		Not Covered	R	000	Y	Y	D	N	N	-	-
15920		A	A	090	Y	N	D	N	N	448.07	448.07

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
15922		A	A	090	Y	N	Y	D	N	558.66	558.66
15931		A	A	090	Y	N	N	N	N	506.48	506.48
15933		A	A	090	Y	N	D	N	N	617.85	617.85
15934		A	A	090	Y	N	N	N	N	686.38	686.38
15935		A	A	090	Y	N	Y	D	N	798.01	798.01
15936		A	A	090	Y	N	N	D	N	651.60	651.60
15937		A	A	090	Y	N	N	D	N	753.36	753.36
15940		A	A	090	Y	N	N	N	N	510.37	510.37
15941		A	A	090	Y	N	D	N	N	653.41	653.41
15944		A	A	090	Y	N	D	N	N	646.66	646.66
15945		A	A	090	Y	N	D	N	N	712.08	712.08
15946		A	A	090	Y	N	N	D	N	1,183.26	1,183.26
15950		A	A	090	Y	N	N	N	N	434.05	434.05
15951		A	A	090	Y	N	D	D	N	627.19	627.19
15952		A	A	090	Y	N	Y	D	N	646.66	646.66
15953		A	A	090	Y	N	N	D	N	714.16	714.16
15956		A	A	090	Y	N	N	D	N	841.88	841.88
15958		A	A	090	Y	N	N	D	N	855.38	855.38
15999	Unlstd/Manual		C	YYY	Y	N	D	D	D	-	-
16000		A	A	000	Y	N	N	N	N	33.75	49.06
16020		A	A	000	Y	N	N	N	N	38.16	55.29
16025		A	A	000	Y	N	N	N	N	79.70	104.36
16030		A	A	000	Y	N	N	N	N	96.57	131.62
16035		A	A	000	Y	N	N	N	N	145.38	145.38
16036		A	A	ZZZ	N	N	N	N	N	61.27	61.27
17000		A	A	010	Y	N	N	N	N	37.12	44.13
17003		A	A	ZZZ	N	N	N	N	N	1.82	3.63
17004		A	A	010	N	N	N	N	N	70.87	103.32
17106		A	A	090	Y	N	N	N	N	196.00	237.01
17107		A	A	090	Y	N	N	N	N	252.07	307.89
17108		A	A	090	Y	N	D	N	N	379.02	448.85
17110		A	A	010	Y	N	N	N	N	47.25	73.47
17111		A	A	010	Y	N	N	N	N	58.67	87.74
17250		A	A	000	Y	N	N	N	N	25.96	54.00
17260		A	A	010	Y	N	N	N	N	50.36	65.42
17261		A	A	010	Y	N	N	N	N	63.86	97.87
17262		A	A	010	Y	N	N	N	N	82.03	120.19
17263		A	A	010	Y	N	N	N	N	91.38	131.62
17264		A	A	010	Y	N	N	N	N	97.35	140.70
17266		A	A	010	Y	N	N	N	N	115.00	160.95
17270		A	A	010	Y	N	N	N	N	70.61	101.76
17271		A	A	010	Y	N	N	N	N	78.14	112.15
17272		A	A	010	Y	N	N	N	N	90.60	128.50
17273		A	A	010	Y	N	N	N	N	102.80	143.30
17274		A	A	010	Y	N	N	N	N	126.17	170.04
17276		A	A	010	Y	N	N	N	N	151.09	197.56
17280		A	A	010	Y	N	N	N	N	63.86	94.75
17281		A	A	010	Y	N	N	N	N	88.26	122.79
17282		A	A	010	Y	N	N	N	N	102.54	141.22
17283		A	A	010	Y	N	N	N	N	128.76	170.04
17284		A	A	010	Y	N	N	N	N	149.79	194.18
17286		A	A	010	Y	N	N	N	N	202.49	251.29

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 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 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
17311		A	A	000	Y	N	N	N	N	274.40	456.12
17312		A	A	ZZZ	N	N	N	N	N	146.15	268.43
17313		A	A	000	Y	N	N	N	N	245.84	424.71
17314		A	A	ZZZ	N	N	N	N	N	135.25	255.45
17315		A	A	ZZZ	N	N	N	N	N	38.68	55.04
17340		A	A	010	Y	N	N	N	N	35.05	37.12
17360		A	A	010	Y	N	N	N	N	69.31	88.00
17380		Not Covered	R	000	Y	N	D	N	N	-	-
17999		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-
19000		A	A	000	Y	N	N	N	N	32.45	73.73
19001		A	A	ZZZ	N	N	N	N	N	15.84	19.21
19020		A	A	090	Y	Y	N	N	N	220.40	324.24
19030		A	A	000	Y	Y	N	N	N	56.85	112.67
19081		A	A	000	Y	Y	D	N	N	124.35	426.26
19082		A	A	ZZZ	N	N	D	N	N	62.30	342.41
19083		A	A	000	Y	Y	D	N	N	117.08	416.66
19084		A	A	ZZZ	N	N	D	N	N	58.41	329.95
19085		A	A	000	Y	Y	D	N	N	134.99	626.41
19086		A	A	ZZZ	N	N	D	N	N	67.50	497.39
19100		A	A	000	Y	Y	N	N	N	53.22	104.36
19101		A	A	010	Y	Y	N	N	N	162.51	234.94
19105		A	A	000	Y	Y	N	N	N	160.17	1,814.60
19110		A	A	090	Y	Y	N	N	N	249.99	339.30
19112		A	A	090	Y	Y	D	N	N	225.59	317.23
19120		A	A	090	Y	Y	N	N	N	302.95	355.91
19125		A	A	090	Y	Y	N	D	N	337.22	395.37
19126		A	A	ZZZ	N	N	N	D	N	123.05	123.05
19260		A	A	090	Y	N	Y	D	N	877.19	877.19
19271		A	A	090	Y	N	Y	D	N	1,167.16	1,167.16
19272		A	A	090	Y	N	Y	D	N	1,279.83	1,279.83
19281		A	A	000	Y	Y	D	N	N	74.25	163.03
19282		A	A	ZZZ	N	N	D	N	N	37.38	112.15
19283		A	A	000	Y	Y	D	N	N	75.02	181.72
19284		A	A	ZZZ	N	N	D	N	N	38.68	135.77
19285		A	A	000	Y	Y	D	N	N	63.86	315.15
19286		A	A	ZZZ	N	N	D	N	N	32.19	269.21
19287		A	A	000	Y	Y	D	N	N	95.01	530.62
19288		A	A	ZZZ	N	N	D	N	N	47.51	421.07
19294		Not Covered	A	ZZZ	N	N	D	N	N	122.53	122.53
19296		A	A	000	Y	Y	D	N	N	158.62	2,540.45
19297		A	A	ZZZ	N	N	D	N	N	72.17	72.17
19298		A	A	000	Y	Y	D	N	N	234.68	658.86
19300		A	A	090	Y	Y	N	N	N	299.58	374.60
19301		A	A	090	Y	Y	D	N	N	484.41	484.41
19302		A	A	090	Y	Y	Y	D	N	667.69	667.69
19303		A	A	090	Y	Y	Y	D	N	712.08	712.08
19304		A	A	090	Y	Y	Y	D	N	424.19	424.19
19305		A	A	090	Y	Y	Y	D	N	840.33	840.33
19306		A	A	090	Y	Y	Y	D	N	888.61	888.61
19307		A	A	090	Y	Y	Y	D	N	887.05	887.05
19316		A	A	090	Y	Y	Y	D	N	557.10	557.10
19318		A	A	090	Y	Y	Y	D	N	793.60	793.60

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
19324		A	A	090	Y	Y	D	N	N	374.34	374.34
19325		A	A	090	Y	Y	D	N	N	459.23	459.23
19328		A	A	090	Y	Y	N	N	N	354.61	354.61
19330		A	A	090	Y	Y	N	N	N	453.26	453.26
19340		A	A	090	Y	Y	N	D	N	715.98	715.98
19342		A	A	090	Y	Y	D	D	N	661.46	661.46
19350		A	A	090	Y	Y	N	N	N	481.04	576.83
19355		A	A	090	Y	Y	D	N	N	442.88	526.73
19357		A	A	090	Y	Y	Y	D	N	1,064.62	1,064.62
19361		A	A	090	Y	Y	Y	D	N	1,138.09	1,138.09
19364		A	A	090	Y	Y	Y	D	N	2,002.55	2,002.55
19366		A	A	090	Y	Y	Y	D	N	1,025.68	1,025.68
19367		A	A	090	Y	Y	Y	D	N	1,294.11	1,294.11
19368		A	A	090	Y	Y	Y	D	N	1,597.84	1,597.84
19369		A	A	090	Y	Y	Y	D	N	1,482.32	1,482.32
19370		A	A	090	Y	Y	N	N	N	491.16	491.16
19371		A	A	090	Y	Y	N	N	N	562.03	562.03
19380		A	A	090	Y	Y	N	N	N	554.25	554.25
19396		Not Covered	A	000	Y	Y	D	N	N	105.14	195.48
19499		Unlstd/Manual	C	YYY	Y	Y	D	D	D	-	-
20100		A	A	010	Y	Y	Y	N	N	453.52	453.52
20101		A	A	010	Y	N	N	N	N	155.24	309.18
20102		A	A	010	Y	N	N	N	N	189.51	337.48
20103		A	A	010	Y	N	D	N	N	252.85	400.04
20150		A	A	090	Y	Y	Y	D	N	736.23	736.23
20200		A	A	000	Y	N	N	N	N	70.35	142.00
20205		A	A	000	Y	N	N	N	N	115.78	201.71
20206		A	A	000	Y	N	N	N	N	42.06	153.94
20220		A	A	000	Y	N	N	N	N	51.66	112.41
20225		A	A	000	Y	N	N	N	N	77.10	336.18
20240		A	A	000	Y	N	N	N	N	109.55	109.55
20245		A	A	000	Y	N	N	N	N	259.08	259.08
20250		A	A	010	Y	N	N	N	N	292.05	292.05
20251		A	A	010	Y	N	Y	N	N	317.49	317.49
20500		A	A	010	Y	N	N	N	N	60.75	75.02
20501		A	A	000	Y	N	N	N	N	27.78	84.11
20520		A	A	010	Y	N	N	N	N	103.58	140.70
20525		A	A	010	Y	N	N	N	N	178.35	323.46
20526		A	A	000	Y	Y	N	N	N	42.31	54.26
20527		Not Covered	A	000	Y	Y	N	N	N	48.03	58.93
20550		A	A	000	Y	Y	N	N	N	29.08	37.38
20551		A	A	000	Y	N	N	N	N	29.08	37.64
20552		A	A	000	Y	N	N	N	N	27.52	38.16
20553		A	A	000	Y	N	N	N	N	31.15	43.87
20555		A	A	000	Y	N	D	N	N	241.95	241.95
20600		A	A	000	Y	Y	N	N	N	26.22	34.01
20604		A	A	000	Y	Y	N	N	N	34.27	51.14
20605		A	A	000	Y	Y	N	N	N	27.26	35.31
20606		A	A	000	Y	Y	N	N	N	39.20	56.85
20610		A	A	000	Y	Y	N	N	N	33.75	42.57
20611		A	A	000	Y	Y	N	N	N	44.65	63.86
20612		A	A	000	Y	N	N	N	N	30.37	41.80

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
20615		A	A	010	Y	N	N	N	N	115.26	166.66
20650		A	A	010	Y	N	N	D	N	114.22	147.45
20660		A	A	000	Y	N	N	N	N	186.13	186.13
20661		A	A	090	Y	N	N	N	N	363.44	363.44
20662		A	A	090	Y	N	D	N	N	366.56	366.56
20663		A	A	090	Y	Y	D	N	N	336.18	336.18
20664		A	A	090	Y	N	N	N	N	647.96	647.96
20665		A	A	010	Y	N	D	N	N	65.16	75.80
20670		A	A	010	Y	N	N	N	N	103.06	247.14
20680		A	A	090	Y	N	D	N	N	303.73	425.74
20690		A	A	090	Y	N	N	N	N	434.57	434.57
20692		A	A	090	Y	N	Y	D	N	810.73	810.73
20693		A	A	090	Y	N	N	N	N	317.23	317.23
20694		A	A	090	Y	N	N	N	N	241.17	296.46
20696		Not Covered	A	090	Y	N	Y	D	N	869.40	869.40
20697		Not Covered	A	000	N	N	Y	D	N	1,310.98	1,310.98
20802		A	A	090	Y	Y	Y	D	N	2,031.11	2,031.11
20805		A	A	090	Y	Y	Y	D	N	2,423.11	2,423.11
20808		A	A	090	Y	Y	Y	D	N	2,936.60	2,936.60
20816		A	A	090	Y	N	Y	D	N	1,521.00	1,521.00
20822		A	A	090	Y	N	Y	D	N	1,302.15	1,302.15
20824		A	A	090	Y	Y	Y	D	N	1,523.33	1,523.33
20827		A	A	090	Y	Y	Y	D	N	1,327.85	1,327.85
20838		A	A	090	Y	Y	Y	D	N	2,054.73	2,054.73
20900		A	A	000	Y	N	Y	D	N	136.29	277.77
20902		A	A	000	Y	N	Y	D	N	209.50	209.50
20910		A	A	090	Y	N	D	N	N	332.81	332.81
20912		A	A	090	Y	N	D	N	N	338.00	338.00
20920		A	A	090	Y	N	N	D	N	288.16	288.16
20922		A	A	090	Y	N	Y	D	N	355.13	421.33
20924		A	A	090	Y	N	Y	D	N	362.40	362.40
20926		A	A	090	Y	N	N	N	N	300.88	300.88
20930		B	B	XXX	N	N	N	N	N	-	-
20931		A	A	ZZZ	N	N	N	D	N	86.19	86.19
20932		A	A	ZZZ	N	N	Y	D	N	528.81	528.81
20933		A	A	ZZZ	N	N	Y	D	N	484.67	484.67
20934		A	A	ZZZ	N	N	Y	D	N	528.55	528.55
20936		B	B	XXX	N	N	N	N	N	-	-
20937		A	A	ZZZ	N	N	Y	D	N	127.46	127.46
20938		A	A	ZZZ	N	N	Y	D	N	142.00	142.00
20939		Not Covered	A	ZZZ	N	Y	D	N	N	48.80	48.80
20950		A	A	000	Y	N	D	N	N	65.16	172.11
20955		A	A	090	Y	N	Y	D	N	1,818.76	1,818.76
20956		A	A	090	Y	N	Y	D	N	1,936.88	1,936.88
20957		A	A	090	Y	N	Y	D	N	2,032.15	2,032.15
20962		A	A	090	Y	N	Y	D	N	1,951.15	1,951.15
20969		A	A	090	Y	N	Y	D	N	2,009.04	2,009.04
20970		A	A	090	Y	N	Y	D	N	2,097.57	2,097.57
20972		A	A	090	Y	N	Y	N	N	2,108.47	2,108.47
20973		A	A	090	Y	Y	Y	D	N	2,228.67	2,228.67
20974		A	A	000	N	N	N	N	N	36.34	53.74
20975		A	A	000	N	N	Y	D	N	132.66	132.66

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
20979		A	A	000	N	N	N	N	N	23.88	36.34
20982		A	A	000	Y	Y	N	N	N	271.02	2,485.93
20983		A	A	000	Y	Y	N	N	N	259.08	3,675.68
20985		Not Covered	A	ZZZ	N	N	D	N	N	109.29	109.29
20999		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-
21010		A	A	090	Y	Y	D	N	N	550.35	550.35
21011		A	A	090	Y	N	Y	N	N	181.72	242.47
21012		A	A	090	Y	N	Y	N	N	243.50	243.50
21013		A	A	090	Y	N	Y	N	N	287.90	365.26
21014		A	A	090	Y	N	Y	N	N	375.38	375.38
21015		A	A	090	Y	N	N	N	N	508.04	508.04
21016		A	A	090	Y	N	Y	N	N	736.49	736.49
21025		A	A	090	Y	N	N	N	N	524.91	609.54
21026		A	A	090	Y	N	N	N	N	339.82	410.69
21029		A	A	090	Y	N	D	N	N	452.48	537.37
21030		A	A	090	Y	Y	N	N	N	287.90	353.06
21031		A	A	090	Y	Y	N	N	N	204.05	269.98
21032		A	A	090	Y	N	N	N	N	201.19	271.80
21034		A	A	090	Y	N	Y	D	N	829.68	929.63
21040		A	A	090	Y	N	N	N	N	288.42	355.39
21044		A	A	090	Y	N	Y	D	N	627.97	627.97
21045		A	A	090	Y	N	Y	D	N	882.38	882.38
21046		A	A	090	Y	N	D	D	N	782.43	782.43
21047		A	A	090	Y	N	Y	D	N	949.88	949.88
21048		A	A	090	Y	N	D	D	N	796.19	796.19
21049		A	A	090	Y	N	Y	D	N	874.07	874.07
21050		A	A	090	Y	Y	D	N	N	643.03	643.03
21060		A	A	090	Y	Y	Y	D	N	587.22	587.22
21070		A	A	090	Y	Y	D	N	N	455.34	455.34
21073		Not Covered	A	090	Y	Y	D	N	N	181.72	264.53
21076		A	A	010	Y	N	D	N	N	590.85	689.50
21077		A	A	090	Y	Y	D	N	N	1,480.24	1,720.89
21079		A	A	090	Y	N	N	N	N	990.37	1,164.05
21080		A	A	090	Y	N	N	N	N	1,105.64	1,313.58
21081		A	A	090	Y	N	D	N	N	1,014.26	1,208.44
21082		A	A	090	Y	N	D	N	N	938.19	1,125.89
21083		A	A	090	Y	N	D	N	N	872.00	1,070.59
21084		A	A	090	Y	N	D	N	N	1,008.55	1,227.65
21085		A	A	010	Y	N	D	N	N	399.78	518.68
21086		A	A	090	Y	Y	D	N	N	1,092.14	1,277.49
21087		A	A	090	Y	N	D	N	N	1,092.14	1,277.49
21088		Not Covered	C	090	N	N	D	N	N	-	-
21089		Unlstd/Manual	C	YYY	N	N	N	D	D	-	-
21100		A	A	090	Y	N	D	N	N	279.33	469.36
21110		A	A	090	Y	N	N	N	N	469.62	553.99
21116		A	A	000	Y	Y	N	N	N	35.31	117.60
21120		A	A	090	Y	N	N	D	N	367.33	458.19
21121		A	A	090	Y	N	Y	N	N	441.84	510.11
21122		A	A	090	Y	N	Y	N	N	547.24	547.24
21123		A	A	090	Y	N	Y	D	N	645.11	645.11
21125		A	A	090	Y	N	Y	N	N	534.78	1,901.57
21127		A	A	090	Y	N	Y	D	N	618.89	2,566.41

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
21137		A	A	090	Y	N	Y	N	N	538.93	538.93
21138		A	A	090	Y	N	Y	D	N	660.42	660.42
21139		A	A	090	Y	N	Y	D	N	800.35	800.35
21141		A	A	090	Y	N	Y	D	N	988.56	988.56
21142		A	A	090	Y	N	Y	D	N	1,016.85	1,016.85
21143		A	A	090	Y	N	Y	D	N	1,060.47	1,060.47
21145		A	A	090	Y	N	Y	N	N	1,163.79	1,163.79
21146		A	A	090	Y	N	Y	D	N	1,208.96	1,208.96
21147		A	A	090	Y	N	Y	N	N	1,280.61	1,280.61
21150		A	A	090	Y	N	Y	N	N	1,199.61	1,199.61
21151		A	A	090	Y	N	Y	N	N	1,322.66	1,322.66
21154		A	A	090	Y	N	Y	D	N	1,423.65	1,423.65
21155		A	A	090	Y	N	Y	N	N	1,582.00	1,582.00
21159		A	A	090	Y	N	Y	D	N	1,901.57	1,901.57
21160		A	A	090	Y	N	Y	N	N	2,064.60	2,064.60
21172		A	A	090	Y	N	Y	D	N	1,583.56	1,583.56
21175		A	A	090	Y	N	Y	N	N	1,609.52	1,609.52
21179		A	A	090	Y	N	Y	N	N	1,095.25	1,095.25
21180		A	A	090	Y	N	Y	D	N	1,236.22	1,236.22
21181		A	A	090	Y	N	D	N	N	531.66	531.66
21182		A	A	090	Y	N	Y	D	N	1,538.65	1,538.65
21183		A	A	090	Y	N	Y	D	N	1,686.88	1,686.88
21184		A	A	090	Y	N	Y	N	N	1,816.94	1,816.94
21188		A	A	090	Y	N	Y	N	N	1,197.53	1,197.53
21193		A	A	090	Y	B	Y	D	N	923.92	923.92
21194		A	A	090	Y	B	Y	N	N	1,066.44	1,066.44
21195		A	A	090	Y	B	Y	N	N	1,020.75	1,020.75
21196		A	A	090	Y	B	Y	D	N	1,053.98	1,053.98
21198		A	A	090	Y	N	Y	D	N	822.93	822.93
21199		A	A	090	Y	N	Y	D	N	782.69	782.69
21206		A	A	090	Y	N	Y	D	N	847.07	847.07
21208		A	A	090	Y	N	D	N	N	582.02	1,174.69
21209		A	A	090	Y	N	Y	N	N	472.99	616.55
21210		A	A	090	Y	N	N	N	N	597.60	1,406.51
21215		A	A	090	Y	N	N	D	N	623.56	2,620.92
21230		A	A	090	Y	N	D	N	N	535.81	535.81
21235		A	A	090	Y	N	N	N	N	401.86	502.59
21240		A	A	090	Y	Y	Y	D	N	806.06	806.06
21242		A	A	090	Y	Y	Y	D	N	747.13	747.13
21243		A	A	090	Y	Y	Y	D	N	1,226.87	1,226.87
21244		A	A	090	Y	N	Y	D	N	742.72	742.72
21245		A	A	090	Y	N	Y	N	N	685.34	849.41
21246		A	A	090	Y	N	Y	N	N	638.88	638.88
21247		A	A	090	Y	Y	Y	D	N	1,180.92	1,180.92
21248		A	A	090	Y	N	N	N	N	636.02	764.00
21249		A	A	090	Y	N	D	N	N	922.62	1,105.12
21255		A	A	090	Y	Y	Y	D	N	1,009.32	1,009.32
21256		A	A	090	Y	Y	Y	D	N	896.14	896.14
21260		A	A	090	Y	N	Y	D	N	995.31	995.31
21261		A	A	090	Y	N	Y	D	N	1,776.18	1,776.18
21263		A	A	090	Y	N	Y	D	N	1,639.63	1,639.63
21267		A	A	090	Y	Y	Y	D	N	1,157.30	1,157.30

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
21268		A	A	090	Y	Y	Y	D	N	1,463.37	1,463.37
21270		A	A	090	Y	Y	Y	D	N	541.01	706.37
21275		A	A	090	Y	N	Y	D	N	604.35	604.35
21280		A	A	090	Y	Y	D	N	N	399.01	399.01
21282		A	A	090	Y	Y	N	N	N	266.61	266.61
21295		A	A	090	Y	Y	D	N	N	129.54	129.54
21296		A	A	090	Y	Y	D	N	N	283.22	283.22
21299	Unlstd/Manual		C	YYY	Y	N	D	D	D	-	-
21310		A	A	000	Y	N	N	N	N	20.25	86.71
21315		A	A	010	Y	N	N	N	N	105.92	184.32
21320		A	A	010	Y	N	N	N	N	95.27	170.82
21325		A	A	090	Y	N	D	N	N	320.87	320.87
21330		A	A	090	Y	N	D	N	N	391.22	391.22
21335		A	A	090	Y	N	N	N	N	505.18	505.18
21336		A	A	090	Y	N	D	N	N	445.73	445.73
21337		A	A	090	Y	N	D	N	N	205.86	276.99
21338		A	A	090	Y	N	D	N	N	456.64	456.64
21339		A	A	090	Y	N	Y	D	N	520.24	520.24
21340		A	A	090	Y	N	D	N	N	536.33	536.33
21343		A	A	090	Y	N	Y	D	N	761.93	761.93
21344		A	A	090	Y	N	Y	Y	N	997.12	997.12
21345		A	A	090	Y	N	D	N	N	447.03	543.34
21346		A	A	090	Y	N	N	D	N	653.15	653.15
21347		A	A	090	Y	N	Y	D	N	718.05	718.05
21348		A	A	090	Y	N	Y	Y	N	784.77	784.77
21355		A	A	010	Y	Y	D	N	N	227.93	294.91
21356		A	A	010	Y	Y	D	N	N	268.17	345.01
21360		A	A	090	Y	Y	Y	N	N	363.18	363.18
21365		A	A	090	Y	Y	Y	D	N	803.72	803.72
21366		A	A	090	Y	Y	Y	Y	N	917.43	917.43
21385		A	A	090	Y	Y	Y	D	N	535.30	535.30
21386		A	A	090	Y	Y	Y	N	N	498.43	498.43
21387		A	A	090	Y	Y	Y	N	N	558.92	558.92
21390		A	A	090	Y	Y	Y	D	N	569.04	569.04
21395		A	A	090	Y	Y	Y	D	N	729.74	729.74
21400		A	A	090	Y	Y	D	N	N	110.33	135.77
21401		A	A	090	Y	Y	Y	N	N	226.11	348.90
21406		A	A	090	Y	Y	Y	D	N	409.65	409.65
21407		A	A	090	Y	Y	Y	D	N	460.01	460.01
21408		A	A	090	Y	Y	Y	Y	N	649.52	649.52
21421		A	A	090	Y	N	D	N	N	416.92	486.23
21422		A	A	090	Y	N	Y	D	N	470.65	470.65
21423		A	A	090	Y	N	Y	Y	N	554.25	554.25
21431		A	A	090	Y	N	Y	N	N	503.10	503.10
21432		A	A	090	Y	N	Y	N	N	506.74	506.74
21433		A	A	090	Y	N	Y	D	N	1,265.03	1,265.03
21435		A	A	090	Y	N	Y	N	N	1,010.10	1,010.10
21436		A	A	090	Y	N	Y	Y	N	1,480.24	1,480.24
21440		A	A	090	Y	N	D	N	N	331.77	404.98
21445		A	A	090	Y	N	Y	N	N	437.17	530.36
21450		A	A	090	Y	N	D	N	N	320.35	386.54
21451		A	A	090	Y	N	D	N	N	438.46	515.57

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
21452		A	A	090	Y	N	D	N	N	267.65	440.02
21453		A	A	090	Y	N	D	N	N	562.81	651.60
21454		A	A	090	Y	N	D	D	N	390.70	390.70
21461		A	A	090	Y	N	N	D	N	676.78	1,374.06
21462		A	A	090	Y	N	Y	D	N	756.47	1,471.15
21465		A	A	090	Y	Y	Y	D	N	649.26	649.26
21470		A	A	090	Y	N	Y	D	N	866.54	866.54
21480		A	A	000	Y	Y	N	N	N	23.62	71.65
21485		A	A	090	Y	Y	D	N	N	461.31	556.06
21490		A	A	090	Y	Y	Y	D	N	641.73	641.73
21497		A	A	090	Y	N	D	N	N	393.55	462.61
21499		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-
21501		A	A	090	Y	N	N	N	N	230.27	316.97
21502		A	A	090	Y	N	Y	N	N	370.97	370.97
21510		A	A	090	Y	N	D	N	N	322.68	322.68
21550		A	A	010	Y	N	N	N	N	111.63	177.31
21552		A	A	090	Y	N	Y	N	N	326.84	326.84
21554		A	A	090	Y	N	Y	N	N	536.33	536.33
21555		A	A	090	Y	N	N	N	N	219.36	292.31
21556		A	A	090	Y	N	N	N	N	382.91	382.91
21557		A	A	090	Y	N	Y	D	N	699.36	699.36
21558		A	A	090	Y	N	Y	D	N	992.71	992.71
21600		A	A	090	Y	N	Y	D	N	397.19	397.19
21610		A	A	090	Y	N	Y	N	N	901.59	901.59
21615		A	A	090	Y	Y	Y	D	N	456.90	456.90
21616		A	A	090	Y	Y	Y	N	N	538.15	538.15
21620		A	A	090	Y	N	Y	D	N	368.11	368.11
21627		A	A	090	Y	N	Y	N	N	389.92	389.92
21630		A	A	090	Y	N	Y	D	N	903.41	903.41
21632		A	A	090	Y	N	Y	D	N	902.37	902.37
21685		A	A	090	Y	N	Y	D	N	709.23	709.23
21700		A	A	090	Y	Y	Y	N	N	267.13	267.13
21705		A	A	090	Y	Y	Y	N	N	404.72	404.72
21720		A	A	090	Y	N	Y	N	N	372.53	372.53
21725		A	A	090	Y	N	Y	D	N	390.18	390.18
21740		A	A	090	Y	N	Y	D	N	772.57	772.57
21742		C	C	090	Y	N	Y	D	N	-	-
21743		C	C	090	Y	N	Y	D	N	-	-
21750		A	A	090	Y	N	Y	D	N	510.89	510.89
21811		Not Covered	A	000	Y	Y	Y	N	N	449.63	449.63
21812		Not Covered	A	000	Y	Y	Y	N	N	550.09	550.09
21813		Not Covered	A	000	Y	Y	Y	N	N	742.72	742.72
21820		A	A	090	Y	N	N	N	N	98.91	98.65
21825		A	A	090	Y	N	Y	D	N	395.63	395.63
21899		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-
21920		A	A	010	Y	N	N	N	N	112.67	173.67
21925		A	A	090	Y	N	N	N	N	257.52	319.83
21930		A	A	090	Y	N	N	N	N	263.23	337.74
21931		A	A	090	Y	N	Y	N	N	345.01	345.01
21932		A	A	090	Y	N	Y	N	N	485.71	485.71
21933		A	A	090	Y	N	Y	N	N	543.34	543.34
21935		A	A	090	Y	N	N	D	N	757.77	757.77

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
21936		A	A	090	Y	N	Y	D	N	1,052.42	1,052.42
22010		A	A	090	Y	N	D	N	N	706.37	706.37
22015		A	A	090	Y	N	N	N	N	697.03	697.03
22100		A	A	090	Y	N	Y	D	N	631.09	631.09
22101		A	A	090	Y	N	Y	D	N	629.27	629.27
22102		A	A	090	Y	N	Y	D	N	592.15	592.15
22103		A	A	ZZZ	N	N	Y	D	N	107.21	107.21
22110		A	A	090	Y	N	Y	D	N	776.20	776.20
22112		A	A	090	Y	N	Y	D	N	823.71	823.71
22114		A	A	090	Y	N	Y	D	N	836.95	836.95
22116		A	A	ZZZ	N	N	Y	D	N	108.25	108.25
22206		A	A	090	Y	N	Y	D	N	1,850.43	1,850.43
22207		A	A	090	Y	N	Y	D	N	1,808.11	1,808.11
22208		A	A	ZZZ	N	N	Y	D	N	454.56	454.56
22210		A	A	090	Y	N	Y	D	N	1,342.13	1,342.13
22212		A	A	090	Y	N	Y	D	N	1,104.08	1,104.08
22214		A	A	090	Y	N	Y	D	N	1,109.79	1,109.79
22216		A	A	ZZZ	N	N	Y	D	N	277.25	277.25
22220		A	A	090	Y	N	Y	D	N	1,209.74	1,209.74
22222		A	A	090	Y	N	Y	D	N	1,295.92	1,295.92
22224		A	A	090	Y	N	Y	D	N	1,170.80	1,170.80
22226		A	A	ZZZ	N	N	Y	D	N	276.73	276.73
22310		A	A	090	Y	N	N	N	N	205.34	219.88
22315		A	A	090	Y	N	N	N	N	559.96	630.05
22318		A	A	090	Y	N	Y	Y	N	1,241.41	1,241.41
22319		A	A	090	Y	N	Y	Y	N	1,378.48	1,378.48
22325		A	A	090	Y	N	Y	D	N	1,077.08	1,077.08
22326		A	A	090	Y	N	Y	D	N	1,124.59	1,124.59
22327		A	A	090	Y	N	Y	D	N	1,129.52	1,129.52
22328		A	A	ZZZ	N	N	Y	D	N	217.54	217.54
22505		A	A	010	Y	N	N	N	N	95.53	95.53
22510		A	A	010	Y	N	N	N	N	319.05	1,148.73
22511		A	A	010	Y	N	N	N	N	298.80	1,134.71
22512		A	A	ZZZ	N	N	N	N	N	154.72	590.85
22513		A	A	010	Y	N	N	N	N	383.17	4,400.74
22514		A	A	010	Y	N	N	N	N	356.69	4,383.09
22515		A	A	ZZZ	N	N	N	N	N	167.44	2,540.96
22526		Not Covered	N	010	N	N	N	N	N	247.66	1,476.86
22527		Not Covered	N	ZZZ	N	N	N	N	N	118.38	1,231.28
22532		A	A	090	Y	N	Y	Y	N	1,357.45	1,357.45
22533		A	A	090	Y	N	Y	Y	N	1,231.80	1,231.80
22534		A	A	ZZZ	N	N	Y	Y	N	275.18	275.18
22548		A	A	090	Y	N	Y	Y	N	1,489.07	1,489.07
22551		A	A	090	Y	N	Y	Y	N	1,289.17	1,289.17
22552		A	A	ZZZ	N	N	Y	Y	N	306.59	306.59
22554		A	A	090	Y	N	Y	Y	N	937.16	937.16
22556		A	A	090	Y	N	Y	Y	N	1,255.94	1,255.94
22558		A	A	090	Y	N	Y	Y	N	1,146.91	1,146.91
22585		A	A	ZZZ	N	N	Y	Y	N	250.25	250.25
22586		A	A	090	Y	N	Y	Y	N	1,541.25	1,541.25
22590		A	A	090	Y	N	Y	Y	N	1,192.60	1,192.60
22595		A	A	090	Y	N	Y	Y	N	1,136.01	1,136.01

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
22600		A	A	090	Y	N	Y	Y	N	964.41	964.41
22610		A	A	090	Y	N	Y	Y	N	943.65	943.65
22612		A	A	090	Y	N	Y	Y	N	1,185.33	1,185.33
22614		A	A	ZZZ	N	N	Y	Y	N	299.84	299.84
22630		A	A	090	Y	N	Y	Y	N	1,186.37	1,186.37
22632		A	A	ZZZ	N	N	Y	Y	N	248.18	248.18
22633		A	A	090	Y	N	Y	Y	N	1,394.31	1,394.31
22634		A	A	ZZZ	N	N	Y	Y	N	380.31	380.31
22800		A	A	090	Y	N	Y	D	N	1,006.21	1,006.21
22802		A	A	090	Y	N	Y	D	N	1,571.88	1,571.88
22804		A	A	090	Y	N	Y	D	N	1,821.35	1,821.35
22808		A	A	090	Y	N	Y	D	N	1,389.38	1,389.38
22810		A	A	090	Y	N	Y	D	N	1,563.57	1,563.57
22812		A	A	090	Y	N	Y	D	N	1,606.15	1,606.15
22818		A	A	090	Y	N	Y	Y	Y	1,593.94	1,593.94
22819		A	A	090	Y	N	Y	Y	Y	1,820.06	1,820.06
22830		A	A	090	Y	N	Y	D	N	602.79	602.79
22840		A	A	ZZZ	N	N	Y	D	N	582.28	582.28
22841		B	B	XXX	N	N	N	N	N	-	-
22842		A	A	ZZZ	N	N	Y	Y	N	585.92	585.92
22843		A	A	ZZZ	N	N	Y	Y	N	626.41	626.41
22844		A	A	ZZZ	N	N	Y	Y	N	752.58	752.58
22845		A	A	ZZZ	N	N	Y	Y	N	561.51	561.51
22846		A	A	ZZZ	N	N	Y	Y	N	583.06	583.06
22847		A	A	ZZZ	N	N	Y	Y	N	601.75	601.75
22848		A	A	ZZZ	N	N	Y	Y	N	273.88	273.88
22849		A	A	090	Y	N	Y	D	N	971.68	971.68
22850		A	A	090	Y	N	Y	D	N	536.33	536.33
22852		A	A	090	Y	N	Y	D	N	514.53	514.53
22853		A	A	ZZZ	N	N	Y	Y	N	198.33	198.33
22854		A	A	ZZZ	N	N	Y	Y	N	257.00	257.00
22855		A	A	090	Y	N	Y	D	N	829.68	829.68
22856		Not Covered	A	090	Y	N	Y	Y	N	1,235.44	1,235.44
22857		Not Covered	R	090	Y	N	Y	Y	N	1,288.91	1,288.91
22858		Not Covered	A	ZZZ	N	N	Y	Y	N	392.52	392.52
22859		A	A	ZZZ	N	N	Y	Y	N	257.00	257.00
22861		Not Covered	A	090	Y	N	Y	Y	N	1,687.66	1,687.66
22862		Not Covered	R	090	Y	N	Y	Y	Y	1,394.31	1,394.31
22864		Not Covered	A	090	Y	N	Y	Y	N	1,571.10	1,571.10
22865		Not Covered	R	090	Y	N	Y	Y	Y	1,453.76	1,453.76
22867		Not Covered	A	090	Y	N	Y	N	N	722.99	722.99
22868		Not Covered	A	ZZZ	N	N	Y	Y	N	185.35	185.35
22869		Not Covered	A	090	Y	N	Y	N	N	332.03	332.03
22870		Not Covered	A	ZZZ	N	N	Y	Y	N	92.42	92.42
22899		Unlstd/Manual	C	YYY	Y	N	Y	D	D	-	-
22900		A	A	090	Y	N	Y	D	N	413.28	413.28
22901		A	A	090	Y	N	Y	D	N	490.90	490.90
22902		A	A	090	Y	N	Y	D	N	239.87	313.86
22903		A	A	090	Y	N	Y	D	N	322.68	322.68
22904		A	A	090	Y	N	Y	D	D	782.69	782.69
22905		A	A	090	Y	N	Y	D	D	992.19	992.19
22999		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
23000		A	A	090	Y	Y	Y	D	N	256.23	383.95
23020		A	A	090	Y	Y	Y	N	N	497.13	497.13
23030		A	A	010	Y	N	N	N	N	180.68	296.98
23031		A	A	010	Y	Y	N	N	N	149.01	270.24
23035		A	A	090	Y	Y	Y	N	N	487.79	487.79
23040		A	A	090	Y	Y	Y	D	N	516.86	516.86
23044		A	A	090	Y	Y	N	D	N	408.87	408.87
23065		A	A	010	Y	Y	N	N	N	119.68	153.68
23066		A	A	090	Y	Y	N	N	N	257.78	386.28
23071		A	A	090	Y	Y	Y	N	N	306.07	306.07
23073		A	A	090	Y	Y	Y	N	N	508.56	508.56
23075		A	A	090	Y	Y	N	N	N	235.46	335.14
23076		A	A	090	Y	Y	N	N	N	392.77	392.77
23077		A	A	090	Y	Y	Y	D	N	840.33	840.33
23078		A	A	090	Y	Y	Y	D	N	1,062.02	1,062.02
23100		A	A	090	Y	Y	Y	D	N	357.21	357.21
23101		A	A	090	Y	Y	N	D	N	327.10	327.10
23105		A	A	090	Y	Y	Y	D	N	457.93	457.93
23106		A	A	090	Y	Y	N	D	N	355.65	355.65
23107		A	A	090	Y	Y	Y	D	N	475.85	475.85
23120		A	A	090	Y	Y	Y	D	N	417.70	417.70
23125		A	A	090	Y	Y	Y	D	N	508.82	508.82
23130		A	A	090	Y	Y	N	D	N	438.98	438.98
23140		A	A	090	Y	Y	N	N	N	396.67	396.67
23145		A	A	090	Y	Y	Y	D	N	493.76	493.76
23146		A	A	090	Y	Y	D	N	N	437.95	437.95
23150		A	A	090	Y	Y	Y	D	N	473.77	473.77
23155		A	A	090	Y	Y	Y	D	N	568.00	568.00
23156		A	A	090	Y	Y	Y	N	N	486.75	486.75
23170		A	A	090	Y	Y	N	N	N	403.16	403.16
23172		A	A	090	Y	Y	Y	N	N	403.94	403.94
23174		A	A	090	Y	Y	Y	D	N	545.68	545.68
23180		A	A	090	Y	Y	N	D	N	477.40	477.40
23182		A	A	090	Y	Y	Y	N	N	472.47	472.47
23184		A	A	090	Y	Y	Y	D	N	528.03	528.03
23190		A	A	090	Y	Y	Y	D	N	409.91	409.91
23195		A	A	090	Y	Y	Y	D	N	538.93	538.93
23200		A	A	090	Y	Y	Y	D	N	1,106.93	1,106.93
23210		A	A	090	Y	Y	Y	D	N	1,302.93	1,302.93
23220		A	A	090	Y	Y	Y	D	N	1,434.29	1,434.29
23330		A	A	010	Y	Y	D	N	N	117.08	189.25
23333		A	A	090	Y	Y	D	N	N	330.21	330.21
23334		A	A	090	Y	Y	N	D	N	779.58	779.58
23335		A	A	090	Y	Y	N	D	N	933.78	933.78
23350		A	A	000	Y	Y	N	N	N	37.64	93.20
23395		A	A	090	Y	N	Y	D	N	931.70	931.70
23397		A	A	090	Y	N	Y	D	N	825.53	825.53
23400		A	A	090	Y	Y	Y	D	N	690.54	690.54
23405		A	A	090	Y	N	Y	D	N	444.69	444.69
23406		A	A	090	Y	N	Y	N	N	557.62	557.62
23410		A	A	090	Y	Y	Y	D	N	593.71	593.71
23412		A	A	090	Y	Y	Y	D	N	616.55	616.55

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
23415		A	A	090	Y	Y	N	D	N	503.10	503.10
23420		A	A	090	Y	Y	Y	D	N	703.52	703.52
23430		A	A	090	Y	Y	Y	D	N	536.07	536.07
23440		A	A	090	Y	Y	Y	D	N	545.68	545.68
23450		A	A	090	Y	Y	Y	D	N	684.82	684.82
23455		A	A	090	Y	Y	Y	D	N	726.62	726.62
23460		A	A	090	Y	Y	Y	D	N	788.41	788.41
23462		A	A	090	Y	Y	Y	D	N	767.90	767.90
23465		A	A	090	Y	Y	Y	D	N	812.29	812.29
23466		A	A	090	Y	Y	Y	D	N	807.62	807.62
23470		A	A	090	Y	Y	Y	D	N	875.37	875.37
23472		A	A	090	Y	Y	Y	D	N	1,063.06	1,063.06
23473		A	A	090	Y	Y	Y	D	N	1,187.93	1,187.93
23474		A	A	090	Y	Y	Y	D	N	1,284.50	1,284.50
23480		A	A	090	Y	Y	N	D	N	597.08	597.08
23485		A	A	090	Y	Y	Y	D	N	694.17	694.17
23490		A	A	090	Y	Y	Y	N	N	619.92	619.92
23491		A	A	090	Y	Y	Y	D	N	738.30	738.30
23500		A	A	090	Y	Y	N	N	N	154.20	151.35
23505		A	A	090	Y	Y	N	N	N	233.90	248.18
23515		A	A	090	Y	Y	Y	D	N	517.90	517.90
23520		A	A	090	Y	Y	D	N	N	163.55	163.29
23525		A	A	090	Y	Y	D	N	N	251.03	270.24
23530		A	A	090	Y	Y	Y	N	N	408.09	408.09
23532		A	A	090	Y	Y	Y	N	N	443.14	443.14
23540		A	A	090	Y	Y	N	N	N	159.39	158.88
23545		A	A	090	Y	Y	D	N	N	216.77	238.57
23550		A	A	090	Y	Y	Y	D	N	408.09	408.09
23552		A	A	090	Y	Y	Y	D	N	469.88	469.88
23570		A	A	090	Y	Y	N	N	N	165.62	160.95
23575		A	A	090	Y	Y	D	N	N	264.27	281.67
23585		A	A	090	Y	Y	Y	D	N	712.08	712.08
23600		A	A	090	Y	Y	N	N	N	213.39	225.85
23605		A	A	090	Y	Y	N	N	N	300.36	326.06
23615		A	A	090	Y	Y	Y	D	N	639.39	639.39
23616		A	A	090	Y	Y	Y	Y	N	903.93	903.93
23620		A	A	090	Y	Y	N	N	N	177.57	185.09
23625		A	A	090	Y	Y	N	N	N	248.18	266.61
23630		A	A	090	Y	Y	Y	D	N	562.55	562.55
23650		A	A	090	Y	Y	N	N	N	203.79	221.70
23655		A	A	090	Y	Y	N	N	N	285.56	285.56
23660		A	A	090	Y	Y	Y	D	N	417.96	417.96
23665		A	A	090	Y	Y	N	N	N	280.11	299.84
23670		A	A	090	Y	Y	Y	D	N	633.68	633.68
23675		A	A	090	Y	Y	N	N	N	355.39	387.32
23680		A	A	090	Y	Y	Y	D	N	672.88	672.88
23700		A	A	010	Y	Y	N	N	N	140.70	140.70
23800		A	A	090	Y	Y	Y	D	N	744.01	744.01
23802		A	A	090	Y	Y	Y	D	N	927.29	927.29
23900		A	A	090	Y	N	Y	N	N	1,013.22	1,013.22
23920		A	A	090	Y	Y	Y	D	N	820.08	820.08
23921		A	A	090	Y	Y	N	N	N	334.36	334.36

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
23929		Unlstd/Manual	C	YYY	Y	N	Y	D	D	-	-
23930		A	A	010	Y	Y	N	N	N	153.94	243.76
23931		A	A	010	Y	Y	N	N	N	110.07	192.62
23935		A	A	090	Y	Y	D	N	N	362.66	362.66
24000		A	A	090	Y	Y	D	D	N	340.60	340.60
24006		A	A	090	Y	Y	Y	Y	N	514.79	514.79
24065		A	A	010	Y	Y	N	N	N	118.12	176.27
24066		A	A	090	Y	Y	N	N	N	301.66	435.09
24071		A	A	090	Y	Y	Y	N	N	295.68	295.68
24073		A	A	090	Y	Y	Y	N	N	507.00	507.00
24075		A	A	090	Y	Y	N	N	N	236.76	347.34
24076		A	A	090	Y	Y	N	N	N	393.55	393.55
24077		A	A	090	Y	Y	N	D	N	762.70	762.70
24079		A	A	090	Y	Y	Y	D	N	977.65	977.65
24100		A	A	090	Y	Y	Y	D	N	296.20	296.20
24101		A	A	090	Y	Y	Y	N	N	357.21	357.21
24102		A	A	090	Y	Y	Y	D	N	442.88	442.88
24105		A	A	090	Y	Y	N	N	N	247.66	247.66
24110		A	A	090	Y	Y	N	D	N	420.29	420.29
24115		A	A	090	Y	Y	Y	D	N	526.21	526.21
24116		A	A	090	Y	Y	Y	N	N	624.86	624.86
24120		A	A	090	Y	Y	D	N	N	379.28	379.28
24125		A	A	090	Y	Y	Y	D	N	447.03	447.03
24126		A	A	090	Y	Y	Y	N	N	461.83	461.83
24130		A	A	090	Y	Y	N	D	N	364.48	364.48
24134		A	A	090	Y	Y	Y	N	N	539.19	539.19
24136		A	A	090	Y	Y	N	N	N	455.60	455.60
24138		A	A	090	Y	Y	Y	N	N	483.89	483.89
24140		A	A	090	Y	Y	Y	N	N	505.44	505.44
24145		A	A	090	Y	Y	N	D	N	426.78	426.78
24147		A	A	090	Y	Y	N	D	N	445.99	445.99
24149		A	A	090	Y	Y	Y	D	N	847.85	847.85
24150		A	A	090	Y	Y	Y	D	N	1,138.35	1,138.35
24152		A	A	090	Y	Y	Y	D	N	966.75	966.75
24155		A	A	090	Y	Y	Y	D	N	615.77	615.77
24160		A	A	090	Y	Y	N	D	N	921.58	921.58
24164		A	A	090	Y	Y	N	D	N	523.35	523.35
24200		A	A	010	Y	Y	D	N	N	98.65	143.82
24201		A	A	090	Y	Y	N	N	N	261.68	380.57
24220		A	A	000	Y	Y	D	N	N	49.84	111.11
24300		A	A	090	Y	Y	N	N	N	292.05	292.05
24301		A	A	090	Y	N	Y	D	N	542.56	542.56
24305		A	A	090	Y	N	D	N	N	412.50	412.50
24310		A	A	090	Y	N	D	N	N	333.33	333.33
24320		A	A	090	Y	N	Y	D	N	559.18	559.18
24330		A	A	090	Y	Y	Y	N	N	517.38	517.38
24331		A	A	090	Y	Y	Y	N	N	555.80	555.80
24332		A	A	090	Y	Y	N	N	N	440.80	440.80
24340		A	A	090	Y	Y	Y	D	N	439.24	439.24
24341		A	A	090	Y	Y	Y	D	N	532.44	532.44
24342		A	A	090	Y	Y	Y	D	N	560.74	560.74
24343		A	A	090	Y	Y	Y	D	N	507.78	507.78

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
24344		A	A	090	Y	Y	Y	D	N	788.15	788.15
24345		A	A	090	Y	Y	Y	D	N	504.14	504.14
24346		A	A	090	Y	Y	Y	D	N	793.86	793.86
24357		A	A	090	Y	Y	D	N	N	295.17	295.17
24358		A	A	090	Y	Y	D	N	N	373.82	373.82
24359		A	A	090	Y	Y	D	N	N	475.59	475.59
24360		A	A	090	Y	Y	Y	D	N	653.15	653.15
24361		A	A	090	Y	Y	Y	D	N	732.59	732.59
24362		A	A	090	Y	Y	Y	N	N	773.61	773.61
24363		A	A	090	Y	Y	Y	N	N	1,062.54	1,062.54
24365		A	A	090	Y	Y	Y	D	N	460.79	460.79
24366		A	A	090	Y	Y	Y	D	N	490.90	490.90
24370		A	A	090	Y	Y	Y	N	N	1,133.41	1,133.41
24371		A	A	090	Y	Y	Y	N	N	1,303.97	1,303.97
24400		A	A	090	Y	Y	Y	D	N	595.26	595.26
24410		A	A	090	Y	Y	Y	D	N	770.75	770.75
24420		A	A	090	Y	Y	Y	D	N	715.98	715.98
24430		A	A	090	Y	Y	Y	D	N	766.60	766.60
24435		A	A	090	Y	Y	Y	D	N	779.32	779.32
24470		A	A	090	Y	Y	Y	N	N	484.41	484.41
24495		A	A	090	Y	Y	D	N	N	523.61	523.61
24498		A	A	090	Y	Y	Y	D	N	628.49	628.49
24500		A	A	090	Y	Y	N	N	N	227.67	246.62
24505		A	A	090	Y	Y	N	N	N	317.75	348.90
24515		A	A	090	Y	Y	Y	D	N	634.20	634.20
24516		A	A	090	Y	Y	Y	Y	N	623.56	623.56
24530		A	A	090	Y	Y	N	N	N	241.43	262.72
24535		A	A	090	Y	Y	N	N	N	404.46	435.09
24538		A	A	090	Y	Y	N	N	N	537.63	537.63
24545		A	A	090	Y	Y	Y	D	N	673.92	673.92
24546		A	A	090	Y	Y	Y	Y	N	754.92	754.92
24560		A	A	090	Y	Y	N	N	N	200.93	223.52
24565		A	A	090	Y	Y	N	N	N	347.09	375.64
24566		A	A	090	Y	Y	N	N	N	514.53	514.53
24575		A	A	090	Y	Y	Y	D	N	525.69	525.69
24576		A	A	090	Y	Y	N	N	N	212.09	235.46
24577		A	A	090	Y	Y	N	N	N	357.47	387.58
24579		A	A	090	Y	Y	Y	D	N	603.05	603.05
24582		A	A	090	Y	Y	N	N	N	580.73	580.73
24586		A	A	090	Y	Y	Y	D	N	788.15	788.15
24587		A	A	090	Y	Y	Y	D	N	792.30	792.30
24600		A	A	090	Y	Y	N	N	N	237.53	258.82
24605		A	A	090	Y	Y	N	N	N	335.92	335.92
24615		A	A	090	Y	Y	Y	D	N	514.79	514.79
24620		A	A	090	Y	Y	D	N	N	394.85	394.85
24635		A	A	090	Y	Y	Y	D	N	483.38	483.38
24640		A	A	010	Y	Y	D	N	N	55.04	69.05
24650		A	A	090	Y	Y	N	N	N	166.40	178.86
24655		A	A	090	Y	Y	N	N	N	281.67	308.15
24665		A	A	090	Y	Y	Y	D	N	466.50	466.50
24666		A	A	090	Y	Y	Y	D	N	527.25	527.25
24670		A	A	090	Y	Y	N	N	N	183.02	199.63

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
24675		A	A	090	Y	Y	N	N	N	294.13	320.61
24685		A	A	090	Y	Y	Y	D	N	468.06	468.06
24800		A	A	090	Y	Y	Y	D	N	596.30	596.30
24802		A	A	090	Y	Y	Y	N	N	730.25	730.25
24900		A	A	090	Y	Y	Y	D	N	532.70	532.70
24920		A	A	090	Y	Y	Y	D	N	532.18	532.18
24925		A	A	090	Y	Y	Y	N	N	406.79	406.79
24930		A	A	090	Y	Y	Y	N	N	559.44	559.44
24931		A	A	090	Y	Y	Y	N	N	680.93	680.93
24935		A	A	090	Y	Y	D	N	N	847.85	847.85
24940		C	C	090	Y	Y	Y	N	N	-	-
24999		Unlstd/Manual	C	YYY	Y	Y	D	D	D	-	-
25000		A	A	090	Y	Y	N	N	N	236.50	236.50
25001		A	A	090	Y	Y	N	N	N	241.95	241.95
25020		A	A	090	Y	Y	N	N	N	400.82	400.82
25023		A	A	090	Y	Y	D	N	N	789.96	789.96
25024		A	A	090	Y	Y	N	N	N	563.33	563.33
25025		A	A	090	Y	Y	D	N	N	880.30	880.30
25028		A	A	090	Y	Y	N	N	N	368.89	368.89
25031		A	A	090	Y	Y	D	N	N	246.88	246.88
25035		A	A	090	Y	Y	D	N	N	418.99	418.99
25040		A	A	090	Y	Y	D	N	N	402.38	402.38
25065		A	A	010	Y	Y	N	N	N	114.22	173.93
25066		A	A	090	Y	Y	N	N	N	254.15	254.15
25071		A	A	090	Y	Y	Y	N	N	308.15	308.15
25073		A	A	090	Y	Y	Y	N	N	383.69	383.69
25075		A	A	090	Y	Y	N	N	N	226.11	337.48
25076		A	A	090	Y	Y	N	N	N	370.45	370.45
25077		A	A	090	Y	Y	N	N	N	644.33	644.33
25078		A	A	090	Y	Y	Y	N	N	856.94	856.94
25085		A	A	090	Y	Y	Y	N	N	319.57	319.57
25100		A	A	090	Y	Y	D	N	N	245.58	245.58
25101		A	A	090	Y	Y	D	N	N	286.60	286.60
25105		A	A	090	Y	Y	D	D	N	343.71	343.71
25107		A	A	090	Y	Y	Y	D	N	438.20	438.20
25109		A	A	090	Y	Y	N	N	N	383.95	383.95
25110		A	A	090	Y	Y	N	N	N	242.21	242.21
25111		A	A	090	Y	Y	N	N	N	225.59	225.59
25112		A	A	090	Y	Y	N	N	N	274.92	274.92
25115		A	A	090	Y	Y	N	N	N	543.34	543.34
25116		A	A	090	Y	Y	D	D	N	426.78	426.78
25118		A	A	090	Y	Y	N	N	N	269.46	269.46
25119		A	A	090	Y	Y	Y	D	N	351.50	351.50
25120		A	A	090	Y	Y	D	D	N	354.09	354.09
25125		A	A	090	Y	Y	D	N	N	421.59	421.59
25126		A	A	090	Y	Y	Y	N	N	426.26	426.26
25130		A	A	090	Y	Y	D	N	N	316.45	316.45
25135		A	A	090	Y	Y	Y	D	N	397.45	397.45
25136		A	A	090	Y	Y	Y	D	N	348.12	348.12
25145		A	A	090	Y	Y	Y	N	N	368.89	368.89
25150		A	A	090	Y	Y	N	D	N	406.01	406.01
25151		A	A	090	Y	Y	Y	D	N	415.88	415.88

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
25170		A	A	090	Y	Y	Y	D	N	1,079.94	1,079.94
25210		A	A	090	Y	N	D	D	N	346.31	346.31
25215		A	A	090	Y	Y	Y	D	N	441.84	441.84
25230		A	A	090	Y	Y	N	D	N	308.15	308.15
25240		A	A	090	Y	Y	D	D	N	304.25	304.25
25246		A	A	000	Y	Y	N	N	N	55.04	115.52
25248		A	A	090	Y	Y	N	N	N	295.94	295.94
25250		A	A	090	Y	Y	Y	N	N	378.50	378.50
25251		A	A	090	Y	Y	Y	N	N	518.42	518.42
25259		A	A	090	Y	Y	N	N	N	290.75	290.75
25260		A	A	090	Y	N	N	N	N	449.11	449.11
25263		A	A	090	Y	N	Y	N	N	448.59	448.59
25265		A	A	090	Y	N	Y	N	N	535.55	535.55
25270		A	A	090	Y	N	D	N	N	348.12	348.12
25272		A	A	090	Y	N	D	N	N	395.63	395.63
25274		A	A	090	Y	N	D	D	N	477.92	477.92
25275		A	A	090	Y	Y	D	D	N	479.22	479.22
25280		A	A	090	Y	N	D	D	N	402.12	402.12
25290		A	A	090	Y	N	N	N	N	309.96	309.96
25295		A	A	090	Y	N	N	N	N	375.38	375.38
25300		A	A	090	Y	Y	Y	N	N	486.49	486.49
25301		A	A	090	Y	Y	Y	N	N	461.05	461.05
25310		A	A	090	Y	N	Y	D	N	441.84	441.84
25312		A	A	090	Y	N	Y	D	N	515.83	515.83
25315		A	A	090	Y	Y	Y	N	N	555.80	555.80
25316		A	A	090	Y	Y	Y	N	N	665.61	665.61
25320		A	A	090	Y	Y	Y	N	N	703.52	703.52
25332		A	A	090	Y	Y	Y	N	N	606.69	606.69
25335		A	A	090	Y	Y	Y	N	N	687.16	687.16
25337		A	A	090	Y	Y	N	N	N	637.84	637.84
25350		A	A	090	Y	Y	Y	N	N	483.89	483.89
25355		A	A	090	Y	Y	Y	N	N	545.68	545.68
25360		A	A	090	Y	Y	Y	D	N	470.40	470.40
25365		A	A	090	Y	Y	Y	N	N	660.16	660.16
25370		A	A	090	Y	Y	Y	N	N	732.59	732.59
25375		A	A	090	Y	Y	Y	D	N	694.43	694.43
25390		A	A	090	Y	Y	Y	D	N	553.47	553.47
25391		A	A	090	Y	Y	Y	D	N	725.06	725.06
25392		A	A	090	Y	Y	Y	N	N	713.12	713.12
25393		A	A	090	Y	Y	Y	N	N	814.37	814.37
25394		A	A	090	Y	Y	Y	D	N	564.63	564.63
25400		A	A	090	Y	Y	Y	D	N	580.21	580.21
25405		A	A	090	Y	Y	Y	D	N	752.84	752.84
25415		A	A	090	Y	Y	Y	D	N	700.66	700.66
25420		A	A	090	Y	Y	Y	D	N	848.37	848.37
25425		A	A	090	Y	Y	Y	D	N	697.29	697.29
25426		A	A	090	Y	Y	Y	D	N	821.63	821.63
25430		A	A	090	Y	Y	N	N	N	527.25	527.25
25431		A	A	090	Y	Y	Y	D	N	568.52	568.52
25440		A	A	090	Y	Y	Y	D	N	553.47	553.47
25441		A	A	090	Y	Y	Y	D	N	679.37	679.37
25442		A	A	090	Y	Y	Y	D	N	580.47	580.47

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
25443		A	A	090	Y	Y	Y	D	N	557.36	557.36
25444		A	A	090	Y	Y	Y	N	N	596.30	596.30
25445		A	A	090	Y	Y	N	D	N	520.24	520.24
25446		A	A	090	Y	Y	Y	D	N	853.05	853.05
25447		A	A	090	Y	Y	Y	D	N	594.22	594.22
25449		A	A	090	Y	Y	Y	D	N	747.65	747.65
25450		A	A	090	Y	Y	N	N	N	443.66	443.66
25455		A	A	090	Y	Y	N	N	N	524.65	524.65
25490		A	A	090	Y	Y	Y	N	N	518.94	518.94
25491		A	A	090	Y	Y	Y	N	N	536.07	536.07
25492		A	A	090	Y	Y	Y	N	N	657.57	657.57
25500		A	A	090	Y	Y	N	N	N	173.67	189.51
25505		A	A	090	Y	Y	N	N	N	320.61	348.64
25515		A	A	090	Y	Y	Y	D	N	480.26	480.26
25520		A	A	090	Y	Y	N	N	N	380.31	400.04
25525		A	A	090	Y	Y	Y	Y	N	567.49	567.49
25526		A	A	090	Y	Y	Y	Y	N	690.02	690.02
25530		A	A	090	Y	Y	N	N	N	164.33	178.86
25535		A	A	090	Y	Y	N	N	N	320.35	343.45
25545		A	A	090	Y	Y	Y	D	N	445.21	445.21
25560		A	A	090	Y	Y	N	N	N	174.97	192.88
25565		A	A	090	Y	Y	N	N	N	328.13	360.58
25574		A	A	090	Y	Y	Y	Y	N	483.63	483.63
25575		A	A	090	Y	Y	Y	D	N	650.56	650.56
25600		A	A	090	Y	Y	N	N	N	214.43	224.81
25605		A	A	090	Y	Y	N	N	N	359.55	379.28
25606		A	A	090	Y	Y	N	N	N	474.03	474.03
25607		A	A	090	Y	Y	Y	N	N	526.47	526.47
25608		A	A	090	Y	Y	Y	N	N	592.67	592.67
25609		A	A	090	Y	Y	Y	N	N	755.96	755.96
25622		A	A	090	Y	Y	N	N	N	193.40	209.24
25624		A	A	090	Y	Y	D	N	N	307.11	335.14
25628		A	A	090	Y	Y	Y	N	N	516.60	516.60
25630		A	A	090	Y	Y	N	N	N	196.00	210.28
25635		A	A	090	Y	Y	D	N	N	293.09	319.31
25645		A	A	090	Y	Y	Y	N	N	407.31	407.31
25650		A	A	090	Y	Y	N	N	N	208.46	222.48
25651		A	A	090	Y	Y	D	N	N	343.71	343.71
25652		A	A	090	Y	Y	N	D	N	445.99	445.99
25660		A	A	090	Y	Y	D	N	N	291.27	291.27
25670		A	A	090	Y	Y	Y	D	N	434.05	434.05
25671		A	A	090	Y	Y	N	N	N	375.90	375.90
25675		A	A	090	Y	Y	D	N	N	279.07	305.03
25676		A	A	090	Y	Y	Y	N	N	450.67	450.67
25680		A	A	090	Y	Y	D	N	N	368.63	368.63
25685		A	A	090	Y	Y	Y	N	N	531.66	531.66
25690		A	A	090	Y	Y	D	N	N	342.93	342.93
25695		A	A	090	Y	Y	Y	D	N	455.60	455.60
25800		A	A	090	Y	Y	Y	D	N	525.43	525.43
25805		A	A	090	Y	Y	Y	D	N	611.36	611.36
25810		A	A	090	Y	Y	Y	D	N	623.82	623.82
25820		A	A	090	Y	Y	Y	D	N	440.02	440.02

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
25825		A	A	090	Y	Y	Y	D	N	543.34	543.34
25830		A	A	090	Y	Y	Y	D	N	665.35	665.35
25900		A	A	090	Y	Y	D	N	N	511.41	511.41
25905		A	A	090	Y	Y	Y	N	N	503.36	503.36
25907		A	A	090	Y	Y	Y	N	N	436.39	436.39
25909		A	A	090	Y	Y	Y	N	N	492.72	492.72
25915		A	A	090	Y	Y	Y	N	N	858.76	858.76
25920		A	A	090	Y	Y	D	N	N	504.14	504.14
25922		A	A	090	Y	Y	Y	N	N	440.80	440.80
25924		A	A	090	Y	Y	Y	N	N	482.60	482.60
25927		A	A	090	Y	Y	D	N	N	569.30	569.30
25929		A	A	090	Y	Y	Y	N	N	429.64	429.64
25931		A	A	090	Y	Y	N	N	N	523.09	523.09
25999	Unlstd/Manual		C	YYY	Y	Y	D	D	D	-	-
26010		A	A	010	Y	N	N	N	N	95.27	180.68
26011		A	A	010	Y	N	N	N	N	130.32	268.43
26020		A	A	090	Y	N	N	N	N	307.37	307.37
26025		A	A	090	Y	Y	D	N	N	299.06	299.06
26030		A	A	090	Y	Y	D	N	N	350.20	350.20
26034		A	A	090	Y	N	N	N	N	386.28	386.28
26035		A	A	090	Y	N	D	N	N	618.89	618.89
26037		A	A	090	Y	Y	D	N	N	405.50	405.50
26040		A	A	090	Y	Y	N	N	N	219.10	219.10
26045		A	A	090	Y	Y	N	N	N	334.11	334.11
26055		A	A	090	Y	N	N	N	N	216.25	377.98
26060		A	A	090	Y	N	D	N	N	179.90	179.90
26070		A	A	090	Y	Y	N	N	N	225.85	225.85
26075		A	A	090	Y	Y	N	N	N	235.98	235.98
26080		A	A	090	Y	N	N	N	N	276.21	276.21
26100		A	A	090	Y	Y	D	N	N	237.27	237.27
26105		A	A	090	Y	Y	D	N	N	238.05	238.05
26110		A	A	090	Y	N	N	N	N	226.89	226.89
26111		A	A	090	Y	N	Y	N	N	298.02	298.02
26113		A	A	090	Y	N	Y	N	N	391.22	391.22
26115		A	A	090	Y	N	N	N	N	235.46	353.58
26116		A	A	090	Y	N	N	N	N	375.64	375.64
26117		A	A	090	Y	N	N	N	N	535.04	535.04
26118		A	A	090	Y	N	Y	N	N	760.37	760.37
26121		A	A	090	Y	Y	N	N	N	427.04	427.04
26123		A	A	090	Y	Y	N	N	N	597.08	597.08
26125		A	A	ZZZ	N	N	N	N	N	202.23	202.23
26130		A	A	090	Y	Y	N	N	N	325.80	325.80
26135		A	A	090	Y	N	D	N	N	392.77	392.77
26140		A	A	090	Y	N	N	N	N	359.55	359.55
26145		A	A	090	Y	N	N	N	N	366.04	366.04
26160		A	A	090	Y	N	N	N	N	233.90	391.22
26170		A	A	090	Y	N	D	N	N	287.38	287.38
26180		A	A	090	Y	N	D	N	N	314.64	314.64
26185		A	A	090	Y	Y	Y	D	N	390.96	390.96
26200		A	A	090	Y	N	D	N	N	320.09	320.09
26205		A	A	090	Y	N	N	N	N	434.05	434.05
26210		A	A	090	Y	N	N	N	N	313.86	313.86

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
26215		A	A	090	Y	N	N	N	N	405.24	405.24
26230		A	A	090	Y	N	D	N	N	355.39	355.39
26235		A	A	090	Y	N	D	N	N	350.98	350.98
26236		A	A	090	Y	N	N	N	N	313.60	313.60
26250		A	A	090	Y	N	D	N	N	778.28	778.28
26260		A	A	090	Y	N	Y	N	N	579.95	579.95
26262		A	A	090	Y	N	Y	N	N	453.00	453.00
26320		A	A	090	Y	N	N	N	N	245.58	245.58
26340		A	A	090	Y	Y	N	N	N	231.30	231.30
26341	Not Covered	A	A	010	Y	Y	N	N	N	53.48	69.83
26350		A	A	090	Y	N	N	N	N	482.08	482.08
26352		A	A	090	Y	N	Y	D	N	558.92	558.92
26356		A	A	090	Y	N	N	N	N	562.55	562.55
26357		A	A	090	Y	N	Y	N	N	633.16	633.16
26358		A	A	090	Y	N	Y	N	N	702.48	702.48
26370		A	A	090	Y	N	D	N	N	515.31	515.31
26372		A	A	090	Y	N	Y	N	N	607.72	607.72
26373		A	A	090	Y	N	Y	N	N	582.02	582.02
26390		A	A	090	Y	N	Y	D	N	582.80	582.80
26392		A	A	090	Y	N	Y	D	N	674.44	674.44
26410		A	A	090	Y	N	N	N	N	380.83	380.83
26412		A	A	090	Y	N	D	N	N	461.57	461.57
26415		A	A	090	Y	N	D	N	N	563.59	563.59
26416		A	A	090	Y	N	N	N	N	615.25	615.25
26418		A	A	090	Y	N	N	N	N	387.32	387.32
26420		A	A	090	Y	N	Y	N	N	483.12	483.12
26426		A	A	090	Y	N	N	N	N	356.95	356.95
26428		A	A	090	Y	N	D	N	N	518.16	518.16
26432		A	A	090	Y	N	N	N	N	335.14	335.14
26433		A	A	090	Y	N	N	N	N	358.25	358.25
26434		A	A	090	Y	N	Y	N	N	442.88	442.88
26437		A	A	090	Y	N	N	N	N	425.74	425.74
26440		A	A	090	Y	N	N	N	N	416.92	416.92
26442		A	A	090	Y	N	N	N	N	660.94	660.94
26445		A	A	090	Y	N	N	N	N	384.99	384.99
26449		A	A	090	Y	N	D	N	N	493.50	493.50
26450		A	A	090	Y	N	D	N	N	276.47	276.47
26455		A	A	090	Y	N	D	N	N	274.40	274.40
26460		A	A	090	Y	N	N	N	N	267.91	267.91
26471		A	A	090	Y	N	D	N	N	420.03	420.03
26474		A	A	090	Y	N	Y	N	N	410.43	410.43
26476		A	A	090	Y	N	N	N	N	405.24	405.24
26477		A	A	090	Y	N	N	D	N	394.59	394.59
26478		A	A	090	Y	N	D	N	N	421.33	421.33
26479		A	A	090	Y	N	Y	N	N	427.04	427.04
26480		A	A	090	Y	N	D	N	N	509.08	509.08
26483		A	A	090	Y	N	Y	D	N	576.05	576.05
26485		A	A	090	Y	N	Y	D	N	550.61	550.61
26489		A	A	090	Y	N	D	N	N	645.11	645.11
26490		A	A	090	Y	N	D	N	N	552.17	552.17
26492		A	A	090	Y	N	Y	D	N	615.77	615.77
26494		A	A	090	Y	N	Y	D	N	552.17	552.17

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
26496		A	A	090	Y	N	D	N	N	594.74	594.74
26497		A	A	090	Y	N	Y	N	N	603.57	603.57
26498		A	A	090	Y	N	Y	D	N	808.13	808.13
26499		A	A	090	Y	N	Y	D	N	576.31	576.31
26500		A	A	090	Y	N	D	N	N	423.41	423.41
26502		A	A	090	Y	N	Y	N	N	489.61	489.61
26508		A	A	090	Y	Y	D	N	N	430.42	430.42
26510		A	A	090	Y	N	D	N	N	404.20	404.20
26516		A	A	090	Y	Y	D	N	N	480.52	480.52
26517		A	A	090	Y	Y	Y	N	N	570.08	570.08
26518		A	A	090	Y	Y	Y	D	N	580.21	580.21
26520		A	A	090	Y	N	N	N	N	436.65	436.65
26525		A	A	090	Y	N	N	D	N	438.72	438.72
26530		A	A	090	Y	N	Y	N	N	383.17	383.17
26531		A	A	090	Y	N	Y	D	N	445.99	445.99
26535		A	A	090	Y	N	N	N	N	305.03	305.03
26536		A	A	090	Y	N	D	N	N	484.41	484.41
26540		A	A	090	Y	N	D	D	N	449.89	449.89
26541		A	A	090	Y	N	Y	D	N	553.21	553.21
26542		A	A	090	Y	N	D	N	N	465.98	465.98
26545		A	A	090	Y	N	D	N	N	484.67	484.67
26546		A	A	090	Y	Y	Y	N	N	687.94	687.94
26548		A	A	090	Y	N	D	N	N	523.09	523.09
26550		A	A	090	Y	Y	Y	N	N	1,172.61	1,172.61
26551		A	A	090	Y	Y	Y	N	N	2,399.22	2,399.22
26553		A	A	090	Y	Y	Y	D	N	2,383.39	2,383.39
26554		A	A	090	Y	Y	Y	D	N	2,786.55	2,786.55
26555		A	A	090	Y	N	Y	N	N	970.13	970.13
26556		A	A	090	Y	N	Y	D	N	2,475.03	2,475.03
26560		A	A	090	Y	N	Y	N	N	399.01	399.01
26561		A	A	090	Y	N	Y	D	N	660.94	660.94
26562		A	A	090	Y	N	Y	N	N	950.66	950.66
26565		A	A	090	Y	N	Y	N	N	463.39	463.39
26567		A	A	090	Y	N	D	N	N	467.54	467.54
26568		A	A	090	Y	N	Y	N	N	619.41	619.41
26580		A	A	090	Y	Y	Y	N	N	1,078.12	1,078.12
26587		A	A	090	Y	N	Y	N	N	755.18	755.18
26590		A	A	090	Y	N	Y	N	N	1,004.39	1,004.39
26591		A	A	090	Y	N	D	N	N	294.13	294.13
26593		A	A	090	Y	N	N	N	N	408.09	408.09
26596		A	A	090	Y	N	Y	N	N	531.40	531.40
26600		A	A	090	Y	N	N	N	N	191.33	201.19
26605		A	A	090	Y	N	N	N	N	203.79	223.00
26607		A	A	090	Y	N	D	N	N	332.03	332.03
26608		A	A	090	Y	N	D	N	N	337.48	337.48
26615		A	A	090	Y	N	N	N	N	408.87	408.87
26641		A	A	090	Y	Y	D	N	N	238.57	261.16
26645		A	A	090	Y	Y	D	N	N	277.77	301.14
26650		A	A	090	Y	Y	N	N	N	336.96	336.96
26665		A	A	090	Y	Y	N	D	N	445.99	445.99
26670		A	A	090	Y	N	D	N	N	217.80	240.13
26675		A	A	090	Y	N	D	N	N	296.72	320.87

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
26676		A	A	090	Y	N	N	N	N	354.61	354.61
26685		A	A	090	Y	N	N	D	N	407.83	407.83
26686		A	A	090	Y	N	Y	N	N	446.25	446.25
26700		A	A	090	Y	N	N	N	N	214.95	229.49
26705		A	A	090	Y	N	D	N	N	268.17	291.53
26706		A	A	090	Y	N	N	N	N	312.82	312.82
26715		A	A	090	Y	N	D	N	N	406.53	406.53
26720		A	A	090	Y	N	N	N	N	126.68	134.73
26725		A	A	090	Y	N	N	N	N	212.09	234.42
26727		A	A	090	Y	N	N	N	N	332.55	332.55
26735		A	A	090	Y	N	N	N	N	423.41	423.41
26740		A	A	090	Y	N	N	N	N	149.53	157.84
26742		A	A	090	Y	N	N	N	N	235.46	258.82
26746		A	A	090	Y	N	N	N	N	531.66	531.66
26750		A	A	090	Y	N	N	N	N	127.20	126.68
26755		A	A	090	Y	N	N	N	N	190.55	217.80
26756		A	A	090	Y	N	D	N	N	292.83	292.83
26765		A	A	090	Y	N	N	N	N	353.83	353.83
26770		A	A	090	Y	N	N	N	N	178.86	193.40
26775		A	A	090	Y	N	N	N	N	242.47	266.61
26776		A	A	090	Y	N	N	N	N	311.78	311.78
26785		A	A	090	Y	N	N	N	N	387.84	387.84
26820		A	A	090	Y	Y	Y	D	N	543.08	543.08
26841		A	A	090	Y	Y	D	D	N	498.17	498.17
26842		A	A	090	Y	Y	Y	D	N	539.71	539.71
26843		A	A	090	Y	N	Y	D	N	509.59	509.59
26844		A	A	090	Y	N	Y	D	N	568.52	568.52
26850		A	A	090	Y	N	D	N	N	474.29	474.29
26852		A	A	090	Y	N	Y	D	N	548.53	548.53
26860		A	A	090	Y	N	N	N	N	382.13	382.13
26861		A	A	ZZZ	N	N	N	N	N	76.32	76.32
26862		A	A	090	Y	N	Y	D	N	498.43	498.43
26863		A	A	ZZZ	N	N	Y	N	N	170.56	170.56
26910		A	A	090	Y	N	N	N	N	500.51	500.51
26951		A	A	090	Y	N	N	N	N	445.21	445.21
26952		A	A	090	Y	N	N	N	N	442.10	442.10
26989		Unlstd/Manual	C	YYY	Y	N	N	D	D	-	-
26990		A	A	090	Y	N	N	N	N	456.12	456.12
26991		A	A	090	Y	N	D	N	N	375.38	491.16
26992		A	A	090	Y	N	D	N	N	700.40	700.40
27000		A	A	090	Y	Y	N	D	N	289.97	289.97
27001		A	A	090	Y	Y	Y	D	N	385.77	385.77
27003		A	A	090	Y	Y	Y	D	N	426.00	426.00
27005		A	A	090	Y	Y	Y	D	N	521.54	521.54
27006		A	A	090	Y	Y	Y	D	N	519.46	519.46
27025		A	A	090	Y	Y	D	D	N	663.02	663.02
27027		A	A	090	Y	Y	D	N	N	642.25	642.25
27030		A	A	090	Y	Y	Y	D	N	682.75	682.75
27033		A	A	090	Y	Y	Y	D	N	707.93	707.93
27035		A	A	090	Y	Y	Y	D	N	804.24	804.24
27036		A	A	090	Y	Y	Y	D	N	734.93	734.93
27040		A	A	010	Y	Y	N	N	N	142.78	234.68

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
27041		A	A	090	Y	Y	N	N	N	507.26	507.26
27043		A	A	090	Y	Y	N	N	N	344.49	344.49
27045		A	A	090	Y	Y	Y	D	N	543.08	543.08
27047		A	A	090	Y	Y	N	N	N	261.94	333.85
27048		A	A	090	Y	Y	Y	D	N	445.99	445.99
27049		A	A	090	Y	Y	Y	D	N	989.60	989.60
27050		A	A	090	Y	Y	D	D	N	286.34	286.34
27052		A	A	090	Y	Y	Y	D	N	413.02	413.02
27054		A	A	090	Y	Y	Y	D	N	493.76	493.76
27057		A	A	090	Y	Y	D	N	N	736.74	736.74
27059		A	A	090	Y	Y	Y	D	N	1,348.10	1,348.10
27060		A	A	090	Y	Y	N	N	N	333.33	333.33
27062		A	A	090	Y	Y	N	D	N	326.32	326.32
27065		A	A	090	Y	Y	Y	D	N	371.49	371.49
27066		A	A	090	Y	Y	Y	D	N	580.47	580.47
27067		A	A	090	Y	Y	Y	N	N	753.62	753.62
27070		A	A	090	Y	Y	Y	D	N	617.85	617.85
27071		A	A	090	Y	Y	Y	D	N	667.17	667.17
27075		A	A	090	Y	N	Y	D	N	1,543.58	1,543.58
27076		A	A	090	Y	N	Y	D	N	1,871.72	1,871.72
27077		A	A	090	Y	N	Y	D	N	2,099.90	2,099.90
27078		A	A	090	Y	Y	Y	D	N	1,521.52	1,521.52
27080		A	A	090	Y	N	Y	D	N	370.97	370.97
27086		A	A	010	Y	Y	D	N	N	118.38	203.01
27087		A	A	090	Y	Y	Y	D	N	445.99	445.99
27090		A	A	090	Y	Y	Y	D	N	602.27	602.27
27091		A	A	090	Y	Y	Y	D	N	1,169.76	1,169.76
27093		A	A	000	Y	Y	N	N	N	51.14	133.69
27095		A	A	000	Y	Y	N	N	N	61.53	177.31
27096		A	A	000	Y	Y	N	N	N	59.97	108.51
27097		A	A	090	Y	Y	Y	N	N	492.20	492.20
27098		A	A	090	Y	Y	Y	N	N	501.29	501.29
27100		A	A	090	Y	Y	Y	D	N	593.71	593.71
27105		A	A	090	Y	Y	Y	N	N	625.90	625.90
27110		A	A	090	Y	Y	Y	D	N	699.88	699.88
27111		A	A	090	Y	Y	Y	D	N	654.71	654.71
27120		A	A	090	Y	Y	Y	D	N	944.17	944.17
27122		A	A	090	Y	Y	Y	D	N	802.94	802.94
27125		A	A	090	Y	Y	Y	D	N	827.35	827.35
27130		A	A	090	Y	Y	Y	D	N	992.45	992.45
27132		A	A	090	Y	Y	Y	D	N	1,227.91	1,227.91
27134		A	A	090	Y	Y	Y	D	N	1,409.63	1,409.63
27137		A	A	090	Y	Y	Y	D	N	1,079.94	1,079.94
27138		A	A	090	Y	Y	Y	D	N	1,122.77	1,122.77
27140		A	A	090	Y	Y	Y	D	N	646.40	646.40
27146		A	A	090	Y	Y	Y	D	N	932.74	932.74
27147		A	A	090	Y	Y	Y	D	N	1,061.76	1,061.76
27151		A	A	090	Y	Y	Y	D	N	1,168.72	1,168.72
27156		A	A	090	Y	Y	Y	D	N	1,240.37	1,240.37
27158		A	A	090	Y	B	Y	N	N	1,004.13	1,004.13
27161		A	A	090	Y	Y	Y	D	N	884.72	884.72
27165		A	A	090	Y	Y	Y	D	N	997.38	997.38

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
27170		A	A	090	Y	Y	Y	D	N	857.46	857.46
27175		A	A	090	Y	Y	D	N	N	484.41	484.41
27176		A	A	090	Y	Y	Y	D	N	664.06	664.06
27177		A	A	090	Y	Y	Y	D	N	777.76	777.76
27178		A	A	090	Y	Y	Y	D	N	668.73	668.73
27179		A	A	090	Y	Y	Y	N	N	700.66	700.66
27181		A	A	090	Y	Y	Y	N	N	790.22	790.22
27185		A	A	090	Y	Y	N	D	N	519.98	519.98
27187		A	A	090	Y	Y	Y	D	N	722.73	722.73
27197		A	A	000	Y	N	N	N	N	88.52	88.52
27198		A	A	000	Y	N	D	Y	N	219.36	219.36
27200		A	A	090	Y	N	N	N	N	130.84	127.98
27202		A	A	090	Y	N	Y	N	N	379.02	379.02
27215		A	I	090	N	N	N	N	N	455.08	455.08
27216		A	I	090	N	N	N	N	N	677.04	677.04
27217		A	I	090	N	N	N	N	N	634.72	634.72
27218		A	I	090	N	N	N	N	N	880.82	880.82
27220		A	A	090	Y	Y	N	N	N	376.42	381.09
27222		A	A	090	Y	Y	N	N	N	707.67	707.67
27226		A	A	090	Y	Y	Y	Y	N	770.75	770.75
27227		A	A	090	Y	Y	Y	Y	N	1,218.82	1,218.82
27228		A	A	090	Y	Y	Y	Y	N	1,384.45	1,384.45
27230		A	A	090	Y	Y	N	N	N	336.44	340.08
27232		A	A	090	Y	Y	N	N	N	545.42	545.42
27235		A	A	090	Y	Y	N	D	N	661.98	661.98
27236		A	A	090	Y	Y	Y	D	N	872.52	872.52
27238		A	A	090	Y	Y	N	N	N	329.17	329.17
27240		A	A	090	Y	Y	N	N	N	696.51	696.51
27244		A	A	090	Y	Y	Y	D	N	898.74	898.74
27245		A	A	090	Y	Y	Y	Y	N	898.22	898.22
27246		A	A	090	Y	Y	N	N	N	275.44	275.95
27248		A	A	090	Y	Y	Y	D	N	541.01	541.01
27250		A	A	000	Y	Y	N	N	N	135.77	135.77
27252		A	A	090	Y	Y	N	N	N	550.35	550.35
27253		A	A	090	Y	Y	Y	D	N	685.86	685.86
27254		A	A	090	Y	Y	Y	D	N	923.40	923.40
27256		A	A	010	Y	Y	D	N	N	173.41	216.77
27257		A	A	010	Y	Y	D	N	N	265.05	265.05
27258		A	A	090	Y	Y	Y	D	N	809.17	809.17
27259		A	A	090	Y	Y	Y	N	N	1,137.83	1,137.83
27265		A	A	090	Y	Y	N	N	N	285.04	285.04
27266		A	A	090	Y	Y	N	N	N	419.25	419.25
27267		A	A	090	Y	Y	Y	D	N	308.66	308.66
27268		A	A	090	Y	Y	Y	D	N	386.54	386.54
27269		A	A	090	Y	Y	Y	D	N	909.90	909.90
27275		A	A	010	Y	N	N	N	N	130.84	130.84
27279		A	A	090	Y	Y	Y	D	N	507.00	507.00
27280		A	A	090	Y	Y	Y	D	N	1,008.03	1,008.03
27282		A	A	090	Y	N	Y	D	N	621.74	621.74
27284		A	A	090	Y	Y	Y	D	N	1,163.53	1,163.53
27286		A	A	090	Y	Y	Y	D	N	1,214.67	1,214.67
27290		A	A	090	Y	N	Y	D	N	1,191.04	1,191.04

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
27295		A	A	090	Y	Y	Y	D	N	927.81	927.81
27299	Unlstd/Manual		C	YYY	Y	Y	Y	D	D	-	-
27301		A	A	090	Y	Y	N	N	N	363.70	471.95
27303		A	A	090	Y	Y	Y	D	N	461.57	461.57
27305		A	A	090	Y	Y	Y	D	N	344.23	344.23
27306		A	A	090	Y	Y	Y	N	N	244.28	244.28
27307		A	A	090	Y	Y	D	D	N	343.97	343.97
27310		A	A	090	Y	Y	Y	D	N	528.03	528.03
27323		A	A	010	Y	Y	N	N	N	127.98	189.25
27324		A	A	090	Y	Y	N	N	N	289.71	289.71
27325		A	A	090	Y	Y	Y	N	N	398.23	398.23
27326		A	A	090	Y	Y	Y	D	N	366.30	366.30
27327		A	A	090	Y	Y	N	N	N	224.55	325.02
27328		A	A	090	Y	Y	N	N	N	454.56	454.56
27329		A	A	090	Y	Y	Y	D	N	762.45	762.45
27330		A	A	090	Y	Y	N	D	N	296.72	296.72
27331		A	A	090	Y	Y	Y	D	N	339.82	339.82
27332		A	A	090	Y	Y	Y	D	N	460.79	460.79
27333		A	A	090	Y	Y	Y	D	N	421.33	421.33
27334		A	A	090	Y	Y	Y	D	N	493.24	493.24
27335		A	A	090	Y	Y	Y	D	N	551.39	551.39
27337		A	A	090	Y	Y	Y	N	N	305.29	305.29
27339		A	A	090	Y	Y	Y	N	N	552.17	552.17
27340		A	A	090	Y	Y	N	N	N	263.49	263.49
27345		A	A	090	Y	Y	Y	D	N	343.45	343.45
27347		A	A	090	Y	Y	Y	D	N	377.98	377.98
27350		A	A	090	Y	Y	Y	D	N	467.28	467.28
27355		A	A	090	Y	Y	Y	D	N	434.57	434.57
27356		A	A	090	Y	Y	Y	D	N	532.70	532.70
27357		A	A	090	Y	Y	Y	D	N	588.25	588.25
27358		A	A	ZZZ	N	N	Y	N	N	207.16	207.16
27360		A	A	090	Y	Y	Y	D	N	619.41	619.41
27364		A	A	090	Y	Y	Y	D	N	1,156.00	1,156.00
27365		A	A	090	Y	Y	Y	D	N	1,519.44	1,519.44
27369		A	A	000	N	N	D	N	N	30.11	94.23
27372		A	A	090	Y	Y	D	N	N	286.08	410.69
27380		A	A	090	Y	Y	Y	D	N	426.52	426.52
27381		A	A	090	Y	Y	Y	D	N	576.31	576.31
27385		A	A	090	Y	Y	Y	D	N	410.69	410.69
27386		A	A	090	Y	Y	Y	D	N	599.68	599.68
27390		A	A	090	Y	Y	Y	N	N	318.79	318.79
27391		A	A	090	Y	N	D	D	N	410.43	410.43
27392		A	A	090	Y	B	Y	D	N	511.15	511.15
27393		A	A	090	Y	Y	Y	D	N	366.04	366.04
27394		A	A	090	Y	N	Y	N	N	460.79	460.79
27395		A	A	090	Y	B	Y	D	N	634.72	634.72
27396		A	A	090	Y	Y	Y	D	N	440.28	440.28
27397		A	A	090	Y	Y	Y	N	N	661.20	661.20
27400		A	A	090	Y	Y	Y	D	N	495.32	495.32
27403		A	A	090	Y	Y	Y	D	N	461.57	461.57
27405		A	A	090	Y	Y	Y	D	N	486.49	486.49
27407		A	A	090	Y	Y	Y	D	N	564.89	564.89

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
27409		A	A	090	Y	Y	Y	D	N	697.03	697.03
27412		Not Covered	A	090	Y	Y	Y	D	N	1,190.79	1,190.79
27415		Not Covered	A	090	Y	Y	Y	D	N	984.40	984.40
27416		A	A	090	Y	Y	D	N	N	705.07	705.07
27418		A	A	090	Y	Y	Y	D	N	599.42	599.42
27420		A	A	090	Y	Y	Y	D	N	536.59	536.59
27422		A	A	090	Y	Y	Y	D	N	536.59	536.59
27424		A	A	090	Y	Y	Y	D	N	539.71	539.71
27425		A	A	090	Y	Y	N	D	N	320.35	320.35
27427		A	A	090	Y	Y	Y	D	N	513.75	513.75
27428		A	A	090	Y	Y	Y	D	N	806.84	806.84
27429		A	A	090	Y	Y	Y	D	N	906.78	906.78
27430		A	A	090	Y	Y	Y	D	N	533.74	533.74
27435		A	A	090	Y	Y	Y	D	N	582.28	582.28
27437		A	A	090	Y	Y	N	D	N	477.14	477.14
27438		A	A	090	Y	Y	Y	D	N	607.72	607.72
27440		A	A	090	Y	Y	Y	D	N	575.79	575.79
27441		A	A	090	Y	Y	Y	D	N	597.34	597.34
27442		A	A	090	Y	Y	Y	D	N	630.05	630.05
27443		A	A	090	Y	Y	Y	D	N	587.99	587.99
27445		A	A	090	Y	Y	Y	D	N	914.57	914.57
27446		A	A	090	Y	Y	Y	D	N	847.33	847.33
27447		A	A	090	Y	Y	Y	D	N	991.93	991.93
27448		A	A	090	Y	Y	Y	D	N	563.07	563.07
27450		A	A	090	Y	Y	Y	D	N	739.08	739.08
27454		A	A	090	Y	Y	Y	D	N	945.72	945.72
27455		A	A	090	Y	Y	Y	D	N	677.82	677.82
27457		A	A	090	Y	Y	Y	D	N	699.62	699.62
27465		A	A	090	Y	Y	Y	D	N	916.65	916.65
27466		A	A	090	Y	Y	Y	D	N	859.54	859.54
27468		A	A	090	Y	Y	Y	D	N	984.14	984.14
27470		A	A	090	Y	Y	Y	D	N	857.20	857.20
27472		A	A	090	Y	Y	Y	D	N	921.84	921.84
27475		A	A	090	Y	Y	N	D	N	478.70	478.70
27477		A	A	090	Y	Y	N	D	N	532.44	532.44
27479		A	A	090	Y	Y	Y	N	N	670.81	670.81
27485		A	A	090	Y	Y	N	N	N	485.71	485.71
27486		A	A	090	Y	Y	Y	D	N	1,026.98	1,026.98
27487		A	A	090	Y	Y	Y	D	N	1,289.43	1,289.43
27488		A	A	090	Y	Y	Y	D	N	875.63	875.63
27495		A	A	090	Y	Y	Y	D	N	822.15	822.15
27496		A	A	090	Y	Y	N	N	N	389.40	389.40
27497		A	A	090	Y	Y	D	Y	N	418.48	418.48
27498		A	A	090	Y	Y	Y	Y	N	470.91	470.91
27499		A	A	090	Y	Y	Y	Y	N	503.10	503.10
27500		A	A	090	Y	Y	N	N	N	343.45	369.15
27501		A	A	090	Y	Y	D	N	N	356.95	361.10
27502		A	A	090	Y	Y	N	N	N	552.17	552.17
27503		A	A	090	Y	Y	D	N	N	579.69	579.69
27506		A	A	090	Y	Y	Y	D	N	976.10	976.10
27507		A	A	090	Y	Y	Y	Y	N	710.27	710.27
27508		A	A	090	Y	Y	N	N	N	351.24	369.93

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
27509		A	A	090	Y	Y	D	N	N	462.61	462.61
27510		A	A	090	Y	Y	N	N	N	494.02	494.02
27511		A	A	090	Y	Y	Y	Y	N	730.00	730.00
27513		A	A	090	Y	Y	Y	Y	N	911.72	911.72
27514		A	A	090	Y	Y	Y	D	N	708.71	708.71
27516		A	A	090	Y	Y	N	N	N	339.04	359.29
27517		A	A	090	Y	Y	D	N	N	489.09	489.09
27519		A	A	090	Y	Y	Y	D	N	652.12	652.12
27520		A	A	090	Y	Y	N	N	N	205.60	222.48
27524		A	A	090	Y	Y	Y	D	N	543.86	543.86
27530		A	A	090	Y	Y	N	N	N	194.70	207.42
27532		A	A	090	Y	Y	N	N	N	414.06	438.72
27535		A	A	090	Y	Y	Y	Y	N	656.79	656.79
27536		A	A	090	Y	Y	Y	D	N	866.80	866.80
27538		A	A	090	Y	Y	D	N	N	313.86	334.36
27540		A	A	090	Y	Y	Y	D	N	588.77	588.77
27550		A	A	090	Y	Y	D	N	N	342.15	366.30
27552		A	A	090	Y	Y	D	N	N	450.15	450.15
27556		A	A	090	Y	Y	Y	D	N	639.65	639.65
27557		A	A	090	Y	Y	Y	D	N	763.22	763.22
27558		A	A	090	Y	Y	Y	Y	N	870.96	870.96
27560		A	A	090	Y	Y	N	N	N	237.53	256.23
27562		A	A	090	Y	Y	D	N	N	344.23	344.23
27566		A	A	090	Y	Y	Y	D	N	646.92	646.92
27570		A	A	010	Y	Y	N	N	N	107.47	107.47
27580		A	A	090	Y	Y	Y	D	N	1,050.60	1,050.60
27590		A	A	090	Y	Y	Y	D	N	595.26	595.26
27591		A	A	090	Y	Y	Y	D	N	701.96	701.96
27592		A	A	090	Y	Y	Y	D	N	505.70	505.70
27594		A	A	090	Y	Y	N	N	N	370.71	370.71
27596		A	A	090	Y	Y	N	D	N	531.92	531.92
27598		A	A	090	Y	Y	Y	D	N	525.95	525.95
27599		Unlstd/Manual	C	YYY	Y	Y	Y	D	D	-	-
27600		A	A	090	Y	Y	N	D	N	296.46	296.46
27601		A	A	090	Y	Y	N	N	N	321.38	321.38
27602		A	A	090	Y	Y	Y	D	N	359.29	359.29
27603		A	A	090	Y	Y	N	N	N	279.59	369.93
27604		A	A	090	Y	Y	D	N	N	238.57	328.39
27605		A	A	010	Y	Y	D	N	N	133.69	234.16
27606		A	A	010	Y	Y	N	D	N	201.19	201.19
27607		A	A	090	Y	Y	N	N	N	439.76	439.76
27610		A	A	090	Y	Y	N	N	N	469.36	469.36
27612		A	A	090	Y	Y	Y	D	N	407.05	407.05
27613		A	A	010	Y	Y	N	N	N	114.48	171.60
27614		A	A	090	Y	Y	N	N	N	291.01	400.04
27615		A	A	090	Y	Y	D	D	N	751.80	751.80
27616		A	A	090	Y	Y	D	D	N	935.34	935.34
27618		A	A	090	Y	Y	N	N	N	219.62	317.75
27619		A	A	090	Y	Y	N	N	N	334.11	334.11
27620		A	A	090	Y	Y	Y	D	N	322.94	322.94
27625		A	A	090	Y	Y	Y	D	N	410.69	410.69
27626		A	A	090	Y	Y	Y	N	N	438.46	438.46

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
27630		A	A	090	Y	Y	N	N	N	258.82	381.35
27632		A	A	090	Y	Y	Y	N	N	301.14	301.14
27634		A	A	090	Y	Y	Y	N	N	494.80	494.80
27635		A	A	090	Y	Y	N	D	N	417.44	417.44
27637		A	A	090	Y	Y	Y	D	N	537.11	537.11
27638		A	A	090	Y	Y	Y	D	N	553.99	553.99
27640		A	A	090	Y	Y	N	D	N	603.83	603.83
27641		A	A	090	Y	Y	N	D	N	479.22	479.22
27645		A	A	090	Y	Y	Y	D	N	1,305.53	1,305.53
27646		A	A	090	Y	Y	Y	D	N	1,124.33	1,124.33
27647		A	A	090	Y	Y	Y	N	N	743.75	743.75
27648		A	A	000	Y	Y	D	N	N	38.94	121.23
27650		A	A	090	Y	Y	Y	D	N	470.40	470.40
27652		A	A	090	Y	Y	N	D	N	485.97	485.97
27654		A	A	090	Y	Y	Y	D	N	509.85	509.85
27656		A	A	090	Y	Y	Y	N	N	281.93	433.53
27658		A	A	090	Y	N	Y	D	N	265.05	265.05
27659		A	A	090	Y	N	Y	D	N	339.04	339.04
27664		A	A	090	Y	N	D	N	N	257.00	257.00
27665		A	A	090	Y	N	Y	D	N	295.17	295.17
27675		A	A	090	Y	Y	Y	D	N	352.02	352.02
27676		A	A	090	Y	Y	Y	N	N	431.71	431.71
27680		A	A	090	Y	N	N	D	N	303.73	303.73
27681		A	A	090	Y	Y	N	D	N	393.81	393.81
27685		A	A	090	Y	Y	Y	D	N	331.51	458.45
27686		A	A	090	Y	Y	N	D	N	392.26	392.26
27687		A	A	090	Y	Y	Y	D	N	325.02	325.02
27690		A	A	090	Y	Y	Y	D	N	457.42	457.42
27691		A	A	090	Y	Y	Y	D	N	536.07	536.07
27692		A	A	ZZZ	N	N	Y	D	N	77.62	77.62
27695		A	A	090	Y	Y	N	D	N	339.04	339.04
27696		A	A	090	Y	Y	N	D	N	398.75	398.75
27698		A	A	090	Y	Y	Y	D	N	459.49	459.49
27700		A	A	090	Y	Y	Y	D	N	441.06	441.06
27702		A	A	090	Y	Y	Y	D	N	698.84	698.84
27703		A	A	090	Y	Y	Y	N	N	807.88	807.88
27704		A	A	090	Y	Y	N	D	N	411.99	411.99
27705		A	A	090	Y	Y	Y	D	N	549.83	549.83
27707		A	A	090	Y	Y	N	D	N	283.74	283.74
27709		A	A	090	Y	Y	Y	D	N	851.75	851.75
27712		A	A	090	Y	Y	Y	D	N	796.45	796.45
27715		A	A	090	Y	Y	Y	D	N	780.10	780.10
27720		A	A	090	Y	Y	Y	D	N	633.16	633.16
27722		A	A	090	Y	Y	Y	D	N	643.81	643.81
27724		A	A	090	Y	Y	Y	D	N	926.77	926.77
27725		A	A	090	Y	Y	Y	D	N	884.98	884.98
27726		A	A	090	Y	Y	N	D	N	700.92	700.92
27727		A	A	090	Y	Y	Y	D	N	726.88	726.88
27730		A	A	090	Y	Y	N	D	N	422.63	422.63
27732		A	A	090	Y	Y	N	N	N	320.35	320.35
27734		A	A	090	Y	Y	N	N	N	474.55	474.55
27740		A	A	090	Y	Y	Y	N	N	512.45	512.45

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
27742		A	A	090	Y	Y	Y	D	N	563.59	563.59
27745		A	A	090	Y	Y	Y	D	N	545.68	545.68
27750		A	A	090	Y	Y	N	N	N	222.22	239.09
27752		A	A	090	Y	Y	N	N	N	351.76	378.76
27756		A	A	090	Y	Y	Y	D	N	413.28	413.28
27758		A	A	090	Y	Y	Y	D	N	647.18	647.18
27759		A	A	090	Y	Y	Y	Y	N	727.92	727.92
27760		A	A	090	Y	Y	N	N	N	211.83	228.97
27762		A	A	090	Y	Y	N	N	N	305.55	333.85
27766		A	A	090	Y	Y	N	D	N	434.57	434.57
27767		A	A	090	Y	Y	N	N	N	194.70	194.70
27768		A	A	090	Y	Y	N	N	N	312.56	312.56
27769		A	A	090	Y	Y	N	N	N	528.03	528.03
27780		A	A	090	Y	Y	N	N	N	193.40	209.76
27781		A	A	090	Y	Y	N	N	N	279.33	300.36
27784		A	A	090	Y	Y	N	D	N	515.83	515.83
27786		A	A	090	Y	Y	N	N	N	198.85	216.51
27788		A	A	090	Y	Y	N	N	N	271.28	295.68
27792		A	A	090	Y	Y	N	D	N	467.02	467.02
27808		A	A	090	Y	Y	N	N	N	209.24	229.49
27810		A	A	090	Y	Y	N	N	N	299.58	328.13
27814		A	A	090	Y	Y	Y	D	N	555.28	555.28
27816		A	A	090	Y	Y	N	N	N	201.45	223.52
27818		A	A	090	Y	Y	N	N	N	308.66	341.37
27822		A	A	090	Y	Y	Y	D	N	615.77	615.77
27823		A	A	090	Y	Y	Y	D	N	700.66	700.66
27824		A	A	090	Y	Y	N	N	N	212.61	219.62
27825		A	A	090	Y	Y	D	N	N	355.65	388.36
27826		A	A	090	Y	Y	Y	Y	N	603.31	603.31
27827		A	A	090	Y	Y	Y	Y	N	793.86	793.86
27828		A	A	090	Y	Y	Y	Y	N	951.69	951.69
27829		A	A	090	Y	Y	Y	Y	N	496.10	496.10
27830		A	A	090	Y	Y	D	N	N	248.18	266.09
27831		A	A	090	Y	Y	D	N	N	286.34	286.34
27832		A	A	090	Y	Y	Y	D	N	543.08	543.08
27840		A	A	090	Y	Y	N	N	N	264.01	264.01
27842		A	A	090	Y	Y	N	N	N	350.20	350.20
27846		A	A	090	Y	Y	Y	D	N	519.98	519.98
27848		A	A	090	Y	Y	Y	D	N	578.91	578.91
27860		A	A	010	Y	Y	D	N	N	122.53	122.53
27870		A	A	090	Y	Y	Y	D	N	745.57	745.57
27871		A	A	090	Y	Y	Y	D	N	495.84	495.84
27880		A	A	090	Y	Y	Y	D	N	681.19	681.19
27881		A	A	090	Y	Y	Y	D	N	637.06	637.06
27882		A	A	090	Y	Y	D	D	N	443.92	443.92
27884		A	A	090	Y	Y	N	N	N	419.77	419.77
27886		A	A	090	Y	Y	N	D	N	482.86	482.86
27888		A	A	090	Y	Y	Y	D	N	484.93	484.93
27889		A	A	090	Y	Y	N	D	N	482.34	482.34
27892		A	A	090	Y	Y	D	N	N	399.52	399.52
27893		A	A	090	Y	Y	D	N	N	437.95	437.95
27894		A	A	090	Y	Y	Y	N	N	617.59	617.59

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
27899		Unlstd/Manual	C	YYY	Y	Y	D	D	D	-	-
28001		A	A	010	Y	N	N	N	N	122.01	191.58
28002		A	A	010	Y	N	N	N	N	230.27	310.22
28003		A	A	090	Y	N	N	N	N	400.82	491.42
28005		A	A	090	Y	N	N	N	N	414.32	414.32
28008		A	A	090	Y	Y	N	N	N	209.76	299.84
28010		A	A	090	Y	N	N	N	N	146.93	162.51
28011		A	A	090	Y	N	N	N	N	201.19	223.52
28020		A	A	090	Y	N	N	D	N	258.30	373.56
28022		A	A	090	Y	N	N	N	N	230.52	335.92
28024		A	A	090	Y	N	N	N	N	214.43	313.86
28035		A	A	090	Y	Y	N	D	N	254.41	366.30
28039		A	A	090	Y	Y	Y	N	N	248.18	347.09
28041		A	A	090	Y	Y	D	N	N	326.32	326.32
28043		A	A	090	Y	Y	N	N	N	187.17	274.40
28045		A	A	090	Y	Y	D	N	N	248.18	342.15
28046		A	A	090	Y	Y	N	D	N	523.87	523.87
28047		A	A	090	Y	Y	Y	D	N	764.78	764.78
28050		A	A	090	Y	Y	N	D	N	198.85	292.31
28052		A	A	090	Y	Y	N	D	N	201.71	305.29
28054		A	A	090	Y	Y	D	N	N	166.66	257.26
28055		A	A	090	Y	Y	D	N	N	274.14	274.14
28060		A	A	090	Y	Y	N	N	N	255.71	360.58
28062		A	A	090	Y	Y	N	D	N	291.27	406.27
28070		A	A	090	Y	N	N	N	N	255.19	370.45
28072		A	A	090	Y	N	N	N	N	229.23	337.48
28080		A	A	090	Y	N	D	N	N	258.56	361.10
28086		A	A	090	Y	Y	Y	D	N	256.23	375.90
28088		A	A	090	Y	Y	D	N	N	203.01	310.22
28090		A	A	090	Y	Y	N	N	N	219.10	324.24
28092		A	A	090	Y	N	N	N	N	191.58	292.31
28100		A	A	090	Y	Y	Y	D	N	296.46	423.41
28102		A	A	090	Y	Y	Y	N	N	434.83	434.83
28103		A	A	090	Y	Y	Y	N	N	280.11	280.11
28104		A	A	090	Y	N	Y	D	N	254.67	368.89
28106		A	A	090	Y	N	Y	D	N	307.63	307.63
28107		A	A	090	Y	N	Y	N	N	248.96	356.95
28108		A	A	090	Y	N	N	N	N	204.82	303.73
28110		A	A	090	Y	Y	N	D	N	206.64	319.57
28111		A	A	090	Y	Y	N	D	N	232.60	339.82
28112		A	A	090	Y	Y	N	D	N	222.48	336.44
28113		A	A	090	Y	Y	D	N	N	300.36	407.57
28114		A	A	090	Y	Y	Y	D	N	595.26	746.09
28116		A	A	090	Y	Y	N	N	N	414.84	536.33
28118		A	A	090	Y	Y	Y	D	N	297.24	415.62
28119		A	A	090	Y	Y	N	D	N	257.00	362.92
28120		A	A	090	Y	Y	N	D	N	356.95	473.25
28122		A	A	090	Y	Y	Y	D	N	314.12	416.92
28124		A	A	090	Y	Y	N	N	N	235.46	330.73
28126		A	A	090	Y	N	N	N	N	176.01	271.28
28130		A	A	090	Y	Y	Y	D	N	458.19	458.19
28140		A	A	090	Y	N	N	D	N	316.19	416.66

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
28150		A	A	090	Y	N	N	N	N	199.11	292.83
28153		A	A	090	Y	N	N	N	N	187.69	284.00
28160		A	A	090	Y	N	N	N	N	189.51	286.34
28171		A	A	090	Y	N	Y	N	N	815.92	815.92
28173		A	A	090	Y	N	N	D	N	537.89	537.89
28175		A	A	090	Y	N	N	D	N	342.15	342.15
28190		A	A	010	Y	Y	N	N	N	95.01	172.89
28192		A	A	090	Y	Y	N	N	N	222.74	323.72
28193		A	A	090	Y	Y	N	N	N	264.53	369.93
28200		A	A	090	Y	N	N	D	N	230.78	340.85
28202		A	A	090	Y	N	Y	D	N	310.22	423.15
28208		A	A	090	Y	N	N	D	N	224.81	332.03
28210		A	A	090	Y	N	Y	N	N	300.10	410.95
28220		A	A	090	Y	Y	N	N	N	216.25	313.08
28222		A	A	090	Y	Y	N	N	N	254.93	359.81
28225		A	A	090	Y	Y	N	D	N	188.73	289.19
28226		A	A	090	Y	Y	N	N	N	280.89	421.85
28230		A	A	090	Y	Y	N	N	N	202.23	300.62
28232		A	A	090	Y	N	N	N	N	171.86	265.31
28234		A	A	090	Y	N	N	N	N	185.61	279.59
28238		A	A	090	Y	Y	Y	D	N	350.46	469.10
28240		A	A	090	Y	Y	N	N	N	212.87	315.41
28250		A	A	090	Y	Y	Y	D	N	288.42	401.86
28260		A	A	090	Y	Y	Y	D	N	367.59	482.08
28261		A	A	090	Y	Y	D	N	N	587.73	727.92
28262		A	A	090	Y	Y	Y	D	N	822.67	997.38
28264		A	A	090	Y	Y	Y	N	N	556.06	711.04
28270		A	A	090	Y	Y	N	N	N	238.05	341.11
28272		A	A	090	Y	Y	N	N	N	179.38	269.98
28280		A	A	090	Y	Y	D	N	N	248.44	356.43
28285		A	A	090	Y	Y	N	D	N	269.46	371.49
28286		A	A	090	Y	Y	N	N	N	212.09	310.22
28288		A	A	090	Y	N	N	N	N	306.85	421.07
28289		A	A	090	Y	Y	Y	D	N	329.43	502.59
28291		A	A	090	Y	Y	Y	D	N	345.27	504.40
28292		A	A	090	Y	Y	Y	D	N	346.57	510.63
28295		A	A	090	Y	Y	Y	D	N	389.40	654.97
28296		A	A	090	Y	Y	Y	D	N	368.37	624.34
28297		A	A	090	Y	Y	Y	D	N	432.49	719.87
28298		A	A	090	Y	Y	Y	D	N	356.69	583.58
28299		A	A	090	Y	Y	Y	D	N	418.73	694.43
28300		A	A	090	Y	Y	Y	D	N	469.36	469.36
28302		A	A	090	Y	Y	Y	D	N	515.83	515.83
28304		A	A	090	Y	Y	Y	D	N	435.61	575.79
28305		A	A	090	Y	Y	Y	D	N	477.14	477.14
28306		A	A	090	Y	Y	Y	D	N	288.93	424.19
28307		A	A	090	Y	Y	D	N	N	306.33	446.25
28308		A	A	090	Y	Y	Y	D	N	269.98	392.77
28309		A	A	090	Y	Y	D	N	N	643.55	643.55
28310		A	A	090	Y	Y	N	D	N	255.45	376.94
28312		A	A	090	Y	N	N	D	N	225.33	346.31
28313		A	A	090	Y	N	N	N	N	252.59	360.58

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
28315		A	A	090	Y	Y	N	D	N	232.34	333.85
28320		A	A	090	Y	Y	Y	D	N	440.02	440.02
28322		A	A	090	Y	N	Y	D	N	414.32	550.09
28340		A	A	090	Y	N	N	N	N	296.20	403.16
28341		A	A	090	Y	N	N	N	N	353.83	469.36
28344		A	A	090	Y	Y	N	D	N	199.37	294.39
28345		A	A	090	Y	N	D	N	N	260.90	362.66
28360		A	A	090	Y	Y	Y	N	N	789.44	789.44
28400		A	A	090	Y	Y	N	N	N	157.58	170.30
28405		A	A	090	Y	Y	D	N	N	251.29	274.66
28406		A	A	090	Y	Y	D	N	N	375.12	375.12
28415		A	A	090	Y	Y	Y	D	N	806.06	806.06
28420		A	A	090	Y	Y	Y	D	N	920.80	920.80
28430		A	A	090	Y	Y	N	N	N	145.90	163.55
28435		A	A	090	Y	Y	D	N	N	227.67	253.37
28436		A	A	090	Y	Y	N	N	N	318.79	318.79
28445		A	A	090	Y	Y	Y	D	N	761.93	761.93
28446		A	A	090	Y	Y	Y	D	N	887.83	887.83
28450		A	A	090	Y	N	N	N	N	132.40	146.15
28455		A	A	090	Y	N	D	N	N	181.20	200.41
28456		A	A	090	Y	N	N	N	N	223.00	223.00
28465		A	A	090	Y	N	N	N	N	451.18	451.18
28470		A	A	090	Y	N	N	N	N	140.44	150.05
28475		A	A	090	Y	N	N	N	N	159.65	178.60
28476		A	A	090	Y	N	D	N	N	244.80	244.80
28485		A	A	090	Y	N	N	D	N	386.28	386.28
28490		A	A	090	Y	Y	N	N	N	85.41	97.61
28495		A	A	090	Y	Y	N	N	N	103.32	122.27
28496		A	A	090	Y	Y	N	N	N	170.30	308.92
28505		A	A	090	Y	Y	N	N	N	356.43	463.91
28510		A	A	090	Y	N	N	N	N	82.29	83.85
28515		A	A	090	Y	N	N	N	N	98.39	111.63
28525		A	A	090	Y	N	D	N	N	284.78	394.07
28530		A	A	090	Y	Y	D	N	N	70.87	79.70
28531		A	A	090	Y	Y	N	Y	N	127.98	230.52
28540		A	A	090	Y	Y	D	N	N	120.97	133.43
28545		A	A	090	Y	Y	D	N	N	183.54	206.38
28546		A	A	090	Y	Y	D	N	N	237.53	390.96
28555		A	A	090	Y	Y	Y	D	N	472.73	606.43
28570		A	A	090	Y	Y	D	N	N	133.43	156.28
28575		A	A	090	Y	Y	D	N	N	233.12	256.48
28576		A	A	090	Y	Y	D	N	N	278.03	278.03
28585		A	A	090	Y	Y	Y	D	N	490.38	611.36
28600		A	A	090	Y	N	D	N	N	129.54	149.79
28605		A	A	090	Y	N	D	N	N	206.12	228.71
28606		A	A	090	Y	N	N	N	N	278.81	278.81
28615		A	A	090	Y	N	Y	D	N	577.87	577.87
28630		A	A	010	Y	N	D	N	N	78.92	108.77
28635		A	A	010	Y	N	D	N	N	94.49	122.53
28636		A	A	010	Y	N	N	Y	N	146.67	221.18
28645		A	A	090	Y	N	N	D	N	348.12	458.97
28660		A	A	010	Y	N	N	N	N	63.60	81.77

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
28665		A	A	010	Y	N	D	N	N	93.20	108.51
28666		A	A	010	Y	N	N	Y	N	112.67	112.67
28675		A	A	090	Y	N	N	N	N	286.08	394.07
28705		A	A	090	Y	Y	Y	D	N	899.77	899.77
28715		A	A	090	Y	Y	Y	D	N	678.85	678.85
28725		A	A	090	Y	Y	Y	D	N	561.77	561.77
28730		A	A	090	Y	Y	Y	D	N	528.29	528.29
28735		A	A	090	Y	Y	Y	D	N	563.59	563.59
28737		A	A	090	Y	Y	Y	D	N	501.81	501.81
28740		A	A	090	Y	N	Y	D	N	446.77	589.55
28750		A	A	090	Y	Y	D	N	N	418.99	559.18
28755		A	A	090	Y	Y	N	D	N	236.76	351.76
28760		A	A	090	Y	Y	Y	D	N	417.18	553.99
28800		A	A	090	Y	Y	Y	D	N	387.32	387.32
28805		A	A	090	Y	Y	D	N	N	532.18	532.18
28810		A	A	090	Y	N	D	N	N	312.04	312.04
28820		A	A	090	Y	N	N	N	N	282.19	389.92
28825		A	A	090	Y	N	N	N	N	264.01	372.01
28890		Not Covered	A	090	Y	Y	N	D	N	158.36	223.26
28899		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-
29000		A	A	000	Y	N	D	N	N	145.90	239.35
29010		A	A	000	Y	N	D	N	N	115.00	184.32
29015		A	A	000	Y	N	D	N	N	130.58	199.63
29035		A	A	000	Y	N	D	N	N	102.80	171.86
29040		A	A	000	Y	N	D	N	N	124.09	197.82
29044		A	A	000	Y	N	D	N	N	119.94	193.40
29046		A	A	000	Y	N	D	N	N	134.73	212.87
29049		A	A	000	Y	N	D	N	N	49.84	68.02
29055		A	A	000	Y	N	D	N	N	98.39	150.31
29058		A	A	000	Y	N	D	N	N	67.50	85.67
29065		A	A	000	Y	Y	N	N	N	48.03	65.42
29075		A	A	000	Y	Y	N	N	N	43.87	59.19
29085		A	A	000	Y	Y	N	N	N	47.51	64.90
29086		A	A	000	Y	Y	N	N	N	35.31	52.96
29105		A	A	000	Y	Y	N	N	N	34.79	56.07
29125		A	A	000	Y	Y	N	N	N	27.78	43.35
29126		A	A	000	Y	Y	N	N	N	34.27	51.92
29130		A	A	000	Y	Y	N	N	N	21.03	28.56
29131		A	A	000	Y	Y	N	N	N	24.14	35.31
29200		A	A	000	Y	N	N	N	N	13.76	22.07
29240		A	A	000	Y	Y	N	N	N	13.76	21.03
29260		A	A	000	Y	Y	N	N	N	14.28	20.77
29280		A	A	000	Y	Y	N	N	N	14.80	21.29
29305		A	A	000	Y	N	D	N	N	113.96	168.48
29325		A	A	000	Y	N	D	N	N	127.72	186.39
29345		A	A	000	Y	Y	N	N	N	71.91	93.72
29355		A	A	000	Y	Y	N	N	N	76.84	98.39
29358		A	A	000	Y	Y	N	N	N	74.25	109.29
29365		A	A	000	Y	Y	N	N	N	62.82	84.63
29405		A	A	000	Y	Y	N	N	N	42.31	55.55
29425		A	A	000	Y	Y	N	N	N	39.72	52.96
29435		A	A	000	Y	Y	N	N	N	59.71	81.25

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
29440		A	A	000	Y	Y	N	N	N	20.77	30.11
29445		A	A	000	Y	Y	N	N	N	74.25	91.90
29450		A	A	000	Y	Y	N	N	N	82.55	102.28
29505		A	A	000	Y	Y	N	N	N	35.82	57.63
29515		A	A	000	Y	Y	N	N	N	35.31	49.06
29520		A	A	000	Y	Y	D	N	N	14.02	23.36
29530		A	A	000	Y	Y	N	N	N	13.76	21.03
29540		A	A	000	Y	Y	N	N	N	13.50	19.99
29550		A	A	000	Y	Y	N	N	N	8.57	13.50
29580		A	A	000	Y	Y	N	N	N	20.51	42.31
29581		A	A	000	Y	Y	D	N	N	20.25	57.63
29584		A	A	000	Y	Y	D	N	N	11.68	52.18
29700		A	A	000	Y	N	N	N	N	24.40	43.35
29705		A	A	000	Y	Y	N	N	N	34.01	45.43
29710		A	A	000	Y	Y	D	N	N	61.78	86.19
29720		A	A	000	Y	N	N	N	N	32.45	57.63
29730		A	A	000	Y	N	N	N	N	32.19	43.87
29740		A	A	000	Y	N	N	N	N	51.66	69.57
29750		A	A	000	Y	Y	D	N	N	57.89	76.06
29799	Unlstd/Manual		C	YYY	Y	N	D	D	D	-	-
29800		A	A	090	Y	Y	D	N	N	379.54	379.54
29804		A	A	090	Y	Y	Y	D	N	460.01	460.01
29805		A	A	090	Y	Y	N	D	N	338.26	338.26
29806		A	A	090	Y	Y	N	D	N	770.75	770.75
29807		A	A	090	Y	Y	N	D	N	753.10	753.10
29819		A	A	090	Y	Y	N	D	N	422.11	422.11
29820		A	A	090	Y	Y	Y	D	N	382.39	382.39
29821		A	A	090	Y	Y	Y	D	N	418.99	418.99
29822		A	A	090	Y	Y	Y	N	N	406.27	406.27
29823		A	A	090	Y	Y	Y	D	N	442.36	442.36
29824		A	A	090	Y	Y	Y	D	N	476.63	476.63
29825		A	A	090	Y	Y	Y	D	N	412.76	412.76
29826		A	A	ZZZ	N	Y	Y	D	N	130.58	130.58
29827		A	A	090	Y	Y	Y	D	N	762.19	762.19
29828		A	A	090	Y	Y	Y	D	N	656.01	656.01
29830		A	A	090	Y	Y	N	N	N	324.76	324.76
29834		A	A	090	Y	Y	Y	D	N	346.57	346.57
29835		A	A	090	Y	Y	Y	D	N	360.07	360.07
29836		A	A	090	Y	Y	Y	D	N	408.87	408.87
29837		A	A	090	Y	Y	Y	D	N	375.64	375.64
29838		A	A	090	Y	Y	D	N	N	422.37	422.37
29840		A	A	090	Y	Y	D	N	N	320.61	320.61
29843		A	A	090	Y	Y	Y	D	N	345.79	345.79
29844		A	A	090	Y	Y	Y	N	N	354.09	354.09
29845		A	A	090	Y	Y	Y	D	N	411.99	411.99
29846		A	A	090	Y	Y	D	N	N	372.01	372.01
29847		A	A	090	Y	Y	Y	N	N	383.43	383.43
29848		A	A	090	Y	Y	N	N	N	364.74	364.74
29850		A	A	090	Y	Y	D	Y	N	448.07	448.07
29851		A	A	090	Y	Y	Y	Y	N	674.70	674.70
29855		A	A	090	Y	Y	Y	Y	N	565.67	565.67
29856		A	A	090	Y	Y	Y	Y	N	719.87	719.87

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
29860		A	A	090	Y	Y	Y	D	N	475.85	475.85
29861		A	A	090	Y	Y	Y	D	N	516.08	516.08
29862		A	A	090	Y	Y	Y	D	N	577.87	577.87
29863		A	A	090	Y	Y	Y	D	N	579.17	579.17
29866		Not Covered	A	090	Y	Y	D	N	N	763.48	763.48
29867		Not Covered	A	090	Y	Y	D	N	N	926.25	926.25
29868		Not Covered	A	090	Y	Y	D	N	N	1,228.43	1,228.43
29870		A	A	090	Y	Y	N	D	N	292.57	396.41
29871		A	A	090	Y	Y	N	N	N	369.93	369.93
29873		A	A	090	Y	Y	N	D	N	374.34	374.34
29874		A	A	090	Y	Y	D	N	N	386.03	386.03
29875		A	A	090	Y	Y	D	N	N	355.65	355.65
29876		A	A	090	Y	Y	N	N	N	474.03	474.03
29877		A	A	090	Y	Y	D	N	N	447.29	447.29
29879		A	A	090	Y	Y	D	N	N	477.40	477.40
29880		A	A	090	Y	Y	D	D	N	403.16	403.16
29881		A	A	090	Y	Y	D	N	N	387.84	387.84
29882		A	A	090	Y	Y	N	N	N	504.66	504.66
29883		A	A	090	Y	Y	D	N	N	612.92	612.92
29884		A	A	090	Y	Y	Y	D	N	440.02	440.02
29885		A	A	090	Y	Y	Y	D	N	534.52	534.52
29886		A	A	090	Y	Y	N	N	N	460.27	460.27
29887		A	A	090	Y	Y	Y	D	N	538.15	538.15
29888		A	A	090	Y	Y	Y	D	N	715.46	715.46
29889		A	A	090	Y	Y	Y	D	N	888.61	888.61
29891		A	A	090	Y	Y	Y	N	N	482.86	482.86
29892		A	A	090	Y	Y	Y	N	N	471.69	471.69
29893		A	A	090	Y	Y	N	D	N	302.69	426.52
29894		A	A	090	Y	Y	Y	D	N	355.39	355.39
29895		A	A	090	Y	Y	Y	D	N	336.96	336.96
29897		A	A	090	Y	Y	Y	N	N	362.14	362.14
29898		A	A	090	Y	Y	Y	D	N	405.24	405.24
29899		A	A	090	Y	Y	Y	D	N	752.06	752.06
29900		A	A	090	Y	Y	D	N	N	354.35	354.35
29901		A	A	090	Y	Y	D	N	N	379.02	379.02
29902		A	A	090	Y	Y	D	N	N	407.31	407.31
29904		A	A	090	Y	Y	Y	N	N	454.30	454.30
29905		A	A	090	Y	Y	Y	N	N	373.05	373.05
29906		A	A	090	Y	Y	Y	N	N	487.53	487.53
29907		A	A	090	Y	Y	Y	N	N	633.42	633.42
29914		A	A	090	Y	Y	Y	D	N	712.08	712.08
29915		A	A	090	Y	Y	Y	D	N	733.37	733.37
29916		A	A	090	Y	Y	Y	D	N	730.77	730.77
29999		Unlstd/Manual	C	YYY	Y	Y	D	D	D	-	-
30000		A	A	010	Y	N	D	N	N	83.07	160.17
30020		A	A	010	Y	N	N	N	N	82.81	161.21
30100		A	A	000	Y	N	N	N	N	48.03	93.98
30110		A	A	010	Y	Y	N	N	N	91.12	156.80
30115		A	A	090	Y	Y	N	N	N	301.14	301.14
30117		A	A	090	Y	N	N	N	N	230.27	588.25
30118		A	A	090	Y	N	N	D	N	545.94	545.94
30120		A	A	090	Y	N	N	N	N	303.73	355.91

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
30124		A	A	090	Y	N	N	N	N	199.11	199.11
30125		A	A	090	Y	N	Y	N	N	429.90	429.90
30130		A	A	090	Y	Y	N	N	N	263.49	263.49
30140		A	A	000	Y	Y	N	N	N	129.80	192.10
30150		A	A	090	Y	N	N	D	N	543.08	543.08
30160		A	A	090	Y	N	Y	D	N	546.72	546.72
30200		A	A	000	Y	N	N	N	N	41.02	74.76
30210		A	A	010	Y	N	N	N	N	68.79	100.72
30220		A	A	010	Y	N	N	N	N	87.49	199.89
30300		A	A	010	Y	N	N	N	N	75.54	122.53
30310		A	A	010	Y	N	D	N	N	138.89	138.89
30320		A	A	090	Y	N	D	N	N	314.64	314.64
30400		A	R	090	Y	N	D	N	N	749.21	749.21
30410		A	R	090	Y	N	Y	N	N	872.26	872.26
30420		A	R	090	Y	N	N	N	N	967.79	967.79
30430		A	R	090	Y	N	Y	N	N	651.34	651.34
30435		A	R	090	Y	N	Y	N	N	821.11	821.11
30450		A	R	090	Y	N	Y	N	N	1,106.16	1,106.16
30460		A	A	090	Y	N	Y	Y	N	581.24	581.24
30462		A	A	090	Y	N	Y	Y	N	1,119.91	1,119.91
30465		A	A	090	Y	N	D	N	N	692.09	692.09
30520		A	A	090	Y	N	N	N	N	438.98	438.98
30540		A	A	090	Y	N	Y	N	N	484.15	484.15
30545		A	A	090	Y	N	Y	N	N	665.87	665.87
30560		A	A	010	Y	N	N	N	N	95.01	184.32
30580		A	A	090	Y	N	N	N	N	356.43	446.51
30600		A	A	090	Y	N	D	N	N	312.04	394.85
30620		A	A	090	Y	N	N	N	N	438.98	438.98
30630		A	A	090	Y	N	D	N	N	441.06	441.06
30801		A	A	010	Y	B	N	N	N	94.49	146.41
30802		A	A	010	Y	B	N	N	N	133.17	189.77
30901		A	A	000	Y	Y	N	N	N	41.80	92.68
30903		A	A	000	Y	Y	N	N	N	58.41	145.38
30905		A	A	000	Y	B	N	N	N	77.36	218.58
30906		A	A	000	Y	B	N	N	N	99.69	230.78
30915		A	A	090	Y	N	N	N	N	407.57	407.57
30920		A	A	090	Y	N	N	N	N	594.22	594.22
30930		A	A	010	Y	Y	N	N	N	83.07	83.07
30999		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-
31000		A	A	010	Y	Y	N	N	N	73.47	121.49
31002		A	A	010	Y	Y	D	N	N	129.54	129.54
31020		A	A	090	Y	Y	N	N	N	248.70	320.87
31030		A	A	090	Y	Y	N	N	N	366.81	458.97
31032		A	A	090	Y	Y	N	N	N	403.94	403.94
31040		A	A	090	Y	Y	N	D	N	543.60	543.60
31050		A	A	090	Y	Y	N	N	N	338.78	338.78
31051		A	A	090	Y	Y	N	N	N	453.26	453.26
31070		A	A	090	Y	Y	N	N	N	305.55	305.55
31075		A	A	090	Y	Y	Y	D	N	550.35	550.35
31080		A	A	090	Y	Y	Y	N	N	724.80	724.80
31081		A	A	090	Y	Y	Y	D	N	783.21	783.21
31084		A	A	090	Y	Y	Y	D	N	808.65	808.65

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
31085		A	A	090	Y	Y	Y	D	N	842.14	842.14
31086		A	A	090	Y	Y	Y	N	N	792.56	792.56
31087		A	A	090	Y	Y	Y	D	N	764.52	764.52
31090		A	A	090	Y	Y	N	N	N	719.61	719.61
31200		A	A	090	Y	Y	N	N	N	396.93	396.93
31201		A	A	090	Y	Y	N	N	N	524.13	524.13
31205		A	A	090	Y	Y	Y	D	N	630.57	630.57
31225		A	A	090	Y	Y	Y	D	N	1,318.51	1,318.51
31230		A	A	090	Y	Y	Y	D	N	1,462.59	1,462.59
31231		A	A	000	Y	B	N	N	N	47.25	132.66
31233		A	A	000	Y	Y	D	N	N	97.61	176.53
31235		A	A	000	Y	Y	D	N	N	115.52	202.23
31237		A	A	000	Y	Y	N	N	N	115.78	175.49
31238		A	A	000	Y	Y	D	N	N	121.49	174.19
31239		A	A	010	Y	Y	D	N	N	434.83	434.83
31240		A	A	000	Y	Y	D	N	N	115.52	115.52
31241		A	A	000	Y	Y	D	N	N	328.91	328.91
31253		A	A	000	Y	Y	N	N	N	369.41	369.41
31254		A	A	000	Y	Y	N	N	N	178.86	284.78
31255		A	A	000	Y	Y	N	N	N	238.05	238.05
31256		A	A	000	Y	Y	N	N	N	132.14	132.14
31257		A	A	000	Y	Y	N	N	N	329.43	329.43
31259		A	A	000	Y	Y	N	N	N	348.90	348.90
31267		A	A	000	Y	Y	N	N	N	195.22	195.22
31276		A	A	000	Y	Y	N	N	N	279.07	279.07
31287		A	A	000	Y	Y	D	N	N	147.71	147.71
31288		A	A	000	Y	Y	D	N	N	172.11	172.11
31290		A	A	010	Y	Y	D	N	N	830.98	830.98
31291		A	A	010	Y	Y	D	N	N	888.35	888.35
31292		A	A	010	Y	Y	D	N	N	715.46	715.46
31293		A	A	010	Y	Y	D	N	N	778.80	778.80
31294		A	A	010	Y	Y	D	N	N	893.80	893.80
31295		A	A	000	Y	Y	Y	N	N	115.78	1,252.31
31296		A	A	000	Y	Y	Y	N	N	131.62	1,270.48
31297		A	A	000	Y	Y	D	N	N	105.14	1,241.67
31298		A	A	000	Y	Y	D	N	N	187.95	2,395.85
31299		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-
31300		A	A	090	Y	N	Y	D	N	899.51	899.51
31360		A	A	090	Y	N	Y	D	N	1,491.14	1,491.14
31365		A	A	090	Y	N	Y	D	N	1,850.95	1,850.95
31367		A	A	090	Y	N	Y	D	N	1,569.80	1,569.80
31368		A	A	090	Y	N	Y	D	N	1,745.55	1,745.55
31370		A	A	090	Y	N	Y	D	N	1,470.63	1,470.63
31375		A	A	090	Y	N	Y	D	N	1,392.23	1,392.23
31380		A	A	090	Y	N	Y	D	N	1,374.32	1,374.32
31382		A	A	090	Y	N	Y	D	N	1,510.35	1,510.35
31390		A	A	090	Y	N	Y	D	N	2,049.28	2,049.28
31395		A	A	090	Y	N	Y	D	N	2,155.72	2,155.72
31400		A	A	090	Y	N	Y	N	N	687.16	687.16
31420		A	A	090	Y	N	Y	D	N	585.92	585.92
31500		A	A	000	N	N	N	N	N	105.92	105.92
31502		A	A	000	Y	N	N	N	N	25.70	25.70

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
31505		A	A	000	Y	N	N	N	N	34.01	56.59
31510		A	A	000	Y	N	D	N	N	87.23	143.82
31511		A	A	000	Y	N	N	N	N	95.53	145.38
31512		A	A	000	Y	N	D	N	N	93.46	142.78
31513		A	A	000	Y	N	D	N	N	95.01	95.01
31515		A	A	000	Y	N	N	N	N	78.66	138.11
31520		A	A	000	Y	N	D	N	N	113.45	113.45
31525		A	A	000	Y	N	N	N	N	115.52	172.37
31526		A	A	000	Y	N	N	N	N	113.70	113.70
31527		A	A	000	Y	N	D	N	N	141.74	141.74
31528		A	A	000	Y	N	D	N	N	104.62	104.62
31529		A	A	000	Y	N	D	N	N	117.34	117.34
31530		A	A	000	Y	N	N	N	N	145.38	145.38
31531		A	A	000	Y	N	D	N	N	154.46	154.46
31535		A	A	000	Y	N	N	N	N	137.33	137.33
31536		A	A	000	Y	N	N	N	N	153.42	153.42
31540		A	A	000	Y	N	N	N	N	175.75	175.75
31541		A	A	000	Y	N	N	N	N	192.10	192.10
31545		A	A	000	Y	Y	N	N	N	264.79	264.79
31546		A	A	000	Y	Y	N	N	N	402.64	402.64
31551		A	A	090	Y	N	D	D	N	1,029.83	1,029.83
31552		A	A	090	Y	N	D	D	N	1,032.17	1,032.17
31553		A	A	090	Y	N	D	D	N	1,122.77	1,122.77
31554		A	A	090	Y	N	D	D	N	1,170.54	1,170.54
31560		A	A	000	Y	N	D	N	N	228.71	228.71
31561		A	A	000	Y	N	D	N	N	250.25	250.25
31570		A	A	000	Y	N	N	N	N	166.92	235.20
31571		A	A	000	Y	N	N	N	N	181.72	181.72
31572		A	A	000	Y	Y	D	N	N	131.36	336.70
31573		A	A	000	Y	Y	D	N	N	107.99	182.24
31574		A	A	000	Y	Y	D	N	N	107.99	653.41
31575		A	A	000	Y	N	N	N	N	47.51	78.66
31576		A	A	000	Y	N	N	N	N	85.41	177.83
31577		A	A	000	Y	N	D	N	N	97.09	187.17
31578		A	A	000	Y	N	D	N	N	107.99	204.05
31579		A	A	000	Y	N	N	N	N	86.19	126.43
31580		A	A	090	Y	N	D	D	N	874.07	874.07
31584		A	A	090	Y	N	D	D	N	976.36	976.36
31587		A	A	090	Y	N	D	D	N	819.30	819.30
31590		A	A	090	Y	N	Y	D	N	599.68	599.68
31591		Not Covered	A	090	Y	N	D	D	N	741.42	741.42
31592		Not Covered	A	090	Y	N	D	D	N	1,236.73	1,236.73
31599		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-
31600		A	A	000	Y	N	N	N	N	230.78	230.78
31601		A	A	000	Y	N	Y	D	N	331.51	331.51
31603		A	A	000	Y	N	N	N	N	241.43	241.43
31605		A	A	000	Y	N	N	N	N	250.77	250.77
31610		A	A	090	Y	N	N	N	N	671.84	671.84
31611		A	A	090	Y	N	Y	D	N	370.97	370.97
31612		A	A	000	Y	N	D	N	N	35.82	58.15
31613		A	A	090	Y	N	N	N	N	308.15	308.15
31614		A	A	090	Y	N	N	N	N	515.31	515.31

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
31615		A	A	000	Y	N	N	N	N	82.81	117.08
31622		A	A	000	Y	N	N	N	N	96.57	164.59
31623		A	A	000	Y	N	N	N	N	97.09	179.38
31624		A	A	000	Y	N	N	N	N	98.39	170.30
31625		A	A	000	Y	N	N	N	N	114.48	227.93
31626		Not Covered	A	000	Y	N	D	N	N	146.67	552.17
31627		Not Covered	A	ZZZ	N	N	D	N	N	71.91	851.23
31628		A	A	000	Y	N	N	N	N	128.76	242.73
31629		A	A	000	Y	N	N	N	N	137.33	297.76
31630		A	A	000	Y	N	N	N	N	146.15	146.15
31631		A	A	000	Y	N	N	N	N	169.00	169.00
31632		A	A	ZZZ	N	N	N	N	N	36.08	44.91
31633		A	A	ZZZ	N	N	N	N	N	46.73	56.59
31634		A	A	000	Y	N	Y	N	N	141.48	1,117.58
31635		A	A	000	Y	N	N	N	N	129.28	195.22
31636		A	A	000	Y	N	N	N	N	163.03	163.03
31637		A	A	ZZZ	N	N	N	N	N	56.85	56.85
31638		A	A	000	Y	N	N	N	N	184.84	184.84
31640		A	A	000	Y	N	N	N	N	184.84	184.84
31641		A	A	000	Y	N	N	N	N	189.25	189.25
31643		A	A	000	Y	N	N	N	N	129.54	129.54
31645		A	A	000	Y	N	N	N	N	107.47	178.86
31646		A	A	000	Y	N	N	N	N	104.36	104.36
31647		A	A	000	Y	N	N	N	N	156.54	156.54
31648		A	A	000	Y	N	N	N	N	149.53	149.53
31649		A	A	ZZZ	N	N	N	N	N	49.58	49.58
31651		A	A	ZZZ	N	N	N	N	N	54.78	54.78
31652		A	A	000	Y	N	N	N	N	163.29	631.35
31653		A	A	000	Y	N	N	N	N	180.94	662.76
31654		A	A	ZZZ	N	N	N	N	N	49.84	85.15
31660		Not Covered	A	000	Y	N	N	N	N	143.30	143.30
31661		Not Covered	A	000	Y	N	N	N	N	151.35	151.35
31717		A	A	000	Y	N	N	N	N	80.48	187.43
31720		A	A	000	Y	N	N	N	N	36.60	36.60
31725		A	A	000	Y	N	N	N	N	59.19	59.19
31730		A	A	000	Y	N	N	N	N	112.93	778.54
31750		A	A	090	Y	N	Y	D	N	964.67	964.67
31755		A	A	090	Y	N	Y	D	N	1,206.10	1,206.10
31760		A	A	090	Y	N	Y	D	N	1,030.09	1,030.09
31766		A	A	090	Y	N	Y	D	N	1,348.62	1,348.62
31770		A	A	090	Y	N	Y	D	N	1,000.24	1,000.24
31775		A	A	090	Y	N	Y	N	N	1,058.39	1,058.39
31780		A	A	090	Y	N	Y	D	N	869.40	869.40
31781		A	A	090	Y	N	Y	D	N	1,044.37	1,044.37
31785		A	A	090	Y	N	Y	D	N	785.81	785.81
31786		A	A	090	Y	N	Y	D	N	1,091.62	1,091.62
31800		A	A	090	Y	N	D	N	N	502.33	502.33
31805		A	A	090	Y	N	Y	D	N	605.65	605.65
31820		A	A	090	Y	N	D	N	N	233.12	300.10
31825		A	A	090	Y	N	D	N	N	343.19	420.03
31830		A	A	090	Y	N	D	N	N	245.32	309.44
31899		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
32035		A	A	090	Y	Y	Y	D	N	534.26	534.26
32036		A	A	090	Y	Y	Y	D	N	575.79	575.79
32096		A	A	090	Y	N	Y	D	N	603.05	603.05
32097		A	A	090	Y	N	Y	D	N	602.79	602.79
32098		A	A	090	Y	N	Y	D	N	570.08	570.08
32100		A	A	090	Y	N	Y	D	N	607.72	607.72
32110		A	A	090	Y	N	Y	D	N	1,103.04	1,103.04
32120		A	A	090	Y	N	Y	D	N	651.08	651.08
32124		A	A	090	Y	N	Y	D	N	692.09	692.09
32140		A	A	090	Y	N	Y	D	N	741.16	741.16
32141		A	A	090	Y	N	Y	D	N	1,151.59	1,151.59
32150		A	A	090	Y	N	Y	D	N	750.76	750.76
32151		A	A	090	Y	N	Y	D	N	747.65	747.65
32160		A	A	090	Y	N	Y	D	N	592.67	592.67
32200		A	A	090	Y	N	Y	D	N	847.07	847.07
32215		A	A	090	Y	Y	Y	D	N	592.67	592.67
32220		A	A	090	Y	Y	Y	D	N	1,187.41	1,187.41
32225		A	A	090	Y	Y	Y	D	N	743.75	743.75
32310		A	A	090	Y	N	Y	D	N	682.49	682.49
32320		A	A	090	Y	N	Y	D	N	1,199.09	1,199.09
32400		A	A	000	Y	N	N	N	N	64.12	106.44
32405		A	A	000	Y	N	N	N	N	65.94	255.97
32440		A	A	090	Y	N	Y	D	N	1,177.55	1,177.55
32442		A	A	090	Y	N	Y	D	N	2,341.33	2,341.33
32445		A	A	090	Y	N	Y	D	N	2,686.60	2,686.60
32480		A	A	090	Y	N	Y	D	N	1,112.65	1,112.65
32482		A	A	090	Y	N	Y	D	N	1,188.71	1,188.71
32484		A	A	090	Y	N	Y	D	N	1,080.71	1,080.71
32486		A	A	090	Y	N	Y	D	N	1,788.90	1,788.90
32488		A	A	090	Y	N	Y	D	N	1,810.71	1,810.71
32491		A	R	090	Y	Y	Y	D	N	1,103.56	1,103.56
32501		A	A	ZZZ	N	N	Y	D	N	186.91	186.91
32503		A	A	090	Y	N	Y	D	N	1,357.71	1,357.71
32504		A	A	090	Y	N	Y	D	N	1,551.63	1,551.63
32505		A	A	090	Y	N	Y	D	N	697.80	697.80
32506		A	A	ZZZ	N	N	Y	D	N	119.68	119.68
32507		A	A	ZZZ	N	N	Y	D	N	119.42	119.42
32540		A	A	090	Y	N	Y	D	N	1,297.22	1,297.22
32550		A	A	000	N	N	N	N	N	153.68	494.28
32551		A	A	000	Y	Y	N	N	N	117.86	117.86
32552		A	A	010	Y	N	D	N	N	114.74	130.58
32553		A	A	000	Y	N	Y	N	N	131.88	347.86
32554		A	A	000	Y	Y	N	N	N	66.46	142.78
32555		A	A	000	Y	Y	N	N	N	82.29	199.89
32556		A	A	000	Y	Y	N	N	N	91.38	399.78
32557		A	A	000	Y	Y	N	N	N	112.41	371.75
32560		A	A	000	Y	N	N	N	N	58.41	167.96
32561		A	A	000	Y	N	Y	N	N	50.62	65.94
32562		A	A	000	Y	N	Y	N	N	45.43	59.19
32601		A	A	000	Y	N	D	N	N	232.34	232.34
32604		A	A	000	Y	N	D	N	N	365.00	365.00
32606		A	A	000	Y	N	D	N	N	349.94	349.94

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
32607		A	A	000	Y	N	D	N	N	232.08	232.08
32608		A	A	000	Y	N	D	N	N	285.56	285.56
32609		A	A	000	Y	N	D	N	N	193.92	193.92
32650		A	A	090	Y	Y	Y	D	N	494.80	494.80
32651		A	A	090	Y	Y	Y	D	N	822.15	822.15
32652		A	A	090	Y	Y	Y	D	N	1,252.05	1,252.05
32653		A	A	090	Y	N	Y	D	N	795.67	795.67
32654		A	A	090	Y	Y	Y	D	N	862.91	862.91
32655		A	A	090	Y	Y	Y	D	N	715.72	715.72
32656		A	A	090	Y	Y	Y	D	N	597.60	597.60
32658		A	A	090	Y	N	Y	D	N	531.14	531.14
32659		A	A	090	Y	N	Y	D	N	545.16	545.16
32661		A	A	090	Y	N	Y	D	N	593.45	593.45
32662		A	A	090	Y	N	Y	D	N	667.95	667.95
32663		A	A	090	Y	N	Y	D	N	1,055.27	1,055.27
32664		A	A	090	Y	Y	Y	D	N	634.98	634.98
32665		A	A	090	Y	N	Y	D	N	918.98	918.98
32666		A	A	090	Y	Y	Y	D	N	650.56	650.56
32667		A	A	ZZZ	N	N	Y	D	N	119.94	119.94
32668		A	A	ZZZ	N	N	Y	D	N	119.94	119.94
32669		A	A	090	Y	N	Y	D	N	1,012.44	1,012.44
32670		A	A	090	Y	N	Y	D	N	1,209.48	1,209.48
32671		A	A	090	Y	N	Y	D	N	1,337.46	1,337.46
32672		A	A	090	Y	N	Y	D	N	1,152.88	1,152.88
32673		A	A	090	Y	N	Y	D	N	912.49	912.49
32674		A	A	ZZZ	N	N	Y	D	N	164.85	164.85
32701		A	A	XXX	N	N	D	D	N	162.77	162.77
32800		A	A	090	Y	N	Y	D	N	700.14	700.14
32810		A	A	090	Y	N	Y	N	N	670.81	670.81
32815		A	A	090	Y	N	Y	D	N	2,121.71	2,121.71
32820		A	A	090	Y	N	Y	D	N	997.38	997.38
32850		C	X	XXX	N	N	N	N	N	-	-
32851		A	A	090	Y	N	Y	D	Y	2,504.10	2,504.10
32852		A	A	090	Y	N	Y	D	Y	2,725.80	2,725.80
32853		A	A	090	Y	B	Y	D	Y	3,517.32	3,517.32
32854		A	A	090	Y	B	Y	D	Y	3,735.90	3,735.90
32855		Not Covered	C	XXX	Y	N	Y	D	N	-	-
32856		Not Covered	C	XXX	Y	N	Y	D	N	-	-
32900		A	A	090	Y	N	Y	D	N	1,058.39	1,058.39
32905		A	A	090	Y	N	Y	D	N	996.34	996.34
32906		A	A	090	Y	N	Y	D	N	1,244.52	1,244.52
32940		A	A	090	Y	N	Y	D	N	921.58	921.58
32960		A	A	000	Y	N	N	N	N	66.98	88.78
32994		A	A	000	Y	Y	Y	N	N	336.96	3,591.83
32997		A	A	000	Y	Y	N	N	N	252.33	252.33
32998		A	A	000	Y	Y	Y	N	N	327.87	2,281.36
32999		Unlstd/Manual	C	YYY	Y	N	N	D	D	-	-
33010		A	A	000	Y	N	N	N	N	81.51	81.51
33011		A	A	000	Y	N	D	N	N	82.29	82.29
33015		A	A	090	Y	N	N	N	N	379.79	379.79
33020		A	A	090	Y	N	Y	D	N	658.86	658.86
33025		A	A	090	Y	N	Y	D	N	598.38	598.38

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
33030		A	A	090	Y	N	Y	D	N	1,515.03	1,515.03
33031		A	A	090	Y	N	Y	D	N	1,877.17	1,877.17
33050		A	A	090	Y	N	Y	D	N	752.32	752.32
33120		A	A	090	Y	N	Y	D	N	1,592.65	1,592.65
33130		A	A	090	Y	N	Y	D	N	1,035.54	1,035.54
33140		A	A	090	Y	N	Y	N	N	1,182.48	1,182.48
33141		A	A	ZZZ	N	N	Y	D	N	100.47	100.47
33202		A	A	090	Y	N	N	N	N	582.28	582.28
33203		A	A	090	Y	N	N	N	N	610.84	610.84
33206		A	A	090	Y	N	N	Y	N	338.00	338.00
33207		A	A	090	Y	N	N	Y	N	360.58	360.58
33208		A	A	090	Y	N	N	Y	N	390.96	390.96
33210		A	A	000	Y	N	N	N	N	124.61	124.61
33211		A	A	000	Y	N	N	N	N	129.54	129.54
33212		A	A	090	Y	N	N	N	N	238.83	238.83
33213		A	A	090	Y	N	N	N	N	250.25	250.25
33214		A	A	090	Y	N	D	Y	N	357.47	357.47
33215		A	A	090	Y	N	N	N	N	232.08	232.08
33216		A	A	090	Y	N	N	N	N	274.92	274.92
33217		A	A	090	Y	N	N	N	N	271.28	271.28
33218		A	A	090	Y	N	N	N	N	287.38	287.38
33220		A	A	090	Y	N	N	N	N	289.45	289.45
33221		A	A	090	Y	N	N	N	N	267.39	267.39
33222		A	A	090	Y	N	N	N	N	248.96	248.96
33223		A	A	090	Y	N	D	N	N	303.99	303.99
33224		A	A	000	Y	N	N	N	N	391.48	391.48
33225		A	A	ZZZ	N	N	N	N	N	356.95	356.95
33226		A	A	000	Y	N	N	N	N	376.94	376.94
33227		A	A	090	Y	N	N	N	N	251.81	251.81
33228		A	A	090	Y	N	N	N	N	263.23	263.23
33229		A	A	090	Y	N	N	N	N	278.81	278.81
33230		A	A	090	Y	N	N	N	N	285.04	285.04
33231		A	A	090	Y	N	N	N	N	299.32	299.32
33233		A	A	090	Y	N	N	N	N	168.74	168.74
33234		A	A	090	Y	N	N	N	N	362.14	362.14
33235		A	A	090	Y	N	N	N	N	475.07	475.07
33236		A	A	090	Y	N	D	Y	N	577.09	577.09
33237		A	A	090	Y	N	D	Y	N	624.86	624.86
33238		A	A	090	Y	N	D	Y	N	698.06	698.06
33240		A	A	090	Y	N	N	N	N	272.84	272.84
33241		A	A	090	Y	N	N	N	N	158.10	158.10
33243		A	A	090	Y	N	Y	D	N	1,032.95	1,032.95
33244		A	A	090	Y	N	N	D	N	645.88	645.88
33249		A	A	090	Y	N	N	D	N	688.46	688.46
33250		A	A	090	Y	N	Y	D	N	1,087.98	1,087.98
33251		A	A	090	Y	N	Y	D	N	1,226.61	1,226.61
33254		A	A	090	Y	N	Y	D	N	1,019.19	1,019.19
33255		A	A	090	Y	N	Y	D	N	1,237.25	1,237.25
33256		A	A	090	Y	N	Y	D	N	1,470.63	1,470.63
33257		A	A	ZZZ	N	N	Y	N	N	434.83	434.83
33258		A	A	ZZZ	N	N	Y	N	N	488.57	488.57
33259		A	A	ZZZ	N	N	Y	N	N	632.13	632.13

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
33261		A	A	090	Y	N	Y	D	N	1,222.72	1,222.72
33262		A	A	090	Y	N	N	N	N	277.77	277.77
33263		A	A	090	Y	N	N	N	N	289.19	289.19
33264		A	A	090	Y	N	N	N	N	302.17	302.17
33265		A	A	090	Y	N	Y	D	N	1,023.60	1,023.60
33266		A	A	090	Y	N	Y	D	N	1,398.21	1,398.21
33270		Not Covered	A	090	Y	N	N	N	N	424.19	424.19
33271		Not Covered	A	090	Y	N	N	N	N	342.67	342.67
33272		Not Covered	A	090	Y	N	N	N	N	259.08	259.08
33273		Not Covered	A	090	Y	N	N	N	N	301.40	301.40
33274		Not Covered	A	090	Y	N	N	Y	N	365.78	365.78
33275		Not Covered	A	090	Y	N	N	N	N	390.96	390.96
33285		A	A	000	Y	N	N	N	N	67.50	3,259.54
33286		A	A	000	Y	N	N	N	N	65.94	93.98
33289		Not Covered	A	000	Y	N	D	N	N	248.44	248.44
33300		A	A	090	Y	N	Y	D	N	1,864.71	1,864.71
33305		A	A	090	Y	N	Y	D	N	3,138.04	3,138.04
33310		A	A	090	Y	N	Y	D	N	882.90	882.90
33315		A	A	090	Y	N	Y	D	N	1,452.46	1,452.46
33320		A	A	090	Y	N	Y	D	N	795.93	795.93
33321		A	A	090	Y	N	Y	D	N	881.60	881.60
33322		A	A	090	Y	N	Y	D	N	1,042.55	1,042.55
33330		A	A	090	Y	N	Y	D	N	1,079.42	1,079.42
33335		A	A	090	Y	N	Y	D	N	1,429.88	1,429.88
33340		Not Covered	A	000	Y	N	D	Y	D	600.45	600.45
33361		A	A	000	Y	N	D	Y	D	1,038.14	1,038.14
33362		A	A	000	Y	N	D	Y	D	1,134.19	1,134.19
33363		A	A	000	Y	N	D	Y	D	1,175.21	1,175.21
33364		A	A	000	Y	N	D	Y	D	1,218.56	1,218.56
33365		A	A	000	Y	N	D	Y	D	1,364.46	1,364.46
33366		A	A	000	Y	N	D	Y	D	1,475.31	1,475.31
33367		A	A	ZZZ	N	N	D	N	D	482.86	482.86
33368		A	A	ZZZ	N	N	D	N	D	575.53	575.53
33369		A	A	ZZZ	N	N	D	N	D	759.59	759.59
33390		Not Covered	A	090	Y	N	Y	D	N	1,462.85	1,462.85
33391		Not Covered	A	090	Y	N	Y	D	N	1,732.31	1,732.31
33404		A	A	090	Y	N	Y	D	N	1,335.38	1,335.38
33405		A	A	090	Y	N	Y	D	N	1,721.41	1,721.41
33406		A	A	090	Y	N	Y	D	N	2,182.46	2,182.46
33410		A	A	090	Y	N	Y	D	N	1,930.90	1,930.90
33411		A	A	090	Y	N	Y	N	N	2,558.36	2,558.36
33412		A	A	090	Y	N	Y	D	N	2,392.47	2,392.47
33413		A	A	090	Y	N	Y	D	N	2,430.38	2,430.38
33414		A	A	090	Y	N	Y	D	N	1,627.69	1,627.69
33415		A	A	090	Y	N	Y	D	N	1,538.13	1,538.13
33416		A	A	090	Y	N	Y	D	N	1,534.50	1,534.50
33417		A	A	090	Y	N	Y	D	N	1,257.24	1,257.24
33418		Not Covered	A	090	Y	N	Y	D	N	1,368.09	1,368.09
33419		Not Covered	A	ZZZ	N	N	Y	D	N	324.76	324.76
33420		A	A	090	Y	N	N	D	N	1,106.16	1,106.16
33422		A	A	090	Y	N	Y	D	N	1,252.05	1,252.05
33425		A	A	090	Y	N	Y	D	N	2,072.91	2,072.91

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
33426		A	A	090	Y	N	Y	D	N	1,806.30	1,806.30
33427		A	A	090	Y	N	Y	D	N	1,856.92	1,856.92
33430		A	A	090	Y	N	Y	D	N	2,124.31	2,124.31
33440		A	A	090	Y	N	Y	D	N	2,580.68	2,580.68
33460		A	A	090	Y	N	Y	D	N	1,823.17	1,823.17
33463		A	A	090	Y	N	Y	D	N	2,349.90	2,349.90
33464		A	A	090	Y	N	Y	D	N	1,853.02	1,853.02
33465		A	A	090	Y	N	Y	D	N	2,098.61	2,098.61
33468		A	A	090	Y	N	Y	D	N	1,829.14	1,829.14
33470		A	A	090	Y	N	Y	N	N	937.16	937.16
33471		A	A	090	Y	N	Y	D	N	1,001.28	1,001.28
33474		A	A	090	Y	N	Y	D	N	1,661.44	1,661.44
33475		A	A	090	Y	N	Y	D	N	1,771.77	1,771.77
33476		A	A	090	Y	N	Y	D	N	1,121.21	1,121.21
33477		A	A	000	Y	N	D	D	D	1,043.85	1,043.85
33478		A	A	090	Y	N	Y	D	N	1,183.00	1,183.00
33496		A	A	090	Y	N	Y	D	N	1,261.14	1,261.14
33500		A	A	090	Y	N	Y	D	N	1,176.51	1,176.51
33501		A	A	090	Y	N	Y	Y	N	841.10	841.10
33502		A	A	090	Y	N	Y	D	N	951.69	951.69
33503		A	A	090	Y	N	D	D	N	999.72	999.72
33504		A	A	090	Y	N	Y	D	N	1,090.06	1,090.06
33505		A	A	090	Y	N	Y	D	N	1,529.82	1,529.82
33506		A	A	090	Y	N	Y	D	N	1,507.24	1,507.24
33507		A	A	090	Y	N	Y	D	N	1,303.45	1,303.45
33508		A	A	ZZZ	N	N	Y	D	N	12.46	12.46
33510		A	A	090	Y	N	Y	N	N	1,464.66	1,464.66
33511		A	A	090	Y	N	Y	N	N	1,609.26	1,609.26
33512		A	A	090	Y	N	Y	N	N	1,833.81	1,833.81
33513		A	A	090	Y	N	Y	N	N	1,890.15	1,890.15
33514		A	A	090	Y	N	Y	N	N	1,987.50	1,987.50
33516		A	A	090	Y	N	Y	N	N	2,047.21	2,047.21
33517		A	A	ZZZ	N	N	Y	N	N	143.04	143.04
33518		A	A	ZZZ	N	N	Y	N	N	315.15	315.15
33519		A	A	ZZZ	N	N	Y	N	N	416.92	416.92
33521		A	A	ZZZ	N	N	Y	N	N	500.25	500.25
33522		A	A	ZZZ	N	N	Y	N	N	562.03	562.03
33523		A	A	ZZZ	N	N	Y	N	N	634.46	634.46
33530		A	A	ZZZ	N	N	Y	N	N	403.16	403.16
33533		A	A	090	Y	N	Y	N	N	1,415.60	1,415.60
33534		A	A	090	Y	N	Y	N	N	1,666.63	1,666.63
33535		A	A	090	Y	N	Y	N	N	1,861.07	1,861.07
33536		A	A	090	Y	N	Y	N	N	1,993.99	1,993.99
33542		A	A	090	Y	N	Y	D	N	2,001.52	2,001.52
33545		A	A	090	Y	N	Y	D	N	2,349.12	2,349.12
33548		A	A	090	Y	N	Y	D	N	2,246.32	2,246.32
33572		A	A	ZZZ	N	N	Y	N	N	176.27	176.27
33600		A	A	090	Y	N	Y	D	N	1,285.80	1,285.80
33602		A	A	090	Y	N	Y	D	N	1,246.86	1,246.86
33606		A	A	090	Y	N	Y	D	N	1,350.44	1,350.44
33608		A	A	090	Y	N	Y	D	N	1,367.31	1,367.31
33610		A	A	090	Y	N	Y	D	N	1,348.10	1,348.10

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
33611		A	A	090	Y	N	Y	D	N	1,490.10	1,490.10
33612		A	A	090	Y	N	Y	D	N	1,530.60	1,530.60
33615		A	A	090	Y	N	Y	D	N	1,521.00	1,521.00
33617		A	A	090	Y	N	Y	D	N	1,594.46	1,594.46
33619		A	A	090	Y	N	Y	D	N	2,079.40	2,079.40
33620		A	A	090	Y	N	Y	D	N	1,251.27	1,251.27
33621		A	A	090	Y	N	Y	D	N	704.55	704.55
33622		A	A	090	Y	N	Y	D	N	2,638.06	2,638.06
33641		A	A	090	Y	N	Y	D	N	1,241.15	1,241.15
33645		A	A	090	Y	N	Y	D	N	1,306.31	1,306.31
33647		A	A	090	Y	N	Y	D	N	1,364.72	1,364.72
33660		A	A	090	Y	N	Y	D	N	1,324.22	1,324.22
33665		A	A	090	Y	N	Y	D	N	1,461.29	1,461.29
33670		A	A	090	Y	N	Y	D	N	1,512.43	1,512.43
33675		A	A	090	Y	N	Y	D	N	1,473.23	1,473.23
33676		A	A	090	Y	N	Y	D	N	1,546.44	1,546.44
33677		A	A	090	Y	N	Y	D	N	1,606.66	1,606.66
33681		A	A	090	Y	N	Y	D	N	1,383.15	1,383.15
33684		A	A	090	Y	N	Y	D	N	1,441.82	1,441.82
33688		A	A	090	Y	N	Y	D	N	1,442.60	1,442.60
33690		A	A	090	Y	N	Y	D	N	904.45	904.45
33692		A	A	090	Y	N	Y	D	N	1,498.41	1,498.41
33694		A	A	090	Y	N	Y	D	N	1,490.10	1,490.10
33697		A	A	090	Y	N	Y	D	N	1,570.06	1,570.06
33702		A	A	090	Y	N	Y	D	N	1,150.81	1,150.81
33710		A	A	090	Y	N	Y	N	N	1,567.98	1,567.98
33720		A	A	090	Y	N	Y	D	N	1,165.86	1,165.86
33722		A	A	090	Y	N	Y	D	N	1,238.29	1,238.29
33724		A	A	090	Y	N	Y	D	N	1,155.48	1,155.48
33726		A	A	090	Y	N	Y	D	N	1,553.19	1,553.19
33730		A	A	090	Y	N	Y	D	N	1,477.64	1,477.64
33732		A	A	090	Y	N	Y	D	N	1,169.50	1,169.50
33735		A	A	090	Y	N	Y	N	N	978.17	978.17
33736		A	A	090	Y	N	Y	D	N	1,024.12	1,024.12
33737		A	A	090	Y	N	Y	D	N	981.55	981.55
33750		A	A	090	Y	N	Y	D	N	957.40	957.40
33755		A	A	090	Y	N	Y	D	N	994.53	994.53
33762		A	A	090	Y	N	Y	D	N	972.98	972.98
33764		A	A	090	Y	N	Y	D	N	994.53	994.53
33766		A	A	090	Y	N	Y	D	N	1,011.66	1,011.66
33767		A	A	090	Y	N	Y	D	N	1,081.49	1,081.49
33768		A	A	ZZZ	N	N	Y	Y	N	320.35	320.35
33770		A	A	090	Y	N	Y	D	N	1,620.68	1,620.68
33771		A	A	090	Y	N	Y	D	N	1,671.05	1,671.05
33774		A	A	090	Y	N	Y	D	N	1,365.76	1,365.76
33775		A	A	090	Y	N	Y	N	N	1,409.89	1,409.89
33776		A	A	090	Y	N	Y	D	N	1,423.91	1,423.91
33777		A	A	090	Y	N	Y	N	N	1,442.08	1,442.08
33778		A	A	090	Y	N	Y	D	N	1,794.36	1,794.36
33779		A	A	090	Y	N	Y	D	N	1,783.71	1,783.71
33780		A	A	090	Y	N	Y	D	N	1,732.83	1,732.83
33781		A	A	090	Y	N	Y	N	N	1,775.14	1,775.14

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
33782		A	A	090	Y	N	Y	D	N	2,479.18	2,479.18
33783		A	A	090	Y	N	Y	D	N	2,681.93	2,681.93
33786		A	A	090	Y	N	Y	D	N	1,742.18	1,742.18
33788		A	A	090	Y	N	Y	D	N	1,166.12	1,166.12
33800		A	A	090	Y	N	Y	Y	N	737.26	737.26
33802		A	A	090	Y	N	Y	D	N	817.48	817.48
33803		A	A	090	Y	N	Y	D	N	873.29	873.29
33813		A	A	090	Y	N	Y	D	N	877.97	877.97
33814		A	A	090	Y	N	Y	D	N	1,153.40	1,153.40
33820		A	A	090	Y	N	Y	N	N	721.69	721.69
33822		A	A	090	Y	N	Y	D	N	772.57	772.57
33824		A	A	090	Y	N	Y	D	N	890.69	890.69
33840		A	A	090	Y	N	Y	D	N	936.64	936.64
33845		A	A	090	Y	N	Y	D	N	981.81	981.81
33851		A	A	090	Y	N	Y	D	N	961.82	961.82
33852		A	A	090	Y	N	Y	N	N	991.93	991.93
33853		A	A	090	Y	N	Y	D	N	1,347.06	1,347.06
33860		A	A	090	Y	N	Y	D	N	2,449.33	2,449.33
33863		A	A	090	Y	N	Y	D	N	2,404.93	2,404.93
33864		A	A	090	Y	N	Y	D	N	2,463.60	2,463.60
33866		A	A	ZZZ	N	N	D	N	D	783.47	783.47
33870		A	A	090	Y	N	Y	D	N	1,924.67	1,924.67
33875		A	A	090	Y	N	Y	Y	N	2,097.83	2,097.83
33877		A	A	090	Y	N	Y	Y	N	2,781.87	2,781.87
33880		A	A	090	Y	B	Y	Y	N	1,374.06	1,374.06
33881		A	A	090	Y	B	Y	Y	N	1,178.84	1,178.84
33883		A	A	090	Y	N	Y	Y	N	850.45	850.45
33884		A	A	ZZZ	N	N	Y	Y	N	305.55	305.55
33886		A	A	090	Y	N	Y	Y	N	728.96	728.96
33889		A	A	000	Y	Y	Y	Y	N	608.76	608.76
33891		A	A	000	Y	Y	Y	Y	N	741.16	741.16
33910		A	A	090	Y	N	Y	D	N	1,998.66	1,998.66
33915		A	A	090	Y	N	Y	D	N	1,038.92	1,038.92
33916		A	A	090	Y	N	Y	D	N	3,240.07	3,240.07
33917		A	A	090	Y	N	Y	D	N	1,096.55	1,096.55
33920		A	A	090	Y	N	Y	D	N	1,380.81	1,380.81
33922		A	A	090	Y	N	Y	D	N	1,038.92	1,038.92
33924		A	A	ZZZ	N	N	Y	D	N	216.25	216.25
33925		A	A	090	Y	N	Y	D	N	1,311.24	1,311.24
33926		A	A	090	Y	N	Y	D	N	1,851.73	1,851.73
33927		Not Covered	A	XXX	Y	N	Y	N	N	1,967.51	1,967.51
33928		Not Covered	C	XXX	Y	N	Y	N	N	-	-
33929		Not Covered	C	ZZZ	N	N	Y	N	N	-	-
33930		C	X	XXX	N	N	N	N	N	-	-
33933		Not Covered	C	XXX	Y	N	Y	D	N	-	-
33935		A	R	090	Y	N	Y	D	Y	3,798.21	3,798.21
33940		C	X	XXX	N	N	N	N	N	-	-
33944		Not Covered	C	XXX	Y	N	Y	D	N	-	-
33945		A	R	090	Y	N	Y	D	Y	3,719.03	3,719.03
33946		A	A	XXX	N	N	N	N	N	236.24	236.24
33947		A	A	XXX	N	N	N	N	N	262.46	262.46
33948		A	A	XXX	N	N	N	N	N	179.64	179.64

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
33949		A	A	XXX	N	N	N	N	N	175.49	175.49
33951		A	A	000	Y	N	D	N	N	327.62	327.62
33952		A	A	000	Y	N	D	N	N	327.62	327.62
33953		A	A	000	Y	N	D	N	N	366.04	366.04
33954		A	A	000	Y	N	D	N	N	366.56	366.56
33955		A	A	000	Y	N	D	D	D	642.25	642.25
33956		A	A	000	Y	N	D	D	D	639.39	639.39
33957		A	A	000	Y	N	D	N	N	142.00	142.00
33958		A	A	000	Y	N	D	N	N	141.74	141.74
33959		A	A	000	Y	N	D	N	N	180.68	180.68
33962		A	A	000	Y	N	D	N	N	179.38	179.38
33963		A	A	000	Y	N	D	D	D	361.88	361.88
33964		A	A	000	Y	N	D	D	D	376.16	376.16
33965		A	A	000	Y	N	D	N	N	142.00	142.00
33966		A	A	000	Y	N	D	N	N	181.98	181.98
33967		A	A	000	Y	N	D	N	N	198.85	198.85
33968		A	A	000	N	N	N	N	N	25.70	25.70
33969		A	A	000	Y	N	D	N	N	210.80	210.80
33970		A	A	000	Y	N	Y	D	N	271.02	271.02
33971		A	A	090	Y	N	N	N	N	531.92	531.92
33973		A	A	000	Y	N	Y	D	N	396.41	396.41
33974		A	A	090	Y	N	N	N	N	669.51	669.51
33975		A	A	XXX	Y	N	Y	N	N	1,002.06	1,002.06
33976		A	A	XXX	Y	B	Y	N	N	1,224.53	1,224.53
33977		A	A	XXX	Y	N	Y	N	N	857.72	857.72
33978		A	A	XXX	Y	B	Y	N	N	1,025.16	1,025.16
33979		A	A	XXX	Y	N	Y	N	N	1,498.15	1,498.15
33980		A	A	XXX	Y	N	Y	N	N	1,366.27	1,366.27
33981		A	A	XXX	Y	N	Y	N	N	644.07	644.07
33982		A	A	XXX	Y	N	Y	N	N	1,509.83	1,509.83
33983		A	A	XXX	Y	N	Y	N	N	1,775.92	1,775.92
33984		A	A	000	Y	N	D	N	N	217.80	217.80
33985		A	A	000	Y	N	D	D	D	397.45	397.45
33986		A	A	000	Y	N	D	D	D	400.04	400.04
33987		A	A	ZZZ	N	N	D	D	D	160.69	160.69
33988		A	A	000	Y	N	D	D	D	595.00	595.00
33989		A	A	000	Y	N	D	D	D	370.97	370.97
33990		A	A	XXX	Y	N	Y	N	N	326.06	326.06
33991		A	A	XXX	Y	N	Y	N	N	477.92	477.92
33992		A	A	XXX	Y	N	Y	N	N	152.64	152.64
33993		A	A	XXX	Y	N	Y	N	N	133.43	133.43
33999		Unlstd/Manual	C	YYY	Y	N	Y	D	D	-	-
34001		A	A	090	Y	Y	Y	D	N	732.59	732.59
34051		A	A	090	Y	Y	Y	D	N	744.01	744.01
34101		A	A	090	Y	Y	Y	D	N	454.56	454.56
34111		A	A	090	Y	Y	Y	D	N	455.60	455.60
34151		A	A	090	Y	Y	Y	D	N	1,064.88	1,064.88
34201		A	A	090	Y	Y	Y	D	N	786.07	786.07
34203		A	A	090	Y	Y	Y	D	N	725.32	725.32
34401		A	A	090	Y	Y	Y	D	N	1,106.42	1,106.42
34421		A	A	090	Y	Y	Y	D	N	559.70	559.70
34451		A	A	090	Y	Y	Y	D	N	1,090.84	1,090.84

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
34471		A	A	090	Y	Y	N	D	N	826.05	826.05
34490		A	A	090	Y	Y	N	N	N	482.60	482.60
34501		A	A	090	Y	Y	Y	D	N	673.40	673.40
34502		A	A	090	Y	N	Y	N	N	1,166.90	1,166.90
34510		A	A	090	Y	Y	Y	D	N	781.40	781.40
34520		A	A	090	Y	Y	Y	D	N	748.95	748.95
34530		A	A	090	Y	Y	Y	D	N	679.11	679.11
34701		A	A	090	Y	N	Y	Y	N	945.72	945.72
34702		A	A	090	Y	N	Y	Y	N	1,413.00	1,413.00
34703		A	A	090	Y	N	Y	Y	N	1,067.99	1,067.99
34704		A	A	090	Y	N	Y	Y	N	1,782.15	1,782.15
34705		A	A	090	Y	N	Y	Y	N	1,172.61	1,172.61
34706		A	A	090	Y	N	Y	Y	N	1,769.43	1,769.43
34707		A	A	090	Y	Y	Y	Y	N	881.34	881.34
34708		A	A	090	Y	Y	Y	Y	N	1,416.38	1,416.38
34709		A	A	ZZZ	N	N	Y	Y	N	249.48	249.48
34710		A	A	090	Y	N	Y	Y	N	609.80	609.80
34711		A	A	ZZZ	N	N	Y	Y	N	230.27	230.27
34712		A	A	090	Y	N	Y	Y	N	513.75	513.75
34713		A	A	ZZZ	N	Y	Y	Y	N	98.13	98.13
34714		A	A	ZZZ	N	Y	Y	Y	N	205.86	205.86
34715		A	A	ZZZ	N	Y	Y	Y	N	231.04	231.04
34716		A	A	ZZZ	N	Y	Y	Y	N	284.78	284.78
34808		A	A	ZZZ	N	N	Y	Y	N	162.77	162.77
34812		A	A	ZZZ	N	Y	Y	Y	N	159.65	159.65
34813		A	A	ZZZ	N	N	Y	Y	N	182.76	182.76
34820		A	A	ZZZ	N	Y	Y	Y	N	268.43	268.43
34830		A	A	090	Y	N	Y	Y	N	1,352.52	1,352.52
34831		A	A	090	Y	N	Y	Y	N	1,484.39	1,484.39
34832		A	A	090	Y	N	Y	Y	N	1,432.73	1,432.73
34833		A	A	ZZZ	N	Y	Y	Y	N	312.30	312.30
34834		A	A	ZZZ	N	Y	Y	Y	N	100.21	100.21
34839	Not Covered		B	YYY	N	N	D	N	N	-	-
34841	C		C	YYY	Y	N	Y	Y	N	-	-
34842	C		C	YYY	Y	N	Y	Y	N	-	-
34843	C		C	YYY	Y	N	Y	Y	N	-	-
34844	C		C	YYY	Y	N	Y	Y	N	-	-
34845	C		C	YYY	Y	N	Y	Y	N	-	-
34846	C		C	YYY	Y	N	Y	Y	N	-	-
34847	C		C	YYY	Y	N	Y	Y	N	-	-
34848	C		C	YYY	Y	N	Y	Y	N	-	-
35001		A	A	090	Y	Y	Y	D	N	847.07	847.07
35002		A	A	090	Y	Y	Y	D	N	863.17	863.17
35005		A	A	090	Y	Y	Y	D	N	760.63	760.63
35011		A	A	090	Y	Y	Y	D	N	764.00	764.00
35013		A	A	090	Y	Y	Y	D	N	955.85	955.85
35021		A	A	090	Y	Y	Y	D	N	949.36	949.36
35022		A	A	090	Y	Y	Y	D	N	1,054.50	1,054.50
35045		A	A	090	Y	Y	Y	D	N	745.57	745.57
35081		A	A	090	Y	N	Y	D	N	1,329.15	1,329.15
35082		A	A	090	Y	N	Y	D	N	1,676.24	1,676.24
35091		A	A	090	Y	Y	Y	D	N	1,377.18	1,377.18

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
35092		A	A	090	Y	Y	Y	D	N	2,004.63	2,004.63
35102		A	A	090	Y	Y	Y	D	N	1,444.15	1,444.15
35103		A	A	090	Y	Y	Y	D	N	1,722.97	1,722.97
35111		A	A	090	Y	Y	Y	D	N	1,011.92	1,011.92
35112		A	A	090	Y	Y	Y	D	N	1,256.98	1,256.98
35121		A	A	090	Y	Y	Y	N	N	1,273.60	1,273.60
35122		A	A	090	Y	Y	Y	D	N	1,456.10	1,456.10
35131		A	A	090	Y	Y	Y	D	N	1,061.76	1,061.76
35132		A	A	090	Y	Y	Y	D	N	1,250.75	1,250.75
35141		A	A	090	Y	Y	Y	D	N	843.44	843.44
35142		A	A	090	Y	Y	Y	D	N	1,016.07	1,016.07
35151		A	A	090	Y	Y	Y	D	N	947.80	947.80
35152		A	A	090	Y	Y	Y	D	N	1,059.69	1,059.69
35180		A	A	090	Y	N	Y	D	N	662.50	662.50
35182		A	A	090	Y	N	Y	D	N	1,358.49	1,358.49
35184		A	A	090	Y	N	Y	D	N	736.49	736.49
35188		A	A	090	Y	N	Y	D	N	969.61	969.61
35189		A	A	090	Y	N	Y	D	N	1,147.95	1,147.95
35190		A	A	090	Y	N	Y	D	N	575.27	575.27
35201		A	A	090	Y	Y	Y	D	N	712.86	712.86
35206		A	A	090	Y	Y	Y	D	N	590.85	590.85
35207		A	A	090	Y	Y	N	D	N	546.72	546.72
35211		A	A	090	Y	Y	Y	D	N	1,045.67	1,045.67
35216		A	A	090	Y	Y	Y	D	N	1,558.12	1,558.12
35221		A	A	090	Y	Y	Y	D	N	1,114.20	1,114.20
35226		A	A	090	Y	Y	Y	D	N	633.94	633.94
35231		A	A	090	Y	Y	Y	D	N	918.72	918.72
35236		A	A	090	Y	Y	Y	D	N	758.03	758.03
35241		A	A	090	Y	Y	Y	D	N	1,089.80	1,089.80
35246		A	A	090	Y	Y	Y	D	N	1,183.52	1,183.52
35251		A	A	090	Y	Y	Y	D	N	1,322.92	1,322.92
35256		A	A	090	Y	Y	Y	D	N	780.62	780.62
35261		A	A	090	Y	Y	Y	D	N	747.65	747.65
35266		A	A	090	Y	Y	Y	D	N	659.38	659.38
35271		A	A	090	Y	Y	Y	D	N	1,045.15	1,045.15
35276		A	A	090	Y	Y	Y	D	N	1,105.38	1,105.38
35281		A	A	090	Y	Y	Y	D	N	1,232.32	1,232.32
35286		A	A	090	Y	Y	Y	D	N	708.97	708.97
35301		A	A	090	Y	Y	Y	D	N	864.21	864.21
35302		A	A	090	Y	Y	Y	D	N	858.24	858.24
35303		A	A	090	Y	Y	Y	D	N	949.10	949.10
35304		A	A	090	Y	Y	Y	D	N	978.95	978.95
35305		A	A	090	Y	Y	Y	D	N	940.53	940.53
35306		A	A	ZZZ	N	N	Y	D	N	343.97	343.97
35311		A	A	090	Y	Y	Y	D	N	1,181.96	1,181.96
35321		A	A	090	Y	Y	Y	D	N	680.15	680.15
35331		A	A	090	Y	Y	Y	D	N	1,118.10	1,118.10
35341		A	A	090	Y	Y	Y	D	N	1,054.75	1,054.75
35351		A	A	090	Y	Y	Y	D	N	980.77	980.77
35355		A	A	090	Y	Y	Y	D	N	790.48	790.48
35361		A	A	090	Y	Y	Y	D	N	1,164.83	1,164.83
35363		A	A	090	Y	Y	Y	D	N	1,246.60	1,246.60

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
35371		A	A	090	Y	Y	Y	D	N	624.08	624.08
35372		A	A	090	Y	Y	Y	D	N	748.69	748.69
35390		A	A	ZZZ	N	N	Y	D	N	122.53	122.53
35400		A	A	ZZZ	N	N	D	D	N	115.00	115.00
35500		A	A	ZZZ	N	N	Y	D	N	247.40	247.40
35501		A	A	090	Y	Y	Y	D	N	1,146.91	1,146.91
35506		A	A	090	Y	Y	Y	D	N	974.02	974.02
35508		A	A	090	Y	Y	Y	D	N	998.94	998.94
35509		A	A	090	Y	Y	Y	D	N	1,080.20	1,080.20
35510		A	A	090	Y	Y	Y	D	N	938.45	938.45
35511		A	A	090	Y	Y	Y	D	N	838.77	838.77
35512		A	A	090	Y	Y	Y	D	N	926.25	926.25
35515		A	A	090	Y	Y	Y	D	N	948.84	948.84
35516		A	A	090	Y	Y	Y	D	N	937.16	937.16
35518		A	A	090	Y	Y	Y	D	N	869.14	869.14
35521		A	A	090	Y	Y	Y	D	N	937.68	937.68
35522		A	A	090	Y	Y	Y	D	N	923.92	923.92
35523	Not Covered	A	A	090	Y	Y	Y	D	N	977.39	977.39
35525		A	A	090	Y	Y	Y	D	N	872.78	872.78
35526		A	A	090	Y	Y	Y	D	N	1,325.26	1,325.26
35531		A	A	090	Y	Y	Y	D	N	1,495.56	1,495.56
35533		A	A	090	Y	Y	Y	D	N	1,152.36	1,152.36
35535		A	A	090	Y	Y	Y	D	N	1,465.44	1,465.44
35536		A	A	090	Y	Y	Y	D	N	1,300.60	1,300.60
35537		A	A	090	Y	N	Y	D	N	1,590.31	1,590.31
35538		A	A	090	Y	N	Y	D	N	1,785.53	1,785.53
35539		A	A	090	Y	Y	Y	D	N	1,674.68	1,674.68
35540		A	A	090	Y	Y	N	D	N	1,886.25	1,886.25
35556		A	A	090	Y	Y	Y	D	N	1,070.33	1,070.33
35558		A	A	090	Y	Y	Y	D	N	938.97	938.97
35560		A	A	090	Y	Y	Y	D	N	1,288.91	1,288.91
35563		A	A	090	Y	Y	Y	D	N	1,015.81	1,015.81
35565		A	A	090	Y	Y	Y	D	N	1,006.99	1,006.99
35566		A	A	090	Y	Y	Y	D	N	1,280.35	1,280.35
35570		A	A	090	Y	Y	Y	D	N	1,157.04	1,157.04
35571		A	A	090	Y	Y	Y	D	N	1,014.52	1,014.52
35572		A	A	ZZZ	N	N	Y	N	N	266.61	266.61
35583		A	A	090	Y	Y	Y	D	N	1,106.16	1,106.16
35585		A	A	090	Y	Y	Y	D	N	1,282.68	1,282.68
35587		A	A	090	Y	Y	Y	D	N	1,044.11	1,044.11
35600		A	A	ZZZ	N	N	Y	D	N	196.26	196.26
35601		A	A	090	Y	Y	Y	D	N	1,071.37	1,071.37
35606		A	A	090	Y	Y	Y	D	N	898.48	898.48
35612		A	A	090	Y	Y	Y	D	N	793.34	793.34
35616		A	A	090	Y	Y	Y	D	N	840.58	840.58
35621		A	A	090	Y	Y	Y	D	N	839.03	839.03
35623		A	A	090	Y	Y	Y	D	N	1,005.17	1,005.17
35626		A	A	090	Y	Y	Y	D	N	1,208.96	1,208.96
35631		A	A	090	Y	Y	Y	D	N	1,423.91	1,423.91
35632		A	A	090	Y	Y	Y	D	N	1,374.84	1,374.84
35633		A	A	090	Y	Y	Y	D	N	1,534.50	1,534.50
35634		A	A	090	Y	Y	Y	D	N	1,353.29	1,353.29

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
35636		A	A	090	Y	Y	Y	D	N	1,225.83	1,225.83
35637		A	A	090	Y	N	Y	D	N	1,270.48	1,270.48
35638		A	A	090	Y	N	Y	D	N	1,345.77	1,345.77
35642		A	A	090	Y	Y	Y	D	N	753.62	753.62
35645		A	A	090	Y	Y	Y	D	N	724.54	724.54
35646		A	A	090	Y	N	Y	D	N	1,315.39	1,315.39
35647		A	A	090	Y	Y	Y	D	N	1,190.27	1,190.27
35650		A	A	090	Y	Y	Y	D	N	825.27	825.27
35654		A	A	090	Y	N	Y	D	N	1,048.78	1,048.78
35656		A	A	090	Y	Y	Y	D	N	826.57	826.57
35661		A	A	090	Y	Y	Y	D	N	827.60	827.60
35663		A	A	090	Y	Y	Y	D	N	930.93	930.93
35665		A	A	090	Y	Y	Y	D	N	897.18	897.18
35666		A	A	090	Y	Y	Y	D	N	964.67	964.67
35671		A	A	090	Y	Y	Y	D	N	849.41	849.41
35681		A	A	ZZZ	N	N	Y	D	N	62.30	62.30
35682		A	A	ZZZ	N	N	D	D	N	272.58	272.58
35683		A	A	ZZZ	N	N	D	D	N	317.23	317.23
35685		A	A	ZZZ	N	N	Y	D	N	153.94	153.94
35686		A	A	ZZZ	N	N	Y	D	N	124.09	124.09
35691		A	A	090	Y	Y	Y	D	N	723.51	723.51
35693		A	A	090	Y	Y	Y	D	N	619.67	619.67
35694		A	A	090	Y	Y	Y	D	N	754.40	754.40
35695		A	A	090	Y	Y	Y	D	N	775.68	775.68
35697		A	A	ZZZ	N	N	Y	Y	N	114.48	114.48
35700		A	A	ZZZ	N	N	Y	D	N	117.86	117.86
35701		A	A	090	Y	Y	Y	D	N	417.18	417.18
35721		A	A	090	Y	Y	Y	D	N	342.15	342.15
35741		A	A	090	Y	Y	Y	D	N	387.84	387.84
35761		A	A	090	Y	Y	Y	D	N	289.45	289.45
35800		A	A	090	Y	N	Y	D	N	535.55	535.55
35820		A	A	090	Y	N	Y	D	N	1,530.34	1,530.34
35840		A	A	090	Y	N	Y	D	N	901.33	901.33
35860		A	A	090	Y	N	Y	D	N	636.02	636.02
35870		A	A	090	Y	N	Y	D	N	949.88	949.88
35875		A	A	090	Y	N	N	D	N	451.96	451.96
35876		A	A	090	Y	N	Y	D	N	722.21	722.21
35879		A	A	090	Y	Y	Y	D	N	706.89	706.89
35881		A	A	090	Y	Y	Y	D	N	777.76	777.76
35883		A	A	090	Y	Y	Y	D	N	920.54	920.54
35884		A	A	090	Y	Y	Y	D	N	950.66	950.66
35901		A	A	090	Y	N	Y	D	N	354.09	354.09
35903		A	A	090	Y	N	Y	D	N	423.67	423.67
35905		A	A	090	Y	N	Y	D	N	1,284.50	1,284.50
35907		A	A	090	Y	N	Y	D	N	1,465.44	1,465.44
36000		B	B	XXX	N	N	N	N	N	7.01	18.17
36002		A	A	000	Y	Y	N	N	N	78.14	110.33
36005		A	A	000	Y	Y	D	N	N	36.34	199.89
36010		A	A	XXX	Y	Y	N	N	N	83.33	329.95
36011		A	A	XXX	Y	Y	N	N	N	118.12	551.39
36012		A	A	XXX	Y	Y	N	N	N	131.10	564.11
36013		A	A	XXX	Y	N	N	N	N	91.12	498.69

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
36014		A	A	XXX	Y	Y	N	N	N	113.45	528.81
36015		A	A	XXX	Y	Y	N	N	N	128.50	573.46
36100		A	A	XXX	Y	Y	N	N	N	120.19	348.64
36140		A	A	XXX	Y	N	N	N	N	69.05	293.87
36160		A	A	XXX	Y	N	N	N	N	92.68	338.00
36200		A	A	000	Y	Y	N	N	N	106.96	377.98
36215		A	A	000	Y	N	N	N	N	159.13	676.26
36216		A	A	000	Y	N	N	N	N	207.16	735.45
36217		A	A	000	Y	N	N	N	N	248.70	1,219.08
36218		A	A	ZZZ	N	N	N	N	N	39.20	158.88
36221		A	A	000	Y	B	N	N	N	152.90	675.74
36222		A	A	000	Y	Y	N	N	N	216.25	806.06
36223		A	A	000	Y	Y	N	N	N	240.91	1,014.52
36224		A	A	000	Y	Y	N	N	N	275.18	1,307.35
36225		A	A	000	Y	Y	N	N	N	240.91	978.95
36226		A	A	000	Y	Y	N	N	N	271.28	1,237.77
36227		A	A	ZZZ	N	Y	N	N	N	89.82	174.71
36228		A	A	ZZZ	N	Y	N	N	N	185.35	866.29
36245		A	A	XXX	Y	Y	N	N	N	179.38	858.76
36246		A	A	000	Y	Y	N	N	N	194.18	559.18
36247		A	A	000	Y	Y	N	N	N	229.49	981.81
36248		A	A	ZZZ	N	N	N	N	N	36.60	96.31
36251		A	A	000	Y	N	N	N	N	197.04	901.59
36252		A	A	000	Y	B	N	N	N	275.18	985.96
36253		A	A	000	Y	N	N	N	N	266.61	1,428.84
36254		A	A	000	Y	B	N	N	N	318.01	1,401.32
36260		A	A	090	Y	N	N	N	N	482.34	482.34
36261		A	A	090	Y	N	Y	N	N	295.17	295.17
36262		A	A	090	Y	N	N	N	N	224.81	224.81
36299		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-
36400		A	A	XXX	Y	N	N	N	N	13.50	18.43
36405		A	A	XXX	Y	N	N	N	N	11.16	16.10
36406		A	A	XXX	Y	N	N	N	N	6.23	11.16
36410		A	A	XXX	Y	N	N	N	N	7.01	11.94
36415		CLFS	X	XXX	N	N	N	N	N	-	-
36416		B	B	XXX	N	N	N	N	N	-	-
36420		A	A	XXX	Y	N	D	N	N	35.57	35.57
36425		A	A	XXX	Y	N	N	N	N	29.85	29.85
36430		A	A	XXX	N	N	N	N	N	22.33	22.33
36440		A	A	XXX	Y	N	D	N	N	37.12	37.12
36450		A	A	XXX	Y	N	D	N	N	125.65	125.65
36455		A	A	XXX	Y	N	N	N	N	97.35	97.35
36456		Not Covered	A	XXX	Y	N	D	N	N	77.88	77.88
36460		A	A	XXX	Y	N	Y	N	N	251.81	251.81
36465		A	A	000	Y	Y	N	N	N	90.86	984.92
36466		A	A	000	Y	Y	N	N	N	115.78	1,038.66
36468		C	R	000	Y	N	D	N	N	-	-
36470		Not Covered	A	000	Y	Y	N	N	N	29.08	71.65
36471		Not Covered	A	000	Y	Y	N	N	N	57.89	130.32
36473		Not Covered	A	000	Y	Y	N	N	N	135.25	941.83
36474		Not Covered	A	ZZZ	N	Y	N	N	N	67.76	185.87
36475		A	A	000	Y	Y	N	N	N	212.35	935.34

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
36476		A	A	ZZZ	N	Y	N	N	N	103.58	206.12
36478		A	A	000	Y	Y	N	N	N	210.54	745.31
36479		A	A	ZZZ	N	Y	N	N	N	103.58	216.51
36481		A	A	000	Y	N	N	N	N	247.92	1,266.07
36482		Not Covered	A	000	Y	Y	N	N	N	134.99	1,311.24
36483		Not Covered	A	ZZZ	N	Y	N	N	N	67.50	105.14
36500		A	A	000	Y	N	N	N	N	137.85	137.85
36510		A	A	000	Y	N	D	N	N	39.20	56.85
36511		A	A	000	Y	N	N	N	N	77.88	77.88
36512		A	A	000	Y	N	N	N	N	78.14	78.14
36513		A	A	000	Y	N	N	N	N	80.48	80.48
36514		A	A	000	Y	N	N	N	N	70.09	464.68
36516		A	A	000	Y	N	N	N	N	63.60	1,260.88
36522		A	A	000	Y	N	N	N	N	70.09	1,369.91
36555		A	A	000	N	N	N	N	N	63.60	127.46
36556		A	A	000	N	N	N	N	N	63.34	142.00
36557		A	A	010	Y	Y	D	N	N	235.46	677.82
36558		A	A	010	Y	Y	D	N	N	191.33	506.48
36560		A	A	010	Y	Y	D	N	N	284.52	865.51
36561		A	A	010	Y	Y	D	N	N	248.96	713.38
36563		A	A	010	Y	N	D	N	N	273.10	804.24
36565		A	A	010	Y	Y	D	N	N	249.99	588.51
36566		A	A	010	Y	Y	D	N	N	269.98	3,057.83
36568		A	A	000	N	N	N	N	N	68.79	68.79
36569		A	A	000	N	N	N	N	N	69.57	69.57
36570		A	A	010	Y	Y	D	N	N	245.84	942.61
36571		A	A	010	Y	Y	D	N	N	230.01	827.86
36572		A	A	000	N	N	N	N	N	67.50	273.36
36573		A	A	000	N	N	N	N	N	62.82	257.52
36575		A	A	000	Y	N	D	N	N	25.96	105.66
36576		A	A	010	Y	N	D	N	N	135.77	224.29
36578		A	A	010	Y	N	D	N	N	148.75	308.92
36580		A	A	000	N	N	N	N	N	49.06	142.78
36581		A	A	010	Y	N	D	N	N	134.73	494.54
36582		A	A	010	Y	N	D	N	N	214.17	658.61
36583		A	A	010	Y	N	D	N	N	242.47	831.24
36584		A	A	000	N	N	N	N	N	44.13	223.26
36585		A	A	010	Y	N	D	N	N	199.89	705.07
36589		A	A	010	Y	N	D	N	N	100.21	116.82
36590		A	A	010	Y	N	D	N	N	139.66	158.62
36591		Not Covered	T	XXX	N	N	D	N	N	15.32	15.32
36592		Not Covered	T	XXX	N	N	D	N	N	17.13	17.13
36593		A	A	XXX	N	N	D	N	N	20.25	20.25
36595		A	A	000	Y	N	N	N	N	135.77	402.90
36596		A	A	000	Y	N	N	N	N	32.45	83.33
36597		A	A	000	Y	N	N	N	N	45.43	88.00
36598		A	T	000	Y	Y	D	N	N	27.00	76.84
36600		A	A	XXX	Y	N	N	N	N	11.68	21.03
36620		A	A	000	N	N	N	N	N	32.97	32.97
36625		A	A	000	N	N	N	N	N	79.44	79.44
36640		A	A	000	Y	N	N	N	N	82.81	82.81
36660		A	A	000	Y	N	D	N	N	50.36	50.36

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
36680		A	A	000	Y	N	D	N	N	44.13	44.13
36800		A	A	000	Y	N	N	N	N	91.12	91.12
36810		A	A	000	Y	N	N	N	N	155.50	155.50
36815		A	A	000	Y	N	N	N	N	103.58	103.58
36818		A	A	090	Y	N	Y	D	N	526.21	526.21
36819		A	A	090	Y	N	Y	D	N	555.80	555.80
36820		A	A	090	Y	Y	Y	D	N	555.54	555.54
36821		A	A	090	Y	N	Y	D	N	503.88	503.88
36823		A	A	090	Y	N	N	N	N	1,046.45	1,046.45
36825		A	A	090	Y	N	Y	D	N	603.05	603.05
36830		A	A	090	Y	N	Y	D	N	506.74	506.74
36831		A	A	090	Y	N	Y	D	N	467.02	467.02
36832		A	A	090	Y	N	Y	D	N	572.68	572.68
36833		A	A	090	Y	N	Y	D	N	616.03	616.03
36835		A	A	090	Y	N	N	N	N	356.43	356.43
36838		A	A	090	Y	Y	Y	D	N	874.85	874.85
36860		A	A	000	Y	N	N	N	N	84.11	172.37
36861		A	A	000	Y	N	N	N	N	105.66	105.66
36901		A	A	000	Y	N	N	N	N	126.43	425.74
36902		A	A	000	Y	N	N	N	N	180.94	828.64
36903		A	A	000	Y	N	N	N	N	239.87	3,420.75
36904		A	A	000	Y	N	N	D	N	279.33	1,221.42
36905		A	A	000	Y	N	N	D	N	334.62	1,533.46
36906		A	A	000	Y	N	N	D	N	386.28	4,205.52
36907		A	A	ZZZ	N	N	N	N	N	110.59	470.40
36908		A	A	ZZZ	N	N	N	N	N	157.32	1,536.31
36909		A	A	ZZZ	N	N	N	N	N	152.13	1,245.30
37140		A	A	090	Y	N	N	D	N	1,758.79	1,758.79
37145		A	A	090	Y	N	Y	N	N	1,630.29	1,630.29
37160		A	A	090	Y	N	Y	D	N	1,675.20	1,675.20
37180		A	A	090	Y	N	Y	D	N	1,610.04	1,610.04
37181		A	A	090	Y	N	Y	D	N	1,758.79	1,758.79
37182		A	A	000	Y	N	D	N	N	608.76	608.76
37183		A	A	000	Y	N	D	N	N	278.55	3,826.50
37184		A	A	000	Y	Y	N	Y	N	339.56	1,391.20
37185		A	A	ZZZ	N	B	N	Y	N	127.72	432.75
37186		A	A	ZZZ	N	B	N	Y	N	186.91	862.39
37187		A	A	000	Y	Y	N	Y	N	295.68	1,278.01
37188		A	A	000	N	Y	N	Y	N	208.20	1,069.03
37191		A	A	000	Y	N	N	N	N	167.96	1,579.67
37192		A	A	000	Y	N	N	N	N	267.13	879.27
37193		A	A	000	Y	N	N	N	N	262.97	1,017.37
37195		C	C	XXX	N	N	D	N	N	-	-
37197		A	A	000	Y	N	N	N	N	228.45	998.68
37200		A	A	000	Y	N	N	N	N	161.73	161.73
37211		A	A	000	Y	Y	N	N	N	293.35	293.35
37212		A	A	000	Y	Y	N	N	N	255.71	255.71
37213		A	A	000	Y	N	N	N	N	175.75	175.75
37214		A	A	000	Y	N	N	N	N	93.20	93.20
37215		A	R	090	Y	Y	D	N	N	764.26	764.26
37216		A	N	090	N	N	N	N	N	746.09	746.09
37217		A	A	090	Y	Y	D	N	N	826.31	826.31

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
37218		A	A	090	Y	Y	D	N	N	619.92	619.92
37220		A	A	000	Y	Y	N	N	N	308.40	1,912.21
37221		A	A	000	Y	Y	D	N	N	381.09	2,704.51
37222		A	A	ZZZ	N	Y	D	N	N	143.56	526.73
37223		A	A	ZZZ	N	Y	D	N	N	164.07	1,418.97
37224		A	A	000	Y	Y	D	N	N	341.11	2,293.31
37225		A	A	000	Y	Y	D	N	N	464.16	7,754.25
37226		A	A	000	Y	Y	D	N	N	400.82	6,725.72
37227		A	A	000	Y	Y	D	N	N	558.66	9,985.25
37228		A	A	000	Y	Y	D	N	N	417.44	3,312.50
37229		A	A	000	Y	Y	D	N	N	541.79	7,770.35
37230		A	A	000	Y	Y	D	N	N	537.37	6,627.59
37231		A	A	000	Y	Y	D	N	N	583.06	9,492.01
37232		A	A	ZZZ	N	Y	D	N	N	154.20	716.50
37233		A	A	ZZZ	N	Y	D	N	N	251.29	883.16
37234		A	A	ZZZ	N	Y	D	N	N	219.10	2,475.55
37235		A	A	ZZZ	N	Y	D	N	N	307.37	2,696.47
37236		A	A	000	Y	Y	D	N	N	340.34	2,313.30
37237		A	A	ZZZ	N	Y	D	N	N	163.55	1,368.35
37238		A	A	000	Y	Y	D	N	N	230.27	2,317.45
37239		A	A	ZZZ	N	Y	D	N	N	116.30	1,107.45
37241		A	A	000	Y	N	N	N	N	335.40	3,104.82
37242		A	A	000	Y	N	N	N	N	360.07	4,757.17
37243		A	A	000	Y	N	N	N	N	418.48	6,142.40
37244		A	A	000	Y	N	N	N	N	495.06	4,418.65
37246		A	A	000	Y	Y	N	N	N	263.75	1,357.45
37247		A	A	ZZZ	N	Y	N	N	N	129.28	521.28
37248		A	A	000	Y	Y	N	N	N	224.55	974.80
37249		Not Covered	A	ZZZ	N	Y	N	N	N	109.55	388.88
37252		A	A	ZZZ	N	N	D	D	N	69.83	807.10
37253		A	A	ZZZ	N	N	D	D	N	56.33	133.43
37500		A	A	090	Y	Y	N	D	N	481.30	481.30
37501		Unlstd/Manual	C	YYY	Y	Y	N	D	D	-	-
37565		A	A	090	Y	Y	D	D	N	534.00	534.00
37600		A	A	090	Y	N	Y	D	N	539.45	539.45
37605		A	A	090	Y	N	Y	D	N	561.77	561.77
37606		A	A	090	Y	N	Y	N	N	523.09	523.09
37607		A	A	090	Y	N	N	D	N	280.37	280.37
37609		A	A	010	Y	Y	N	N	N	150.31	215.47
37615		A	A	090	Y	N	Y	D	N	387.06	387.06
37616		A	A	090	Y	N	Y	D	N	833.06	833.06
37617		A	A	090	Y	N	Y	D	N	1,012.44	1,012.44
37618		A	A	090	Y	N	Y	D	N	284.52	284.52
37619		A	A	090	Y	N	Y	N	N	1,306.83	1,306.83
37650		A	A	090	Y	Y	N	D	N	348.12	348.12
37660		A	A	090	Y	Y	Y	D	N	990.11	990.11
37700		A	A	090	Y	Y	N	N	N	181.46	181.46
37718		A	A	090	Y	Y	N	D	N	322.16	322.16
37722		A	A	090	Y	Y	N	D	N	357.21	357.21
37735		A	A	090	Y	Y	N	D	N	441.84	441.84
37760		A	A	090	Y	Y	N	D	N	470.40	470.40
37761		A	A	090	Y	Y	Y	D	N	405.24	405.24

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
37765		A	A	090	Y	Y	N	D	N	334.62	458.45
37766		A	A	090	Y	Y	N	D	N	410.43	548.02
37780		A	A	090	Y	Y	N	D	N	175.23	175.23
37785		A	A	090	Y	Y	N	N	N	190.29	248.70
37788		A	A	090	Y	N	Y	D	N	930.15	930.15
37790		A	A	090	Y	N	D	N	N	355.39	355.39
37799		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-
38100		A	A	090	Y	N	Y	D	N	868.36	868.36
38101		A	A	090	Y	N	Y	D	N	869.66	869.66
38102		A	A	ZZZ	N	N	Y	D	N	200.41	200.41
38115		A	A	090	Y	N	Y	D	N	960.78	960.78
38120		A	A	090	Y	N	Y	D	N	788.15	788.15
38129		Unlstd/Manual	C	YYY	Y	N	Y	D	D	-	-
38200		A	A	000	Y	N	D	N	N	97.87	97.87
38204		B	B	XXX	N	N	N	N	N	77.88	77.88
38205		A	R	000	Y	N	D	N	N	59.71	59.71
38206		A	R	000	Y	N	D	N	N	59.97	59.97
38207		A	I	XXX	N	N	N	N	N	34.79	34.79
38208		A	I	XXX	N	N	N	N	N	22.07	22.07
38209		A	I	XXX	N	N	N	N	N	9.35	9.35
38210		A	I	XXX	N	N	N	N	N	61.78	61.78
38211		A	I	XXX	N	N	N	N	N	55.55	55.55
38212		A	I	XXX	N	N	N	N	N	36.86	36.86
38213		A	I	XXX	N	N	N	N	N	9.35	9.35
38214		A	I	XXX	N	N	N	N	N	31.67	31.67
38215		A	I	XXX	N	N	N	N	N	36.86	36.86
38220		A	A	XXX	Y	Y	D	N	N	50.62	111.11
38221		A	A	XXX	Y	Y	D	N	N	50.36	103.58
38222		A	A	XXX	Y	Y	D	N	N	56.33	114.74
38230		A	A	000	Y	N	D	N	N	153.94	153.94
38232		Not Covered	A	000	Y	N	D	N	N	147.19	147.19
38240		A	R	XXX	Y	N	D	N	N	163.29	163.29
38241		A	R	XXX	Y	N	D	N	N	122.01	122.01
38242		A	A	000	Y	N	D	N	N	86.19	86.19
38243		Not Covered	A	000	Y	N	D	N	N	86.71	86.71
38300		A	A	010	Y	N	N	N	N	145.38	219.62
38305		A	A	090	Y	N	N	N	N	354.61	354.61
38308		A	A	090	Y	N	Y	D	N	331.51	331.51
38380		A	A	090	Y	N	Y	D	N	407.83	407.83
38381		A	A	090	Y	N	Y	D	N	601.49	601.49
38382		A	A	090	Y	N	Y	D	N	498.95	498.95
38500		A	A	010	Y	Y	N	N	N	187.69	237.27
38505		A	A	000	Y	Y	N	N	N	50.36	84.63
38510		A	A	010	Y	Y	N	N	N	308.40	372.27
38520		A	A	090	Y	Y	N	N	N	341.11	341.11
38525		A	A	090	Y	Y	N	N	N	322.42	322.42
38530		A	A	090	Y	Y	Y	D	N	409.13	409.13
38531		A	A	090	Y	Y	D	N	N	319.57	319.57
38542		A	A	090	Y	Y	Y	D	N	375.90	375.90
38550		A	A	090	Y	N	D	N	N	374.86	374.86
38555		A	A	090	Y	N	Y	D	N	749.21	749.21
38562		A	A	090	Y	B	Y	D	N	522.06	522.06

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
38564		A	A	090	Y	N	Y	D	N	524.91	524.91
38570		A	A	010	Y	N	Y	Y	N	375.90	375.90
38571		A	A	010	Y	B	Y	Y	N	486.49	486.49
38572		A	A	010	Y	B	Y	Y	N	683.79	683.79
38573		A	A	010	Y	B	Y	Y	N	865.51	865.51
38589		Unlstd/Manual	C	YYY	Y	Y	Y	D	D	-	-
38700		A	A	090	Y	Y	Y	D	N	584.36	584.36
38720		A	A	090	Y	Y	Y	D	N	981.81	981.81
38724		A	A	090	Y	Y	Y	D	N	1,057.61	1,057.61
38740		A	A	090	Y	Y	Y	D	N	517.12	517.12
38745		A	A	090	Y	Y	Y	D	N	654.97	654.97
38746		A	A	ZZZ	N	N	Y	D	N	164.59	164.59
38747		A	A	ZZZ	N	N	Y	D	N	203.79	203.79
38760		A	A	090	Y	Y	Y	D	N	626.67	626.67
38765		A	A	090	Y	Y	Y	D	N	971.42	971.42
38770		A	A	090	Y	Y	Y	D	N	596.82	596.82
38780		A	A	090	Y	N	Y	D	N	760.89	760.89
38790		A	A	000	Y	Y	N	N	N	60.23	60.23
38792		A	A	000	Y	Y	N	N	N	24.66	55.29
38794		A	A	090	Y	N	D	N	N	212.35	212.35
38900		A	A	ZZZ	N	Y	Y	D	N	104.88	104.88
38999		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-
39000		A	A	090	Y	N	Y	D	N	366.30	366.30
39010		A	A	090	Y	N	Y	D	N	588.77	588.77
39200		A	A	090	Y	N	Y	D	N	652.37	652.37
39220		A	A	090	Y	N	Y	D	N	851.49	851.49
39401		A	A	000	Y	N	N	N	N	234.16	234.16
39402		A	A	000	Y	N	N	N	N	307.37	307.37
39499		Unlstd/Manual	C	YYY	Y	N	Y	D	D	-	-
39501		A	A	090	Y	N	Y	D	N	636.02	636.02
39503		A	A	090	Y	N	Y	D	N	4,616.47	4,616.47
39540		A	A	090	Y	N	Y	D	N	652.89	652.89
39541		A	A	090	Y	N	Y	D	N	706.37	706.37
39545		A	A	090	Y	N	Y	D	N	664.58	664.58
39560		A	A	090	Y	N	Y	D	N	598.38	598.38
39561		A	A	090	Y	N	Y	D	N	927.03	927.03
39599		Unlstd/Manual	C	YYY	Y	N	Y	D	D	-	-
40490		A	A	000	Y	N	N	N	N	52.96	86.45
40500		A	A	090	Y	N	N	N	N	257.26	350.20
40510		A	A	090	Y	N	N	N	N	253.11	336.96
40520		A	A	090	Y	N	N	N	N	255.19	341.37
40525		A	A	090	Y	N	N	N	N	395.63	395.63
40527		A	A	090	Y	N	D	N	N	443.66	443.66
40530		A	A	090	Y	N	N	N	N	287.90	376.42
40650		A	A	090	Y	N	D	N	N	214.43	310.22
40652		A	A	090	Y	N	D	N	N	250.77	341.89
40654		A	A	090	Y	N	N	N	N	302.95	397.19
40700		A	A	090	Y	N	D	N	N	726.88	726.88
40701		A	A	090	Y	B	Y	N	N	864.21	864.21
40702		A	A	090	Y	B	Y	N	N	723.76	723.76
40720		A	A	090	Y	Y	D	N	N	744.27	744.27
40761		A	A	090	Y	N	N	N	N	786.59	786.59

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 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 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
40799		Unlstd/Manual	C	YYY	Y	N	Y	D	D	-	-
40800		A	A	010	Y	N	N	N	N	89.56	142.26
40801		A	A	010	Y	N	N	N	N	153.94	211.83
40804		A	A	010	Y	N	D	N	N	81.51	128.50
40805		A	A	010	Y	N	D	N	N	158.88	213.91
40806		A	A	000	Y	N	D	N	N	22.59	66.72
40808		A	A	010	Y	N	N	N	N	73.73	125.13
40810		A	A	010	Y	N	N	N	N	88.26	140.70
40812		A	A	010	Y	N	N	N	N	138.63	198.07
40814		A	A	090	Y	N	N	N	N	213.39	266.35
40816		A	A	090	Y	N	N	N	N	221.18	277.25
40818		A	A	090	Y	N	D	N	N	190.29	247.92
40819		A	A	090	Y	N	D	N	N	165.11	215.21
40820		A	A	010	Y	N	N	N	N	116.56	174.97
40830		A	A	010	Y	N	D	N	N	116.30	182.76
40831		A	A	010	Y	N	D	N	N	159.91	235.46
40840		A	R	090	Y	N	Y	N	N	453.00	574.75
40842		A	R	090	Y	N	D	N	N	443.92	557.36
40843		A	R	090	Y	B	Y	N	N	598.12	742.46
40844		A	R	090	Y	N	Y	N	N	800.61	965.97
40845		A	R	090	Y	N	D	N	N	889.65	1,044.37
40899		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-
41000		A	A	010	Y	N	N	N	N	78.92	110.85
41005		A	A	010	Y	N	D	N	N	86.19	148.49
41006		A	A	090	Y	N	D	N	N	182.76	245.84
41007		A	A	090	Y	N	D	N	N	176.53	240.65
41008		A	A	090	Y	N	D	N	N	191.58	265.83
41009		A	A	090	Y	N	D	N	N	208.98	284.52
41010		A	A	010	Y	N	D	N	N	75.28	137.33
41015		A	A	090	Y	N	D	N	N	234.94	291.27
41016		A	A	090	Y	N	D	N	N	247.14	308.15
41017		A	A	090	Y	N	D	N	N	249.22	312.82
41018		A	A	090	Y	N	D	N	N	292.83	356.69
41019		A	A	000	Y	N	D	D	D	346.57	346.57
41100		A	A	010	Y	N	N	N	N	75.80	117.60
41105		A	A	010	Y	N	N	N	N	79.18	119.94
41108		A	A	010	Y	N	N	N	N	63.34	103.32
41110		A	A	010	Y	N	N	N	N	92.42	146.67
41112		A	A	090	Y	N	N	N	N	176.27	230.27
41113		A	A	090	Y	N	N	N	N	195.48	251.81
41114		A	A	090	Y	N	D	N	N	450.67	450.67
41115		A	A	010	Y	N	D	N	N	102.54	169.26
41116		A	A	090	Y	N	N	N	N	154.20	226.37
41120		A	A	090	Y	N	Y	D	N	746.61	746.61
41130		A	A	090	Y	N	Y	D	N	932.48	932.48
41135		A	A	090	Y	N	Y	D	N	1,563.57	1,563.57
41140		A	A	090	Y	N	Y	D	N	1,557.34	1,557.34
41145		A	A	090	Y	N	Y	D	N	1,978.67	1,978.67
41150		A	A	090	Y	N	Y	D	N	1,573.70	1,573.70
41153		A	A	090	Y	N	Y	D	N	1,711.80	1,711.80
41155		A	A	090	Y	N	Y	D	N	2,180.90	2,180.90
41250		A	A	010	Y	N	D	N	N	108.77	184.84

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
41251		A	A	010	Y	N	D	N	N	130.32	207.42
41252		A	A	010	Y	N	D	N	N	150.05	219.36
41510		A	A	090	Y	N	D	N	N	308.15	308.15
41512		Not Covered	A	090	Y	N	D	N	N	457.93	457.93
41520		A	A	090	Y	N	D	N	N	173.41	240.13
41530		A	A	000	Y	N	D	N	N	257.26	629.27
41599		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-
41800		A	A	010	Y	N	N	N	N	103.32	191.07
41805		A	A	010	Y	N	D	N	N	128.50	191.58
41806		A	A	010	Y	N	D	N	N	191.07	266.61
41820		C	R	000	Y	N	D	N	N	-	-
41821		C	R	000	Y	N	D	N	N	-	-
41822		A	R	010	Y	N	D	N	N	126.68	195.22
41823		A	R	090	Y	N	D	N	N	227.15	301.40
41825		A	A	010	Y	N	N	N	N	86.45	145.64
41826		A	A	010	Y	N	N	N	N	149.27	215.73
41827		A	A	090	Y	N	N	N	N	218.06	306.59
41828		A	R	010	Y	N	D	N	N	152.13	218.06
41830		A	R	010	Y	N	D	N	N	198.85	273.36
41850		C	R	000	Y	N	D	N	N	-	-
41870		C	R	000	Y	N	D	N	N	-	-
41872		A	R	090	Y	N	D	N	N	187.43	265.57
41874		A	R	090	Y	N	D	N	N	182.50	266.35
41899		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-
42000		A	A	010	Y	N	D	N	N	72.69	105.40
42100		A	A	010	Y	N	N	N	N	77.36	102.54
42104		A	A	010	Y	N	N	N	N	97.87	147.19
42106		A	A	010	Y	N	N	N	N	124.35	185.09
42107		A	A	090	Y	N	N	N	N	246.10	322.16
42120		A	A	090	Y	N	Y	D	N	711.82	711.82
42140		A	A	090	Y	N	N	N	N	108.25	179.64
42145		A	A	090	Y	N	N	N	N	496.87	496.87
42160		A	A	010	Y	N	D	N	N	103.58	158.88
42180		A	A	010	Y	N	D	N	N	130.84	171.08
42182		A	A	010	Y	N	D	N	N	183.54	226.11
42200		A	A	090	Y	N	Y	N	N	676.78	676.78
42205		A	A	090	Y	N	Y	N	N	710.53	710.53
42210		A	A	090	Y	N	Y	N	N	790.74	790.74
42215		A	A	090	Y	N	Y	N	N	511.41	511.41
42220		A	A	090	Y	N	Y	N	N	420.29	420.29
42225		A	A	090	Y	N	Y	N	N	687.42	687.42
42226		A	A	090	Y	N	Y	N	N	617.07	617.07
42227		A	A	090	Y	N	Y	N	N	583.58	583.58
42235		A	A	090	Y	N	Y	N	N	505.18	505.18
42260		A	A	090	Y	N	Y	N	N	476.63	578.13
42280		A	A	010	Y	N	D	N	N	80.48	122.53
42281		A	A	010	Y	N	D	N	N	116.82	157.06
42299		Unlstd/Manual	C	YYY	Y	N	Y	D	D	-	-
42300		A	A	010	Y	N	N	N	N	107.99	144.34
42305		A	A	090	Y	N	D	N	N	308.15	308.15
42310		A	A	010	Y	N	D	N	N	96.31	122.01
42320		A	A	010	Y	N	D	N	N	125.13	173.93

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
42330		A	A	010	Y	N	N	N	N	117.34	160.17
42335		A	A	090	Y	N	N	N	N	182.50	266.09
42340		A	A	090	Y	Y	D	N	N	241.69	332.81
42400		A	A	000	Y	N	N	N	N	38.16	69.31
42405		A	A	010	Y	N	N	N	N	162.51	208.98
42408		A	A	090	Y	N	D	N	N	253.89	354.35
42409		A	A	090	Y	N	Y	N	N	158.10	237.79
42410		A	A	090	Y	Y	Y	D	N	451.18	451.18
42415		A	A	090	Y	Y	Y	D	N	766.86	766.86
42420		A	A	090	Y	Y	Y	D	N	862.91	862.91
42425		A	A	090	Y	Y	Y	D	N	605.65	605.65
42426		A	A	090	Y	Y	Y	D	N	985.96	985.96
42440		A	A	090	Y	Y	Y	D	N	296.46	296.46
42450		A	A	090	Y	N	D	N	N	253.63	314.89
42500		A	A	090	Y	N	D	N	N	241.69	301.66
42505		A	A	090	Y	N	N	N	N	322.94	389.66
42507		A	A	090	Y	B	Y	N	N	355.91	355.91
42509		A	A	090	Y	B	D	N	N	596.04	596.04
42510		A	A	090	Y	B	Y	D	N	440.28	440.28
42550		A	A	000	Y	N	N	N	N	46.99	98.91
42600		A	A	090	Y	N	D	N	N	249.22	341.11
42650		A	A	000	Y	N	N	N	N	41.02	55.55
42660		A	A	000	Y	N	D	N	N	65.16	88.26
42665		A	A	090	Y	N	D	N	N	146.67	223.52
42699		Unlstd/Manual	C	YYY	Y	N	Y	D	D	-	-
42700		A	A	010	Y	N	N	N	N	95.27	129.80
42720		A	A	010	Y	N	D	N	N	284.26	323.72
42725		A	A	090	Y	N	Y	D	N	591.63	591.63
42800		A	A	010	Y	N	N	N	N	79.44	107.73
42804		A	A	010	Y	N	N	N	N	79.96	132.66
42806		A	A	010	Y	N	N	N	N	93.46	149.27
42808		A	A	010	Y	N	N	N	N	116.56	157.58
42809		A	A	010	Y	N	N	N	N	88.52	137.85
42810		A	A	090	Y	Y	Y	N	N	200.41	264.01
42815		A	A	090	Y	Y	Y	D	N	390.96	390.96
42820		A	A	090	Y	N	D	N	N	207.16	207.16
42821		A	A	090	Y	N	D	N	N	214.95	214.95
42825		A	A	090	Y	N	D	N	N	185.87	185.87
42826		A	A	090	Y	N	N	N	N	178.86	178.86
42830		A	A	090	Y	N	D	N	N	146.41	146.41
42831		A	A	090	Y	N	D	N	N	158.10	158.10
42835		A	A	090	Y	N	D	N	N	135.77	135.77
42836		A	A	090	Y	N	D	N	N	170.56	170.56
42842		A	A	090	Y	N	D	N	N	711.82	711.82
42844		A	A	090	Y	N	Y	D	N	983.62	983.62
42845		A	A	090	Y	N	Y	D	N	1,604.59	1,604.59
42860		A	A	090	Y	N	D	N	N	132.40	132.40
42870		A	A	090	Y	N	D	N	N	407.83	407.83
42890		A	A	090	Y	N	Y	D	N	1,021.01	1,021.01
42892		A	A	090	Y	N	Y	D	N	1,344.99	1,344.99
42894		A	A	090	Y	N	Y	D	N	1,706.35	1,706.35
42900		A	A	010	Y	N	D	N	N	242.99	242.99

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
42950		A	A	090	Y	N	Y	D	N	562.55	562.55
42953		A	A	090	Y	N	Y	N	N	672.36	672.36
42955		A	A	090	Y	N	Y	N	N	533.74	533.74
42960		A	A	010	Y	N	D	N	N	120.45	120.45
42961		A	A	090	Y	N	Y	N	N	297.24	297.24
42962		A	A	090	Y	N	N	N	N	369.67	369.67
42970		A	A	090	Y	N	N	N	N	293.09	293.09
42971		A	A	090	Y	N	Y	N	N	325.54	325.54
42972		A	A	090	Y	N	Y	N	N	365.52	365.52
42999		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-
43020		A	A	090	Y	N	Y	D	N	413.02	413.02
43030		A	A	090	Y	N	Y	D	N	375.90	375.90
43045		A	A	090	Y	N	Y	D	N	978.43	978.43
43100		A	A	090	Y	N	Y	D	N	450.93	450.93
43101		A	A	090	Y	N	Y	D	N	754.92	754.92
43107		A	A	090	Y	N	Y	D	N	2,257.74	2,257.74
43108		A	A	090	Y	N	Y	D	N	3,428.54	3,428.54
43112		A	A	090	Y	N	Y	Y	N	2,659.86	2,659.86
43113		A	A	090	Y	N	Y	Y	N	3,341.05	3,341.05
43116		A	A	090	Y	N	Y	D	N	3,847.01	3,847.01
43117		A	A	090	Y	N	Y	Y	N	2,469.06	2,469.06
43118		A	A	090	Y	N	Y	Y	N	2,784.73	2,784.73
43121		A	A	090	Y	N	Y	Y	N	2,153.64	2,153.64
43122		A	A	090	Y	N	Y	D	N	1,930.65	1,930.65
43123		A	A	090	Y	N	Y	D	N	3,414.52	3,414.52
43124		A	A	090	Y	N	Y	D	N	2,900.25	2,900.25
43130		A	A	090	Y	N	Y	D	N	575.53	575.53
43135		A	A	090	Y	N	Y	D	N	1,112.39	1,112.39
43180		A	A	090	Y	N	N	N	N	399.26	399.26
43191		A	A	000	Y	N	N	N	N	112.93	112.93
43192		A	A	000	Y	N	N	N	N	123.57	123.57
43193		A	A	000	Y	N	N	N	N	123.57	123.57
43194		A	A	000	Y	N	N	N	N	143.82	143.82
43195		A	A	000	Y	N	N	N	N	134.73	134.73
43196		A	A	000	Y	N	N	N	N	143.82	143.82
43197		A	A	000	Y	N	N	N	N	61.78	127.20
43198		A	A	000	Y	N	N	N	N	73.47	140.70
43200		A	A	000	Y	N	N	N	N	64.12	152.64
43201		A	A	000	Y	N	N	N	N	75.54	154.98
43202		A	A	000	Y	N	N	N	N	75.80	212.87
43204		A	A	000	Y	N	N	N	N	100.21	100.21
43205		A	A	000	Y	N	N	N	N	104.36	104.36
43206		Not Covered	A	000	Y	N	N	N	N	98.65	186.65
43210		A	A	000	Y	N	N	N	N	322.68	322.68
43211		A	A	000	Y	N	N	N	N	174.97	174.97
43212		A	A	000	Y	N	N	N	N	142.78	142.78
43213		A	A	000	Y	N	N	N	N	193.14	777.76
43214		A	A	000	Y	N	N	N	N	142.78	142.78
43215		A	A	000	Y	N	N	N	N	105.66	248.96
43216		A	A	000	Y	N	N	N	N	97.61	248.18
43217		A	A	000	Y	N	N	N	N	119.42	262.97
43220		A	A	000	Y	N	N	N	N	86.97	668.73

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
43226		A	A	000	Y	N	N	N	N	97.09	225.85
43227		A	A	000	Y	N	N	N	N	123.05	411.21
43229		A	A	000	Y	N	N	N	N	146.67	443.14
43231		A	A	000	Y	N	N	Y	N	117.60	232.08
43232		A	A	000	Y	N	N	Y	N	147.45	282.44
43233		A	A	000	Y	N	N	N	N	170.56	170.56
43235		A	A	000	Y	N	N	N	N	90.60	180.16
43236		A	A	000	Y	N	N	N	N	102.54	235.20
43237		A	A	000	Y	N	N	N	N	145.38	145.38
43238		A	A	000	Y	N	N	N	N	173.15	173.15
43239		A	A	000	Y	N	N	N	N	102.54	239.09
43240		A	A	000	Y	N	N	N	N	292.83	292.83
43241		A	A	000	Y	N	N	N	N	105.92	105.92
43242		A	A	000	Y	N	N	N	N	195.22	195.22
43243		A	A	000	Y	N	N	N	N	176.79	176.79
43244		A	A	000	Y	N	N	N	N	181.98	181.98
43245		A	A	000	Y	N	N	N	N	130.58	377.46
43246		A	A	000	Y	N	D	Y	N	149.79	149.79
43247		A	A	000	Y	N	N	N	N	131.88	244.28
43248		A	A	000	Y	N	N	N	N	123.31	249.22
43249		A	A	000	Y	N	N	N	N	113.96	681.19
43250		A	A	000	Y	N	N	N	N	126.94	278.55
43251		A	A	000	Y	N	N	N	N	145.90	308.40
43252	Not Covered		A	000	Y	N	N	N	N	125.91	214.95
43253		A	A	000	Y	N	N	N	N	195.74	195.74
43254		A	A	000	Y	N	N	N	N	200.93	200.93
43255		A	A	000	Y	N	N	N	N	148.75	435.61
43257	Not Covered		A	000	Y	N	N	N	N	173.15	173.15
43259		A	A	000	Y	N	N	N	N	167.96	167.96
43260		A	A	000	Y	N	N	N	N	240.39	240.39
43261		A	A	000	Y	N	N	N	N	252.33	252.33
43262		A	A	000	Y	N	N	N	N	266.09	266.09
43263		A	A	000	Y	N	N	N	N	266.61	266.61
43264		A	A	000	Y	N	N	N	N	271.28	271.28
43265		A	A	000	Y	N	N	N	N	323.20	323.20
43266		A	A	000	Y	N	N	N	N	163.29	163.29
43270		A	A	000	Y	N	N	N	N	166.92	457.93
43273		A	A	ZZZ	N	N	D	N	N	89.04	89.04
43274		A	A	000	Y	N	N	N	N	345.53	345.53
43275		A	A	000	Y	N	N	N	N	281.15	281.15
43276		A	A	000	Y	N	N	N	N	359.81	359.81
43277		A	A	000	Y	N	N	N	N	282.44	282.44
43278		A	A	000	Y	N	N	N	N	322.68	322.68
43279		A	A	090	Y	N	Y	D	N	972.72	972.72
43280		A	A	090	Y	N	Y	D	N	812.55	812.55
43281		A	A	090	Y	N	Y	D	N	1,166.12	1,166.12
43282		A	A	090	Y	N	Y	D	N	1,312.80	1,312.80
43283		A	A	ZZZ	N	N	Y	D	N	120.97	120.97
43284	Not Covered		A	090	Y	N	Y	D	N	479.74	479.74
43285	Not Covered		A	090	Y	N	Y	D	N	483.63	483.63
43286		A	A	090	Y	N	Y	D	N	2,349.64	2,349.64
43287		A	A	090	Y	N	Y	Y	N	2,698.28	2,698.28

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
43288		A	A	090	Y	N	Y	Y	N	2,802.90	2,802.90
43289	Unlstd/Manual		C	YYY	Y	Y	Y	D	D	-	-
43300		A	A	090	Y	N	Y	D	N	442.36	442.36
43305		A	A	090	Y	N	Y	D	N	792.82	792.82
43310		A	A	090	Y	N	Y	D	N	1,122.51	1,122.51
43312		A	A	090	Y	N	Y	D	N	1,212.33	1,212.33
43313		A	A	090	Y	N	Y	D	N	2,076.28	2,076.28
43314		A	A	090	Y	N	Y	D	N	2,144.04	2,144.04
43320		A	A	090	Y	N	Y	D	N	1,049.82	1,049.82
43325		A	A	090	Y	N	Y	D	N	1,021.27	1,021.27
43327		A	A	090	Y	N	Y	D	N	613.95	613.95
43328		A	A	090	Y	N	Y	D	N	852.01	852.01
43330		A	A	090	Y	N	Y	D	N	1,003.87	1,003.87
43331		A	A	090	Y	N	Y	D	N	1,008.55	1,008.55
43332		A	A	090	Y	N	Y	D	N	872.52	872.52
43333		A	A	090	Y	N	Y	D	N	950.91	950.91
43334		A	A	090	Y	N	Y	D	N	946.50	946.50
43335		A	A	090	Y	N	Y	D	N	1,014.52	1,014.52
43336		A	A	090	Y	N	Y	D	N	1,140.68	1,140.68
43337		A	A	090	Y	N	Y	D	N	1,165.60	1,165.60
43338		A	A	ZZZ	N	N	Y	D	N	89.04	89.04
43340		A	A	090	Y	N	Y	D	N	1,033.99	1,033.99
43341		A	A	090	Y	N	Y	D	N	1,058.65	1,058.65
43351		A	A	090	Y	N	Y	D	N	974.80	974.80
43352		A	A	090	Y	N	Y	D	N	801.13	801.13
43360		A	A	090	Y	N	Y	D	N	1,707.13	1,707.13
43361		A	A	090	Y	N	Y	D	N	2,039.42	2,039.42
43400		A	A	090	Y	N	Y	D	N	1,150.03	1,150.03
43401		A	A	090	Y	N	Y	D	N	1,137.05	1,137.05
43405		A	A	090	Y	N	Y	D	N	1,090.58	1,090.58
43410		A	A	090	Y	N	Y	D	N	742.46	742.46
43415		A	A	090	Y	N	Y	D	N	1,947.26	1,947.26
43420		A	A	090	Y	N	D	D	N	739.08	739.08
43425		A	A	090	Y	N	Y	D	N	1,084.87	1,084.87
43450		A	A	000	Y	N	N	N	N	58.15	111.37
43453		A	A	000	Y	N	N	N	N	63.08	573.46
43460		A	A	000	Y	N	N	N	N	157.84	157.84
43496		C	C	090	Y	N	Y	D	N	-	-
43499	Unlstd/Manual		C	YYY	Y	N	N	D	D	-	-
43500		A	A	090	Y	N	Y	D	N	586.44	586.44
43501		A	A	090	Y	N	Y	D	N	1,012.18	1,012.18
43502		A	A	090	Y	N	Y	D	N	1,141.72	1,141.72
43510		A	A	090	Y	N	Y	D	N	708.97	708.97
43520		A	A	090	Y	N	Y	D	N	514.79	514.79
43605		A	A	090	Y	N	Y	D	N	628.75	628.75
43610		A	A	090	Y	N	Y	D	N	738.56	738.56
43611		A	A	090	Y	N	Y	D	N	921.32	921.32
43620		A	A	090	Y	N	Y	D	N	1,484.65	1,484.65
43621		A	A	090	Y	N	Y	D	N	1,721.67	1,721.67
43622		A	A	090	Y	N	Y	D	N	1,747.37	1,747.37
43631		A	A	090	Y	N	Y	D	N	1,092.92	1,092.92
43632		A	A	090	Y	N	Y	D	N	1,539.43	1,539.43

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
43633		A	A	090	Y	N	Y	D	N	1,453.50	1,453.50
43634		A	A	090	Y	N	Y	D	N	1,601.21	1,601.21
43635		A	A	ZZZ	N	N	Y	D	N	85.67	85.67
43640		A	A	090	Y	N	Y	D	N	885.76	885.76
43641		A	A	090	Y	N	Y	D	N	895.36	895.36
43644		A	A	090	Y	N	Y	D	N	1,305.01	1,305.01
43645		A	A	090	Y	N	Y	D	N	1,398.47	1,398.47
43647		C	C	YYY	Y	N	Y	D	N	-	-
43648		C	C	YYY	Y	N	Y	D	N	-	-
43651		A	A	090	Y	N	Y	D	N	484.41	484.41
43652		A	A	090	Y	N	Y	D	N	572.16	572.16
43653		A	A	090	Y	N	Y	D	N	423.93	423.93
43659		Unlstd/Manual	C	YYY	Y	Y	Y	D	D	-	-
43752		A	A	000	N	N	N	N	N	29.85	29.85
43753		A	A	000	N	N	Y	N	N	16.35	16.35
43754		A	A	000	N	N	Y	N	N	25.44	105.14
43755		A	A	000	N	N	Y	N	N	43.61	103.58
43756		A	A	000	N	N	Y	N	N	36.86	149.01
43757		A	A	000	N	N	Y	N	N	56.07	208.46
43761		A	A	000	Y	N	N	N	N	76.58	86.45
43762		A	A	000	Y	N	N	N	N	28.30	144.34
43763		A	A	000	Y	N	N	N	N	61.27	215.99
43770		A	A	090	Y	N	Y	D	N	840.58	840.58
43771		A	A	090	Y	N	Y	D	N	949.10	949.10
43772		A	A	090	Y	N	Y	D	N	709.23	709.23
43773		A	A	090	Y	N	Y	D	N	950.91	950.91
43774		A	A	090	Y	N	Y	D	N	719.61	719.61
43775		A	A	090	Y	N	Y	D	N	849.93	849.93
43800		A	A	090	Y	N	Y	D	N	698.84	698.84
43810		A	A	090	Y	N	Y	D	N	761.93	761.93
43820		A	A	090	Y	N	Y	D	N	1,011.14	1,011.14
43825		A	A	090	Y	N	Y	D	N	982.07	982.07
43830		A	A	090	Y	N	Y	D	N	520.50	520.50
43831		A	A	090	Y	N	Y	D	N	441.06	441.06
43832		A	A	090	Y	N	Y	D	N	779.06	779.06
43840		A	A	090	Y	N	Y	D	N	1,023.08	1,023.08
43842		A	N	090	N	N	N	N	N	880.30	880.30
43843		A	A	090	Y	N	Y	Y	N	944.68	944.68
43845		Not Covered	A	090	Y	N	Y	D	N	1,466.48	1,466.48
43846		A	A	090	Y	N	Y	D	N	1,219.34	1,219.34
43847		A	A	090	Y	N	Y	D	N	1,351.74	1,351.74
43848		A	A	090	Y	N	Y	D	N	1,452.46	1,452.46
43850		A	A	090	Y	N	Y	D	N	1,219.86	1,219.86
43855		A	A	090	Y	N	Y	D	N	1,196.50	1,196.50
43860		A	A	090	Y	N	Y	D	N	1,231.54	1,231.54
43865		A	A	090	Y	N	Y	D	N	1,284.76	1,284.76
43870		A	A	090	Y	N	Y	D	N	530.10	530.10
43880		A	A	090	Y	N	Y	D	N	1,199.09	1,199.09
43881		C	C	YYY	Y	N	Y	D	N	-	-
43882		C	C	YYY	Y	N	Y	D	N	-	-
43886		Not Covered	A	090	Y	N	Y	D	N	262.72	262.72
43887		Not Covered	A	090	Y	N	Y	D	N	237.53	237.53

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
43888		Not Covered	A	090	Y	N	Y	D	N	337.22	337.22
43999		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-
44005		A	A	090	Y	N	Y	D	N	823.71	823.71
44010		A	A	090	Y	N	Y	D	N	640.17	640.17
44015		A	A	ZZZ	N	N	Y	D	N	108.51	108.51
44020		A	A	090	Y	N	Y	D	N	731.81	731.81
44021		A	A	090	Y	N	Y	D	N	732.33	732.33
44025		A	A	090	Y	N	Y	D	N	738.56	738.56
44050		A	A	090	Y	N	Y	D	N	702.22	702.22
44055		A	A	090	Y	N	Y	D	N	1,128.48	1,128.48
44100		A	A	000	Y	N	N	N	N	80.48	80.48
44110		A	A	090	Y	N	Y	D	N	634.46	634.46
44111		A	A	090	Y	N	Y	D	N	734.93	734.93
44120		A	A	090	Y	N	Y	D	N	921.06	921.06
44121		A	A	ZZZ	N	N	Y	D	N	184.58	184.58
44125		A	A	090	Y	N	Y	D	N	885.76	885.76
44126		A	A	090	Y	N	Y	D	N	1,856.14	1,856.14
44127		A	A	090	Y	N	Y	D	N	2,166.36	2,166.36
44128		A	A	ZZZ	N	N	Y	D	N	186.65	186.65
44130		A	A	090	Y	N	Y	D	N	987.26	987.26
44132		C	R	XXX	N	N	D	N	N	-	-
44133		C	R	XXX	N	N	D	N	N	-	-
44135		C	R	XXX	N	N	D	N	N	-	-
44136		C	R	XXX	N	N	D	N	N	-	-
44137		Unlstd/Manual	C	XXX	Y	N	Y	D	N	-	-
44139		A	A	ZZZ	N	N	Y	D	N	92.16	92.16
44140		A	A	090	Y	N	Y	D	N	1,008.29	1,008.29
44141		A	A	090	Y	N	Y	D	N	1,365.76	1,365.76
44143		A	A	090	Y	N	Y	D	N	1,248.68	1,248.68
44144		A	A	090	Y	N	Y	D	N	1,329.93	1,329.93
44145		A	A	090	Y	N	Y	D	N	1,244.52	1,244.52
44146		A	A	090	Y	N	Y	D	N	1,581.22	1,581.22
44147		A	A	090	Y	N	Y	D	N	1,463.88	1,463.88
44150		A	A	090	Y	N	Y	D	N	1,390.16	1,390.16
44151		A	A	090	Y	N	Y	D	N	1,619.64	1,619.64
44155		A	A	090	Y	N	Y	D	N	1,544.62	1,544.62
44156		A	A	090	Y	N	Y	D	N	1,715.44	1,715.44
44157		A	A	090	Y	N	Y	D	N	1,645.34	1,645.34
44158		A	A	090	Y	N	Y	D	N	1,690.52	1,690.52
44160		A	A	090	Y	N	Y	D	N	931.70	931.70
44180		A	A	090	Y	N	Y	D	N	689.76	689.76
44186		A	A	090	Y	N	Y	D	N	485.97	485.97
44187		A	A	090	Y	N	Y	D	N	812.29	812.29
44188		A	A	090	Y	N	Y	D	N	907.82	907.82
44202		A	A	090	Y	N	Y	D	N	1,039.18	1,039.18
44203		A	A	ZZZ	N	N	Y	D	N	182.24	182.24
44204		A	A	090	Y	N	Y	D	N	1,154.44	1,154.44
44205		A	A	090	Y	N	Y	D	N	1,001.80	1,001.80
44206		A	A	090	Y	N	Y	D	N	1,310.46	1,310.46
44207		A	A	090	Y	N	Y	D	N	1,362.38	1,362.38
44208		A	A	090	Y	N	Y	D	N	1,478.94	1,478.94
44210		A	A	090	Y	N	Y	D	N	1,321.36	1,321.36

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
44211		A	A	090	Y	N	Y	D	N	1,611.60	1,611.60
44212		A	A	090	Y	N	Y	D	N	1,513.73	1,513.73
44213		A	A	ZZZ	N	N	Y	D	N	142.26	142.26
44227		A	A	090	Y	N	Y	D	N	1,251.01	1,251.01
44238		Unlstd/Manual	C	YYY	Y	Y	Y	D	D	-	-
44300		A	A	090	Y	N	Y	D	N	631.61	631.61
44310		A	A	090	Y	N	Y	D	N	780.36	780.36
44312		A	A	090	Y	N	D	N	N	436.91	436.91
44314		A	A	090	Y	N	Y	D	N	747.39	747.39
44316		A	A	090	Y	N	Y	D	N	1,066.70	1,066.70
44320		A	A	090	Y	N	Y	D	N	899.77	899.77
44322		A	A	090	Y	N	Y	D	N	729.74	729.74
44340		A	A	090	Y	N	N	D	N	458.71	458.71
44345		A	A	090	Y	N	Y	D	N	782.69	782.69
44346		A	A	090	Y	N	Y	D	N	882.90	882.90
44360		A	A	000	Y	N	N	N	N	106.18	106.18
44361		A	A	000	Y	N	N	N	N	117.86	117.86
44363		A	A	000	Y	N	D	N	N	143.04	143.04
44364		A	A	000	Y	N	D	N	N	152.13	152.13
44365		A	A	000	Y	N	D	N	N	134.99	134.99
44366		A	A	000	Y	N	N	N	N	178.35	178.35
44369		A	A	000	Y	N	D	N	N	182.50	182.50
44370		A	A	000	Y	N	D	N	N	198.33	198.33
44372		A	A	000	Y	N	N	N	N	179.12	179.12
44373		A	A	000	Y	N	N	N	N	143.04	143.04
44376		A	A	000	Y	N	D	N	N	211.83	211.83
44377		A	A	000	Y	N	D	N	N	223.26	223.26
44378		A	A	000	Y	N	D	N	N	286.86	286.86
44379		A	A	000	Y	N	D	N	N	304.77	304.77
44380		A	A	000	Y	N	N	N	N	41.02	115.00
44381		A	A	000	Y	N	N	N	N	61.78	609.80
44382		A	A	000	Y	N	N	N	N	53.74	179.64
44384		A	A	000	Y	N	N	N	N	113.96	113.96
44385		A	A	000	Y	N	N	N	N	52.96	131.10
44386		A	A	000	Y	N	N	N	N	65.68	193.92
44388		A	A	000	Y	N	N	N	N	116.56	202.49
44389		A	A	000	Y	N	N	N	N	127.98	262.72
44390		A	A	000	Y	N	N	N	N	156.54	263.23
44391		A	A	000	Y	N	N	N	N	170.30	450.67
44392		A	A	000	Y	N	N	N	N	149.01	247.66
44394		A	A	000	Y	N	N	N	N	168.48	283.74
44401		A	A	000	Y	N	N	N	N	181.20	1,941.55
44402		A	A	000	Y	N	N	N	N	194.70	194.70
44403		A	A	000	Y	N	N	N	N	226.37	226.37
44404		A	A	000	Y	N	N	N	N	127.72	256.23
44405		A	A	000	Y	N	N	N	N	136.03	363.18
44406		A	A	000	Y	N	N	N	N	171.08	171.08
44407		A	A	000	Y	N	N	N	N	205.60	205.60
44408		A	A	000	Y	N	N	N	N	172.37	172.37
44500		A	A	000	N	N	D	N	N	14.28	14.28
44602		A	A	090	Y	N	Y	D	N	1,067.22	1,067.22
44603		A	A	090	Y	N	Y	D	N	1,221.94	1,221.94

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
44604		A	A	090	Y	N	Y	D	N	796.97	796.97
44605		A	A	090	Y	N	Y	D	N	977.65	977.65
44615		A	A	090	Y	N	Y	D	N	806.06	806.06
44620		A	A	090	Y	N	Y	D	N	647.96	647.96
44625		A	A	090	Y	N	Y	D	N	758.29	758.29
44626		A	A	090	Y	N	Y	D	N	1,205.84	1,205.84
44640		A	A	090	Y	N	Y	D	N	1,054.24	1,054.24
44650		A	A	090	Y	N	Y	D	N	1,085.13	1,085.13
44660		A	A	090	Y	N	Y	D	N	997.12	997.12
44661		A	A	090	Y	N	Y	D	N	1,165.34	1,165.34
44680		A	A	090	Y	N	Y	D	N	805.28	805.28
44700		A	A	090	Y	N	Y	D	N	747.91	747.91
44701		A	A	ZZZ	N	N	Y	D	N	129.80	129.80
44705		A	I	XXX	N	N	N	N	N	55.55	79.96
44715		Not Covered	C	XXX	Y	N	Y	D	N	-	-
44720		Not Covered	A	XXX	Y	N	Y	D	N	210.28	210.28
44721		Not Covered	A	XXX	Y	N	Y	D	N	293.87	293.87
44799		Unlstd/Manual	C	YYY	Y	N	N	D	D	-	-
44800		A	A	090	Y	N	Y	D	N	570.60	570.60
44820		A	A	090	Y	N	Y	D	N	625.90	625.90
44850		A	A	090	Y	N	Y	D	N	558.92	558.92
44899		Unlstd/Manual	C	YYY	Y	N	Y	D	D	-	-
44900		A	A	090	Y	N	Y	D	N	578.39	578.39
44950		A	A	090	Y	N	Y	D	N	481.56	481.56
44955		A	A	ZZZ	N	N	Y	D	N	64.12	64.12
44960		A	A	090	Y	N	Y	D	N	658.35	658.35
44970		A	A	090	Y	N	Y	Y	N	448.07	448.07
44979		Unlstd/Manual	C	YYY	Y	Y	Y	D	D	-	-
45000		A	A	090	Y	N	N	N	N	309.44	309.44
45005		A	A	010	Y	N	N	N	N	115.78	193.14
45020		A	A	090	Y	N	N	N	N	421.33	421.33
45100		A	A	090	Y	N	N	N	N	215.73	215.73
45108		A	A	090	Y	N	N	D	N	271.28	271.28
45110		A	A	090	Y	N	Y	D	N	1,368.09	1,368.09
45111		A	A	090	Y	N	Y	D	N	809.17	809.17
45112		A	A	090	Y	N	Y	D	N	1,390.94	1,390.94
45113		A	A	090	Y	N	Y	D	N	1,394.05	1,394.05
45114		A	A	090	Y	N	Y	D	N	1,367.57	1,367.57
45116		A	A	090	Y	N	Y	D	N	1,152.10	1,152.10
45119		A	A	090	Y	N	Y	D	N	1,433.77	1,433.77
45120		A	A	090	Y	N	Y	D	N	1,192.60	1,192.60
45121		A	A	090	Y	N	Y	D	N	1,293.33	1,293.33
45123		A	A	090	Y	N	Y	D	N	831.76	831.76
45126		A	A	090	Y	N	Y	D	N	2,070.05	2,070.05
45130		A	A	090	Y	N	Y	D	N	804.76	804.76
45135		A	A	090	Y	N	Y	D	N	958.44	958.44
45136		A	A	090	Y	N	Y	D	N	1,362.38	1,362.38
45150		A	A	090	Y	N	D	N	N	305.03	305.03
45160		A	A	090	Y	N	Y	D	N	766.86	766.86
45171		A	A	090	Y	N	Y	D	N	436.13	436.13
45172		A	A	090	Y	N	Y	D	N	592.67	592.67
45190		A	A	090	Y	N	N	D	N	506.74	506.74

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
45300		A	A	000	Y	N	N	N	N	35.82	81.77
45303		A	A	000	Y	N	N	N	N	62.82	593.96
45305		A	A	000	Y	N	N	N	N	53.48	104.10
45307		A	A	000	Y	N	D	N	N	71.13	120.97
45308		A	A	000	Y	N	N	N	N	62.30	118.12
45309		A	A	000	Y	N	N	N	N	66.72	122.79
45315		A	A	000	Y	N	N	N	N	79.18	135.77
45317		A	A	000	Y	N	N	N	N	82.55	133.43
45320		A	A	000	Y	N	N	N	N	78.40	132.66
45321		A	A	000	Y	N	N	N	N	77.36	77.36
45327		A	A	000	Y	N	N	N	N	87.23	87.23
45330		A	A	000	Y	N	N	N	N	40.76	113.19
45331		A	A	000	Y	N	N	N	N	52.18	174.97
45332		A	A	000	Y	N	N	N	N	77.62	173.41
45333		A	A	000	Y	N	N	N	N	69.31	201.45
45334		A	A	000	Y	N	N	N	N	86.97	352.54
45335		A	A	000	Y	N	N	N	N	48.29	164.59
45337		A	A	000	Y	N	N	N	N	86.19	86.19
45338		A	A	000	Y	N	N	N	N	88.52	186.13
45340		A	A	000	Y	N	N	N	N	56.85	287.38
45341		A	A	000	Y	N	N	N	N	91.38	91.38
45342		A	A	000	Y	N	N	N	N	125.65	125.65
45346		A	A	000	Y	N	N	N	N	119.16	1,847.05
45347		A	A	000	Y	N	N	N	N	114.74	114.74
45349		A	A	000	Y	N	N	N	N	147.19	147.19
45350		A	A	000	Y	N	N	N	N	74.25	373.56
45378		A	A	000	Y	N	N	N	N	137.85	221.70
45379		A	A	000	Y	N	N	N	N	178.35	286.34
45380		A	A	000	Y	N	N	N	N	149.27	280.89
45381		A	A	000	Y	N	N	N	N	149.27	274.92
45382		A	A	000	Y	N	N	N	N	192.88	474.03
45384		A	A	000	Y	N	N	N	N	170.82	314.12
45385		A	A	000	Y	N	N	N	N	189.77	299.32
45386		A	A	000	Y	N	N	N	N	157.84	397.97
45388		A	A	000	Y	N	N	N	N	201.97	1,958.16
45389		A	A	000	Y	N	N	N	N	216.51	216.51
45390		A	A	000	Y	N	N	N	N	247.92	247.92
45391		A	A	000	Y	N	N	N	N	191.84	191.84
45392		A	A	000	Y	N	N	N	N	226.63	226.63
45393		A	A	000	Y	N	N	N	N	190.03	190.03
45395		A	A	090	Y	N	Y	D	N	1,462.07	1,462.07
45397		A	A	090	Y	N	Y	D	N	1,589.01	1,589.01
45398		A	A	000	Y	N	N	N	N	176.27	487.53
45399		Unlstd/Manual	C	YYY	Y	N	N	D	D	-	-
45400		A	A	090	Y	N	Y	D	N	843.70	843.70
45402		A	A	090	Y	N	Y	D	N	1,126.92	1,126.92
45499		Unlstd/Manual	C	YYY	Y	N	Y	D	D	-	-
45500		A	A	090	Y	N	D	N	N	409.39	409.39
45505		A	A	090	Y	N	N	N	N	430.16	430.16
45520		A	A	000	Y	N	N	N	N	28.56	100.98
45540		A	A	090	Y	N	Y	D	N	784.51	784.51
45541		A	A	090	Y	N	Y	D	N	696.77	696.77

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
45550		A	A	090	Y	N	Y	D	N	1,087.98	1,087.98
45560		A	A	090	Y	N	Y	D	N	499.21	499.21
45562		A	A	090	Y	N	Y	D	N	829.42	829.42
45563		A	A	090	Y	N	Y	D	N	1,229.98	1,229.98
45800		A	A	090	Y	N	Y	D	N	941.05	941.05
45805		A	A	090	Y	N	Y	D	N	1,098.11	1,098.11
45820		A	A	090	Y	N	Y	D	N	947.54	947.54
45825		A	A	090	Y	N	Y	D	N	1,145.10	1,145.10
45900		A	A	010	Y	N	D	N	N	147.19	147.19
45905		A	A	010	Y	N	N	N	N	121.75	121.75
45910		A	A	010	Y	N	N	N	N	138.89	138.89
45915		A	A	010	Y	N	N	N	N	164.33	233.38
45990		A	A	000	Y	N	D	D	D	79.18	79.18
45999		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-
46020		A	A	010	Y	N	N	N	N	168.74	195.74
46030		A	A	010	Y	N	D	N	N	64.90	97.09
46040		A	A	090	Y	N	N	N	N	300.62	377.46
46045		A	A	090	Y	N	N	N	N	315.67	315.67
46050		A	A	010	Y	N	N	N	N	70.09	140.44
46060		A	A	090	Y	N	N	N	N	345.27	345.27
46070		A	A	090	Y	N	D	N	N	185.35	185.35
46080		A	A	010	Y	N	N	N	N	117.34	179.90
46083		A	A	010	Y	N	N	N	N	76.58	124.61
46200		A	A	090	Y	N	N	N	N	231.30	310.22
46220		A	A	010	Y	N	N	N	N	85.93	147.97
46221		A	A	010	Y	N	N	N	N	135.51	185.87
46230		A	A	010	Y	N	N	N	N	126.17	195.48
46250		A	A	090	Y	N	N	N	N	228.19	323.98
46255		A	A	090	Y	N	N	N	N	257.52	356.95
46257		A	A	090	Y	N	N	N	N	306.85	306.85
46258		A	A	090	Y	N	D	N	N	343.19	343.19
46260		A	A	090	Y	N	N	N	N	346.83	346.83
46261		A	A	090	Y	N	N	N	N	380.05	380.05
46262		A	A	090	Y	N	N	N	N	401.34	401.34
46270		A	A	090	Y	N	N	N	N	282.70	359.29
46275		A	A	090	Y	N	N	N	N	298.02	379.02
46280		A	A	090	Y	N	N	N	N	340.60	340.60
46285		A	A	090	Y	N	N	N	N	298.02	377.46
46288		A	A	090	Y	N	N	N	N	397.19	397.19
46320		A	A	010	Y	N	N	N	N	81.25	130.32
46500		A	A	010	Y	N	N	N	N	123.57	192.62
46505		A	A	010	Y	Y	N	N	N	172.37	204.05
46600		A	A	000	Y	N	N	N	N	29.33	63.60
46601		Not Covered	A	000	Y	N	N	N	N	68.02	96.31
46604		A	A	000	Y	N	N	N	N	48.03	412.50
46606		A	A	000	Y	N	N	N	N	55.04	159.91
46607		Not Covered	A	000	Y	N	N	N	N	92.16	135.51
46608		A	A	000	Y	N	N	N	N	62.30	169.78
46610		A	A	000	Y	N	N	N	N	59.19	160.69
46611		A	A	000	Y	N	N	N	N	58.93	127.98
46612		A	A	000	Y	N	N	N	N	70.61	196.26
46614		A	A	000	Y	N	N	N	N	47.25	93.98

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
46615		A	A	000	Y	N	N	N	N	66.98	104.88
46700		A	A	090	Y	N	N	N	N	477.92	477.92
46705		A	A	090	Y	N	Y	D	N	406.53	406.53
46706		A	A	010	Y	N	N	N	N	129.02	129.02
46707	Not Covered		A	090	Y	N	D	N	N	356.69	356.69
46710		A	A	090	Y	N	Y	D	N	825.53	825.53
46712		A	A	090	Y	N	Y	D	N	1,676.50	1,676.50
46715		A	A	090	Y	N	Y	N	N	400.04	400.04
46716		A	A	090	Y	N	Y	D	N	894.84	894.84
46730		A	A	090	Y	N	Y	D	N	1,467.78	1,467.78
46735		A	A	090	Y	N	Y	D	N	1,699.08	1,699.08
46740		A	A	090	Y	N	Y	D	N	1,606.92	1,606.92
46742		A	A	090	Y	N	Y	D	N	1,867.30	1,867.30
46744		A	A	090	Y	N	Y	D	N	2,621.96	2,621.96
46746		A	A	090	Y	N	Y	D	N	2,942.05	2,942.05
46748		A	A	090	Y	N	Y	D	N	3,196.97	3,196.97
46750		A	A	090	Y	N	Y	D	N	545.42	545.42
46751		A	A	090	Y	N	Y	D	N	483.12	483.12
46753		A	A	090	Y	N	N	N	N	452.74	452.74
46754		A	A	010	Y	N	D	N	N	166.40	217.03
46760		A	A	090	Y	N	Y	D	N	795.41	795.41
46761		A	A	090	Y	N	Y	D	N	669.77	669.77
46900		A	A	010	Y	N	N	N	N	97.35	160.69
46910		A	A	010	Y	N	N	N	N	96.57	174.97
46916		A	A	010	Y	N	N	N	N	102.28	161.99
46917		A	A	010	Y	N	N	N	N	93.20	283.22
46922		A	A	010	Y	N	N	N	N	98.65	189.25
46924		A	A	010	Y	N	N	N	N	131.10	350.98
46930		A	A	090	Y	N	D	N	N	103.84	142.52
46940		A	A	010	Y	N	N	N	N	106.44	164.07
46942		A	A	010	Y	N	D	N	N	95.27	155.50
46945		A	A	090	Y	N	N	N	N	158.36	214.95
46946		A	A	090	Y	N	N	N	N	159.39	218.84
46947		A	A	090	Y	N	N	N	N	280.89	280.89
46999	Unlstd/Manual		C	YYY	Y	N	D	D	D	-	-
47000		A	A	000	Y	N	N	N	N	65.16	201.71
47001		A	A	ZZZ	N	N	N	D	N	79.18	79.18
47010		A	A	090	Y	N	Y	D	N	905.74	905.74
47015		A	A	090	Y	N	Y	D	N	871.74	871.74
47100		A	A	090	Y	N	Y	D	N	627.19	627.19
47120		A	A	090	Y	N	Y	D	N	1,758.79	1,758.79
47122		A	A	090	Y	N	Y	D	N	2,598.34	2,598.34
47125		A	A	090	Y	N	Y	D	N	2,333.80	2,333.80
47130		A	A	090	Y	N	Y	D	N	2,508.51	2,508.51
47133		C	X	XXX	N	N	N	N	N	-	-
47135		A	R	090	Y	N	Y	D	Y	4,061.18	4,061.18
47140		A	A	090	Y	N	Y	D	Y	2,692.57	2,692.57
47141		A	A	090	Y	N	Y	D	Y	3,227.87	3,227.87
47142		A	A	090	Y	N	Y	D	N	3,553.66	3,553.66
47143	Not Covered		C	XXX	Y	N	Y	D	N	-	-
47144	Not Covered		C	090	Y	N	Y	D	N	-	-
47145	Not Covered		C	XXX	Y	N	Y	D	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
47146		Not Covered	A	XXX	Y	N	Y	D	N	247.40	247.40
47147		Not Covered	A	XXX	Y	N	Y	D	N	291.79	291.79
47300		A	A	090	Y	N	Y	D	N	845.26	845.26
47350		A	A	090	Y	N	Y	D	N	1,025.42	1,025.42
47360		A	A	090	Y	N	Y	D	N	1,414.04	1,414.04
47361		A	A	090	Y	N	Y	D	N	2,289.93	2,289.93
47362		A	A	090	Y	N	Y	D	N	1,089.54	1,089.54
47370		A	A	090	Y	N	Y	D	N	941.05	941.05
47371		A	A	090	Y	N	Y	D	N	912.23	912.23
47379		Unlstd/Manual	C	YYY	Y	N	Y	D	D	-	-
47380		A	A	090	Y	N	Y	D	N	1,084.35	1,084.35
47381		A	A	090	Y	N	Y	D	N	1,099.93	1,099.93
47382		A	A	010	Y	N	N	N	N	549.57	2,977.35
47383		A	A	010	Y	N	N	N	N	337.48	4,407.23
47399		Unlstd/Manual	C	YYY	Y	N	N	D	D	-	-
47400		A	A	090	Y	N	Y	D	N	1,628.99	1,628.99
47420		A	A	090	Y	N	Y	D	N	1,006.21	1,006.21
47425		A	A	090	Y	N	Y	D	N	1,028.02	1,028.02
47460		A	A	090	Y	N	Y	D	N	948.06	948.06
47480		A	A	090	Y	N	Y	D	N	649.78	649.78
47490		A	A	010	Y	N	N	N	N	234.94	234.94
47531		A	A	000	Y	N	N	N	N	52.18	226.37
47532		A	A	000	Y	N	N	N	N	157.84	537.11
47533		A	A	000	Y	N	N	N	N	197.56	809.43
47534		A	A	000	Y	N	N	N	N	276.47	949.36
47535		A	A	000	Y	N	N	N	N	146.41	651.60
47536		A	A	000	Y	N	N	N	N	97.87	448.07
47537		A	A	000	Y	N	N	N	N	70.87	264.79
47538		A	A	000	Y	N	N	N	N	175.49	2,732.03
47539		A	A	000	Y	N	N	N	N	318.01	3,046.67
47540		A	A	000	Y	N	N	N	N	328.13	3,099.62
47541		A	A	000	Y	N	N	N	N	246.36	784.25
47542		A	A	ZZZ	N	N	N	N	N	100.98	322.94
47543		A	A	ZZZ	N	N	N	N	N	107.73	311.78
47544		A	A	ZZZ	N	N	N	N	N	118.12	667.17
47550		A	A	ZZZ	N	N	Y	D	N	126.17	126.17
47552		A	A	000	Y	N	N	D	N	229.49	229.49
47553		A	A	000	Y	N	N	N	N	228.45	228.45
47554		A	A	000	Y	N	N	D	N	392.00	392.00
47555		A	A	000	Y	N	N	N	N	245.84	245.84
47556		A	A	000	Y	N	N	N	N	278.81	278.81
47562		A	A	090	Y	N	Y	D	N	491.16	491.16
47563		A	A	090	Y	N	Y	D	N	535.30	535.30
47564		A	A	090	Y	N	Y	D	N	833.32	833.32
47570		A	A	090	Y	N	Y	D	N	581.76	581.76
47579		Unlstd/Manual	C	YYY	Y	Y	Y	D	D	-	-
47600		A	A	090	Y	N	Y	D	N	800.61	800.61
47605		A	A	090	Y	N	Y	D	N	843.70	843.70
47610		A	A	090	Y	N	Y	D	N	943.91	943.91
47612		A	A	090	Y	N	Y	D	N	951.69	951.69
47620		A	A	090	Y	N	Y	D	N	1,024.64	1,024.64
47700		A	A	090	Y	N	Y	D	N	788.15	788.15

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
47701		A	A	090	Y	N	D	N	N	1,278.53	1,278.53
47711		A	A	090	Y	N	Y	D	N	1,168.98	1,168.98
47712		A	A	090	Y	N	Y	D	N	1,503.60	1,503.60
47715		A	A	090	Y	N	Y	D	N	992.97	992.97
47720		A	A	090	Y	N	Y	D	N	861.61	861.61
47721		A	A	090	Y	N	Y	D	N	1,017.89	1,017.89
47740		A	A	090	Y	N	Y	D	N	973.24	973.24
47741		A	A	090	Y	N	Y	D	N	1,106.93	1,106.93
47760		A	A	090	Y	N	Y	D	N	1,701.94	1,701.94
47765		A	A	090	Y	N	Y	D	N	2,290.97	2,290.97
47780		A	A	090	Y	N	Y	D	N	1,871.46	1,871.46
47785		A	A	090	Y	N	Y	D	N	2,463.34	2,463.34
47800		A	A	090	Y	N	Y	D	N	1,178.32	1,178.32
47801		A	A	090	Y	N	Y	D	N	833.06	833.06
47802		A	A	090	Y	N	Y	D	N	1,148.21	1,148.21
47900		A	A	090	Y	N	Y	D	N	1,028.02	1,028.02
47999		Unlstd/Manual	C	YYY	Y	N	N	D	D	-	-
48000		A	A	090	Y	N	Y	D	N	1,423.13	1,423.13
48001		A	A	090	Y	N	Y	D	N	1,735.17	1,735.17
48020		A	A	090	Y	N	Y	D	N	884.20	884.20
48100		A	A	090	Y	N	Y	D	N	666.91	666.91
48102		A	A	010	Y	N	N	N	N	176.79	360.84
48105		A	A	090	Y	N	Y	D	N	2,141.70	2,141.70
48120		A	A	090	Y	N	Y	D	N	830.46	830.46
48140		A	A	090	Y	N	Y	D	N	1,180.14	1,180.14
48145		A	A	090	Y	N	Y	D	N	1,229.21	1,229.21
48146		A	A	090	Y	N	Y	D	N	1,409.11	1,409.11
48148		A	A	090	Y	N	Y	D	N	935.60	935.60
48150		A	A	090	Y	N	Y	D	N	2,356.91	2,356.91
48152		A	A	090	Y	N	Y	D	N	2,180.38	2,180.38
48153		A	A	090	Y	N	Y	D	N	2,345.49	2,345.49
48154		A	A	090	Y	N	Y	D	N	2,194.92	2,194.92
48155		A	A	090	Y	N	Y	D	N	1,360.30	1,360.30
48160		C	N	XXX	N	N	N	N	N	-	-
48400		A	A	ZZZ	N	N	D	N	N	80.22	80.22
48500		A	A	090	Y	N	Y	D	N	861.35	861.35
48510		A	A	090	Y	N	Y	D	N	817.74	817.74
48520		A	A	090	Y	N	Y	D	N	817.22	817.22
48540		A	A	090	Y	N	Y	D	N	981.81	981.81
48545		A	A	090	Y	N	Y	D	N	1,007.51	1,007.51
48547		A	A	090	Y	N	Y	D	N	1,349.14	1,349.14
48548		A	A	090	Y	N	Y	D	N	1,252.05	1,252.05
48550		Not Covered	X	XXX	N	N	N	N	N	-	-
48551		Not Covered	C	XXX	Y	N	Y	D	N	-	-
48552		Not Covered	A	XXX	Y	N	Y	D	N	180.68	180.68
48554		A	R	090	Y	N	Y	Y	Y	1,884.96	1,884.96
48556		A	A	090	Y	N	Y	Y	Y	947.80	947.80
48999		Unlstd/Manual	C	YYY	Y	N	Y	D	D	-	-
49000		A	A	090	Y	N	Y	D	N	575.53	575.53
49002		A	A	090	Y	N	Y	D	N	786.33	786.33
49010		A	A	090	Y	N	Y	D	N	697.29	697.29
49020		A	A	090	Y	N	Y	N	N	1,193.38	1,193.38

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
49040		A	A	090	Y	N	Y	D	N	745.83	745.83
49060		A	A	090	Y	N	N	D	N	823.45	823.45
49062		A	A	090	Y	N	Y	D	N	551.65	551.65
49082		A	A	000	Y	N	N	N	N	53.74	132.66
49083		A	A	000	Y	N	N	N	N	78.66	197.04
49084		A	A	000	Y	N	N	N	N	81.77	81.77
49180		A	A	000	Y	N	N	N	N	62.82	112.93
49185		A	A	000	N	N	N	N	N	88.78	685.08
49203		A	A	090	Y	N	Y	D	N	895.88	895.88
49204		A	A	090	Y	N	Y	D	N	1,148.99	1,148.99
49205		A	A	090	Y	N	Y	D	N	1,323.44	1,323.44
49215		A	A	090	Y	N	Y	D	N	1,661.70	1,661.70
49220		A	A	090	Y	N	Y	D	N	729.74	729.74
49250		A	A	090	Y	N	N	D	N	436.65	436.65
49255		A	A	090	Y	N	Y	D	N	587.99	587.99
49320		A	A	010	Y	N	Y	N	N	240.91	240.91
49321		A	A	010	Y	N	Y	Y	N	255.19	255.19
49322		A	A	010	Y	N	Y	Y	N	274.14	274.14
49323		A	A	090	Y	N	Y	Y	N	467.80	467.80
49324		A	A	010	Y	N	Y	Y	N	288.42	288.42
49325		A	A	010	Y	N	Y	Y	N	308.66	308.66
49326		A	A	ZZZ	N	N	Y	D	N	143.82	143.82
49327		A	A	ZZZ	N	N	Y	D	N	98.91	98.91
49329		Unlstd/Manual	C	YYY	Y	Y	Y	D	D	-	-
49400		A	A	000	Y	N	N	N	N	69.05	96.83
49402		A	A	090	Y	N	N	D	N	641.73	641.73
49405		A	A	000	Y	N	N	N	N	145.90	551.13
49406		A	A	000	Y	N	N	N	N	145.90	550.87
49407		A	A	000	Y	N	N	N	N	155.24	452.74
49411		A	A	000	Y	N	D	N	N	135.51	322.68
49412		A	A	ZZZ	N	N	D	D	N	63.34	63.34
49418		A	A	000	Y	N	D	N	N	150.31	822.93
49419		A	A	090	Y	N	N	N	N	326.84	326.84
49421		A	A	000	Y	N	N	N	N	174.19	174.19
49422		A	A	000	Y	N	N	N	N	168.74	168.74
49423		A	A	000	Y	N	D	N	N	52.96	366.04
49424		A	A	000	Y	N	D	N	N	28.04	100.47
49425		A	A	090	Y	N	Y	D	N	534.26	534.26
49426		A	A	090	Y	N	N	N	N	461.31	461.31
49427		A	A	000	Y	N	D	N	N	34.27	34.27
49428		A	A	010	Y	N	N	N	N	322.68	322.68
49429		A	A	010	Y	N	N	N	N	343.71	343.71
49435		A	A	ZZZ	N	N	Y	D	N	90.86	90.86
49436		A	A	010	Y	N	Y	D	N	136.55	136.55
49440		A	A	010	Y	N	D	N	N	151.35	619.41
49441		A	A	010	Y	N	D	N	N	178.60	704.29
49442		A	A	010	Y	N	D	N	N	152.13	584.88
49446		A	A	000	Y	N	D	N	N	110.07	591.89
49450		A	A	000	Y	N	D	N	N	49.32	424.71
49451		A	A	000	Y	N	D	N	N	66.98	463.65
49452		A	A	000	Y	N	D	N	N	102.54	573.20
49460		A	A	000	Y	N	D	N	N	35.57	459.49

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
49465		A	A	000	Y	N	D	N	N	22.59	102.54
49491		A	A	090	Y	Y	Y	D	N	593.71	593.71
49492		A	A	090	Y	Y	Y	D	N	718.31	718.31
49495		A	A	090	Y	Y	Y	D	N	303.99	303.99
49496		A	A	090	Y	Y	Y	D	N	456.64	456.64
49500		A	A	090	Y	Y	Y	D	N	295.42	295.42
49501		A	A	090	Y	Y	Y	D	N	450.93	450.93
49505		A	A	090	Y	Y	Y	D	N	386.03	386.03
49507		A	A	090	Y	Y	Y	D	N	435.61	435.61
49520		A	A	090	Y	Y	Y	D	N	471.43	471.43
49521		A	A	090	Y	Y	Y	D	N	535.81	535.81
49525		A	A	090	Y	Y	Y	D	N	426.52	426.52
49540		A	A	090	Y	Y	Y	D	N	502.33	502.33
49550		A	A	090	Y	Y	Y	D	N	428.60	428.60
49553		A	A	090	Y	Y	Y	D	N	471.17	471.17
49555		A	A	090	Y	Y	Y	D	N	445.47	445.47
49557		A	A	090	Y	Y	Y	D	N	541.01	541.01
49560		A	A	090	Y	Y	Y	D	N	551.39	551.39
49561		A	A	090	Y	Y	Y	D	N	697.55	697.55
49565		A	A	090	Y	Y	Y	D	N	573.98	573.98
49566		A	A	090	Y	Y	Y	D	N	703.52	703.52
49568		A	A	ZZZ	N	N	Y	D	N	204.05	204.05
49570		A	A	090	Y	Y	Y	D	N	307.11	307.11
49572		A	A	090	Y	Y	Y	D	N	382.91	382.91
49580		A	A	090	Y	N	Y	D	N	234.42	234.42
49582		A	A	090	Y	N	Y	D	N	336.70	336.70
49585		A	A	090	Y	N	Y	D	N	328.13	328.13
49587		A	A	090	Y	N	Y	D	N	351.24	351.24
49590		A	A	090	Y	Y	Y	D	N	425.74	425.74
49600		A	A	090	Y	N	Y	D	N	540.49	540.49
49605		A	A	090	Y	N	Y	D	N	3,724.74	3,724.74
49606		A	A	090	Y	N	Y	D	N	855.12	855.12
49610		A	A	090	Y	N	Y	D	N	515.57	515.57
49611		A	A	090	Y	N	Y	D	N	451.96	451.96
49650		A	A	090	Y	Y	Y	D	N	316.71	316.71
49651		A	A	090	Y	Y	Y	D	N	412.76	412.76
49652		A	A	090	Y	Y	Y	D	N	555.54	555.54
49653		A	A	090	Y	Y	Y	D	N	694.17	694.17
49654		A	A	090	Y	Y	Y	D	N	632.65	632.65
49655		A	A	090	Y	Y	Y	D	N	773.09	773.09
49656		A	A	090	Y	Y	Y	D	N	686.90	686.90
49657		A	A	090	Y	Y	Y	D	N	991.67	991.67
49659		Unlstd/Manual	C	YYY	Y	Y	Y	D	D	-	-
49900		A	A	090	Y	N	Y	D	N	604.09	604.09
49904		A	A	090	Y	N	N	D	D	1,047.75	1,047.75
49905		A	A	ZZZ	N	N	Y	Y	N	268.17	268.17
49906		Unlstd/Manual	C	090	Y	N	N	D	N	-	-
49999		Unlstd/Manual	C	YYY	Y	N	N	D	D	-	-
50010		A	A	090	Y	Y	Y	D	N	539.71	539.71
50020		A	A	090	Y	N	N	D	N	741.68	741.68
50040		A	A	090	Y	Y	N	D	N	679.37	679.37
50045		A	A	090	Y	Y	Y	D	N	683.53	683.53

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
50060		A	A	090	Y	Y	Y	D	N	838.51	838.51
50065		A	A	090	Y	Y	Y	N	N	889.13	889.13
50070		A	A	090	Y	Y	Y	D	N	872.00	872.00
50075		A	A	090	Y	Y	Y	D	N	1,071.37	1,071.37
50080		A	A	090	Y	Y	N	N	N	637.84	637.84
50081		A	A	090	Y	Y	Y	D	N	939.23	939.23
50100		A	A	090	Y	Y	Y	D	N	779.58	779.58
50120		A	A	090	Y	Y	Y	D	N	696.25	696.25
50125		A	A	090	Y	Y	Y	D	N	720.91	720.91
50130		A	A	090	Y	Y	Y	D	N	757.77	757.77
50135		A	A	090	Y	Y	Y	D	N	824.75	824.75
50200		A	A	000	Y	Y	N	N	N	93.98	351.50
50205		A	A	090	Y	Y	Y	D	N	563.07	563.07
50220		A	A	090	Y	Y	Y	D	N	773.09	773.09
50225		A	A	090	Y	Y	Y	D	N	889.39	889.39
50230		A	A	090	Y	Y	Y	Y	N	946.76	946.76
50234		A	A	090	Y	Y	Y	D	N	960.26	960.26
50236		A	A	090	Y	Y	Y	D	N	1,077.86	1,077.86
50240		A	A	090	Y	Y	Y	D	N	974.54	974.54
50250		A	A	090	Y	N	Y	D	N	893.02	893.02
50280		A	A	090	Y	Y	Y	D	N	703.26	703.26
50290		A	A	090	Y	N	Y	D	N	658.61	658.61
50300		C	X	XXX	N	N	N	N	N	-	-
50320		A	A	090	Y	Y	Y	D	N	1,111.09	1,111.09
50323		Not Covered	C	XXX	Y	N	Y	D	N	-	-
50325		Not Covered	C	XXX	Y	N	Y	D	N	-	-
50327		Not Covered	A	XXX	Y	N	Y	D	N	164.85	164.85
50328		Not Covered	A	XXX	Y	N	Y	D	N	144.34	144.34
50329		Not Covered	A	XXX	Y	N	Y	D	N	137.07	137.07
50340		A	A	090	Y	Y	Y	D	N	702.22	702.22
50360		A	A	090	Y	N	Y	Y	Y	1,810.97	1,810.97
50365		A	A	090	Y	Y	Y	Y	Y	2,137.29	2,137.29
50370		A	A	090	Y	N	Y	D	N	894.58	894.58
50380		A	A	090	Y	N	Y	D	N	1,479.20	1,479.20
50382		A	A	000	Y	Y	N	N	N	190.81	722.21
50384		A	A	000	Y	Y	N	N	N	171.34	579.69
50385		A	A	000	Y	Y	D	N	N	161.21	704.81
50386		A	A	000	Y	Y	D	N	N	119.42	466.76
50387		A	A	000	Y	Y	D	N	N	62.04	334.36
50389		A	A	000	Y	Y	N	N	N	39.98	216.25
50390		A	A	000	Y	Y	N	N	N	71.13	71.13
50391		A	A	000	Y	Y	N	N	N	72.69	87.74
50396		A	A	000	Y	Y	D	N	N	84.89	84.89
50400		A	A	090	Y	Y	Y	D	N	853.31	853.31
50405		A	A	090	Y	Y	Y	D	N	1,026.46	1,026.46
50430		A	A	000	Y	Y	D	N	N	113.19	337.22
50431		A	A	000	Y	Y	N	N	N	47.51	139.41
50432		A	A	000	Y	Y	N	N	N	151.87	542.04
50433		A	A	000	Y	Y	N	N	N	189.25	719.09
50434		A	A	000	Y	Y	N	N	N	142.26	566.45
50435		A	A	000	Y	Y	N	N	N	73.21	334.11
50436		A	A	000	Y	Y	N	N	N	110.59	110.59

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
50437		A	A	000	Y	Y	N	N	N	185.35	185.35
50500		A	A	090	Y	N	Y	D	N	967.53	967.53
50520		A	A	090	Y	N	Y	D	N	869.92	869.92
50525		A	A	090	Y	N	Y	D	N	1,106.67	1,106.67
50526		A	A	090	Y	N	Y	N	N	1,187.41	1,187.41
50540		A	A	090	Y	B	Y	D	N	840.07	840.07
50541		A	A	090	Y	Y	Y	D	N	675.74	675.74
50542		A	A	090	Y	Y	Y	D	N	857.46	857.46
50543		A	A	090	Y	Y	Y	D	N	1,094.73	1,094.73
50544		A	A	090	Y	Y	Y	D	N	917.69	917.69
50545		A	A	090	Y	Y	Y	D	N	988.04	988.04
50546		A	A	090	Y	Y	Y	D	N	886.79	886.79
50547		A	A	090	Y	Y	Y	D	N	1,194.68	1,194.68
50548		A	A	090	Y	Y	Y	D	N	994.27	994.27
50549		Unlstd/Manual	C	YYY	Y	Y	Y	D	D	-	-
50551		A	A	000	Y	Y	D	N	N	218.06	260.12
50553		A	A	000	Y	Y	N	N	N	232.08	277.77
50555		A	A	000	Y	Y	D	N	N	252.07	297.24
50557		A	A	000	Y	Y	D	N	N	255.71	302.69
50561		A	A	000	Y	Y	D	N	N	291.27	342.67
50562		A	A	090	Y	N	Y	D	N	428.34	428.34
50570		A	A	000	Y	Y	D	N	N	363.96	363.96
50572		A	A	000	Y	Y	D	N	N	394.07	394.07
50574		A	A	000	Y	Y	D	N	N	419.25	419.25
50575		A	A	000	Y	Y	N	N	N	529.58	529.58
50576		A	A	000	Y	Y	D	N	N	418.22	418.22
50580		A	A	000	Y	Y	D	N	N	449.89	449.89
50590		A	A	090	Y	Y	N	N	N	414.58	515.83
50592		A	A	010	Y	Y	N	N	N	251.81	2,086.41
50593		A	A	010	Y	Y	Y	N	N	338.52	2,833.79
50600		A	A	090	Y	Y	Y	D	N	689.50	689.50
50605		A	A	090	Y	Y	Y	D	N	737.78	737.78
50606		A	A	ZZZ	N	Y	N	N	N	113.45	433.01
50610		A	A	090	Y	Y	Y	D	N	691.57	691.57
50620		A	A	090	Y	Y	Y	D	N	661.72	661.72
50630		A	A	090	Y	Y	Y	D	N	655.23	655.23
50650		A	A	090	Y	Y	Y	D	N	762.70	762.70
50660		A	A	090	Y	N	Y	D	N	839.29	839.29
50684		A	A	000	Y	Y	N	N	N	35.82	72.69
50686		A	A	000	Y	N	D	N	N	64.38	96.31
50688		A	A	010	Y	N	N	N	N	55.81	55.81
50690		A	A	000	Y	N	N	N	N	50.36	69.31
50693		A	A	000	Y	Y	N	N	N	150.83	658.09
50694		A	A	000	Y	Y	N	N	N	197.30	729.74
50695		A	A	000	Y	Y	N	N	N	253.11	893.02
50700		A	A	090	Y	Y	Y	D	N	678.33	678.33
50705		A	A	ZZZ	N	Y	N	N	N	145.90	1,283.20
50706		A	A	ZZZ	N	Y	N	N	N	136.03	627.71
50715		A	A	090	Y	Y	Y	D	N	904.71	904.71
50722		A	A	090	Y	N	Y	D	N	737.52	737.52
50725		A	A	090	Y	N	Y	D	N	810.21	810.21
50727		A	A	090	Y	N	Y	Y	N	369.67	369.67

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
50728		A	A	090	Y	N	Y	Y	N	539.45	539.45
50740		A	A	090	Y	Y	Y	D	N	919.24	919.24
50750		A	A	090	Y	Y	Y	N	N	848.63	848.63
50760		A	A	090	Y	Y	Y	D	N	834.09	834.09
50770		A	A	090	Y	N	Y	D	N	847.07	847.07
50780		A	A	090	Y	Y	Y	D	N	814.37	814.37
50782		A	A	090	Y	Y	Y	Y	N	788.41	788.41
50783		A	A	090	Y	Y	Y	Y	N	828.90	828.90
50785		A	A	090	Y	Y	Y	D	N	894.32	894.32
50800		A	A	090	Y	Y	Y	D	N	681.19	681.19
50810		A	A	090	Y	N	Y	D	N	1,049.04	1,049.04
50815		A	A	090	Y	Y	Y	D	N	897.18	897.18
50820		A	A	090	Y	Y	Y	D	N	967.79	967.79
50825		A	A	090	Y	N	Y	D	N	1,225.05	1,225.05
50830		A	A	090	Y	N	Y	D	N	1,327.85	1,327.85
50840		A	A	090	Y	Y	Y	D	N	902.37	902.37
50845		A	A	090	Y	N	Y	D	N	915.87	915.87
50860		A	A	090	Y	Y	Y	D	N	692.61	692.61
50900		A	A	090	Y	Y	Y	D	N	616.29	616.29
50920		A	A	090	Y	N	Y	D	N	641.73	641.73
50930		A	A	090	Y	N	Y	D	N	809.95	809.95
50940		A	A	090	Y	Y	Y	D	N	649.00	649.00
50945		A	A	090	Y	Y	Y	D	N	713.90	713.90
50947		A	A	090	Y	Y	Y	D	N	1,023.08	1,023.08
50948		A	A	090	Y	Y	Y	D	N	938.19	938.19
50949		Unlstd/Manual	C	YYY	Y	Y	Y	D	D	-	-
50951		A	A	000	Y	Y	D	N	N	226.89	271.54
50953		A	A	000	Y	Y	D	N	N	241.43	287.38
50955		A	A	000	Y	Y	D	N	N	260.38	307.11
50957		A	A	000	Y	Y	D	N	N	261.94	309.70
50961		A	A	000	Y	Y	D	N	N	234.16	279.07
50970		A	A	000	Y	Y	D	N	N	273.88	273.88
50972		A	A	000	Y	Y	D	N	N	264.79	264.79
50974		A	A	000	Y	Y	D	N	N	350.20	350.20
50976		A	A	000	Y	Y	D	N	N	345.53	345.53
50980		A	A	000	Y	Y	D	N	N	263.23	263.23
51020		A	A	090	Y	N	Y	D	N	338.78	338.78
51030		A	A	090	Y	N	D	N	N	341.37	341.37
51040		A	A	090	Y	N	Y	D	N	208.46	208.46
51045		A	A	090	Y	N	Y	N	N	357.99	357.99
51050		A	A	090	Y	N	Y	D	N	343.45	343.45
51060		A	A	090	Y	N	Y	D	N	423.67	423.67
51065		A	A	090	Y	N	D	N	N	422.37	422.37
51080		A	A	090	Y	N	Y	D	N	296.20	296.20
51100		A	A	000	Y	N	N	N	N	29.08	44.91
51101		A	A	000	Y	N	N	N	N	38.68	89.56
51102		A	A	000	Y	N	N	N	N	106.18	159.91
51500		A	A	090	Y	N	Y	D	N	464.16	464.16
51520		A	A	090	Y	N	Y	D	N	433.27	433.27
51525		A	A	090	Y	N	Y	D	N	629.79	629.79
51530		A	A	090	Y	N	Y	D	N	562.81	562.81
51535		A	A	090	Y	Y	Y	D	N	570.34	570.34

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
51550		A	A	090	Y	N	Y	D	N	710.01	710.01
51555		A	A	090	Y	N	Y	D	N	934.82	934.82
51565		A	A	090	Y	N	Y	D	N	955.33	955.33
51570		A	A	090	Y	N	Y	D	N	1,085.65	1,085.65
51575		A	A	090	Y	B	Y	D	N	1,343.95	1,343.95
51580		A	A	090	Y	N	Y	D	N	1,393.01	1,393.01
51585		A	A	090	Y	B	Y	D	N	1,554.74	1,554.74
51590		A	A	090	Y	N	Y	D	N	1,427.28	1,427.28
51595		A	A	090	Y	B	Y	D	N	1,615.49	1,615.49
51596		A	A	090	Y	N	Y	D	N	1,737.76	1,737.76
51597		A	A	090	Y	N	Y	D	N	1,692.33	1,692.33
51600		A	A	000	Y	N	N	N	N	32.97	128.24
51605		A	A	000	Y	N	N	N	N	27.78	27.78
51610		A	A	000	Y	N	N	N	N	46.21	76.58
51700		A	A	000	Y	N	N	N	N	22.33	50.10
51701		A	A	000	Y	N	N	N	N	18.43	30.63
51702		A	A	000	Y	N	N	N	N	18.43	41.54
51703		A	A	000	Y	N	N	N	N	56.85	91.38
51705		A	A	000	Y	N	N	N	N	37.90	63.86
51710		A	A	000	Y	N	N	N	N	57.89	88.78
51715		A	A	000	Y	N	D	N	N	146.67	220.40
51720		A	A	000	Y	N	N	N	N	32.71	57.63
51725	26	A	A	000	Y	N	D	N	N	55.81	55.81
51725	TC	A	A	000	Y	N	D	N	N	77.88	77.88
51725		A	A	000	Y	N	D	N	N	133.69	133.69
51726	26	A	A	000	Y	N	N	N	N	62.56	62.56
51726	TC	A	A	000	Y	N	N	N	N	122.27	122.27
51726		A	A	000	Y	N	N	N	N	184.84	184.84
51727	26	A	A	000	Y	N	D	N	N	77.88	77.88
51727	TC	A	A	000	Y	N	D	N	N	140.96	140.96
51727		A	A	000	Y	N	D	N	N	218.84	218.84
51728	26	A	A	000	Y	N	D	N	N	76.84	76.84
51728	TC	A	A	000	Y	N	D	N	N	145.90	145.90
51728		A	A	000	Y	N	D	N	N	222.48	222.48
51729	26	A	A	000	Y	N	D	N	N	92.42	92.42
51729	TC	A	A	000	Y	N	D	N	N	146.67	146.67
51729		A	A	000	Y	N	D	N	N	239.09	239.09
51736	26	A	A	XXX	Y	N	D	N	N	5.97	5.97
51736	TC	A	A	XXX	Y	N	D	N	N	3.63	3.63
51736		A	A	XXX	Y	N	D	N	N	9.86	9.86
51741	26	A	A	XXX	Y	N	N	N	N	5.97	5.97
51741	TC	A	A	XXX	Y	N	N	N	N	3.89	3.89
51741		A	A	XXX	Y	N	N	N	N	10.12	10.12
51784	26	A	A	XXX	Y	N	N	N	N	27.52	27.52
51784	TC	A	A	XXX	Y	N	N	N	N	18.95	18.95
51784		A	A	XXX	Y	N	N	N	N	46.47	46.47
51785	26	A	A	XXX	Y	N	D	N	N	70.09	70.09
51785	TC	A	A	XXX	Y	N	D	N	N	145.12	145.12
51785		A	A	XXX	Y	N	D	N	N	215.21	215.21
51792	26	A	A	000	Y	N	D	N	N	40.50	40.50
51792	TC	A	A	000	Y	N	D	N	N	111.11	111.11
51792		A	A	000	Y	N	D	N	N	151.35	151.35

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
51797	26	A	A	ZZZ	N	N	D	N	N	29.59	29.59
51797	TC	A	A	ZZZ	N	N	D	N	N	62.04	62.04
51797		A	A	ZZZ	N	N	D	N	N	91.64	91.64
51798		A	A	XXX	N	N	D	N	N	8.05	8.05
51800		A	A	090	Y	N	Y	D	N	772.57	772.57
51820		A	A	090	Y	B	Y	D	N	795.41	795.41
51840		A	A	090	Y	N	Y	D	N	487.01	487.01
51841		A	A	090	Y	N	Y	D	N	567.75	567.75
51845		A	A	090	Y	N	Y	D	N	424.71	424.71
51860		A	A	090	Y	N	Y	D	N	547.50	547.50
51865		A	A	090	Y	N	Y	D	N	659.38	659.38
51880		A	A	090	Y	N	Y	D	N	341.37	341.37
51900		A	A	090	Y	N	Y	D	N	602.27	602.27
51920		A	A	090	Y	N	Y	D	N	557.88	557.88
51925		A	A	090	Y	N	Y	D	N	745.57	745.57
51940		A	A	090	Y	N	Y	D	N	1,210.00	1,210.00
51960		A	A	090	Y	N	Y	D	N	1,017.37	1,017.37
51980		A	A	090	Y	N	Y	D	N	521.02	521.02
51990		A	A	090	Y	N	Y	D	N	548.53	548.53
51992		A	A	090	Y	N	Y	D	N	609.54	609.54
51999		Unlstd/Manual	C	YYY	N	N	D	D	D	-	-
52000		A	A	000	Y	N	N	N	N	59.71	127.46
52001		A	A	000	Y	N	N	N	N	212.09	278.81
52005		A	A	000	Y	N	N	N	N	97.35	191.07
52007		A	A	000	Y	Y	N	N	N	121.75	308.40
52010		A	A	000	Y	N	N	N	N	121.49	259.34
52204		A	A	000	Y	N	N	N	N	103.58	253.11
52214		A	A	000	Y	N	N	N	N	131.10	462.61
52224		A	A	000	Y	N	N	N	N	151.09	484.93
52234		A	A	000	Y	N	N	N	N	181.46	181.46
52235		A	A	000	Y	N	N	N	N	212.61	212.61
52240		A	A	000	Y	N	N	N	N	289.45	289.45
52250		A	A	000	Y	N	N	N	N	176.27	176.27
52260		A	A	000	Y	N	N	N	N	154.46	154.46
52265		A	A	000	Y	N	N	N	N	118.64	251.29
52270		A	A	000	Y	N	N	N	N	133.95	259.34
52275		A	A	000	Y	N	N	N	N	183.28	345.01
52276		A	A	000	Y	N	N	N	N	194.96	194.96
52277		A	A	000	Y	N	D	N	N	238.57	238.57
52281		A	A	000	Y	N	N	N	N	111.63	203.53
52282		A	A	000	Y	N	N	N	N	249.48	249.48
52283		A	A	000	Y	N	N	N	N	148.23	211.57
52285		A	A	000	Y	N	N	N	N	143.82	210.80
52287		A	A	000	Y	N	N	N	N	124.87	230.78
52290		A	A	000	Y	B	N	N	N	180.16	180.16
52300		A	A	000	Y	B	D	N	N	206.12	206.12
52301		A	A	000	Y	B	D	N	N	213.65	213.65
52305		A	A	000	Y	N	N	N	N	205.60	205.60
52310		A	A	000	Y	N	N	N	N	111.37	184.84
52315		A	A	000	Y	N	N	N	N	202.49	306.59
52317		A	A	000	Y	N	N	N	N	257.00	569.82
52318		A	A	000	Y	N	N	N	N	350.72	350.72

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
52320		A	A	000	Y	Y	N	N	N	181.72	181.72
52325		A	A	000	Y	Y	N	N	N	236.76	236.76
52327		A	A	000	Y	Y	N	N	N	194.70	194.70
52330		A	A	000	Y	Y	N	N	N	194.70	368.89
52332		A	A	000	Y	Y	N	N	N	114.22	314.89
52334		A	A	000	Y	N	N	N	N	134.73	134.73
52341		A	A	000	Y	Y	N	N	N	209.24	209.24
52342		A	A	000	Y	Y	N	N	N	227.67	227.67
52343		A	A	000	Y	Y	N	N	N	254.15	254.15
52344		A	A	000	Y	Y	N	N	N	272.84	272.84
52345		A	A	000	Y	Y	D	N	N	291.27	291.27
52346		A	A	000	Y	Y	D	N	N	330.21	330.21
52351		A	A	000	Y	N	N	N	N	223.26	223.26
52352		A	A	000	Y	Y	N	N	N	261.94	261.94
52353		A	A	000	Y	Y	N	N	N	289.45	289.45
52354		A	A	000	Y	Y	N	N	N	308.40	308.40
52355		A	A	000	Y	Y	N	N	N	346.05	346.05
52356		A	A	000	Y	Y	N	N	N	307.89	307.89
52400		A	A	090	Y	N	N	N	N	350.72	350.72
52402		A	A	000	Y	N	N	N	N	198.07	198.07
52441		A	A	000	Y	N	N	N	N	168.22	827.09
52442		A	A	ZZZ	N	N	N	N	N	44.91	609.54
52450		A	A	090	Y	N	N	N	N	340.85	340.85
52500		A	A	090	Y	N	N	N	N	354.87	354.87
52601		A	A	090	Y	N	N	N	N	534.52	534.52
52630		A	A	090	Y	N	N	N	N	290.23	290.23
52640		A	A	090	Y	N	N	N	N	227.15	227.15
52647		A	A	090	Y	N	N	N	N	472.99	1,085.91
52648		A	A	090	Y	N	N	N	N	504.66	1,122.51
52649		A	A	090	Y	N	D	N	N	602.79	602.79
52700		A	A	090	Y	N	D	N	N	321.38	321.38
53000		A	A	010	Y	N	N	N	N	106.96	106.96
53010		A	A	090	Y	N	N	N	N	211.57	211.57
53020		A	A	000	Y	N	N	N	N	71.13	71.13
53025		A	A	000	Y	N	D	N	N	49.58	49.58
53040		A	A	090	Y	N	D	N	N	285.04	285.04
53060		A	A	010	Y	N	N	N	N	117.86	130.06
53080		A	A	090	Y	N	N	N	N	304.51	304.51
53085		A	A	090	Y	N	Y	D	N	473.51	473.51
53200		A	A	000	Y	N	N	N	N	104.88	114.48
53210		A	A	090	Y	N	Y	D	N	563.07	563.07
53215		A	A	090	Y	N	Y	D	N	681.19	681.19
53220		A	A	090	Y	N	D	N	N	328.39	328.39
53230		A	A	090	Y	N	Y	D	N	441.84	441.84
53235		A	A	090	Y	N	Y	D	N	461.31	461.31
53240		A	A	090	Y	N	N	N	N	308.40	308.40
53250		A	A	090	Y	N	N	N	N	286.86	286.86
53260		A	A	010	Y	N	N	N	N	131.10	145.12
53265		A	A	010	Y	N	N	N	N	135.77	157.58
53270		A	A	010	Y	N	N	N	N	133.95	148.49
53275		A	A	010	Y	N	N	N	N	191.33	191.33
53400		A	A	090	Y	N	Y	D	N	584.62	584.62

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
53405		A	A	090	Y	N	Y	D	N	639.91	639.91
53410		A	A	090	Y	N	Y	D	N	717.27	717.27
53415		A	A	090	Y	N	Y	D	N	830.46	830.46
53420		A	A	090	Y	N	N	D	N	616.81	616.81
53425		A	A	090	Y	N	Y	D	N	687.68	687.68
53430		A	A	090	Y	N	Y	D	N	709.75	709.75
53431		A	A	090	Y	N	Y	D	N	847.85	847.85
53440		A	A	090	Y	N	Y	D	N	551.13	551.13
53442		A	A	090	Y	N	Y	N	N	570.60	570.60
53444		A	A	090	Y	N	Y	D	N	580.47	580.47
53445		A	A	090	Y	N	Y	D	N	549.05	549.05
53446		A	A	090	Y	N	Y	D	N	467.80	467.80
53447		A	A	090	Y	N	Y	D	N	590.59	590.59
53448		A	A	090	Y	N	Y	D	N	938.71	938.71
53449		A	A	090	Y	N	Y	D	N	445.99	445.99
53450		A	A	090	Y	N	N	N	N	296.72	296.72
53460		A	A	090	Y	N	D	N	N	333.07	333.07
53500		A	A	090	Y	N	Y	D	N	544.12	544.12
53502		A	A	090	Y	N	N	N	N	353.83	353.83
53505		A	A	090	Y	N	Y	N	N	353.58	353.58
53510		A	A	090	Y	N	Y	D	N	460.79	460.79
53515		A	A	090	Y	N	Y	D	N	582.80	582.80
53520		A	A	090	Y	N	N	N	N	405.75	405.75
53600		A	A	000	Y	N	N	N	N	46.99	59.19
53601		A	A	000	Y	N	N	N	N	39.20	55.81
53605		A	A	000	Y	N	N	N	N	48.03	48.03
53620		A	A	000	Y	N	N	N	N	64.12	92.42
53621		A	A	000	Y	N	N	N	N	53.22	85.93
53660		A	A	000	Y	N	N	N	N	30.11	47.77
53661		A	A	000	Y	N	N	N	N	29.59	46.99
53665		A	A	000	Y	N	N	N	N	28.82	28.82
53850		A	A	090	Y	N	N	N	N	251.55	1,037.10
53852		A	A	090	Y	N	N	N	N	271.02	1,007.51
53854		Not Covered	A	090	Y	N	N	N	N	272.06	1,187.67
53855		Not Covered	A	000	Y	N	D	N	N	61.27	492.72
53860		Not Covered	A	090	Y	N	D	N	N	163.81	1,192.60
53899		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-
54000		A	A	010	Y	N	D	N	N	77.62	105.66
54001		A	A	010	Y	N	N	N	N	100.47	132.14
54015		A	A	010	Y	N	D	N	N	225.33	225.33
54050		A	A	010	Y	N	N	N	N	74.51	91.38
54055		A	A	010	Y	N	N	N	N	66.46	84.11
54056		A	A	010	Y	N	N	N	N	77.62	96.31
54057		A	A	010	Y	N	N	N	N	67.76	94.75
54060		A	A	010	Y	N	N	N	N	93.72	127.72
54065		A	A	010	Y	N	N	N	N	123.57	153.42
54100		A	A	000	Y	N	N	N	N	89.56	135.25
54105		A	A	010	Y	N	N	N	N	154.72	188.73
54110		A	A	090	Y	N	Y	N	N	455.60	455.60
54111		A	A	090	Y	N	Y	D	N	585.40	585.40
54112		A	A	090	Y	N	Y	D	N	688.46	688.46
54115		A	A	090	Y	N	Y	N	N	307.89	325.80

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
54120		A	A	090	Y	N	Y	D	N	461.57	461.57
54125		A	A	090	Y	N	Y	D	N	596.82	596.82
54130		A	A	090	Y	B	Y	D	N	877.19	877.19
54135		A	A	090	Y	B	Y	N	N	1,113.68	1,113.68
54150		A	A	000	Y	N	D	N	N	72.69	107.99
54160		A	A	010	Y	N	N	N	N	105.14	153.16
54161		A	A	010	Y	N	N	N	N	143.30	143.30
54162		A	A	010	Y	N	N	N	N	144.86	181.72
54163		A	A	010	Y	N	N	N	N	157.06	157.06
54164		A	A	010	Y	N	N	N	N	138.89	138.89
54200		A	A	010	Y	N	N	N	N	59.45	75.28
54205		A	A	090	Y	N	Y	N	N	387.06	387.06
54220		A	A	000	Y	N	N	N	N	98.65	145.38
54230		A	A	000	Y	N	N	N	N	57.63	69.31
54231		A	A	000	Y	N	N	N	N	84.89	100.98
54235		A	A	000	Y	N	N	N	N	52.96	62.82
54240	26	A	A	000	N	N	D	N	N	49.84	49.84
54240	TC	A	A	000	N	N	D	N	N	23.10	23.10
54240		A	A	000	N	N	D	N	N	72.95	72.95
54250	26	A	A	000	N	N	D	N	N	80.48	80.48
54250	TC	A	A	000	N	N	D	N	N	7.53	7.53
54250		A	A	000	N	N	D	N	N	88.26	88.26
54300		A	A	090	Y	N	Y	D	N	470.65	470.65
54304		A	A	090	Y	N	Y	N	N	548.02	548.02
54308		A	A	090	Y	N	Y	D	N	522.83	522.83
54312		A	A	090	Y	N	Y	D	N	598.90	598.90
54316		A	A	090	Y	N	Y	D	N	732.07	732.07
54318		A	A	090	Y	N	Y	D	N	518.94	518.94
54322		A	A	090	Y	N	Y	N	N	572.42	572.42
54324		A	A	090	Y	N	Y	D	N	710.78	710.78
54326		A	A	090	Y	N	Y	D	N	693.13	693.13
54328		A	A	090	Y	N	Y	D	N	688.46	688.46
54332		A	A	090	Y	N	Y	D	N	744.01	744.01
54336		A	A	090	Y	N	Y	D	N	873.55	873.55
54340		A	A	090	Y	N	Y	D	N	414.84	414.84
54344		A	A	090	Y	N	Y	D	N	694.69	694.69
54348		A	A	090	Y	N	Y	D	N	744.01	744.01
54352		A	A	090	Y	N	Y	D	N	1,042.55	1,042.55
54360		A	A	090	Y	N	Y	D	N	526.99	526.99
54380		A	A	090	Y	N	Y	D	N	584.88	584.88
54385		A	A	090	Y	N	Y	D	N	680.41	680.41
54390		A	A	090	Y	N	Y	D	N	912.75	912.75
54400		A	A	090	Y	N	N	D	N	386.80	386.80
54401		A	A	090	Y	N	N	D	N	474.03	474.03
54405		A	A	090	Y	N	Y	D	N	592.67	592.67
54406		A	A	090	Y	N	Y	D	N	534.00	534.00
54408		A	A	090	Y	N	Y	D	N	578.13	578.13
54410		A	A	090	Y	N	Y	D	N	629.01	629.01
54411		A	A	090	Y	N	Y	D	N	751.54	751.54
54415		A	A	090	Y	N	Y	D	N	384.47	384.47
54416		A	A	090	Y	N	Y	D	N	517.64	517.64
54417		A	A	090	Y	N	Y	D	N	657.57	657.57

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
54420		A	A	090	Y	N	Y	N	N	514.27	514.27
54430		A	A	090	Y	B	Y	N	N	467.28	467.28
54435		A	A	090	Y	N	N	N	N	301.40	301.40
54437		A	A	090	Y	N	Y	D	N	490.38	490.38
54438		A	A	090	Y	N	Y	D	N	983.88	983.88
54440		C	C	090	Y	N	Y	D	N	-	-
54450		A	A	000	Y	N	N	N	N	42.83	49.84
54500		A	A	000	Y	Y	D	N	N	54.26	54.26
54505		A	A	010	Y	Y	D	N	N	152.64	152.64
54512		A	A	090	Y	Y	N	D	N	394.33	394.33
54520		A	A	090	Y	Y	N	N	N	237.53	237.53
54522		A	A	090	Y	Y	Y	D	N	430.16	430.16
54530		A	A	090	Y	Y	Y	D	N	367.59	367.59
54535		A	A	090	Y	Y	Y	N	N	543.08	543.08
54550		A	A	090	Y	Y	Y	N	N	358.51	358.51
54560		A	A	090	Y	Y	Y	D	N	502.07	502.07
54600		A	A	090	Y	Y	N	N	N	329.43	329.43
54620		A	A	010	Y	Y	N	N	N	218.58	218.58
54640		A	A	090	Y	Y	D	N	N	347.34	347.34
54650		A	A	090	Y	Y	Y	N	N	518.94	518.94
54660		A	A	090	Y	Y	D	N	N	258.30	258.30
54670		A	A	090	Y	Y	D	N	N	294.65	294.65
54680		A	A	090	Y	Y	Y	D	N	576.57	576.57
54690		A	A	090	Y	Y	Y	D	N	480.26	480.26
54692		A	A	090	Y	Y	N	N	N	556.32	556.32
54699	Unlstd/Manual		C	YYY	Y	Y	Y	D	D	-	-
54700		A	A	010	Y	Y	N	N	N	154.98	154.98
54800		A	A	000	Y	Y	D	N	N	92.68	92.68
54830		A	A	090	Y	Y	D	N	N	269.98	269.98
54840		A	A	090	Y	Y	N	N	N	232.86	232.86
54860		A	A	090	Y	N	N	N	N	304.25	304.25
54861		A	A	090	Y	N	D	N	N	413.02	413.02
54865		A	A	090	Y	N	D	N	N	259.34	259.34
54900		A	A	090	Y	N	D	N	N	585.92	585.92
54901		A	A	090	Y	B	D	N	N	775.43	775.43
55000		A	A	000	Y	Y	N	N	N	61.78	81.51
55040		A	A	090	Y	N	N	N	N	244.80	244.80
55041		A	A	090	Y	B	N	N	N	371.49	371.49
55060		A	A	090	Y	Y	D	N	N	275.95	275.95
55100		A	A	010	Y	N	N	N	N	119.42	152.39
55110		A	A	090	Y	N	N	N	N	281.15	281.15
55120		A	A	090	Y	N	D	N	N	256.23	256.23
55150		A	A	090	Y	N	Y	D	N	357.99	357.99
55175		A	A	090	Y	N	D	N	N	262.97	262.97
55180		A	A	090	Y	N	D	N	N	502.33	502.33
55200		A	A	090	Y	B	D	N	N	201.45	292.57
55250		A	A	090	Y	B	N	N	N	163.29	253.89
55300		A	A	000	Y	B	D	N	N	138.11	138.11
55400	Not Covered		A	090	Y	Y	Y	D	N	362.40	362.40
55500		A	A	090	Y	Y	D	N	N	287.64	287.64
55520		A	A	090	Y	Y	Y	D	N	333.59	333.59
55530		A	A	090	Y	Y	N	D	N	254.93	254.93

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
55535		A	A	090	Y	Y	Y	D	N	312.30	312.30
55540		A	A	090	Y	Y	N	D	N	409.65	409.65
55550		A	A	090	Y	Y	Y	D	N	311.26	311.26
55559	Unlstd/Manual		C	YYY	Y	Y	Y	D	D	-	-
55600		A	A	090	Y	Y	D	N	N	306.07	306.07
55605		A	A	090	Y	Y	D	N	N	379.54	379.54
55650		A	A	090	Y	Y	Y	D	N	523.35	523.35
55680		A	A	090	Y	Y	D	N	N	247.92	247.92
55700		A	A	000	Y	N	N	N	N	96.31	170.82
55705		A	A	010	Y	N	N	D	N	193.66	193.66
55706		A	A	010	Y	N	Y	D	N	270.76	270.76
55720		A	A	090	Y	N	Y	D	N	328.91	328.91
55725		A	A	090	Y	N	Y	D	N	432.23	432.23
55801		A	A	090	Y	N	Y	D	N	802.16	802.16
55810		A	A	090	Y	N	Y	D	N	967.53	967.53
55812		A	A	090	Y	N	Y	D	N	1,185.07	1,185.07
55815		A	A	090	Y	B	Y	D	N	1,293.85	1,293.85
55821		A	A	090	Y	N	Y	D	N	640.95	640.95
55831		A	A	090	Y	N	Y	D	N	693.91	693.91
55840		A	A	090	Y	N	Y	D	N	861.09	861.09
55842		A	A	090	Y	N	Y	D	N	861.87	861.87
55845		A	A	090	Y	B	Y	D	N	1,003.87	1,003.87
55860		A	A	090	Y	N	N	D	N	642.25	642.25
55862		A	A	090	Y	N	Y	D	N	805.80	805.80
55865		A	A	090	Y	B	Y	D	N	973.24	973.24
55866		A	A	090	Y	N	Y	D	N	1,062.80	1,062.80
55870	Not Covered		A	000	Y	N	N	D	N	103.84	124.87
55873		A	A	090	Y	N	N	N	N	559.70	3,995.24
55874	Not Covered		A	000	Y	N	N	D	D	122.27	2,209.97
55875		A	A	090	Y	N	D	N	N	557.88	557.88
55876		A	A	000	Y	N	N	D	D	73.21	98.39
55899	Unlstd/Manual		C	YYY	Y	N	D	D	D	-	-
55920		A	A	000	Y	N	D	N	N	328.13	328.13
55970	Not Covered		C	YYY	N	N	N	N	N	-	-
55980	Not Covered		C	YYY	N	N	N	N	N	-	-
56405		A	A	010	Y	N	N	Y	N	79.44	80.22
56420		A	A	010	Y	N	N	N	N	68.53	93.20
56440		A	A	010	Y	N	N	N	N	129.54	129.54
56441		A	A	010	Y	N	D	N	N	101.24	106.70
56442		A	A	000	Y	N	D	N	N	33.23	33.23
56501		A	A	010	Y	N	N	N	N	84.11	99.43
56515		A	A	010	Y	N	N	N	N	145.12	165.62
56605		A	A	000	Y	N	N	Y	N	43.61	59.71
56606		A	A	ZZZ	N	N	N	Y	N	21.81	27.00
56620		A	A	090	Y	N	Y	D	N	388.62	388.62
56625		A	A	090	Y	N	Y	D	N	471.17	471.17
56630		A	A	090	Y	N	Y	D	N	696.77	696.77
56631		A	A	090	Y	N	Y	Y	N	883.68	883.68
56632		A	A	090	Y	B	Y	Y	N	1,039.70	1,039.70
56633		A	A	090	Y	N	Y	Y	N	905.74	905.74
56634		A	A	090	Y	N	Y	Y	N	973.50	973.50
56637		A	A	090	Y	N	Y	Y	N	1,130.04	1,130.04

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
56640		A	A	090	Y	Y	Y	D	N	1,116.54	1,116.54
56700		A	A	010	Y	N	Y	D	N	133.95	133.95
56740		A	A	010	Y	Y	N	N	N	218.84	218.84
56800		A	A	010	Y	N	Y	D	N	173.93	173.93
56805		A	A	090	Y	N	Y	D	N	823.45	823.45
56810		A	A	010	Y	N	Y	Y	N	188.73	188.73
56820		A	A	000	Y	N	N	N	N	63.08	81.25
56821		A	A	000	Y	N	N	N	N	84.11	107.99
57000		A	A	010	Y	N	D	N	N	136.03	136.03
57010		A	A	090	Y	N	D	N	N	310.74	310.74
57020		A	A	000	Y	N	D	N	N	58.41	69.05
57022		A	A	010	Y	N	D	N	N	121.75	121.75
57023		A	A	010	Y	N	D	N	N	222.48	222.48
57061		A	A	010	Y	N	N	N	N	71.65	85.15
57065		A	A	010	Y	N	N	N	N	127.46	145.38
57100		A	A	000	Y	N	N	N	N	49.32	65.42
57105		A	A	010	Y	N	N	N	N	92.94	102.80
57106		A	A	090	Y	N	Y	D	N	365.26	365.26
57107		A	A	090	Y	N	Y	D	N	1,074.74	1,074.74
57109		A	A	090	Y	B	Y	D	N	1,313.32	1,313.32
57110		A	A	090	Y	N	Y	D	N	643.03	643.03
57111		A	A	090	Y	B	Y	D	N	1,316.17	1,316.17
57112		A	A	090	Y	B	Y	D	N	1,415.34	1,415.34
57120		A	A	090	Y	N	Y	D	N	366.56	366.56
57130		A	A	010	Y	N	Y	D	N	114.48	130.58
57135		A	A	010	Y	N	N	N	N	126.68	143.30
57150		A	A	000	Y	N	N	N	N	19.21	33.23
57155		A	A	000	Y	N	N	Y	N	204.05	261.68
57156		A	A	000	Y	N	D	N	N	107.21	144.08
57160		A	A	000	Y	N	N	N	N	34.01	44.39
57170		A	A	000	Y	N	D	N	N	35.05	45.69
57180		A	A	010	Y	N	N	N	N	77.62	105.66
57200		A	A	090	Y	N	Y	D	N	221.18	221.18
57210		A	A	090	Y	N	Y	D	N	265.83	265.83
57220		A	A	090	Y	N	Y	D	N	230.01	230.01
57230		A	A	090	Y	N	Y	D	N	284.00	284.00
57240		A	A	090	Y	N	Y	D	N	429.12	429.12
57250		A	A	090	Y	N	Y	D	N	429.90	429.90
57260		A	A	090	Y	N	Y	D	N	550.87	550.87
57265		A	A	090	Y	N	Y	D	N	619.67	619.67
57267		A	A	ZZZ	N	N	Y	D	N	185.87	185.87
57268		A	A	090	Y	N	Y	D	N	349.16	349.16
57270		A	A	090	Y	N	Y	D	N	584.62	584.62
57280		A	A	090	Y	N	Y	D	N	691.83	691.83
57282		A	A	090	Y	N	Y	D	N	364.22	364.22
57283		A	A	090	Y	N	Y	D	N	495.58	495.58
57284		A	A	090	Y	N	Y	Y	N	591.63	591.63
57285		A	A	090	Y	N	Y	Y	N	487.27	487.27
57287		A	A	090	Y	N	Y	D	N	499.73	499.73
57288		A	A	090	Y	N	Y	D	N	519.72	519.72
57289		A	A	090	Y	N	Y	D	N	549.05	549.05
57291		A	A	090	Y	N	Y	N	N	379.02	379.02

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
57292		A	A	090	Y	N	Y	D	N	584.36	584.36
57295		A	A	090	Y	N	Y	D	N	345.79	345.79
57296		A	A	090	Y	N	Y	D	N	682.49	682.49
57300		A	A	090	Y	N	Y	D	N	414.84	414.84
57305		A	A	090	Y	N	Y	D	N	698.32	698.32
57307		A	A	090	Y	N	Y	D	N	752.84	752.84
57308		A	A	090	Y	N	Y	D	N	478.44	478.44
57310		A	A	090	Y	N	Y	D	N	339.56	339.56
57311		A	A	090	Y	N	Y	D	N	387.58	387.58
57320		A	A	090	Y	N	Y	D	N	390.44	390.44
57330		A	A	090	Y	N	Y	D	N	546.20	546.20
57335		A	A	090	Y	N	Y	D	N	830.98	830.98
57400		A	A	000	Y	N	D	N	N	96.83	96.83
57410		A	A	000	Y	N	N	N	N	77.10	77.10
57415		A	A	010	Y	N	D	N	N	117.34	117.34
57420		A	A	000	Y	N	N	N	N	67.24	85.67
57421		A	A	000	Y	N	N	N	N	90.34	114.74
57423		A	A	090	Y	N	Y	Y	N	663.28	663.28
57425		A	A	090	Y	N	Y	D	N	702.22	702.22
57426		A	A	090	Y	N	Y	D	N	611.88	611.88
57452		A	A	000	Y	N	N	N	N	66.20	80.22
57454		A	A	000	Y	N	N	N	N	96.57	110.85
57455		A	A	000	Y	N	N	N	N	79.44	103.58
57456		A	A	000	Y	N	N	N	N	73.99	97.35
57460		A	A	000	Y	N	N	N	N	116.30	199.11
57461		A	A	000	Y	N	N	N	N	134.99	225.07
57500		A	A	000	Y	N	N	N	N	53.48	90.60
57505		A	A	010	Y	N	N	N	N	67.50	77.36
57510		A	A	010	Y	N	N	N	N	81.77	96.57
57511		A	A	010	Y	N	N	N	N	95.79	108.51
57513		A	A	010	Y	N	N	N	N	99.43	113.19
57520		A	A	090	Y	N	N	N	N	200.67	225.85
57522		A	A	090	Y	N	N	N	N	174.19	192.36
57530		A	A	090	Y	N	Y	D	N	251.29	251.29
57531		A	A	090	Y	B	Y	D	N	1,216.23	1,216.23
57540		A	A	090	Y	N	Y	D	N	554.77	554.77
57545		A	A	090	Y	N	Y	D	N	589.55	589.55
57550		A	A	090	Y	N	Y	D	N	291.27	291.27
57555		A	A	090	Y	N	Y	D	N	430.68	430.68
57556		A	A	090	Y	N	Y	D	N	407.31	407.31
57558		A	A	010	Y	N	N	N	N	82.81	93.20
57700		A	A	090	Y	N	D	N	N	225.07	225.07
57720		A	A	090	Y	N	Y	N	N	220.92	220.92
57800		A	A	000	Y	N	N	N	N	34.53	45.17
58100		A	A	000	Y	N	N	N	N	50.88	64.90
58110		A	A	ZZZ	N	N	D	N	N	30.11	36.08
58120		A	A	010	Y	N	N	N	N	160.43	189.51
58140		A	A	090	Y	N	Y	D	N	665.35	665.35
58145		A	A	090	Y	N	Y	D	N	397.97	397.97
58146		A	A	090	Y	N	Y	D	N	826.57	826.57
58150		A	A	090	Y	N	Y	D	N	743.23	743.23
58152		A	A	090	Y	N	Y	D	N	906.52	906.52

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
58180		A	A	090	Y	N	Y	D	N	696.77	696.77
58200		A	A	090	Y	N	Y	D	N	1,021.53	1,021.53
58210		A	A	090	Y	B	Y	D	N	1,376.40	1,376.40
58240		A	A	090	Y	N	Y	D	N	2,181.16	2,181.16
58260		A	A	090	Y	N	Y	D	N	594.22	594.22
58262		A	A	090	Y	N	Y	Y	N	661.46	661.46
58263		A	A	090	Y	N	Y	Y	N	712.08	712.08
58267		A	A	090	Y	N	Y	D	N	756.47	756.47
58270		A	A	090	Y	N	Y	D	N	636.02	636.02
58275		A	A	090	Y	N	Y	D	N	707.93	707.93
58280		A	A	090	Y	N	Y	D	N	753.62	753.62
58285		A	A	090	Y	N	Y	D	N	1,082.79	1,082.79
58290		A	A	090	Y	N	Y	D	N	827.86	827.86
58291		A	A	090	Y	N	Y	Y	N	906.78	906.78
58292		A	A	090	Y	N	Y	Y	N	940.53	940.53
58293		A	A	090	Y	N	Y	D	N	980.77	980.77
58294		A	A	090	Y	N	Y	D	N	873.81	873.81
58300		A	N	XXX	N	N	N	N	N	39.46	56.07
58301		A	A	000	Y	N	D	N	N	48.80	66.46
58321		Not Covered	A	000	Y	N	D	N	N	35.31	53.48
58322		Not Covered	A	000	Y	N	D	N	N	42.31	60.49
58323		Not Covered	A	000	Y	N	D	N	N	9.09	10.90
58340		A	A	000	Y	N	N	N	N	41.02	103.84
58345		A	A	010	Y	Y	Y	Y	N	200.15	200.15
58346		A	A	090	Y	N	N	N	N	329.17	329.17
58350		Not Covered	A	010	Y	Y	N	N	N	57.37	73.73
58353		A	A	010	Y	N	N	Y	N	157.58	642.25
58356		A	A	010	Y	N	Y	Y	N	251.29	1,192.34
58400		A	A	090	Y	N	Y	D	N	318.53	318.53
58410		A	A	090	Y	N	Y	D	N	576.57	576.57
58520		A	A	090	Y	N	Y	D	N	564.11	564.11
58540		A	A	090	Y	N	Y	N	N	651.08	651.08
58541		A	A	090	Y	N	Y	Y	N	514.27	514.27
58542		A	A	090	Y	N	Y	Y	N	590.07	590.07
58543		A	A	090	Y	N	Y	Y	N	594.74	594.74
58544		A	A	090	Y	N	Y	Y	N	647.96	647.96
58545		A	A	090	Y	N	Y	Y	N	652.37	652.37
58546		A	A	090	Y	N	Y	Y	N	803.72	803.72
58548		A	A	090	Y	B	Y	Y	N	1,416.90	1,416.90
58550		A	A	090	Y	N	Y	Y	N	631.09	631.09
58552		A	A	090	Y	N	Y	Y	N	713.38	713.38
58553		A	A	090	Y	N	Y	Y	N	808.39	808.39
58554		A	A	090	Y	N	Y	Y	N	959.48	959.48
58555		A	A	000	Y	N	D	Y	N	110.33	200.41
58558		A	A	000	Y	N	N	Y	N	168.74	885.76
58559		A	A	000	Y	N	N	Y	N	208.98	208.98
58560		A	A	000	Y	N	Y	Y	N	227.93	227.93
58561		A	A	000	Y	N	D	Y	N	261.68	261.68
58562		A	A	000	Y	N	N	Y	N	161.21	251.29
58563		A	A	000	Y	N	D	Y	N	179.38	1,139.38
58565		A	A	090	Y	B	N	Y	N	311.78	1,188.19
58570		A	A	090	Y	N	Y	Y	N	569.04	569.04

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
58571		A	A	090	Y	N	Y	Y	N	659.64	659.64
58572		A	A	090	Y	N	Y	Y	N	748.95	748.95
58573		A	A	090	Y	N	Y	Y	N	896.40	896.40
58575		A	A	090	Y	B	Y	Y	N	1,394.05	1,394.05
58578		Unlstd/Manual	C	YYY	Y	Y	Y	D	D	-	-
58579		Unlstd/Manual	C	YYY	Y	Y	Y	D	D	-	-
58600		A	A	090	Y	B	Y	D	N	259.60	259.60
58605		A	A	090	Y	B	Y	N	N	234.68	234.68
58611		A	A	ZZZ	N	N	Y	N	N	55.55	55.55
58615		A	A	010	Y	N	Y	N	N	174.19	174.19
58660		A	A	090	Y	N	Y	Y	N	489.09	489.09
58661		A	A	010	Y	Y	Y	Y	N	259.60	259.60
58662		A	A	090	Y	N	Y	Y	N	514.27	514.27
58670		A	A	090	Y	N	N	Y	N	259.60	259.60
58671		A	A	090	Y	N	N	Y	N	259.86	259.86
58672		A	A	090	Y	Y	Y	N	N	525.43	525.43
58673		A	A	090	Y	Y	Y	N	N	569.04	569.04
58674		Not Covered	A	090	Y	N	Y	Y	N	583.06	583.06
58679		Unlstd/Manual	C	YYY	Y	Y	Y	D	D	-	-
58700		A	A	090	Y	B	Y	D	N	568.78	568.78
58720		A	A	090	Y	B	Y	D	N	543.34	543.34
58740		A	A	090	Y	N	Y	D	N	650.82	650.82
58750		Not Covered	A	090	Y	Y	Y	D	N	646.14	646.14
58752		A	A	090	Y	Y	Y	N	N	644.59	644.59
58760		A	A	090	Y	Y	Y	D	N	580.47	580.47
58770		A	A	090	Y	Y	Y	N	N	611.62	611.62
58800		A	A	090	Y	B	N	N	N	212.87	230.78
58805		A	A	090	Y	B	Y	D	N	290.75	290.75
58820		A	A	090	Y	Y	Y	N	N	224.29	224.29
58822		A	A	090	Y	Y	Y	D	N	499.47	499.47
58825		A	A	090	Y	N	Y	D	N	496.36	496.36
58900		A	A	090	Y	B	Y	D	N	296.20	296.20
58920		A	A	090	Y	B	Y	D	N	502.07	502.07
58925		A	A	090	Y	B	Y	D	N	545.42	545.42
58940		A	A	090	Y	B	Y	D	N	387.58	387.58
58943		A	A	090	Y	N	Y	D	N	878.49	878.49
58950		A	A	090	Y	B	Y	D	N	844.74	844.74
58951		A	A	090	Y	B	Y	D	N	1,084.87	1,084.87
58952		A	A	090	Y	B	Y	D	N	1,230.24	1,230.24
58953		A	A	090	Y	B	Y	D	N	1,518.92	1,518.92
58954		A	A	090	Y	B	Y	D	N	1,651.06	1,651.06
58956		A	A	090	Y	B	Y	D	N	1,027.24	1,027.24
58957		A	A	090	Y	B	Y	D	N	1,191.04	1,191.04
58958		A	A	090	Y	B	Y	D	N	1,320.07	1,320.07
58960		A	A	090	Y	N	Y	D	N	724.80	724.80
58970		Not Covered	A	000	Y	N	D	N	N	142.78	160.69
58974		Not Covered	C	000	Y	N	Y	D	N	-	-
58976		Not Covered	A	000	Y	N	Y	D	N	153.94	176.01
58999		Unlstd/Manual	C	YYY	Y	N	N	D	D	-	-
59000		A	A	000	Y	N	N	N	N	60.49	87.23
59001		A	A	000	Y	N	N	N	N	134.47	134.47
59012		A	A	000	Y	N	D	N	N	152.39	152.39

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
59015		A	A	000	Y	N	D	N	N	98.65	114.22
59020	26	A	A	000	N	N	D	N	N	27.52	27.52
59020	TC	A	A	000	N	N	D	N	N	20.77	20.77
59020		A	A	000	N	N	D	N	N	48.55	48.55
59025	26	A	A	000	N	N	D	N	N	22.33	22.33
59025	TC	A	A	000	N	N	D	N	N	11.68	11.68
59025		A	A	000	N	N	D	N	N	34.01	34.01
59030		A	A	000	Y	N	D	N	N	85.41	85.41
59050		Not Covered	A	XXX	N	N	D	N	N	38.42	38.42
59051		Not Covered	A	XXX	N	N	D	N	N	31.93	31.93
59070		A	A	000	Y	N	Y	N	N	233.38	291.27
59072		A	A	000	Y	N	N	N	N	394.59	394.59
59074		A	A	000	Y	N	Y	N	N	233.38	281.93
59076		A	A	000	Y	N	Y	N	N	394.59	394.59
59100		A	A	090	Y	N	Y	D	N	627.19	627.19
59120		A	A	090	Y	N	Y	D	N	596.82	596.82
59121		A	A	090	Y	N	Y	D	N	597.86	597.86
59130		A	A	090	Y	N	D	N	N	698.58	698.58
59135		A	A	090	Y	N	D	N	N	690.02	690.02
59136		A	A	090	Y	N	Y	N	N	661.46	661.46
59140		A	A	090	Y	N	Y	N	N	298.54	298.54
59150		A	A	090	Y	N	Y	N	N	578.65	578.65
59151		A	A	090	Y	N	Y	N	N	563.33	563.33
59160		A	A	010	Y	N	D	N	N	131.88	156.54
59200		A	A	000	Y	N	N	N	N	34.01	54.78
59300		A	A	000	Y	N	D	N	N	110.59	144.34
59320		A	A	000	Y	N	D	N	N	113.70	113.70
59325		A	A	000	Y	N	D	N	N	181.72	181.72
59350		A	A	000	Y	N	Y	N	N	212.35	212.35
59400		Not Covered	A	MMM	Y	N	N	N	N	2,211.95	2,211.95
59409		A	A	MMM	Y	N	D	N	N	872.93	872.93
59410		A	A	MMM	Y	N	N	N	N	1,114.30	1,114.30
59412		A	A	MMM	N	N	D	N	N	109.58	109.58
59414		A	A	MMM	Y	N	D	N	N	99.21	99.21
59425		Not Covered	A	MMM	N	N	D	N	N	380.57	475.34
59426		Not Covered	A	MMM	N	N	D	N	N	670.43	845.91
59430		A	A	MMM	Y	N	N	N	N	147.71	198.80
59510		Not Covered	A	MMM	Y	N	N	N	N	2,462.20	2,462.20
59514		A	A	MMM	Y	N	Y	D	N	985.47	985.47
59515		A	A	MMM	Y	N	N	N	N	1,356.78	1,356.78
59525		A	A	ZZZ	N	N	Y	D	N	367.33	367.33
59610		Not Covered	A	MMM	Y	N	D	N	N	2,328.19	2,328.19
59612		A	A	MMM	Y	N	D	N	N	988.43	988.43
59614		A	A	MMM	Y	N	D	N	N	1,222.03	1,222.03
59618		Not Covered	A	MMM	Y	N	D	N	N	2,496.63	2,496.63
59620		A	A	MMM	Y	N	Y	N	N	1,013.24	1,013.24
59622		A	A	MMM	Y	N	D	N	N	1,397.88	1,397.88
59812		A	A	090	Y	N	N	N	N	220.40	237.79
59820		A	A	090	Y	N	N	N	N	264.27	281.93
59821		A	A	090	Y	N	D	N	N	264.79	284.00
59830		A	A	090	Y	N	D	N	N	327.62	327.62
59840		A	R	010	Y	N	D	N	N	221.38	234.71

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
59841		A	R	010	Y	N	D	N	N	385.38	410.18
59850		A	R	090	Y	N	D	N	N	361.32	361.32
59851		A	R	090	Y	N	D	N	N	386.49	386.49
59852		A	R	090	Y	N	D	N	N	529.76	529.76
59855		A	R	090	Y	N	D	N	N	441.65	441.65
59856		A	R	090	Y	N	D	N	N	520.87	520.87
59857		A	R	090	Y	N	D	N	N	538.27	538.27
59866		Not Covered	R	000	Y	N	Y	D	N	156.28	156.28
59870		A	A	090	Y	N	Y	N	N	356.17	356.17
59871		A	A	000	Y	N	D	N	N	98.91	98.91
59897		Unlstd/Manual	C	YYY	Y	N	N	N	N	-	-
59898		Unlstd/Manual	C	YYY	Y	Y	Y	D	D	-	-
59899		Unlstd/Manual	C	YYY	Y	N	Y	D	D	-	-
60000		A	A	010	Y	N	D	N	N	106.18	117.86
60100		A	A	000	Y	N	N	N	N	57.89	78.66
60200		A	A	090	Y	N	Y	D	N	482.60	482.60
60210		A	A	090	Y	N	Y	D	N	519.98	519.98
60212		A	A	090	Y	N	Y	D	N	744.27	744.27
60220		A	A	090	Y	N	Y	D	N	517.12	517.12
60225		A	A	090	Y	N	Y	D	N	681.97	681.97
60240		A	A	090	Y	N	Y	D	N	678.33	678.33
60252		A	A	090	Y	N	Y	D	N	975.58	975.58
60254		A	A	090	Y	N	Y	D	N	1,234.66	1,234.66
60260		A	A	090	Y	Y	Y	D	N	806.06	806.06
60270		A	A	090	Y	N	Y	D	N	1,015.56	1,015.56
60271		A	A	090	Y	N	Y	D	N	780.36	780.36
60280		A	A	090	Y	N	Y	D	N	315.67	315.67
60281		A	A	090	Y	N	Y	D	N	421.33	421.33
60300		A	A	000	Y	N	N	N	N	36.86	77.62
60500		A	A	090	Y	N	Y	D	N	714.68	714.68
60502		A	A	090	Y	N	Y	D	N	959.22	959.22
60505		A	A	090	Y	N	Y	D	N	1,029.05	1,029.05
60512		A	A	ZZZ	N	N	Y	D	N	183.28	183.28
60520		A	A	090	Y	N	Y	D	N	780.62	780.62
60521		A	A	090	Y	N	Y	D	N	842.40	842.40
60522		A	A	090	Y	N	Y	D	N	1,027.50	1,027.50
60540		A	A	090	Y	Y	Y	D	N	793.60	793.60
60545		A	A	090	Y	Y	Y	D	N	910.42	910.42
60600		A	A	090	Y	N	Y	D	N	1,035.03	1,035.03
60605		A	A	090	Y	N	Y	D	N	1,269.96	1,269.96
60650		A	A	090	Y	Y	Y	D	N	890.95	890.95
60659		Unlstd/Manual	C	YYY	Y	Y	Y	N	N	-	-
60699		Unlstd/Manual	C	YYY	Y	N	Y	D	D	-	-
61000		A	A	000	Y	B	N	N	N	82.55	82.55
61001		A	A	000	Y	B	N	N	N	82.81	82.81
61020		A	A	000	Y	N	N	N	N	73.47	73.47
61026		A	A	000	Y	N	N	N	N	77.62	77.62
61050		A	A	000	Y	N	D	N	N	61.78	61.78
61055		A	A	000	N	N	N	N	N	93.46	93.46
61070		A	A	000	Y	N	N	N	N	41.28	41.28
61105		A	A	090	Y	N	D	N	N	346.57	346.57
61107		A	A	000	N	N	N	N	N	245.32	245.32

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
61108		A	A	090	Y	N	N	N	N	671.59	671.59
61120		A	A	090	Y	N	D	N	N	563.59	563.59
61140		A	A	090	Y	N	Y	N	N	964.41	964.41
61150		A	A	090	Y	N	N	D	N	1,045.41	1,045.41
61151		A	A	090	Y	N	N	N	N	762.96	762.96
61154		A	A	090	Y	Y	Y	D	N	967.53	967.53
61156		A	A	090	Y	N	Y	D	N	958.96	958.96
61210		A	A	000	Y	N	N	N	N	290.23	290.23
61215		A	A	090	Y	N	N	D	N	380.57	380.57
61250		A	A	090	Y	Y	Y	D	N	657.05	657.05
61253		A	A	090	Y	B	Y	N	N	753.10	753.10
61304		A	A	090	Y	N	Y	D	N	1,264.51	1,264.51
61305		A	A	090	Y	N	Y	D	N	1,542.02	1,542.02
61312		A	A	090	Y	N	Y	D	N	1,604.85	1,604.85
61313		A	A	090	Y	N	Y	D	N	1,524.11	1,524.11
61314		A	A	090	Y	N	Y	D	N	1,396.91	1,396.91
61315		A	A	090	Y	N	Y	D	N	1,589.53	1,589.53
61316		A	A	ZZZ	N	N	N	N	N	69.57	69.57
61320		A	A	090	Y	N	Y	D	N	1,461.55	1,461.55
61321		A	A	090	Y	N	Y	D	N	1,619.90	1,619.90
61322		A	A	090	Y	N	Y	D	N	1,837.71	1,837.71
61323		A	A	090	Y	N	Y	D	N	1,842.64	1,842.64
61330		A	A	090	Y	Y	Y	D	N	1,369.91	1,369.91
61333		A	A	090	Y	Y	Y	D	N	1,574.47	1,574.47
61340		A	A	090	Y	Y	Y	D	N	1,079.68	1,079.68
61343		A	A	090	Y	N	Y	D	N	1,686.62	1,686.62
61345		A	A	090	Y	N	Y	D	N	1,569.80	1,569.80
61450		A	A	090	Y	N	Y	D	N	1,472.97	1,472.97
61458		A	A	090	Y	N	Y	D	N	1,549.03	1,549.03
61460		A	A	090	Y	N	Y	Y	N	1,625.87	1,625.87
61500		A	A	090	Y	N	Y	D	N	989.08	989.08
61501		A	A	090	Y	N	Y	D	N	853.56	853.56
61510		A	A	090	Y	N	Y	D	N	1,681.69	1,681.69
61512		A	A	090	Y	N	Y	D	N	1,972.70	1,972.70
61514		A	A	090	Y	N	Y	D	N	1,471.15	1,471.15
61516		A	A	090	Y	N	Y	D	N	1,429.36	1,429.36
61517		A	A	ZZZ	N	N	N	N	N	69.31	69.31
61518		A	A	090	Y	N	Y	D	N	2,135.99	2,135.99
61519		A	A	090	Y	N	Y	D	N	2,293.83	2,293.83
61520		A	A	090	Y	N	Y	Y	N	2,910.64	2,910.64
61521		A	A	090	Y	N	Y	D	N	2,481.26	2,481.26
61522		A	A	090	Y	N	Y	D	N	1,650.54	1,650.54
61524		A	A	090	Y	N	Y	D	N	1,601.73	1,601.73
61526		A	A	090	Y	N	N	Y	N	2,557.58	2,557.58
61530		A	A	090	Y	N	N	Y	N	2,416.10	2,416.10
61531		A	A	090	Y	N	Y	Y	N	916.39	916.39
61533		A	A	090	Y	N	Y	D	N	1,166.90	1,166.90
61534		A	A	090	Y	N	Y	D	N	1,238.55	1,238.55
61535		A	A	090	Y	N	Y	D	N	757.51	757.51
61536		A	A	090	Y	N	Y	D	N	1,983.86	1,983.86
61537		A	A	090	Y	N	Y	D	N	1,917.15	1,917.15
61538		A	A	090	Y	N	Y	D	N	2,071.35	2,071.35

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
61539		A	A	090	Y	N	Y	D	N	1,840.30	1,840.30
61540		A	A	090	Y	N	Y	D	N	1,655.73	1,655.73
61541		A	A	090	Y	N	Y	D	N	1,650.28	1,650.28
61543		A	A	090	Y	N	Y	D	N	1,612.12	1,612.12
61544		A	A	090	Y	N	Y	N	N	1,477.12	1,477.12
61545		A	A	090	Y	N	Y	D	N	2,452.96	2,452.96
61546		A	A	090	Y	N	Y	D	N	1,777.48	1,777.48
61548		A	A	090	Y	N	Y	Y	N	1,198.83	1,198.83
61550		A	A	090	Y	N	Y	D	N	815.92	815.92
61552		A	A	090	Y	N	Y	D	N	1,140.68	1,140.68
61556		A	A	090	Y	N	Y	D	N	1,319.81	1,319.81
61557		A	A	090	Y	N	Y	D	N	1,296.44	1,296.44
61558		A	A	090	Y	N	Y	D	N	1,454.02	1,454.02
61559		A	A	090	Y	N	Y	D	N	1,723.22	1,723.22
61563		A	A	090	Y	N	Y	D	N	1,511.39	1,511.39
61564		A	A	090	Y	Y	Y	D	N	1,873.27	1,873.27
61566		A	A	090	Y	N	Y	D	N	1,702.98	1,702.98
61567		A	A	090	Y	N	Y	D	N	1,907.80	1,907.80
61570		A	A	090	Y	N	Y	D	N	1,431.95	1,431.95
61571		A	A	090	Y	N	Y	D	N	1,501.53	1,501.53
61575		A	A	090	Y	N	Y	D	N	1,944.92	1,944.92
61576		A	A	090	Y	N	Y	D	N	3,139.86	3,139.86
61580		A	A	090	Y	Y	N	D	Y	1,774.63	1,774.63
61581		A	A	090	Y	Y	N	Y	Y	1,903.65	1,903.65
61582		A	A	090	Y	N	Y	D	Y	2,263.45	2,263.45
61583		A	A	090	Y	N	Y	D	Y	2,184.27	2,184.27
61584		A	A	090	Y	Y	Y	D	Y	2,170.00	2,170.00
61585		A	A	090	Y	Y	Y	D	Y	2,481.26	2,481.26
61586		A	A	090	Y	N	Y	D	Y	1,792.02	1,792.02
61590		A	A	090	Y	Y	Y	D	Y	2,245.28	2,245.28
61591		A	A	090	Y	Y	Y	D	Y	2,278.51	2,278.51
61592		A	A	090	Y	Y	Y	D	Y	2,405.45	2,405.45
61595		A	A	090	Y	Y	N	D	Y	1,733.61	1,733.61
61596		A	A	090	Y	Y	Y	D	Y	1,770.73	1,770.73
61597		A	A	090	Y	Y	Y	D	Y	2,229.44	2,229.44
61598		A	A	090	Y	N	Y	D	Y	2,147.41	2,147.41
61600		A	A	090	Y	N	Y	D	Y	1,557.34	1,557.34
61601		A	A	090	Y	N	Y	D	Y	1,807.85	1,807.85
61605		A	A	090	Y	N	Y	D	Y	1,563.57	1,563.57
61606		A	A	090	Y	N	Y	D	Y	2,227.89	2,227.89
61607		A	A	090	Y	N	Y	D	Y	2,004.11	2,004.11
61608		A	A	090	Y	N	Y	D	Y	2,503.32	2,503.32
61611		A	A	ZZZ	N	N	Y	D	Y	371.23	371.23
61613		A	A	090	Y	Y	Y	D	Y	2,542.78	2,542.78
61615		A	A	090	Y	N	Y	D	Y	2,121.71	2,121.71
61616		A	A	090	Y	N	Y	D	Y	2,528.76	2,528.76
61618		A	A	090	Y	N	Y	D	Y	975.84	975.84
61619		A	A	090	Y	N	Y	D	Y	1,070.07	1,070.07
61623		A	A	000	Y	N	N	N	N	437.69	437.69
61624		A	A	000	Y	N	N	N	N	888.61	888.61
61626		A	A	000	Y	N	N	N	N	665.10	665.10
61630		Not Covered	R	XXX	Y	N	Y	D	N	1,063.84	1,063.84

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
61635		Not Covered	R	XXX	Y	N	Y	D	N	1,111.61	1,111.61
61640		Not Covered	N	000	N	N	N	N	N	376.68	376.68
61641		Not Covered	N	ZZZ	N	N	N	N	N	132.14	132.14
61642		Not Covered	N	ZZZ	N	N	N	N	N	264.53	264.53
61645	A	A	A	000	N	Y	D	N	N	638.10	638.10
61650	A	A	A	000	Y	N	N	N	N	423.67	423.67
61651	A	A	A	ZZZ	N	N	N	N	N	184.84	184.84
61680	A	A	A	090	Y	N	Y	D	N	1,739.32	1,739.32
61682	A	A	A	090	Y	N	Y	D	N	3,287.06	3,287.06
61684	A	A	A	090	Y	N	Y	D	N	2,194.66	2,194.66
61686	A	A	A	090	Y	N	Y	D	N	3,648.94	3,648.94
61690	A	A	A	090	Y	N	Y	D	N	1,674.16	1,674.16
61692	A	A	A	090	Y	N	Y	D	N	2,892.98	2,892.98
61697	A	A	A	090	Y	N	Y	D	N	3,336.38	3,336.38
61698	A	A	A	090	Y	N	Y	D	N	3,741.61	3,741.61
61700	A	A	A	090	Y	N	Y	D	N	2,668.43	2,668.43
61702	A	A	A	090	Y	N	Y	D	N	3,134.41	3,134.41
61703	A	A	A	090	Y	N	Y	D	N	1,016.85	1,016.85
61705	A	A	A	090	Y	N	Y	D	N	1,924.16	1,924.16
61708	A	A	A	090	Y	N	Y	N	N	1,989.06	1,989.06
61710	A	A	A	090	Y	N	D	N	N	1,675.46	1,675.46
61711	A	A	A	090	Y	N	Y	D	N	1,999.96	1,999.96
61720	A	A	A	090	Y	N	N	N	N	979.21	979.21
61735	A	A	A	090	Y	N	N	D	N	1,229.98	1,229.98
61750	A	A	A	090	Y	N	N	D	N	1,088.24	1,088.24
61751	A	A	A	090	Y	N	N	D	N	1,058.65	1,058.65
61760	A	A	A	090	Y	N	N	Y	N	1,211.29	1,211.29
61770	A	A	A	090	Y	N	N	D	N	1,258.80	1,258.80
61781	A	A	A	ZZZ	N	N	D	N	N	185.35	185.35
61782	A	A	A	ZZZ	N	N	D	N	N	128.76	128.76
61783	A	A	A	ZZZ	N	N	D	N	N	179.90	179.90
61790	A	A	A	090	Y	Y	N	N	N	670.81	670.81
61791	A	A	A	090	Y	Y	D	N	N	864.73	864.73
61796	A	A	A	090	N	N	Y	N	N	778.02	778.02
61797	A	A	A	ZZZ	N	N	Y	N	N	173.15	173.15
61798	A	A	A	090	N	N	Y	N	N	1,066.96	1,066.96
61799	A	A	A	ZZZ	N	N	Y	N	N	240.13	240.13
61800	A	A	A	ZZZ	N	N	Y	N	N	119.42	119.42
61850	A	A	A	090	Y	N	Y	N	N	731.81	731.81
61860	A	A	A	090	Y	N	Y	N	N	1,203.51	1,203.51
61863	A	A	A	090	Y	Y	Y	D	N	1,151.33	1,151.33
61864	A	A	A	ZZZ	N	N	Y	D	N	223.52	223.52
61867	A	A	A	090	Y	Y	Y	D	N	1,763.46	1,763.46
61868	A	A	A	ZZZ	N	N	Y	D	N	393.55	393.55
61870	A	A	A	090	Y	N	Y	D	N	911.97	911.97
61880	A	A	A	090	Y	Y	Y	D	N	428.60	428.60
61885	A	A	A	090	Y	Y	D	N	N	381.35	381.35
61886	A	A	A	090	Y	N	D	N	N	632.65	632.65
61888	A	A	A	010	Y	Y	N	N	N	300.36	300.36
62000	A	A	A	090	Y	N	N	N	N	790.22	790.22
62005	A	A	A	090	Y	N	Y	D	N	956.37	956.37
62010	A	A	A	090	Y	N	Y	D	N	1,172.09	1,172.09

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
62100		A	A	090	Y	N	Y	D	N	1,212.85	1,212.85
62115		A	A	090	Y	N	Y	D	N	1,288.39	1,288.39
62117		A	A	090	Y	N	Y	D	N	1,526.71	1,526.71
62120		A	A	090	Y	N	Y	D	N	1,586.16	1,586.16
62121		A	A	090	Y	N	Y	D	N	1,167.94	1,167.94
62140		A	A	090	Y	N	Y	D	N	778.54	778.54
62141		A	A	090	Y	N	Y	D	N	863.43	863.43
62142		A	A	090	Y	N	Y	N	N	668.73	668.73
62143		A	A	090	Y	N	Y	D	N	791.52	791.52
62145		A	A	090	Y	N	Y	D	N	1,073.97	1,073.97
62146		A	A	090	Y	N	Y	D	N	889.39	889.39
62147		A	A	090	Y	N	Y	D	N	1,096.81	1,096.81
62148		A	A	ZZZ	N	N	N	N	N	99.69	99.69
62160		A	A	ZZZ	N	N	N	N	N	150.05	150.05
62161		A	A	090	Y	N	Y	D	N	1,156.78	1,156.78
62162		A	A	090	Y	N	Y	D	N	1,455.32	1,455.32
62163		A	A	090	Y	N	Y	D	N	887.57	887.57
62164		A	A	090	Y	N	Y	D	N	1,602.77	1,602.77
62165		A	A	090	Y	N	D	D	N	1,158.08	1,158.08
62180		A	A	090	Y	N	Y	N	N	1,238.03	1,238.03
62190		A	A	090	Y	N	N	D	N	706.11	706.11
62192		A	A	090	Y	N	Y	D	N	744.01	744.01
62194		A	A	010	Y	N	D	N	N	362.92	362.92
62200		A	A	090	Y	N	Y	D	N	1,057.35	1,057.35
62201		A	A	090	Y	N	N	N	N	922.62	922.62
62220		A	A	090	Y	N	Y	D	N	764.26	764.26
62223		A	A	090	Y	N	Y	D	N	787.37	787.37
62225		A	A	090	Y	N	N	N	N	394.07	394.07
62230		A	A	090	Y	N	Y	D	N	638.62	638.62
62252	26	A	A	XXX	N	N	D	N	N	35.82	35.82
62252	TC	A	A	XXX	N	N	D	N	N	22.07	22.07
62252		A	A	XXX	N	N	D	N	N	57.89	57.89
62256		A	A	090	Y	N	Y	N	N	451.18	451.18
62258		A	A	090	Y	N	Y	D	N	850.19	850.19
62263		A	A	010	Y	N	N	N	N	221.70	403.94
62264		A	A	010	Y	N	N	N	N	173.93	292.57
62267		A	A	000	Y	N	D	N	N	115.52	177.57
62268		A	A	000	Y	N	N	N	N	187.69	187.69
62269		A	A	000	Y	N	D	N	N	193.92	193.92
62270		A	A	000	Y	N	N	N	N	56.59	100.98
62272		A	A	000	Y	N	N	N	N	62.04	132.40
62273		A	A	000	Y	N	N	N	N	82.81	119.94
62280		A	A	010	Y	N	N	N	N	120.97	225.33
62281		A	A	010	Y	N	N	N	N	114.48	166.92
62282		A	A	010	Y	N	N	N	N	103.84	203.27
62284		A	A	000	Y	N	N	N	N	64.64	132.92
62287		A	A	090	Y	N	N	N	N	419.25	419.25
62290		A	A	000	Y	N	N	N	N	121.23	228.19
62291		A	A	000	Y	N	N	N	N	117.08	219.88
62292		A	A	090	Y	N	D	N	N	408.61	408.61
62294		A	A	090	Y	N	N	N	N	728.18	728.18
62302		A	A	000	Y	N	N	N	N	88.78	169.52

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
62303		A	A	000	Y	N	N	N	N	88.78	172.89
62304		A	A	000	Y	N	N	N	N	87.49	167.18
62305		A	A	000	Y	N	N	N	N	91.12	181.20
62320		A	A	000	Y	N	N	N	N	71.91	112.67
62321		A	A	000	Y	N	N	N	N	77.36	169.00
62322		A	A	000	Y	N	N	N	N	62.04	104.36
62323		A	A	000	Y	N	N	N	N	71.65	166.66
62324		A	A	000	Y	N	N	N	N	66.46	100.21
62325		A	A	000	Y	N	N	N	N	78.66	158.62
62326		A	A	000	Y	N	N	N	N	65.16	103.32
62327		A	A	000	Y	N	N	N	N	70.87	157.84
62350		A	A	010	Y	N	N	D	N	291.53	291.53
62351		A	A	090	Y	N	Y	Y	N	635.24	635.24
62355		A	A	010	Y	N	D	N	N	193.66	193.66
62360		A	A	010	Y	N	D	D	N	230.52	230.52
62361		A	A	010	Y	N	D	D	N	318.79	318.79
62362		A	A	010	Y	N	D	D	N	279.85	279.85
62365		A	A	010	Y	N	D	N	N	214.69	214.69
62367		A	A	XXX	N	N	N	N	N	18.17	27.52
62368		A	A	XXX	N	N	N	N	N	25.70	38.16
62369		A	A	XXX	N	N	N	N	N	25.70	77.62
62370		A	A	XXX	N	N	N	N	N	33.75	81.25
62380	Not Covered		C	090	Y	Y	Y	Y	N	-	-
63001		A	A	090	Y	N	Y	Y	N	939.75	939.75
63003		A	A	090	Y	N	Y	Y	N	936.12	936.12
63005		A	A	090	Y	N	Y	Y	N	891.21	891.21
63011		A	A	090	Y	N	Y	Y	N	811.25	811.25
63012		A	A	090	Y	N	Y	Y	N	896.40	896.40
63015		A	A	090	Y	N	Y	Y	N	1,125.37	1,125.37
63016		A	A	090	Y	N	Y	Y	N	1,156.26	1,156.26
63017		A	A	090	Y	N	Y	Y	N	952.47	952.47
63020		A	A	090	Y	Y	Y	Y	N	868.36	868.36
63030		A	A	090	Y	Y	Y	Y	N	722.99	722.99
63035		A	A	ZZZ	N	Y	Y	Y	N	146.67	146.67
63040		A	A	090	Y	Y	Y	Y	N	1,047.75	1,047.75
63042		A	A	090	Y	Y	Y	Y	N	968.05	968.05
63043		C	C	ZZZ	N	Y	Y	Y	N	-	-
63044		C	C	ZZZ	N	Y	Y	Y	N	-	-
63045		A	A	090	Y	B	Y	Y	N	968.57	968.57
63046		A	A	090	Y	B	Y	Y	N	919.76	919.76
63047		A	A	090	Y	B	Y	Y	N	821.37	821.37
63048		A	A	ZZZ	N	N	Y	Y	N	161.99	161.99
63050		A	A	090	Y	N	Y	Y	N	1,124.07	1,124.07
63051		A	A	090	Y	N	Y	Y	N	1,286.84	1,286.84
63055		A	A	090	Y	N	Y	D	N	1,239.85	1,239.85
63056		A	A	090	Y	N	Y	D	N	1,121.99	1,121.99
63057		A	A	ZZZ	N	N	Y	D	N	244.80	244.80
63064		A	A	090	Y	N	Y	D	N	1,354.07	1,354.07
63066		A	A	ZZZ	N	N	Y	D	N	160.95	160.95
63075		A	A	090	Y	N	Y	Y	N	1,014.78	1,014.78
63076		A	A	ZZZ	N	N	Y	Y	N	189.51	189.51
63077		A	A	090	Y	N	Y	Y	N	1,147.69	1,147.69

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
63078		A	A	ZZZ	N	N	Y	Y	N	161.73	161.73
63081		A	A	090	Y	N	Y	D	Y	1,327.08	1,327.08
63082		A	A	ZZZ	N	N	Y	D	Y	204.05	204.05
63085		A	A	090	Y	N	Y	Y	Y	1,456.62	1,456.62
63086		A	A	ZZZ	N	N	Y	Y	Y	146.67	146.67
63087		A	A	090	Y	N	Y	Y	Y	1,833.81	1,833.81
63088		A	A	ZZZ	N	N	Y	Y	Y	197.56	197.56
63090		A	A	090	Y	N	Y	Y	Y	1,471.15	1,471.15
63091		A	A	ZZZ	N	N	Y	Y	Y	134.99	134.99
63101		A	A	090	Y	N	Y	D	N	1,768.91	1,768.91
63102		A	A	090	Y	N	Y	D	N	1,712.84	1,712.84
63103		A	A	ZZZ	N	N	Y	D	N	226.63	226.63
63170		A	A	090	Y	N	Y	D	N	1,216.23	1,216.23
63172		A	A	090	Y	N	Y	D	N	1,055.53	1,055.53
63173		A	A	090	Y	N	Y	D	N	1,312.80	1,312.80
63180		A	A	090	Y	N	Y	D	N	1,076.82	1,076.82
63182		A	A	090	Y	N	Y	D	N	1,127.44	1,127.44
63185		A	A	090	Y	N	Y	D	N	853.56	853.56
63190		A	A	090	Y	N	Y	D	N	913.79	913.79
63191		A	A	090	Y	Y	Y	D	N	1,061.50	1,061.50
63194		A	A	090	Y	N	Y	D	N	1,231.28	1,231.28
63195		A	A	090	Y	N	Y	D	N	1,187.15	1,187.15
63196		A	A	090	Y	N	Y	D	N	1,379.77	1,379.77
63197		A	A	090	Y	N	Y	D	N	1,183.00	1,183.00
63198		A	A	090	Y	N	Y	D	N	1,623.02	1,623.02
63199		A	A	090	Y	N	Y	D	N	1,702.46	1,702.46
63200		A	A	090	Y	N	Y	N	N	1,168.20	1,168.20
63250		A	A	090	Y	N	Y	D	N	2,254.63	2,254.63
63251		A	A	090	Y	N	Y	D	N	2,367.29	2,367.29
63252		A	A	090	Y	N	Y	D	N	2,350.16	2,350.16
63265		A	A	090	Y	N	Y	D	N	1,271.26	1,271.26
63266		A	A	090	Y	N	Y	D	N	1,313.84	1,313.84
63267		A	A	090	Y	N	Y	D	N	1,032.17	1,032.17
63268		A	A	090	Y	N	Y	D	N	1,070.59	1,070.59
63270		A	A	090	Y	N	Y	D	N	1,588.23	1,588.23
63271		A	A	090	Y	N	Y	D	N	1,588.23	1,588.23
63272		A	A	090	Y	N	Y	D	N	1,443.38	1,443.38
63273		A	A	090	Y	N	Y	N	N	1,430.66	1,430.66
63275		A	A	090	Y	N	Y	D	N	1,376.92	1,376.92
63276		A	A	090	Y	N	Y	D	N	1,368.09	1,368.09
63277		A	A	090	Y	N	Y	D	N	1,179.62	1,179.62
63278		A	A	090	Y	N	Y	D	N	1,211.55	1,211.55
63280		A	A	090	Y	N	Y	D	N	1,628.47	1,628.47
63281		A	A	090	Y	N	Y	D	N	1,608.22	1,608.22
63282		A	A	090	Y	N	Y	D	N	1,512.95	1,512.95
63283		A	A	090	Y	N	Y	D	N	1,450.90	1,450.90
63285		A	A	090	Y	N	Y	D	N	2,028.00	2,028.00
63286		A	A	090	Y	N	Y	D	N	1,995.03	1,995.03
63287		A	A	090	Y	N	Y	D	N	2,113.14	2,113.14
63290		A	A	090	Y	N	Y	D	N	2,144.56	2,144.56
63295		A	A	ZZZ	N	B	Y	Y	N	260.64	260.64
63300		A	A	090	Y	N	Y	D	N	1,401.32	1,401.32

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
63301		A	A	090	Y	N	Y	D	N	1,686.10	1,686.10
63302		A	A	090	Y	N	Y	D	N	1,662.48	1,662.48
63303		A	A	090	Y	N	Y	D	N	1,652.09	1,652.09
63304		A	A	090	Y	N	Y	D	N	1,769.17	1,769.17
63305		A	A	090	Y	N	Y	D	N	1,949.60	1,949.60
63306		A	A	090	Y	N	Y	D	N	1,839.27	1,839.27
63307		A	A	090	Y	N	Y	D	N	1,876.39	1,876.39
63308		A	A	ZZZ	N	N	Y	D	N	250.25	250.25
63600		A	A	090	Y	N	D	N	N	841.10	841.10
63610		A	A	000	Y	N	D	N	N	455.08	455.08
63620		A	A	090	N	N	Y	N	N	862.39	862.39
63621		A	A	ZZZ	N	N	Y	N	N	200.15	200.15
63650		A	A	010	Y	N	N	N	N	297.24	1,057.09
63655		A	A	090	Y	N	Y	D	N	618.37	618.37
63661		A	A	010	Y	N	Y	D	N	235.72	417.96
63662		A	A	090	Y	N	Y	D	N	626.16	626.16
63663		A	A	010	Y	N	Y	D	N	327.62	561.00
63664		A	A	090	Y	N	Y	D	N	649.78	649.78
63685		A	A	010	Y	N	Y	D	N	262.72	262.72
63688		A	A	010	Y	N	N	N	N	271.54	271.54
63700		A	A	090	Y	N	Y	D	N	989.85	989.85
63702		A	A	090	Y	N	Y	D	N	1,094.47	1,094.47
63704		A	A	090	Y	N	Y	D	N	1,204.54	1,204.54
63706		A	A	090	Y	N	Y	D	N	1,337.98	1,337.98
63707		A	A	090	Y	N	Y	D	N	693.39	693.39
63709		A	A	090	Y	N	Y	D	N	825.01	825.01
63710		A	A	090	Y	N	Y	D	N	813.33	813.33
63740		A	A	090	Y	N	Y	D	N	735.97	735.97
63741		A	A	090	Y	N	Y	D	N	507.52	507.52
63744		A	A	090	Y	N	Y	D	N	504.40	504.40
63746		A	A	090	Y	N	D	N	N	445.73	445.73
64400		A	A	000	Y	Y	N	N	N	53.22	93.20
64402		A	A	000	Y	Y	N	N	N	63.34	104.36
64405		A	A	000	Y	Y	N	N	N	39.98	58.41
64408		A	A	000	Y	Y	D	N	N	60.75	81.00
64410		A	A	000	Y	Y	D	N	N	63.08	107.73
64413		A	A	000	Y	Y	N	N	N	59.97	88.00
64415		A	A	000	Y	Y	N	N	N	48.55	82.29
64416		A	A	000	Y	Y	N	N	N	58.93	58.93
64417		A	A	000	Y	Y	N	N	N	51.66	90.60
64418		A	A	000	Y	Y	N	N	N	42.06	65.94
64420		A	A	000	Y	N	N	N	N	48.29	75.54
64421		A	A	000	Y	Y	N	N	N	66.46	106.96
64425		A	A	000	Y	Y	N	N	N	69.05	95.79
64430		A	A	000	Y	Y	N	N	N	58.15	99.17
64435		A	A	000	Y	Y	N	N	N	59.71	96.31
64445		A	A	000	Y	Y	N	N	N	53.48	93.72
64446		A	A	000	Y	Y	N	N	N	58.93	58.93
64447		A	A	000	Y	Y	N	N	N	49.58	84.11
64448		A	A	000	Y	Y	N	N	N	53.22	53.22
64449		A	A	000	Y	Y	N	N	N	63.08	63.08
64450		A	A	000	Y	Y	N	N	N	31.93	52.18

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
64455		A	A	000	Y	Y	D	N	N	25.70	33.75
64461		A	A	000	Y	Y	N	N	N	59.97	96.05
64462		A	A	ZZZ	N	Y	N	N	N	37.90	54.26
64463		A	A	000	Y	Y	N	N	N	62.56	122.79
64479		A	A	000	Y	Y	N	N	N	94.49	165.37
64480		A	A	ZZZ	N	Y	N	N	N	45.95	82.03
64483		A	A	000	Y	Y	N	N	N	79.70	151.87
64484		A	A	ZZZ	N	Y	N	N	N	37.64	66.72
64486		A	A	000	Y	Y	N	N	N	41.80	75.28
64487		A	A	000	Y	Y	N	N	N	48.55	106.96
64488		A	A	000	Y	B	N	N	N	52.44	92.68
64489		A	A	000	Y	B	N	N	N	58.67	156.28
64490		A	A	000	Y	Y	Y	N	N	76.06	128.50
64491		A	A	ZZZ	N	Y	Y	N	N	43.61	65.16
64492		A	A	ZZZ	N	Y	Y	N	N	44.13	65.42
64493		A	A	000	Y	Y	Y	N	N	64.64	116.30
64494		A	A	ZZZ	N	Y	Y	N	N	37.90	60.23
64495		A	A	ZZZ	N	Y	Y	N	N	38.42	60.23
64505		A	A	000	Y	Y	N	N	N	67.76	82.55
64510		A	A	000	Y	Y	N	N	N	52.96	89.82
64517		A	A	000	Y	N	N	N	N	90.08	130.84
64520		A	A	000	Y	Y	N	N	N	58.67	134.47
64530		A	A	000	Y	N	N	N	N	65.94	134.99
64553		A	A	010	Y	N	D	N	N	258.04	1,117.58
64555		A	A	010	Y	N	N	N	N	248.96	1,015.56
64561		A	A	010	Y	Y	N	N	N	221.96	492.72
64566		Not Covered	A	000	Y	N	D	N	N	22.33	83.59
64568		A	A	090	Y	Y	D	N	N	473.51	473.51
64569		A	A	090	Y	Y	D	D	D	571.90	571.90
64570		A	A	090	Y	Y	D	D	D	548.53	548.53
64575		A	A	090	Y	N	N	N	N	242.21	242.21
64580		A	A	090	Y	N	Y	N	N	224.29	224.29
64581		A	A	090	Y	N	N	N	N	486.23	486.23
64585		A	A	010	Y	N	N	N	N	103.06	167.44
64590		A	A	010	Y	N	N	D	N	115.78	181.72
64595		A	A	010	Y	N	N	N	N	90.08	162.51
64600		A	A	010	Y	B	N	N	N	169.52	296.20
64605		A	A	010	Y	Y	D	N	N	257.26	408.61
64610		A	A	010	Y	Y	N	N	N	372.01	545.94
64611		A	A	010	Y	B	D	N	N	75.80	85.15
64612		A	A	010	Y	Y	N	N	N	84.11	93.98
64615		A	A	010	Y	B	N	N	N	93.46	108.77
64616		A	A	010	Y	Y	N	N	N	82.29	96.05
64617		A	A	010	Y	Y	N	N	N	79.96	112.93
64620		A	A	010	Y	N	N	N	N	124.61	144.86
64630		A	A	010	Y	N	D	N	N	137.59	166.66
64632		A	A	010	Y	Y	D	N	N	49.06	59.97
64633		A	A	010	Y	Y	N	N	N	160.69	282.19
64634		A	A	ZZZ	N	Y	N	N	N	49.58	124.87
64635		A	A	010	Y	Y	N	N	N	158.62	279.07
64636		A	A	ZZZ	N	Y	N	N	N	43.35	113.45
64640		A	A	010	Y	Y	N	N	N	65.68	91.64

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
64642		A	A	000	Y	N	N	N	N	79.70	102.80
64643		A	A	ZZZ	N	N	N	N	N	53.48	66.20
64644		A	A	000	Y	N	N	N	N	87.49	118.64
64645		A	A	ZZZ	N	N	N	N	N	62.04	82.81
64646		A	A	000	Y	N	N	N	N	85.93	108.51
64647		A	A	000	Y	N	N	N	N	102.80	128.76
64650		A	A	000	Y	N	D	N	N	31.15	54.26
64653		A	A	000	Y	N	D	N	N	40.50	67.24
64680		A	A	010	Y	N	N	N	N	116.30	214.43
64681		A	A	010	Y	N	N	N	N	201.97	392.26
64702		A	A	090	Y	N	N	N	N	357.47	357.47
64704		A	A	090	Y	N	Y	D	N	228.45	228.45
64708		A	A	090	Y	N	Y	D	N	358.25	358.25
64712		A	A	090	Y	Y	Y	D	N	421.33	421.33
64713		A	A	090	Y	Y	Y	D	N	570.60	570.60
64714		A	A	090	Y	Y	Y	D	N	524.13	524.13
64716		A	A	090	Y	N	Y	D	N	373.05	373.05
64718		A	A	090	Y	Y	D	N	N	422.11	422.11
64719		A	A	090	Y	Y	N	N	N	286.34	286.34
64721		A	A	090	Y	Y	N	N	N	303.99	306.85
64722		A	A	090	Y	N	Y	D	N	255.97	255.97
64726		A	A	090	Y	N	N	N	N	193.66	193.66
64727		A	A	ZZZ	N	N	N	N	N	137.07	137.07
64732		A	A	090	Y	Y	Y	N	N	328.13	328.13
64734		A	A	090	Y	Y	D	N	N	370.97	370.97
64736		A	A	090	Y	Y	Y	N	N	267.65	267.65
64738		A	A	090	Y	Y	Y	N	N	333.33	333.33
64740		A	A	090	Y	Y	Y	N	N	346.83	346.83
64742		A	A	090	Y	Y	Y	N	N	345.01	345.01
64744		A	A	090	Y	Y	D	N	N	364.48	364.48
64746		A	A	090	Y	Y	Y	D	N	318.27	318.27
64755		A	A	090	Y	N	Y	D	N	678.59	678.59
64760		A	A	090	Y	N	Y	D	N	376.68	376.68
64763		A	A	090	Y	Y	Y	D	N	377.20	377.20
64766		A	A	090	Y	Y	Y	N	N	455.60	455.60
64771		A	A	090	Y	N	Y	N	N	427.82	427.82
64772		A	A	090	Y	N	Y	D	N	408.09	408.09
64774		A	A	090	Y	N	N	N	N	292.83	292.83
64776		A	A	090	Y	N	D	N	N	278.81	278.81
64778		A	A	ZZZ	N	N	N	N	N	136.81	136.81
64782		A	A	090	Y	N	N	D	N	330.21	330.21
64783		A	A	ZZZ	N	N	N	N	N	163.03	163.03
64784		A	A	090	Y	N	D	N	N	526.47	526.47
64786		A	A	090	Y	Y	Y	N	N	749.21	749.21
64787		A	A	ZZZ	N	N	D	N	N	178.35	178.35
64788		A	A	090	Y	N	N	N	N	288.68	288.68
64790		A	A	090	Y	N	D	D	N	616.55	616.55
64792		A	A	090	Y	N	Y	D	N	806.84	806.84
64795		A	A	000	Y	N	N	N	N	145.90	145.90
64802		A	A	090	Y	Y	Y	D	N	629.01	629.01
64804		A	A	090	Y	Y	Y	D	N	888.87	888.87
64809		A	A	090	Y	Y	Y	D	N	804.76	804.76

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
64818		A	A	090	Y	Y	Y	D	N	570.08	570.08
64820		A	A	090	Y	N	N	N	N	516.60	516.60
64821		A	A	090	Y	Y	N	N	N	501.29	501.29
64822		A	A	090	Y	Y	N	N	N	501.29	501.29
64823		A	A	090	Y	Y	N	N	N	572.42	572.42
64831		A	A	090	Y	Y	N	N	N	492.98	492.98
64832		A	A	ZZZ	N	N	D	N	N	248.96	248.96
64834		A	A	090	Y	Y	D	N	N	537.89	537.89
64835		A	A	090	Y	Y	Y	N	N	592.15	592.15
64836		A	A	090	Y	Y	Y	N	N	592.67	592.67
64837		A	A	ZZZ	N	N	Y	N	N	274.66	274.66
64840		A	A	090	Y	Y	Y	N	N	704.04	704.04
64856		A	A	090	Y	N	N	D	N	738.30	738.30
64857		A	A	090	Y	N	Y	D	N	769.19	769.19
64858		A	A	090	Y	Y	Y	D	N	865.77	865.77
64859		A	A	ZZZ	N	N	Y	D	N	185.09	185.09
64861		A	A	090	Y	Y	Y	D	N	1,166.90	1,166.90
64862		A	A	090	Y	Y	Y	N	N	995.57	995.57
64864		A	A	090	Y	N	Y	D	N	627.97	627.97
64865		A	A	090	Y	N	Y	D	N	783.73	783.73
64866		A	A	090	Y	N	Y	D	N	913.79	913.79
64868		A	A	090	Y	N	Y	D	N	721.43	721.43
64872		A	A	ZZZ	N	N	Y	D	N	87.49	87.49
64874		A	A	ZZZ	N	N	Y	D	N	130.32	130.32
64876		A	A	ZZZ	N	N	Y	D	N	148.23	148.23
64885		A	A	090	Y	N	Y	D	N	811.25	811.25
64886		A	A	090	Y	N	Y	D	N	943.65	943.65
64890		A	A	090	Y	N	Y	N	N	792.04	792.04
64891		A	A	090	Y	N	Y	N	N	839.81	839.81
64892		A	A	090	Y	N	Y	D	N	762.19	762.19
64893		A	A	090	Y	N	Y	N	N	824.23	824.23
64895		A	A	090	Y	N	Y	D	N	973.24	973.24
64896		A	A	090	Y	N	Y	D	N	1,055.53	1,055.53
64897		A	A	090	Y	N	Y	D	N	926.51	926.51
64898		A	A	090	Y	N	Y	D	N	1,007.25	1,007.25
64901		A	A	ZZZ	N	N	Y	D	N	449.11	449.11
64902		A	A	ZZZ	N	N	Y	D	N	519.72	519.72
64905		A	A	090	Y	N	Y	D	N	744.53	744.53
64907		A	A	090	Y	N	Y	D	N	960.52	960.52
64910		A	A	090	Y	N	Y	D	N	568.78	568.78
64911		A	A	090	Y	N	Y	D	N	741.16	741.16
64912		A	A	090	Y	N	Y	D	N	561.26	561.26
64913		A	A	ZZZ	N	N	Y	D	N	116.30	116.30
64999		Unlstd/Manual	C	YYY	Y	N	D	D	D	-	-
65091		A	A	090	Y	Y	D	D	N	442.10	442.10
65093		A	A	090	Y	Y	N	D	N	437.17	437.17
65101		A	A	090	Y	Y	N	N	N	513.23	513.23
65103		A	A	090	Y	Y	N	D	N	535.30	535.30
65105		A	A	090	Y	Y	Y	D	N	590.07	590.07
65110		A	A	090	Y	Y	Y	D	N	851.23	851.23
65112		A	A	090	Y	Y	Y	D	N	986.48	986.48
65114		A	A	090	Y	Y	Y	D	N	1,035.03	1,035.03

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
65125		A	A	090	Y	Y	N	D	N	199.89	304.77
65130		A	A	090	Y	Y	N	D	N	509.08	509.08
65135		A	A	090	Y	Y	N	N	N	516.60	516.60
65140		A	A	090	Y	Y	N	N	N	561.77	561.77
65150		A	A	090	Y	Y	D	N	N	402.90	402.90
65155		A	A	090	Y	Y	N	N	N	588.77	588.77
65175		A	A	090	Y	Y	N	D	N	457.42	457.42
65205		A	A	000	Y	Y	N	N	N	24.92	31.41
65210		A	A	000	Y	Y	N	N	N	29.85	38.16
65220		A	A	000	Y	Y	N	N	N	29.85	40.76
65222		A	A	000	Y	Y	N	N	N	36.60	46.47
65235		A	A	090	Y	Y	D	N	N	491.42	491.42
65260		A	A	090	Y	Y	Y	N	N	666.65	666.65
65265		A	A	090	Y	Y	Y	D	N	750.24	750.24
65270		A	A	010	Y	Y	D	N	N	98.13	181.98
65272		A	A	090	Y	Y	N	N	N	244.02	345.01
65273		A	A	090	Y	Y	N	D	N	264.79	264.79
65275		A	A	090	Y	Y	D	N	N	320.87	396.67
65280		A	A	090	Y	Y	D	N	N	465.98	465.98
65285		A	A	090	Y	Y	N	N	N	772.05	772.05
65286		A	A	090	Y	Y	N	N	N	344.23	476.63
65290		A	A	090	Y	Y	N	D	N	340.08	340.08
65400		A	A	090	Y	Y	N	N	N	415.36	466.50
65410		A	A	000	Y	Y	D	N	N	72.43	98.13
65420		A	A	090	Y	Y	N	N	N	258.82	351.76
65426		A	A	090	Y	Y	N	N	N	329.95	444.69
65430		A	A	000	Y	Y	N	N	N	72.17	80.22
65435		A	A	000	Y	Y	N	N	N	48.29	55.81
65436		A	A	090	Y	Y	N	N	N	256.48	267.65
65450		A	A	090	Y	Y	N	N	N	219.36	222.74
65600		A	A	090	Y	Y	N	N	N	235.72	272.32
65710		A	A	090	Y	Y	Y	D	N	772.05	772.05
65730		A	A	090	Y	Y	Y	D	N	856.16	856.16
65750		A	A	090	Y	Y	Y	D	N	862.39	862.39
65755		A	A	090	Y	Y	Y	D	N	857.98	857.98
65756		A	A	090	Y	Y	Y	D	N	825.01	825.01
65757	Manual	C	C	ZZZ	N	N	D	N	N	-	-
65760	C	N	N	XXX	N	N	N	N	N	-	-
65765	C	N	N	XXX	N	N	N	N	N	-	-
65767	C	N	N	XXX	N	N	N	N	N	-	-
65770	A	A	A	090	Y	Y	Y	N	N	970.64	970.64
65771	C	N	N	XXX	N	N	N	N	N	-	-
65772	A	A	A	090	Y	Y	N	N	N	280.11	309.70
65775	A	A	A	090	Y	Y	N	N	N	383.43	383.43
65778	Not Covered	A	A	000	Y	Y	D	N	N	39.72	896.14
65779	Not Covered	A	A	000	Y	Y	D	N	N	107.73	779.32
65780	A	A	A	090	Y	Y	N	D	N	457.16	457.16
65781	A	A	A	090	Y	Y	Y	D	N	925.73	925.73
65782	A	A	A	090	Y	Y	N	D	N	796.97	796.97
65785	A	A	A	090	Y	Y	N	D	N	304.51	1,572.14
65800	A	A	A	000	Y	Y	N	N	N	64.38	83.07
65810	A	A	A	090	Y	Y	N	N	N	320.61	320.61

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
65815		A	A	090	Y	Y	N	N	N	329.17	433.53
65820		A	A	090	Y	Y	D	N	N	519.72	519.72
65850		A	A	090	Y	Y	N	D	N	582.54	582.54
65855		A	A	010	Y	Y	N	D	D	145.38	169.78
65860		A	A	090	Y	Y	D	N	N	176.01	212.35
65865		A	A	090	Y	Y	N	D	N	325.54	325.54
65870		A	A	090	Y	Y	N	D	N	406.79	406.79
65875		A	A	090	Y	Y	N	D	N	434.05	434.05
65880		A	A	090	Y	Y	N	N	N	457.42	457.42
65900		A	A	090	Y	Y	Y	N	N	671.59	671.59
65920		A	A	090	Y	Y	N	D	N	543.86	543.86
65930		A	A	090	Y	Y	N	D	N	440.54	440.54
66020		A	A	010	Y	Y	N	N	N	90.86	128.50
66030		A	A	010	Y	Y	N	N	N	76.32	114.22
66130		A	A	090	Y	Y	D	N	N	395.11	479.48
66150		A	A	090	Y	Y	N	D	N	602.53	602.53
66155		A	A	090	Y	Y	N	N	N	602.01	602.01
66160		A	A	090	Y	Y	N	D	N	681.45	681.45
66170		A	A	090	Y	Y	Y	D	N	755.70	755.70
66172		A	A	090	Y	Y	Y	D	N	821.63	821.63
66174		Not Covered	A	090	Y	Y	Y	D	N	657.83	657.83
66175		Not Covered	A	090	Y	Y	Y	D	N	689.50	689.50
66179		A	A	090	Y	Y	Y	N	N	745.57	745.57
66180		A	A	090	Y	Y	Y	N	N	787.63	787.63
66183		A	A	090	Y	Y	Y	N	N	711.56	711.56
66184		A	A	090	Y	Y	Y	N	N	540.23	540.23
66185		A	A	090	Y	Y	Y	N	N	582.80	582.80
66225		A	A	090	Y	Y	N	D	N	646.40	646.40
66250		A	A	090	Y	Y	N	N	N	384.21	508.56
66500		A	A	090	Y	Y	N	D	N	244.28	244.28
66505		A	A	090	Y	Y	N	N	N	267.65	267.65
66600		A	A	090	Y	Y	N	N	N	578.65	578.65
66605		A	A	090	Y	Y	N	N	N	739.34	739.34
66625		A	A	090	Y	Y	N	N	N	295.68	295.68
66630		A	A	090	Y	Y	N	N	N	392.52	392.52
66635		A	A	090	Y	Y	N	N	N	396.67	396.67
66680		A	A	090	Y	Y	N	D	N	356.43	356.43
66682		A	A	090	Y	Y	N	N	N	442.36	442.36
66700		A	A	090	Y	Y	D	N	N	271.80	309.44
66710		A	A	090	Y	Y	N	N	N	271.80	303.73
66711		A	A	090	Y	Y	N	N	N	442.62	442.62
66720		A	A	090	Y	Y	N	N	N	280.37	314.38
66740		A	A	090	Y	Y	N	N	N	271.80	301.40
66761		A	A	010	Y	Y	N	N	N	163.03	202.75
66762		A	A	090	Y	Y	N	N	N	293.61	326.32
66770		A	A	090	Y	Y	N	N	N	332.81	362.92
66820		A	A	090	Y	Y	N	N	N	272.84	272.84
66821		A	A	090	Y	Y	N	N	N	212.35	225.07
66825		A	A	090	Y	Y	D	N	N	526.99	526.99
66830		A	A	090	Y	Y	N	N	N	491.42	491.42
66840		A	A	090	Y	Y	N	N	N	482.08	482.08
66850		A	A	090	Y	Y	N	N	N	548.79	548.79

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
66852		A	A	090	Y	Y	D	D	N	585.40	585.40
66920		A	A	090	Y	Y	D	D	N	522.32	522.32
66930		A	A	090	Y	Y	D	N	N	593.96	593.96
66940		A	A	090	Y	Y	D	D	N	541.53	541.53
66982		A	A	090	Y	Y	N	N	N	551.91	551.91
66983		A	A	090	Y	Y	N	N	N	514.79	514.79
66984		A	A	090	Y	Y	N	N	N	442.62	442.62
66985		A	A	090	Y	Y	N	D	N	531.40	531.40
66986		A	A	090	Y	Y	N	D	N	630.31	630.31
66990		A	A	ZZZ	N	N	N	N	N	63.86	63.86
66999	Unlstd/Manual		C	YYY	Y	Y	D	D	D	-	-
67005		A	A	090	Y	Y	N	D	N	325.28	325.28
67010		A	A	090	Y	Y	N	D	N	375.12	375.12
67015		A	A	090	Y	Y	N	D	N	401.08	401.08
67025		A	A	090	Y	Y	N	D	N	436.39	500.51
67027		A	A	090	Y	Y	Y	D	N	591.63	591.63
67028		A	A	000	Y	Y	N	N	N	69.57	70.87
67030		A	A	090	Y	Y	N	D	N	366.04	366.04
67031		A	A	090	Y	Y	N	N	N	246.10	267.65
67036		A	A	090	Y	Y	Y	D	N	624.86	624.86
67039		A	A	090	Y	Y	Y	D	N	670.03	670.03
67040		A	A	090	Y	Y	Y	D	N	725.32	725.32
67041		A	A	090	Y	Y	Y	D	N	802.68	802.68
67042		A	A	090	Y	Y	Y	D	N	802.68	802.68
67043		A	A	090	Y	Y	Y	D	N	847.59	847.59
67101		A	A	010	Y	Y	N	N	N	196.26	225.07
67105		A	A	010	Y	Y	N	N	N	189.25	203.27
67107		A	A	090	Y	Y	Y	D	N	788.66	788.66
67108		A	A	090	Y	Y	Y	D	N	836.43	836.43
67110		A	A	090	Y	Y	N	N	N	561.00	604.61
67113		A	A	090	Y	Y	Y	D	N	932.74	932.74
67115		A	A	090	Y	Y	N	N	N	343.45	343.45
67120		A	A	090	Y	Y	N	D	N	384.21	451.70
67121		A	A	090	Y	Y	Y	D	N	629.79	629.79
67141		A	A	090	Y	Y	N	N	N	335.66	359.81
67145		A	A	090	Y	Y	N	N	N	343.19	362.66
67208		A	A	090	Y	Y	N	N	N	399.78	414.32
67210		A	A	090	Y	Y	N	N	N	345.01	356.43
67218		A	A	090	Y	Y	N	N	N	968.57	968.57
67220		A	A	090	Y	Y	N	N	N	345.01	366.56
67221		A	R	000	Y	N	N	N	N	150.05	195.22
67225		A	A	ZZZ	N	N	N	N	N	19.99	20.77
67227		A	A	010	Y	Y	N	N	N	178.35	201.71
67228		A	A	010	Y	Y	N	N	N	213.91	236.24
67229		A	A	090	Y	Y	N	N	N	811.25	811.25
67250		A	A	090	Y	Y	N	D	N	546.46	546.46
67255		A	A	090	Y	Y	Y	D	N	470.14	470.14
67299	Unlstd/Manual		C	YYY	Y	Y	D	D	D	-	-
67311		A	A	090	Y	Y	N	N	N	412.76	412.76
67312		A	A	090	Y	Y	N	D	N	494.02	494.02
67314		A	A	090	Y	Y	N	N	N	464.94	464.94
67316		A	A	090	Y	Y	D	N	N	555.28	555.28

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
67318		A	A	090	Y	Y	N	D	N	485.45	485.45
67320		A	A	ZZZ	N	N	N	N	N	228.71	228.71
67331		A	A	ZZZ	N	Y	N	D	N	216.77	216.77
67332		A	A	ZZZ	N	Y	N	D	N	235.20	235.20
67334		A	A	ZZZ	N	Y	N	D	N	214.17	214.17
67335		A	A	ZZZ	N	Y	N	D	N	104.88	104.88
67340		A	A	ZZZ	N	N	Y	N	N	253.89	253.89
67343		A	A	090	Y	Y	N	D	N	451.18	451.18
67345		A	A	010	Y	Y	N	N	N	154.20	170.82
67346		A	A	000	Y	Y	D	N	N	135.25	135.25
67399	Unlstd/Manual		C	YYY	Y	Y	Y	D	D	-	-
67400		A	A	090	Y	Y	N	D	N	647.18	647.18
67405		A	A	090	Y	Y	N	N	N	551.91	551.91
67412		A	A	090	Y	Y	N	D	N	596.56	596.56
67413		A	A	090	Y	Y	Y	N	N	596.82	596.82
67414		A	A	090	Y	Y	Y	D	N	930.41	930.41
67415		A	A	000	Y	Y	D	N	N	74.25	74.25
67420		A	A	090	Y	Y	Y	D	N	1,131.60	1,131.60
67430		A	A	090	Y	Y	Y	N	N	869.14	869.14
67440		A	A	090	Y	Y	Y	D	N	841.10	841.10
67445		A	A	090	Y	Y	Y	D	N	984.92	984.92
67450		A	A	090	Y	Y	Y	D	N	874.07	874.07
67500		A	A	000	Y	Y	N	N	N	43.87	50.36
67505		A	A	000	Y	Y	N	N	N	50.62	58.41
67515		A	A	000	Y	Y	N	N	N	49.06	52.96
67550		A	A	090	Y	Y	N	D	N	673.40	673.40
67560		A	A	090	Y	Y	D	N	N	690.28	690.28
67570		A	A	090	Y	Y	Y	D	N	833.84	833.84
67599	Unlstd/Manual		C	YYY	Y	Y	Y	D	D	-	-
67700		A	A	010	Y	Y	N	N	N	79.96	180.42
67710		A	A	010	Y	Y	N	N	N	66.46	150.83
67715		A	A	010	Y	Y	N	N	N	74.76	163.55
67800		A	A	010	Y	N	N	N	N	71.65	87.49
67801		A	A	010	Y	N	N	N	N	92.94	111.89
67805		A	A	010	Y	N	N	N	N	114.22	138.63
67808		A	A	090	Y	N	N	N	N	253.89	253.89
67810		A	A	000	Y	Y	N	N	N	51.14	117.08
67820		A	A	000	Y	Y	N	N	N	23.62	22.33
67825		A	A	010	Y	Y	N	N	N	83.33	89.04
67830		A	A	010	Y	Y	N	N	N	95.27	178.09
67835		A	A	090	Y	Y	D	N	N	303.21	303.21
67840		A	A	010	Y	Y	N	N	N	109.55	185.61
67850		A	A	010	Y	Y	N	N	N	93.98	144.86
67875		A	A	000	Y	Y	N	N	N	67.50	116.56
67880		A	A	090	Y	Y	N	N	N	253.89	312.82
67882		A	A	090	Y	Y	N	N	N	325.80	385.51
67900		A	A	090	Y	Y	N	N	N	353.58	438.72
67901		A	A	090	Y	Y	N	N	N	403.16	522.83
67902		A	A	090	Y	Y	N	D	N	502.33	502.33
67903		A	A	090	Y	Y	N	D	N	335.66	407.57
67904		A	A	090	Y	Y	N	D	N	414.84	502.85
67906		A	A	090	Y	Y	N	N	N	352.80	352.80

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
67908		A	A	090	Y	Y	N	N	N	293.61	339.56
67909		A	A	090	Y	Y	N	N	N	302.95	367.33
67911		A	A	090	Y	Y	N	N	N	389.66	389.66
67912		A	A	090	Y	Y	N	N	N	339.56	596.30
67914		A	A	090	Y	Y	N	N	N	223.78	318.01
67915		A	A	090	Y	Y	N	N	N	134.21	198.59
67916		A	A	090	Y	Y	N	N	N	297.50	404.72
67917		A	A	090	Y	Y	N	N	N	316.71	413.54
67921		A	A	090	Y	Y	N	N	N	212.09	311.26
67922		A	A	090	Y	Y	N	N	N	133.69	195.22
67923		A	A	090	Y	Y	N	N	N	297.50	404.46
67924		A	A	090	Y	Y	N	N	N	316.45	431.20
67930		A	A	010	Y	Y	N	N	N	168.48	248.70
67935		A	A	090	Y	Y	N	N	N	310.48	407.31
67938		A	A	010	Y	Y	N	N	N	79.96	166.14
67950		A	A	090	Y	Y	N	D	N	320.61	392.52
67961		A	A	090	Y	Y	D	N	N	314.38	393.29
67966		A	A	090	Y	Y	N	N	N	457.42	529.84
67971		A	A	090	Y	Y	N	D	N	503.88	503.88
67973		A	A	090	Y	Y	Y	D	N	649.26	649.26
67974		A	A	090	Y	Y	Y	D	N	647.44	647.44
67975		A	A	090	Y	Y	N	N	N	476.37	476.37
67999	Unlstd/Manual		C	YYY	Y	Y	D	D	D	-	-
68020		A	A	010	Y	Y	N	N	N	76.58	83.07
68040		A	A	000	Y	Y	N	N	N	35.05	43.09
68100		A	A	000	Y	Y	N	N	N	67.24	116.82
68110		A	A	010	Y	Y	N	N	N	102.28	154.20
68115		A	A	010	Y	Y	N	N	N	127.20	212.61
68130		A	A	090	Y	Y	N	N	N	284.00	367.59
68135		A	A	010	Y	Y	N	N	N	103.84	108.51
68200		A	A	000	Y	Y	N	N	N	24.14	28.56
68320		A	A	090	Y	Y	N	D	N	371.49	493.50
68325		A	A	090	Y	Y	N	D	N	454.82	454.82
68326		A	A	090	Y	Y	N	N	N	446.77	446.77
68328		A	A	090	Y	Y	D	N	N	491.16	491.16
68330		A	A	090	Y	Y	D	N	N	317.49	413.02
68335		A	A	090	Y	Y	N	D	N	448.59	448.59
68340		A	A	090	Y	Y	D	N	N	274.92	379.28
68360		A	A	090	Y	Y	N	N	N	285.04	364.48
68362		A	A	090	Y	Y	N	D	N	454.56	454.56
68371		A	A	010	Y	Y	N	N	N	284.26	284.26
68399	Unlstd/Manual		C	YYY	Y	Y	D	D	D	-	-
68400		A	A	010	Y	Y	N	N	N	91.64	191.33
68420		A	A	010	Y	Y	N	N	N	117.08	217.03
68440		A	A	010	Y	Y	N	N	N	66.98	69.31
68500		A	A	090	Y	Y	N	N	N	677.82	677.82
68505		A	A	090	Y	Y	N	N	N	674.70	674.70
68510		A	A	000	Y	Y	D	N	N	206.64	306.85
68520		A	A	090	Y	Y	D	N	N	476.63	476.63
68525		A	A	000	Y	Y	N	D	N	187.95	187.95
68530		A	A	010	Y	Y	N	N	N	179.12	289.45
68540		A	A	090	Y	Y	N	D	N	645.11	645.11

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
68550		A	A	090	Y	Y	N	N	N	792.56	792.56
68700		A	A	090	Y	Y	N	N	N	417.70	417.70
68705		A	A	010	Y	Y	N	N	N	114.74	165.37
68720		A	A	090	Y	Y	Y	D	N	526.47	526.47
68745		A	A	090	Y	Y	Y	D	N	527.51	527.51
68750		A	A	090	Y	Y	Y	D	N	546.72	546.72
68760		A	A	010	Y	Y	N	N	N	100.47	139.92
68761		A	A	010	Y	Y	D	N	N	81.00	100.21
68770		A	A	090	Y	Y	D	N	N	435.35	435.35
68801		A	A	010	Y	Y	N	N	N	52.96	60.75
68810		A	A	010	Y	Y	N	N	N	88.00	106.44
68811		A	A	010	Y	Y	N	N	N	94.23	94.23
68815		A	A	010	Y	Y	N	N	N	152.64	261.68
68816		A	A	010	Y	Y	N	N	N	109.55	465.72
68840		A	A	010	Y	Y	N	N	N	79.70	87.49
68850		A	A	000	Y	Y	N	N	N	39.20	43.61
68899	Unlstd/Manual		C	YYY	Y	Y	D	D	D	-	-
69000		A	A	010	Y	Y	N	N	N	83.85	125.65
69005		A	A	010	Y	Y	N	N	N	111.63	147.97
69020		A	A	010	Y	Y	N	N	N	97.87	154.46
69090		C	N	XXX	N	N	N	N	N	-	-
69100		A	A	000	Y	N	N	N	N	35.31	66.20
69105		A	A	000	Y	Y	N	N	N	44.39	93.46
69110		A	A	090	Y	Y	N	N	N	224.29	308.40
69120		A	A	090	Y	N	N	N	N	276.21	276.21
69140		A	A	090	Y	Y	D	N	N	600.20	600.20
69145		A	A	090	Y	Y	N	N	N	171.34	262.46
69150		A	A	090	Y	N	N	D	N	730.25	730.25
69155		A	A	090	Y	N	Y	D	N	1,170.80	1,170.80
69200		A	A	000	Y	Y	N	N	N	34.01	55.55
69205		A	A	010	Y	Y	N	N	N	69.05	69.05
69209		A	A	000	Y	Y	N	N	N	8.83	8.83
69210		A	A	000	Y	B	N	N	N	23.88	32.97
69220		A	A	000	Y	Y	N	N	N	37.38	55.55
69222		A	A	010	Y	Y	N	N	N	93.20	143.82
69300		A	R	YYY	Y	Y	D	N	N	342.93	439.24
69310		A	A	090	Y	Y	N	N	N	749.72	749.72
69320		A	A	090	Y	Y	Y	N	N	1,060.73	1,060.73
69399	Unlstd/Manual		C	YYY	Y	N	D	D	D	-	-
69420		A	A	010	Y	Y	N	N	N	83.33	126.68
69421		A	A	010	Y	Y	N	N	N	103.58	103.58
69424		A	A	000	Y	Y	N	N	N	43.61	85.41
69433		A	A	010	Y	Y	N	N	N	91.90	134.73
69436		A	A	010	Y	Y	N	N	N	110.85	110.85
69440		A	A	090	Y	Y	N	N	N	476.37	476.37
69450		A	A	090	Y	Y	D	N	N	374.60	374.60
69501		A	A	090	Y	Y	N	N	N	508.04	508.04
69502		A	A	090	Y	Y	D	N	N	675.74	675.74
69505		A	A	090	Y	Y	D	N	N	833.06	833.06
69511		A	A	090	Y	Y	D	N	N	854.86	854.86
69530		A	A	090	Y	Y	Y	N	N	1,157.82	1,157.82
69535		A	A	090	Y	Y	N	D	N	1,911.43	1,911.43

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN Non-Facility
69540		A	A	010	Y	Y	N	N	N	86.45	137.33
69550		A	A	090	Y	Y	Y	N	N	719.09	719.09
69552		A	A	090	Y	Y	Y	N	N	1,101.74	1,101.74
69554		A	A	090	Y	Y	Y	D	N	1,790.98	1,790.98
69601		A	A	090	Y	Y	D	N	N	728.18	728.18
69602		A	A	090	Y	Y	D	N	N	761.93	761.93
69603		A	A	090	Y	Y	D	N	N	875.63	875.63
69604		A	A	090	Y	Y	N	N	N	780.62	780.62
69605		A	A	090	Y	Y	Y	N	N	1,089.54	1,089.54
69610		A	A	010	Y	Y	N	N	N	207.94	264.79
69620		A	A	090	Y	Y	N	N	N	341.11	472.99
69631		A	A	090	Y	Y	N	N	N	612.92	612.92
69632		A	A	090	Y	Y	N	N	N	751.28	751.28
69633		A	A	090	Y	Y	N	N	N	727.14	727.14
69635		A	A	090	Y	Y	N	N	N	861.87	861.87
69636		A	A	090	Y	Y	D	N	N	957.92	957.92
69637		A	A	090	Y	Y	D	N	N	972.72	972.72
69641		A	A	090	Y	Y	N	N	N	727.92	727.92
69642		A	A	090	Y	Y	N	N	N	938.71	938.71
69643		A	A	090	Y	Y	N	N	N	857.72	857.72
69644		A	A	090	Y	Y	N	N	N	1,030.61	1,030.61
69645		A	A	090	Y	Y	N	N	N	1,011.66	1,011.66
69646		A	A	090	Y	Y	D	N	N	1,079.68	1,079.68
69650		A	A	090	Y	Y	N	N	N	560.22	560.22
69660		A	A	090	Y	Y	N	N	N	651.08	651.08
69661		A	A	090	Y	Y	D	N	N	849.15	849.15
69662		A	A	090	Y	Y	N	N	N	816.70	816.70
69666		A	A	090	Y	Y	D	N	N	563.33	563.33
69667		A	A	090	Y	Y	D	N	N	566.19	566.19
69670		A	A	090	Y	Y	Y	N	N	659.38	659.38
69676		A	A	090	Y	Y	N	N	N	576.83	576.83
69700		A	A	090	Y	Y	N	N	N	474.29	474.29
69710		C	N	XXX	N	N	N	N	N	-	-
69711		A	A	090	Y	Y	Y	N	N	597.08	597.08
69714		A	A	090	Y	Y	N	N	N	755.70	755.70
69715		A	A	090	Y	Y	N	N	N	938.71	938.71
69717		A	A	090	Y	Y	N	N	N	793.08	793.08
69718		A	A	090	Y	Y	N	N	N	948.58	948.58
69720		A	A	090	Y	Y	D	D	N	842.14	842.14
69725		A	A	090	Y	Y	Y	N	N	1,339.54	1,339.54
69740		A	A	090	Y	Y	Y	N	N	826.05	826.05
69745		A	A	090	Y	Y	Y	N	N	877.45	877.45
69799		Unlstd/Manual	C	YYY	Y	Y	D	D	D	-	-
69801		A	A	000	Y	Y	D	N	N	90.86	140.70
69805		A	A	090	Y	Y	Y	N	N	741.94	741.94
69806		A	A	090	Y	Y	N	N	N	659.38	659.38
69905		A	A	090	Y	Y	N	N	N	639.65	639.65
69910		A	A	090	Y	Y	D	N	N	712.60	712.60
69915		A	A	090	Y	Y	Y	D	N	1,092.14	1,092.14
69930		A	A	090	Y	Y	D	N	N	870.18	870.18
69949		Unlstd/Manual	C	YYY	Y	Y	D	D	D	-	-
69950		A	A	090	Y	Y	Y	D	N	1,273.86	1,273.86

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
69955		A	A	090	Y	Y	Y	D	N	1,406.77	1,406.77
69960		A	A	090	Y	Y	Y	D	N	1,372.76	1,372.76
69970		A	A	090	Y	Y	Y	D	N	1,531.64	1,531.64
69979		Unlstd/Manual	C	YYY	Y	Y	D	D	D	-	-
69990		A	R	ZZZ	N	N	Y	N	N	170.56	170.56
70010		A	A	XXX	N	N	D	N	N	44.13	44.13
70015	26	A	A	XXX	N	N	D	N	N	43.09	43.09
70015	TC	A	A	XXX	N	N	D	N	N	58.93	58.93
70015		A	A	XXX	N	N	D	N	N	102.02	102.02
70030	26	A	A	XXX	N	N	D	N	N	5.97	5.97
70030	TC	A	A	XXX	N	N	D	N	N	13.24	13.24
70030		A	A	XXX	N	N	D	N	N	19.47	19.47
70100	26	A	A	XXX	N	N	D	N	N	6.49	6.49
70100	TC	A	A	XXX	N	N	D	N	N	15.84	15.84
70100		A	A	XXX	N	N	D	N	N	22.59	22.59
70110	26	A	A	XXX	N	N	D	N	N	9.09	9.09
70110	TC	A	A	XXX	N	N	D	N	N	17.13	17.13
70110		A	A	XXX	N	N	D	N	N	26.48	26.48
70120	26	A	A	XXX	N	N	D	N	N	6.49	6.49
70120	TC	A	A	XXX	N	N	D	N	N	15.84	15.84
70120		A	A	XXX	N	N	D	N	N	22.59	22.59
70130	26	A	A	XXX	N	N	D	N	N	12.46	12.46
70130	TC	A	A	XXX	N	N	D	N	N	24.92	24.92
70130		A	A	XXX	N	N	D	N	N	37.38	37.38
70134	26	A	A	XXX	N	N	D	N	N	12.46	12.46
70134	TC	A	A	XXX	N	N	D	N	N	22.59	22.59
70134		A	A	XXX	N	N	D	N	N	35.31	35.31
70140	26	A	A	XXX	N	N	D	N	N	7.27	7.27
70140	TC	A	A	XXX	N	N	D	N	N	12.72	12.72
70140		A	A	XXX	N	N	D	N	N	20.25	20.25
70150	26	A	A	XXX	N	N	D	N	N	9.35	9.35
70150	TC	A	A	XXX	N	N	D	N	N	18.95	18.95
70150		A	A	XXX	N	N	D	N	N	28.56	28.56
70160	26	A	A	XXX	N	N	D	N	N	6.23	6.23
70160	TC	A	A	XXX	N	N	D	N	N	16.10	16.10
70160		A	A	XXX	N	N	D	N	N	22.59	22.59
70170	26	A	A	XXX	N	N	D	N	N	10.90	10.90
70170	TC	A	C	XXX	N	N	D	N	N	142.50	142.50
70170		A	C	XXX	N	N	D	N	N	153.41	153.41
70190	26	A	A	XXX	N	N	D	N	N	7.79	7.79
70190	TC	A	A	XXX	N	N	D	N	N	16.10	16.10
70190		A	A	XXX	N	N	D	N	N	24.14	24.14
70200	26	A	A	XXX	N	N	D	N	N	9.86	9.86
70200	TC	A	A	XXX	N	N	D	N	N	18.69	18.69
70200		A	A	XXX	N	N	D	N	N	29.08	29.08
70210	26	A	A	XXX	N	N	D	N	N	6.23	6.23
70210	TC	A	A	XXX	N	N	D	N	N	14.28	14.28
70210		A	A	XXX	N	N	D	N	N	20.77	20.77
70220	26	A	A	XXX	N	N	D	N	N	9.09	9.09
70220	TC	A	A	XXX	N	N	D	N	N	16.61	16.61
70220		A	A	XXX	N	N	D	N	N	25.70	25.70
70240	26	A	A	XXX	N	N	D	N	N	7.01	7.01

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
70240	TC	A	A	XXX	N	N	D	N	N	13.50	13.50
70240		A	A	XXX	N	N	D	N	N	20.77	20.77
70250	26	A	A	XXX	N	N	D	N	N	8.83	8.83
70250	TC	A	A	XXX	N	N	D	N	N	15.84	15.84
70250		A	A	XXX	N	N	D	N	N	24.92	24.92
70260	26	A	A	XXX	N	N	D	N	N	12.72	12.72
70260	TC	A	A	XXX	N	N	D	N	N	18.69	18.69
70260		A	A	XXX	N	N	D	N	N	31.41	31.41
70300	26	A	A	XXX	N	N	D	N	N	3.89	3.89
70300	TC	A	A	XXX	N	N	D	N	N	5.45	5.45
70300		A	A	XXX	N	N	D	N	N	9.61	9.61
70310	26	A	A	XXX	N	N	D	N	N	5.45	5.45
70310	TC	A	A	XXX	N	N	D	N	N	18.69	18.69
70310		A	A	XXX	N	N	D	N	N	24.40	24.40
70320	26	A	A	XXX	N	N	D	N	N	8.83	8.83
70320	TC	A	A	XXX	N	N	D	N	N	26.22	26.22
70320		A	A	XXX	N	N	D	N	N	35.31	35.31
70328	26	A	A	XXX	N	N	D	N	N	6.49	6.49
70328	TC	A	A	XXX	N	N	D	N	N	14.02	14.02
70328		A	A	XXX	N	N	D	N	N	20.77	20.77
70330	26	A	A	XXX	N	B	D	N	N	8.83	8.83
70330	TC	A	A	XXX	N	B	D	N	N	23.10	23.10
70330		A	A	XXX	N	B	D	N	N	32.19	32.19
70332	26	A	A	XXX	N	N	D	N	N	19.47	19.47
70332	TC	A	A	XXX	N	N	D	N	N	30.63	30.63
70332		A	A	XXX	N	N	D	N	N	50.36	50.36
70336	26	A	A	XXX	4	N	D	N	N	52.70	52.70
70336	TC	A	A	XXX	4	N	D	N	N	142.61	142.61
70336		A	A	XXX	4	N	D	N	N	195.52	195.52
70350	26	A	A	XXX	N	N	D	N	N	7.27	7.27
70350	TC	A	A	XXX	N	N	D	N	N	5.71	5.71
70350		A	A	XXX	N	N	D	N	N	12.72	12.72
70355	26	A	A	XXX	N	N	D	N	N	8.05	8.05
70355	TC	A	A	XXX	N	N	D	N	N	5.71	5.71
70355		A	A	XXX	N	N	D	N	N	13.50	13.50
70360	26	A	A	XXX	N	N	D	N	N	5.97	5.97
70360	TC	A	A	XXX	N	N	D	N	N	13.50	13.50
70360		A	A	XXX	N	N	D	N	N	19.99	19.99
70370	26	A	A	XXX	N	N	D	N	N	10.64	10.64
70370	TC	A	A	XXX	N	N	D	N	N	38.60	38.60
70370		A	A	XXX	N	N	D	N	N	49.25	49.25
70371	26	A	A	XXX	N	N	D	N	N	30.89	30.89
70371	TC	A	A	XXX	N	N	D	N	N	34.79	34.79
70371		A	A	XXX	N	N	D	N	N	65.42	65.42
70380	26	A	A	XXX	N	N	D	N	N	5.97	5.97
70380	TC	A	A	XXX	N	N	D	N	N	15.84	15.84
70380		A	A	XXX	N	N	D	N	N	22.07	22.07
70390	26	A	A	XXX	N	N	D	N	N	13.76	13.76
70390	TC	A	A	XXX	N	N	D	N	N	52.44	52.44
70390		A	A	XXX	N	N	D	N	N	66.20	66.20
70450	26	A	A	XXX	4	N	D	N	N	30.63	30.63
70450	TC	A	A	XXX	4	N	D	N	N	45.69	45.69

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN Non-Facility
		Code	Code								
70450		A	A	XXX	4	N	D	N	N	76.32	76.32
70460	26	A	A	XXX	4	N	D	N	N	41.02	41.02
70460	TC	A	A	XXX	4	N	D	N	N	66.46	66.46
70460		A	A	XXX	4	N	D	N	N	107.47	107.47
70470	26	A	A	XXX	4	N	D	N	N	45.69	45.69
70470	TC	A	A	XXX	4	N	D	N	N	79.70	79.70
70470		A	A	XXX	4	N	D	N	N	125.39	125.39
70480	26	A	A	XXX	4	N	D	N	N	45.95	45.95
70480	TC	A	A	XXX	4	N	D	N	N	69.75	69.75
70480		A	A	XXX	4	N	D	N	N	115.79	115.79
70481	26	A	A	XXX	4	N	D	N	N	49.84	49.84
70481	TC	A	A	XXX	4	N	D	N	N	124.70	124.70
70481		A	A	XXX	4	N	D	N	N	174.56	174.56
70482	26	A	A	XXX	4	N	D	N	N	51.92	51.92
70482	TC	A	A	XXX	4	N	D	N	N	124.82	124.82
70482		A	A	XXX	4	N	D	N	N	176.94	176.94
70486	26	A	A	XXX	4	N	D	N	N	30.63	30.63
70486	TC	A	A	XXX	4	N	D	N	N	60.23	60.23
70486		A	A	XXX	4	N	D	N	N	91.12	91.12
70487	26	A	A	XXX	4	N	D	N	N	40.50	40.50
70487	TC	A	A	XXX	4	N	D	N	N	69.31	69.31
70487		A	A	XXX	4	N	D	N	N	109.81	109.81
70488	26	A	A	XXX	4	N	D	N	N	45.69	45.69
70488	TC	A	A	XXX	4	N	D	N	N	87.49	87.49
70488		A	A	XXX	4	N	D	N	N	133.17	133.17
70490	26	A	A	XXX	4	N	D	N	N	45.95	45.95
70490	TC	A	A	XXX	4	N	D	N	N	62.56	62.56
70490		A	A	XXX	4	N	D	N	N	108.51	108.51
70491	26	A	A	XXX	4	N	D	N	N	49.84	49.84
70491	TC	A	A	XXX	4	N	D	N	N	83.33	83.33
70491		A	A	XXX	4	N	D	N	N	133.17	133.17
70492	26	A	A	XXX	4	N	D	N	N	58.41	58.41
70492	TC	A	A	XXX	4	N	D	N	N	102.02	102.02
70492		A	A	XXX	4	N	D	N	N	160.17	160.17
70496	26	A	A	XXX	4	N	D	N	N	63.08	63.08
70496	TC	A	A	XXX	4	N	D	N	N	124.82	124.82
70496		A	A	XXX	4	N	D	N	N	187.85	187.85
70498	26	A	A	XXX	4	N	D	N	N	63.08	63.08
70498	TC	A	A	XXX	4	N	D	N	N	124.82	124.82
70498		A	A	XXX	4	N	D	N	N	187.85	187.85
70540	26	A	A	XXX	4	N	D	N	N	48.55	48.55
70540	TC	A	A	XXX	4	N	D	N	N	123.83	123.83
70540		A	A	XXX	4	N	D	N	N	172.63	172.63
70542	26	A	A	XXX	4	N	D	N	N	58.41	58.41
70542	TC	A	A	XXX	4	N	D	N	N	146.67	146.67
70542		A	A	XXX	4	N	D	N	N	205.08	205.08
70543	26	A	A	XXX	4	N	D	N	N	77.10	77.10
70543	TC	A	A	XXX	4	N	D	N	N	181.20	181.20
70543		A	A	XXX	4	N	D	N	N	258.04	258.04
70544	26	A	A	XXX	4	N	D	N	N	43.35	43.35
70544	TC	A	A	XXX	4	N	D	N	N	136.81	136.81
70544		A	A	XXX	4	N	D	N	N	179.90	179.90

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
70545	26	A	A	XXX	4	N	D	N	N	43.35	43.35
70545	TC	A	A	XXX	4	N	D	N	N	135.25	135.25
70545		A	A	XXX	4	N	D	N	N	178.60	178.60
70546	26	A	A	XXX	4	N	D	N	N	52.96	52.96
70546	TC	A	A	XXX	4	N	D	N	N	209.50	209.50
70546		A	A	XXX	4	N	D	N	N	262.46	262.46
70547	26	A	A	XXX	4	N	D	N	N	43.35	43.35
70547	TC	A	A	XXX	4	N	D	N	N	137.33	137.33
70547		A	A	XXX	4	N	D	N	N	180.68	180.68
70548	26	A	A	XXX	4	N	D	N	N	54.26	54.26
70548	TC	A	A	XXX	4	N	D	N	N	145.38	145.38
70548		A	A	XXX	4	N	D	N	N	199.37	199.37
70549	26	A	A	XXX	4	N	D	N	N	64.90	64.90
70549	TC	A	A	XXX	4	N	D	N	N	210.80	210.80
70549		A	A	XXX	4	N	D	N	N	275.70	275.70
70551	26	A	A	XXX	4	N	D	N	N	53.22	53.22
70551	TC	A	A	XXX	4	N	D	N	N	95.01	95.01
70551		A	A	XXX	4	N	D	N	N	148.49	148.49
70552	26	A	A	XXX	4	N	D	N	N	64.38	64.38
70552	TC	A	A	XXX	4	N	D	N	N	140.96	140.96
70552		A	A	XXX	4	N	D	N	N	205.08	205.08
70553	26	A	A	XXX	4	N	D	N	N	82.29	82.29
70553	TC	A	A	XXX	4	N	D	N	N	160.43	160.43
70553		A	A	XXX	4	N	D	N	N	242.47	242.47
70554	26	Not Covered	A	XXX	4	N	D	N	N	76.06	76.06
70554	TC	Not Covered	A	XXX	4	N	D	N	N	209.50	209.50
70554		Not Covered	A	XXX	4	N	D	N	N	285.30	285.30
70555	26	Not Covered	A	XXX	N	N	D	N	N	90.60	90.60
70555	TC	Not Covered	C	XXX	N	N	D	N	N	-	-
70555		Not Covered	C	XXX	N	N	D	N	N	-	-
70557	26	A	A	XXX	N	N	D	N	N	111.37	111.37
70557	TC	A	C	XXX	N	N	D	N	N	307.13	307.13
70557		A	C	XXX	N	N	D	N	N	418.50	418.50
70558	26	A	A	XXX	N	N	D	N	N	122.53	122.53
70558	TC	A	C	XXX	N	N	D	N	N	124.70	124.70
70558		A	C	XXX	N	N	D	N	N	247.31	247.31
70559	26	A	A	XXX	N	N	D	N	N	118.90	118.90
70559	TC	A	C	XXX	N	N	D	N	N	124.70	124.70
70559		A	C	XXX	N	N	D	N	N	243.44	243.44
71045	26	A	A	XXX	N	N	D	N	N	6.49	6.49
71045	TC	A	A	XXX	N	N	D	N	N	9.86	9.86
71045		A	A	XXX	N	N	D	N	N	16.61	16.61
71046	26	A	A	XXX	N	N	D	N	N	7.79	7.79
71046	TC	A	A	XXX	N	N	D	N	N	12.98	12.98
71046		A	A	XXX	N	N	D	N	N	21.03	21.03
71047	26	A	A	XXX	N	N	D	N	N	9.86	9.86
71047	TC	A	A	XXX	N	N	D	N	N	16.10	16.10
71047		A	A	XXX	N	N	D	N	N	26.22	26.22
71048	26	A	A	XXX	N	N	D	N	N	11.42	11.42
71048	TC	A	A	XXX	N	N	D	N	N	16.61	16.61
71048		A	A	XXX	N	N	D	N	N	28.30	28.30
71100	26	A	A	XXX	N	N	D	N	N	8.05	8.05

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
71100	TC	A	A	XXX	N	N	D	N	N	14.54	14.54
71100		A	A	XXX	N	N	D	N	N	22.84	22.84
71101	26	A	A	XXX	N	N	D	N	N	10.12	10.12
71101	TC	A	A	XXX	N	N	D	N	N	16.10	16.10
71101		A	A	XXX	N	N	D	N	N	25.96	25.96
71110	26	A	A	XXX	N	B	D	N	N	10.38	10.38
71110	TC	A	A	XXX	N	B	D	N	N	16.61	16.61
71110		A	A	XXX	N	B	D	N	N	27.26	27.26
71111	26	A	A	XXX	N	B	D	N	N	11.94	11.94
71111	TC	A	A	XXX	N	B	D	N	N	20.25	20.25
71111		A	A	XXX	N	B	D	N	N	32.19	32.19
71120	26	A	A	XXX	N	N	D	N	N	7.27	7.27
71120	TC	A	A	XXX	N	N	D	N	N	13.24	13.24
71120		A	A	XXX	N	N	D	N	N	20.77	20.77
71130	26	A	A	XXX	N	N	D	N	N	7.79	7.79
71130	TC	A	A	XXX	N	N	D	N	N	16.61	16.61
71130		A	A	XXX	N	N	D	N	N	24.40	24.40
71250	26	A	A	XXX	4	N	D	N	N	42.06	42.06
71250	TC	A	A	XXX	4	N	D	N	N	62.56	62.56
71250		A	A	XXX	4	N	D	N	N	104.62	104.62
71260	26	A	A	XXX	4	N	D	N	N	44.65	44.65
71260	TC	A	A	XXX	4	N	D	N	N	83.59	83.59
71260		A	A	XXX	4	N	D	N	N	128.50	128.50
71270	26	A	A	XXX	4	N	D	N	N	49.84	49.84
71270	TC	A	A	XXX	4	N	D	N	N	102.28	102.28
71270		A	A	XXX	4	N	D	N	N	152.13	152.13
71275	26	A	A	XXX	4	N	D	N	N	65.42	65.42
71275	TC	A	A	XXX	4	N	D	N	N	124.82	124.82
71275		A	A	XXX	4	N	D	N	N	190.33	190.33
71550	26	A	A	XXX	4	N	D	N	N	52.18	52.18
71550	TC	A	A	XXX	4	N	D	N	N	142.28	142.28
71550		A	A	XXX	4	N	D	N	N	194.66	194.66
71551	26	A	A	XXX	4	N	D	N	N	62.30	62.30
71551	TC	A	A	XXX	4	N	D	N	N	226.63	226.63
71551		A	A	XXX	4	N	D	N	N	288.93	288.93
71552	26	A	A	XXX	4	N	D	N	N	81.25	81.25
71552	TC	A	A	XXX	4	N	D	N	N	238.62	238.62
71552		A	A	XXX	4	N	D	N	N	319.90	319.90
71555	26	A	R	XXX	4	N	D	N	N	64.38	64.38
71555	TC	A	R	XXX	4	N	D	N	N	189.25	189.25
71555		A	R	XXX	4	N	D	N	N	253.37	253.37
72020	26	A	A	XXX	N	N	D	N	N	5.45	5.45
72020	TC	A	A	XXX	N	N	D	N	N	9.61	9.61
72020		A	A	XXX	N	N	D	N	N	15.32	15.32
72040	26	A	A	XXX	N	N	D	N	N	8.05	8.05
72040	TC	A	A	XXX	N	N	D	N	N	15.84	15.84
72040		A	A	XXX	N	N	D	N	N	24.14	24.14
72050	26	A	A	XXX	N	N	D	N	N	11.42	11.42
72050	TC	A	A	XXX	N	N	D	N	N	21.55	21.55
72050		A	A	XXX	N	N	D	N	N	33.23	33.23
72052	26	A	A	XXX	N	N	D	N	N	13.24	13.24
72052	TC	A	A	XXX	N	N	D	N	N	25.96	25.96

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
72052		A	A	XXX	N	N	D	N	N	39.20	39.20
72070	26	A	A	XXX	N	N	D	N	N	8.05	8.05
72070	TC	A	A	XXX	N	N	D	N	N	14.28	14.28
72070		A	A	XXX	N	N	D	N	N	22.59	22.59
72072	26	A	A	XXX	N	N	D	N	N	7.79	7.79
72072	TC	A	A	XXX	N	N	D	N	N	15.84	15.84
72072		A	A	XXX	N	N	D	N	N	23.88	23.88
72074	26	A	A	XXX	N	N	D	N	N	7.79	7.79
72074	TC	A	A	XXX	N	N	D	N	N	18.17	18.17
72074		A	A	XXX	N	N	D	N	N	25.96	25.96
72080	26	A	A	XXX	N	N	D	N	N	8.05	8.05
72080	TC	A	A	XXX	N	N	D	N	N	14.02	14.02
72080		A	A	XXX	N	N	D	N	N	22.33	22.33
72081	26	A	A	XXX	N	N	D	N	N	9.86	9.86
72081	TC	A	A	XXX	N	N	D	N	N	16.61	16.61
72081		A	A	XXX	N	N	D	N	N	26.74	26.74
72082	26	A	A	XXX	N	N	D	N	N	11.68	11.68
72082	TC	A	A	XXX	N	N	D	N	N	30.63	30.63
72082		A	A	XXX	N	N	D	N	N	42.31	42.31
72083	26	A	A	XXX	N	N	D	N	N	13.24	13.24
72083	TC	A	A	XXX	N	N	D	N	N	36.60	36.60
72083		A	A	XXX	N	N	D	N	N	49.84	49.84
72084	26	A	A	XXX	N	N	D	N	N	15.32	15.32
72084	TC	A	A	XXX	N	N	D	N	N	42.83	42.83
72084		A	A	XXX	N	N	D	N	N	57.89	57.89
72100	26	A	A	XXX	N	N	D	N	N	8.05	8.05
72100	TC	A	A	XXX	N	N	D	N	N	15.84	15.84
72100		A	A	XXX	N	N	D	N	N	24.14	24.14
72110	26	A	A	XXX	N	N	D	N	N	11.42	11.42
72110	TC	A	A	XXX	N	N	D	N	N	22.07	22.07
72110		A	A	XXX	N	N	D	N	N	33.49	33.49
72114	26	A	A	XXX	N	N	D	N	N	11.94	11.94
72114	TC	A	A	XXX	N	N	D	N	N	25.96	25.96
72114		A	A	XXX	N	N	D	N	N	38.16	38.16
72120	26	A	A	XXX	N	N	D	N	N	8.05	8.05
72120	TC	A	A	XXX	N	N	D	N	N	19.73	19.73
72120		A	A	XXX	N	N	D	N	N	28.04	28.04
72125	26	A	A	XXX	4	N	D	N	N	38.42	38.42
72125	TC	A	A	XXX	4	N	D	N	N	69.53	69.53
72125		A	A	XXX	4	N	D	N	N	108.00	108.00
72126	26	A	A	XXX	4	N	D	N	N	44.13	44.13
72126	TC	A	A	XXX	4	N	D	N	N	103.84	103.84
72126		A	A	XXX	4	N	D	N	N	147.71	147.71
72127	26	A	A	XXX	4	N	D	N	N	45.43	45.43
72127	TC	A	A	XXX	4	N	D	N	N	124.70	124.70
72127		A	A	XXX	4	N	D	N	N	170.26	170.26
72128	26	A	A	XXX	4	N	D	N	N	36.34	36.34
72128	TC	A	A	XXX	4	N	D	N	N	69.53	69.53
72128		A	A	XXX	4	N	D	N	N	105.74	105.74
72129	26	A	A	XXX	4	N	D	N	N	44.13	44.13
72129	TC	A	A	XXX	4	N	D	N	N	104.62	104.62
72129		A	A	XXX	4	N	D	N	N	148.49	148.49

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
72130		A	A	XXX	4	N	D	N	N	45.43	45.43
72130	TC	A	A	XXX	4	N	D	N	N	124.70	124.70
72130		A	A	XXX	4	N	D	N	N	170.26	170.26
72131	26	A	A	XXX	4	N	D	N	N	36.34	36.34
72131	TC	A	A	XXX	4	N	D	N	N	69.53	69.53
72131		A	A	XXX	4	N	D	N	N	105.74	105.74
72132	26	A	A	XXX	4	N	D	N	N	44.13	44.13
72132	TC	A	A	XXX	4	N	D	N	N	103.84	103.84
72132		A	A	XXX	4	N	D	N	N	147.97	147.97
72133	26	A	A	XXX	4	N	D	N	N	45.69	45.69
72133	TC	A	A	XXX	4	N	D	N	N	124.70	124.70
72133		A	A	XXX	4	N	D	N	N	170.60	170.60
72141	26	A	A	XXX	4	N	D	N	N	53.74	53.74
72141	TC	A	A	XXX	4	N	D	N	N	91.38	91.38
72141		A	A	XXX	4	N	D	N	N	145.12	145.12
72142	26	A	A	XXX	4	N	D	N	N	64.64	64.64
72142	TC	A	A	XXX	4	N	D	N	N	144.60	144.60
72142		A	A	XXX	4	N	D	N	N	208.98	208.98
72146	26	A	A	XXX	4	N	D	N	N	53.74	53.74
72146	TC	A	A	XXX	4	N	D	N	N	91.38	91.38
72146		A	A	XXX	4	N	D	N	N	145.38	145.38
72147	26	A	A	XXX	4	N	D	N	N	64.38	64.38
72147	TC	A	A	XXX	4	N	D	N	N	143.56	143.56
72147		A	A	XXX	4	N	D	N	N	207.94	207.94
72148	26	A	A	XXX	4	N	D	N	N	53.74	53.74
72148	TC	A	A	XXX	4	N	D	N	N	91.38	91.38
72148		A	A	XXX	4	N	D	N	N	145.38	145.38
72149	26	A	A	XXX	4	N	D	N	N	64.64	64.64
72149	TC	A	A	XXX	4	N	D	N	N	142.00	142.00
72149		A	A	XXX	4	N	D	N	N	206.64	206.64
72156	26	A	A	XXX	4	N	D	N	N	82.29	82.29
72156	TC	A	A	XXX	4	N	D	N	N	161.99	161.99
72156		A	A	XXX	4	N	D	N	N	244.02	244.02
72157	26	A	A	XXX	4	N	D	N	N	82.29	82.29
72157	TC	A	A	XXX	4	N	D	N	N	162.77	162.77
72157		A	A	XXX	4	N	D	N	N	244.80	244.80
72158	26	A	A	XXX	4	N	D	N	N	82.29	82.29
72158	TC	A	A	XXX	4	N	D	N	N	161.73	161.73
72158		A	A	XXX	4	N	D	N	N	243.76	243.76
72159	26	Not Covered	R	XXX	4	N	D	N	N	64.90	64.90
72159	TC	Not Covered	R	XXX	4	N	N	N	N	197.56	197.56
72159		Not Covered	R	XXX	4	N	D	N	N	262.46	262.46
72170	26	A	A	XXX	N	N	D	N	N	6.23	6.23
72170	TC	A	A	XXX	N	N	D	N	N	15.06	15.06
72170		A	A	XXX	N	N	D	N	N	21.55	21.55
72190	26	A	A	XXX	N	N	D	N	N	7.79	7.79
72190	TC	A	A	XXX	N	N	D	N	N	18.17	18.17
72190		A	A	XXX	N	N	D	N	N	25.96	25.96
72191	26	A	A	XXX	4	N	D	N	N	64.90	64.90
72191	TC	A	A	XXX	4	N	D	N	N	124.82	124.82
72191		A	A	XXX	4	N	D	N	N	189.74	189.74
72192	26	A	A	XXX	4	N	D	N	N	39.20	39.20

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
72192	TC	A	A	XXX	4	N	D	N	N	56.85	56.85
72192		A	A	XXX	4	N	D	N	N	96.05	96.05
72193	26	A	A	XXX	4	N	D	N	N	42.06	42.06
72193	TC	A	A	XXX	4	N	D	N	N	109.81	109.81
72193		A	A	XXX	4	N	D	N	N	151.61	151.61
72194	26	A	A	XXX	4	N	D	N	N	43.87	43.87
72194	TC	A	A	XXX	4	N	D	N	N	124.70	124.70
72194		A	A	XXX	4	N	D	N	N	168.51	168.51
72195	26	A	A	XXX	4	N	D	N	N	52.44	52.44
72195	TC	A	A	XXX	4	N	D	N	N	123.31	123.31
72195		A	A	XXX	4	N	D	N	N	176.01	176.01
72196	26	A	A	XXX	4	N	D	N	N	62.56	62.56
72196	TC	A	A	XXX	4	N	D	N	N	143.30	143.30
72196		A	A	XXX	4	N	D	N	N	205.86	205.86
72197	26	A	A	XXX	4	N	D	N	N	79.44	79.44
72197	TC	A	A	XXX	4	N	D	N	N	180.68	180.68
72197		A	A	XXX	4	N	D	N	N	259.86	259.86
72198	26	A	A	XXX	4	N	D	N	N	64.12	64.12
72198	TC	A	A	XXX	4	N	D	N	N	190.81	190.81
72198		A	A	XXX	4	N	D	N	N	254.93	254.93
72200	26	A	A	XXX	N	N	D	N	N	6.23	6.23
72200	TC	A	A	XXX	N	N	D	N	N	13.76	13.76
72200		A	A	XXX	N	N	D	N	N	20.25	20.25
72202	26	A	A	XXX	N	N	D	N	N	6.75	6.75
72202	TC	A	A	XXX	N	N	D	N	N	15.84	15.84
72202		A	A	XXX	N	N	D	N	N	22.84	22.84
72220	26	A	A	XXX	N	N	D	N	N	6.23	6.23
72220	TC	A	A	XXX	N	N	D	N	N	13.50	13.50
72220		A	A	XXX	N	N	D	N	N	19.99	19.99
72240	26	A	A	XXX	N	N	D	N	N	32.45	32.45
72240	TC	A	A	XXX	N	N	D	N	N	36.86	36.86
72240		A	A	XXX	N	N	D	N	N	69.57	69.57
72255	26	A	A	XXX	N	N	D	N	N	34.27	34.27
72255	TC	A	A	XXX	N	N	D	N	N	36.60	36.60
72255		A	A	XXX	N	N	D	N	N	71.13	71.13
72265	26	A	A	XXX	N	N	D	N	N	29.33	29.33
72265	TC	A	A	XXX	N	N	D	N	N	35.31	35.31
72265		A	A	XXX	N	N	D	N	N	64.90	64.90
72270	26	A	A	XXX	N	N	D	N	N	48.55	48.55
72270	TC	A	A	XXX	N	N	D	N	N	42.31	42.31
72270		A	A	XXX	N	N	D	N	N	91.12	91.12
72275	26	A	A	XXX	N	N	D	N	N	28.04	28.04
72275	TC	A	A	XXX	N	N	D	N	N	52.70	52.70
72275		A	A	XXX	N	N	D	N	N	80.74	80.74
72285	26	A	A	XXX	N	N	D	N	N	42.57	42.57
72285	TC	A	A	XXX	N	N	D	N	N	36.34	36.34
72285		A	A	XXX	N	N	D	N	N	78.92	78.92
72295	26	A	A	XXX	N	N	D	N	N	31.15	31.15
72295	TC	A	A	XXX	N	N	D	N	N	37.12	37.12
72295		A	A	XXX	N	N	D	N	N	68.27	68.27
73000	26	A	A	XXX	N	N	D	N	N	5.97	5.97
73000	TC	A	A	XXX	N	N	D	N	N	12.98	12.98

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
73000		A	A	XXX	N	N	D	N	N	19.21	19.21
73010	26	A	A	XXX	N	N	D	N	N	6.49	6.49
73010	TC	A	A	XXX	N	N	D	N	N	14.28	14.28
73010		A	A	XXX	N	N	D	N	N	21.03	21.03
73020	26	A	A	XXX	N	N	D	N	N	5.71	5.71
73020	TC	A	A	XXX	N	N	D	N	N	9.86	9.86
73020		A	A	XXX	N	N	D	N	N	15.84	15.84
73030	26	A	A	XXX	N	N	D	N	N	6.75	6.75
73030	TC	A	A	XXX	N	N	D	N	N	12.98	12.98
73030		A	A	XXX	N	N	D	N	N	19.99	19.99
73040	26	A	A	XXX	N	N	D	N	N	19.73	19.73
73040	TC	A	A	XXX	N	N	D	N	N	52.18	52.18
73040		A	A	XXX	N	N	D	N	N	71.91	71.91
73050	26	A	A	XXX	N	B	D	N	N	7.53	7.53
73050	TC	A	A	XXX	N	B	D	N	N	16.61	16.61
73050		A	A	XXX	N	B	D	N	N	24.40	24.40
73060	26	A	A	XXX	N	N	D	N	N	5.97	5.97
73060	TC	A	A	XXX	N	N	D	N	N	13.50	13.50
73060		A	A	XXX	N	N	D	N	N	19.73	19.73
73070	26	A	A	XXX	N	N	D	N	N	5.71	5.71
73070	TC	A	A	XXX	N	N	D	N	N	11.94	11.94
73070		A	A	XXX	N	N	D	N	N	17.91	17.91
73080	26	A	A	XXX	N	N	D	N	N	6.23	6.23
73080	TC	A	A	XXX	N	N	D	N	N	13.24	13.24
73080		A	A	XXX	N	N	D	N	N	19.73	19.73
73085	26	A	A	XXX	N	N	D	N	N	20.77	20.77
73085	TC	A	A	XXX	N	N	D	N	N	48.29	48.29
73085		A	A	XXX	N	N	D	N	N	69.05	69.05
73090	26	A	A	XXX	N	N	D	N	N	5.97	5.97
73090	TC	A	A	XXX	N	N	D	N	N	12.20	12.20
73090		A	A	XXX	N	N	D	N	N	18.43	18.43
73092	26	A	A	XXX	N	N	D	N	N	5.71	5.71
73092	TC	A	A	XXX	N	N	D	N	N	12.98	12.98
73092		A	A	XXX	N	N	D	N	N	18.95	18.95
73100	26	A	A	XXX	N	N	D	N	N	5.97	5.97
73100	TC	A	A	XXX	N	N	D	N	N	14.80	14.80
73100		A	A	XXX	N	N	D	N	N	21.03	21.03
73110	26	A	A	XXX	N	N	D	N	N	6.23	6.23
73110	TC	A	A	XXX	N	N	D	N	N	17.39	17.39
73110		A	A	XXX	N	N	D	N	N	23.88	23.88
73115	26	A	A	XXX	N	N	D	N	N	20.51	20.51
73115	TC	A	A	XXX	N	N	D	N	N	56.07	56.07
73115		A	A	XXX	N	N	D	N	N	76.58	76.58
73120	26	A	A	XXX	N	N	D	N	N	5.97	5.97
73120	TC	A	A	XXX	N	N	D	N	N	12.98	12.98
73120		A	A	XXX	N	N	D	N	N	19.21	19.21
73130	26	A	A	XXX	N	N	D	N	N	6.23	6.23
73130	TC	A	A	XXX	N	N	D	N	N	15.32	15.32
73130		A	A	XXX	N	N	D	N	N	21.81	21.81
73140	26	A	A	XXX	N	N	D	N	N	4.93	4.93
73140	TC	A	A	XXX	N	N	D	N	N	16.61	16.61
73140		A	A	XXX	N	N	D	N	N	22.07	22.07

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
73200		A	A	XXX	4	N	D	N	N	36.34	36.34
73200	TC	A	A	XXX	4	N	D	N	N	69.53	69.53
73200		A	A	XXX	4	N	D	N	N	105.74	105.74
73201	26	A	A	XXX	4	N	D	N	N	42.06	42.06
73201	TC	A	A	XXX	4	N	D	N	N	102.80	102.80
73201		A	A	XXX	4	N	D	N	N	144.86	144.86
73202	26	A	A	XXX	4	N	D	N	N	44.13	44.13
73202	TC	A	A	XXX	4	N	D	N	N	124.70	124.70
73202		A	A	XXX	4	N	D	N	N	168.74	168.74
73206	26	A	A	XXX	4	N	D	N	N	64.64	64.64
73206	TC	A	A	XXX	4	N	D	N	N	124.82	124.82
73206		A	A	XXX	4	N	D	N	N	189.40	189.40
73218	26	A	A	XXX	4	N	D	N	N	48.80	48.80
73218	TC	A	A	XXX	4	N	D	N	N	142.61	142.61
73218		A	A	XXX	4	N	D	N	N	191.48	191.48
73219	26	A	A	XXX	4	N	D	N	N	58.41	58.41
73219	TC	A	A	XXX	4	N	D	N	N	196.00	196.00
73219		A	A	XXX	4	N	D	N	N	254.41	254.41
73220	26	A	A	XXX	4	N	D	N	N	77.36	77.36
73220	TC	A	A	XXX	4	N	D	N	N	238.31	238.31
73220		A	A	XXX	4	N	D	N	N	315.41	315.41
73221	26	A	A	XXX	4	N	D	N	N	49.06	49.06
73221	TC	A	A	XXX	4	N	D	N	N	103.32	103.32
73221		A	A	XXX	4	N	D	N	N	152.39	152.39
73222	26	A	A	XXX	4	N	D	N	N	58.67	58.67
73222	TC	A	A	XXX	4	N	D	N	N	181.72	181.72
73222		A	A	XXX	4	N	D	N	N	240.13	240.13
73223	26	A	A	XXX	4	N	D	N	N	77.62	77.62
73223	TC	A	A	XXX	4	N	D	N	N	221.18	221.18
73223		A	A	XXX	4	N	D	N	N	298.54	298.54
73225	26	A	R	XXX	4	N	D	N	N	61.27	61.27
73225	TC	A	R	XXX	4	N	N	N	N	190.29	190.29
73225		A	R	XXX	4	N	D	N	N	251.55	251.55
73501	26	A	A	XXX	N	N	D	N	N	6.75	6.75
73501	TC	A	A	XXX	N	N	D	N	N	13.50	13.50
73501		A	A	XXX	N	N	D	N	N	20.25	20.25
73502	26	A	A	XXX	N	N	D	N	N	8.05	8.05
73502	TC	A	A	XXX	N	N	D	N	N	19.73	19.73
73502		A	A	XXX	N	N	D	N	N	28.04	28.04
73503	26	A	A	XXX	N	N	D	N	N	10.12	10.12
73503	TC	A	A	XXX	N	N	D	N	N	24.66	24.66
73503		A	A	XXX	N	N	D	N	N	35.05	35.05
73521	26	A	A	XXX	N	N	D	N	N	8.05	8.05
73521	TC	A	A	XXX	N	N	D	N	N	16.87	16.87
73521		A	A	XXX	N	N	D	N	N	25.18	25.18
73522	26	A	A	XXX	N	N	D	N	N	10.90	10.90
73522	TC	A	A	XXX	N	N	D	N	N	21.81	21.81
73522		A	A	XXX	N	N	D	N	N	32.71	32.71
73523	26	A	A	XXX	N	N	D	N	N	11.68	11.68
73523	TC	A	A	XXX	N	N	D	N	N	26.48	26.48
73523		A	A	XXX	N	N	D	N	N	38.16	38.16
73525	26	A	A	XXX	N	N	D	N	N	21.03	21.03

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
73525	TC	A	A	XXX	N	N	D	N	N	52.44	52.44
73525		A	A	XXX	N	N	D	N	N	73.47	73.47
73551	26	A	A	XXX	N	N	D	N	N	5.97	5.97
73551	TC	A	A	XXX	N	N	D	N	N	12.46	12.46
73551		A	A	XXX	N	N	D	N	N	18.69	18.69
73552	26	A	A	XXX	N	N	D	N	N	6.49	6.49
73552	TC	A	A	XXX	N	N	D	N	N	15.06	15.06
73552		A	A	XXX	N	N	D	N	N	21.81	21.81
73560	26	A	A	XXX	N	N	D	N	N	5.97	5.97
73560	TC	A	A	XXX	N	N	D	N	N	15.06	15.06
73560		A	A	XXX	N	N	D	N	N	21.29	21.29
73562	26	A	A	XXX	N	N	D	N	N	6.75	6.75
73562	TC	A	A	XXX	N	N	D	N	N	17.39	17.39
73562		A	A	XXX	N	N	D	N	N	24.40	24.40
73564	26	A	A	XXX	N	N	D	N	N	8.05	8.05
73564	TC	A	A	XXX	N	N	D	N	N	18.95	18.95
73564		A	A	XXX	N	N	D	N	N	27.26	27.26
73565	26	A	A	XXX	N	B	D	N	N	6.23	6.23
73565	TC	A	A	XXX	N	B	D	N	N	17.91	17.91
73565		A	A	XXX	N	B	D	N	N	24.40	24.40
73580	26	A	A	XXX	N	N	D	N	N	20.77	20.77
73580	TC	A	A	XXX	N	N	D	N	N	61.78	61.78
73580		A	A	XXX	N	N	D	N	N	82.55	82.55
73590	26	A	A	XXX	N	N	D	N	N	5.71	5.71
73590	TC	A	A	XXX	N	N	D	N	N	13.50	13.50
73590		A	A	XXX	N	N	D	N	N	19.47	19.47
73592	26	A	A	XXX	N	N	D	N	N	5.71	5.71
73592	TC	A	A	XXX	N	N	D	N	N	12.98	12.98
73592		A	A	XXX	N	N	D	N	N	18.95	18.95
73600	26	A	A	XXX	N	N	D	N	N	5.97	5.97
73600	TC	A	A	XXX	N	N	D	N	N	14.02	14.02
73600		A	A	XXX	N	N	D	N	N	20.25	20.25
73610	26	A	A	XXX	N	N	D	N	N	6.23	6.23
73610	TC	A	A	XXX	N	N	D	N	N	15.32	15.32
73610		A	A	XXX	N	N	D	N	N	21.81	21.81
73615	26	A	A	XXX	N	N	D	N	N	21.03	21.03
73615	TC	A	A	XXX	N	N	D	N	N	55.81	55.81
73615		A	A	XXX	N	N	D	N	N	77.10	77.10
73620	26	A	A	XXX	N	N	D	N	N	5.45	5.45
73620	TC	A	A	XXX	N	N	D	N	N	11.94	11.94
73620		A	A	XXX	N	N	D	N	N	17.91	17.91
73630	26	A	A	XXX	N	N	D	N	N	5.97	5.97
73630	TC	A	A	XXX	N	N	D	N	N	14.28	14.28
73630		A	A	XXX	N	N	D	N	N	20.51	20.51
73650	26	A	A	XXX	N	N	D	N	N	5.71	5.71
73650	TC	A	A	XXX	N	N	D	N	N	11.94	11.94
73650		A	A	XXX	N	N	D	N	N	17.91	17.91
73660	26	A	A	XXX	N	N	D	N	N	4.67	4.67
73660	TC	A	A	XXX	N	N	D	N	N	13.76	13.76
73660		A	A	XXX	N	N	D	N	N	18.95	18.95
73700	26	A	A	XXX	4	N	D	N	N	36.34	36.34
73700	TC	A	A	XXX	4	N	D	N	N	69.53	69.53

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
73700		A	A	XXX	4	N	D	N	N	105.74	105.74
73701	26	A	A	XXX	4	N	D	N	N	42.06	42.06
73701	TC	A	A	XXX	4	N	D	N	N	104.62	104.62
73701		A	A	XXX	4	N	D	N	N	146.67	146.67
73702	26	A	A	XXX	4	N	D	N	N	43.87	43.87
73702	TC	A	A	XXX	4	N	D	N	N	124.70	124.70
73702		A	A	XXX	4	N	D	N	N	168.51	168.51
73706	26	A	A	XXX	4	N	D	N	N	67.76	67.76
73706	TC	A	A	XXX	4	N	D	N	N	124.60	124.60
73706		A	A	XXX	4	N	D	N	N	192.52	192.52
73718	26	A	A	XXX	4	N	D	N	N	48.55	48.55
73718	TC	A	A	XXX	4	N	D	N	N	121.75	121.75
73718		A	A	XXX	4	N	D	N	N	170.56	170.56
73719	26	A	A	XXX	4	N	D	N	N	58.41	58.41
73719	TC	A	A	XXX	4	N	D	N	N	143.30	143.30
73719		A	A	XXX	4	N	D	N	N	201.71	201.71
73720	26	A	A	XXX	4	N	D	N	N	77.36	77.36
73720	TC	A	A	XXX	4	N	D	N	N	181.98	181.98
73720		A	A	XXX	4	N	D	N	N	258.82	258.82
73721	26	A	A	XXX	4	N	D	N	N	49.06	49.06
73721	TC	A	A	XXX	4	N	D	N	N	103.32	103.32
73721		A	A	XXX	4	N	D	N	N	152.39	152.39
73722	26	A	A	XXX	4	N	D	N	N	58.67	58.67
73722	TC	A	A	XXX	4	N	D	N	N	182.76	182.76
73722		A	A	XXX	4	N	D	N	N	241.17	241.17
73723	26	A	A	XXX	4	N	D	N	N	77.36	77.36
73723	TC	A	A	XXX	4	N	D	N	N	220.92	220.92
73723		A	A	XXX	4	N	D	N	N	297.76	297.76
73725	26	A	R	XXX	4	N	D	N	N	64.64	64.64
73725	TC	A	R	XXX	4	N	D	N	N	190.55	190.55
73725		A	R	XXX	4	N	D	N	N	255.19	255.19
74018	26	A	A	XXX	N	N	D	N	N	6.49	6.49
74018	TC	A	A	XXX	N	N	D	N	N	11.94	11.94
74018		A	A	XXX	N	N	D	N	N	18.69	18.69
74019	26	A	A	XXX	N	N	D	N	N	8.31	8.31
74019	TC	A	A	XXX	N	N	D	N	N	14.54	14.54
74019		A	A	XXX	N	N	D	N	N	23.10	23.10
74021	26	A	A	XXX	N	N	D	N	N	10.12	10.12
74021	TC	A	A	XXX	N	N	D	N	N	16.61	16.61
74021		A	A	XXX	N	N	D	N	N	26.48	26.48
74022	26	A	A	XXX	N	N	D	N	N	11.68	11.68
74022	TC	A	A	XXX	N	N	D	N	N	18.95	18.95
74022		A	A	XXX	N	N	D	N	N	30.63	30.63
74150	26	A	A	XXX	4	N	D	N	N	43.09	43.09
74150	TC	A	A	XXX	4	N	D	N	N	56.07	56.07
74150		A	A	XXX	4	N	D	N	N	99.17	99.17
74160	26	A	A	XXX	4	N	D	N	N	45.69	45.69
74160	TC	A	A	XXX	4	N	D	N	N	109.29	109.29
74160		A	A	XXX	4	N	D	N	N	154.98	154.98
74170	26	A	A	XXX	4	N	D	N	N	50.36	50.36
74170	TC	A	A	XXX	4	N	D	N	N	124.70	124.70
74170		A	A	XXX	4	N	D	N	N	175.08	175.08

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
74174		A	A	XXX	4	N	D	N	N	78.66	78.66
74174	TC	A	A	XXX	4	N	D	N	N	179.64	179.64
74174		A	A	XXX	4	N	D	N	N	258.04	258.04
74175	26	A	A	XXX	4	N	D	N	N	65.16	65.16
74175	TC	A	A	XXX	4	N	D	N	N	124.82	124.82
74175		A	A	XXX	4	N	D	N	N	189.89	189.89
74176	26	A	A	XXX	4	N	N	N	N	62.82	62.82
74176	TC	A	A	XXX	4	N	N	N	N	70.61	70.61
74176		A	A	XXX	4	N	N	N	N	133.43	133.43
74177	26	A	A	XXX	4	N	N	N	N	65.68	65.68
74177	TC	A	A	XXX	4	N	N	N	N	142.26	142.26
74177		A	A	XXX	4	N	N	N	N	207.94	207.94
74178	26	A	A	XXX	4	N	N	N	N	72.17	72.17
74178	TC	A	A	XXX	4	N	N	N	N	162.77	162.77
74178		A	A	XXX	4	N	N	N	N	234.68	234.68
74181	26	A	A	XXX	4	N	D	N	N	52.44	52.44
74181	TC	A	A	XXX	4	N	D	N	N	106.96	106.96
74181		A	A	XXX	4	N	D	N	N	159.65	159.65
74182	26	A	A	XXX	4	N	D	N	N	62.56	62.56
74182	TC	A	A	XXX	4	N	D	N	N	170.30	170.30
74182		A	A	XXX	4	N	D	N	N	232.86	232.86
74183	26	A	A	XXX	4	N	D	N	N	79.44	79.44
74183	TC	A	A	XXX	4	N	D	N	N	180.94	180.94
74183		A	A	XXX	4	N	D	N	N	260.12	260.12
74185	26	A	R	XXX	4	N	D	N	N	64.38	64.38
74185	TC	A	R	XXX	4	N	D	N	N	191.33	191.33
74185		A	R	XXX	4	N	D	N	N	255.71	255.71
74190	26	A	A	XXX	N	N	D	N	N	16.87	16.87
74190	TC	A	C	XXX	N	N	D	N	N	307.13	307.13
74190		A	C	XXX	N	N	D	N	N	323.94	323.94
74210	26	A	A	XXX	N	N	D	N	N	21.29	21.29
74210	TC	A	A	XXX	N	N	D	N	N	36.86	36.86
74210		A	A	XXX	N	N	D	N	N	57.89	57.89
74220	26	A	A	XXX	N	N	D	N	N	24.14	24.14
74220	TC	A	A	XXX	N	N	D	N	N	39.46	39.46
74220		A	A	XXX	N	N	D	N	N	63.60	63.60
74230	26	A	A	XXX	N	N	D	N	N	19.21	19.21
74230	TC	A	A	XXX	N	N	D	N	N	63.08	63.08
74230		A	A	XXX	N	N	D	N	N	82.29	82.29
74235	26	A	A	XXX	N	N	D	N	N	43.09	43.09
74235	TC	C	C	XXX	N	N	D	N	N	-	-
74235		C	C	XXX	N	N	D	N	N	-	-
74240	26	A	A	XXX	N	N	D	N	N	24.92	24.92
74240	TC	A	A	XXX	N	N	D	N	N	54.78	54.78
74240		A	A	XXX	N	N	D	N	N	79.70	79.70
74241	26	A	A	XXX	N	N	D	N	N	24.66	24.66
74241	TC	A	A	XXX	N	N	D	N	N	58.15	58.15
74241		A	A	XXX	N	N	D	N	N	82.81	82.81
74245	26	A	A	XXX	N	N	D	N	N	32.45	32.45
74245	TC	A	A	XXX	N	N	D	N	N	88.00	88.00
74245		A	A	XXX	N	N	D	N	N	120.71	120.71
74246	26	A	A	XXX	N	N	D	N	N	24.66	24.66

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
74246	TC	A	A	XXX	N	N	D	N	N	63.60	63.60
74246		A	A	XXX	N	N	D	N	N	88.52	88.52
74247	26	A	A	XXX	N	N	D	N	N	24.66	24.66
74247	TC	A	A	XXX	N	N	D	N	N	74.25	74.25
74247		A	A	XXX	N	N	D	N	N	99.17	99.17
74249	26	A	A	XXX	N	N	D	N	N	32.45	32.45
74249	TC	A	A	XXX	N	N	D	N	N	96.31	96.31
74249		A	A	XXX	N	N	D	N	N	129.28	129.28
74250	26	A	A	XXX	N	N	D	N	N	17.13	17.13
74250	TC	A	A	XXX	N	N	D	N	N	55.81	55.81
74250		A	A	XXX	N	N	D	N	N	72.95	72.95
74251	26	A	A	XXX	N	N	D	N	N	24.66	24.66
74251	TC	A	A	XXX	N	N	D	N	N	142.50	142.50
74251		A	A	XXX	N	N	D	N	N	167.32	167.32
74260	26	A	A	XXX	N	N	D	N	N	18.17	18.17
74260	TC	A	A	XXX	N	N	D	N	N	69.75	69.75
74260		A	A	XXX	N	N	D	N	N	87.97	87.97
74261	26	A	A	XXX	4	N	D	N	N	86.45	86.45
74261	TC	A	A	XXX	4	N	D	N	N	69.75	69.75
74261		A	A	XXX	4	N	D	N	N	156.34	156.34
74262	26	A	A	XXX	4	N	D	N	N	90.08	90.08
74262	TC	A	A	XXX	4	N	D	N	N	124.70	124.70
74262		A	A	XXX	4	N	D	N	N	214.78	214.78
74263	26	Not Covered	N	XXX	N	N	N	N	N	81.00	81.00
74263	TC	Not Covered	N	XXX	N	N	N	N	N	402.64	402.64
74263		Not Covered	N	XXX	N	N	N	N	N	483.38	483.38
74270	26	A	A	XXX	N	N	D	N	N	24.66	24.66
74270	TC	A	A	XXX	N	N	D	N	N	79.18	79.18
74270		A	A	XXX	N	N	D	N	N	104.10	104.10
74280	26	A	A	XXX	N	N	D	N	N	35.82	35.82
74280	TC	A	A	XXX	N	N	D	N	N	111.37	111.37
74280		A	A	XXX	N	N	D	N	N	146.93	146.93
74283	26	A	A	XXX	N	N	D	N	N	74.51	74.51
74283	TC	A	A	XXX	N	N	D	N	N	81.77	81.77
74283		A	A	XXX	N	N	D	N	N	156.02	156.02
74290	26	A	A	XXX	N	N	D	N	N	11.68	11.68
74290	TC	A	A	XXX	N	N	D	N	N	37.64	37.64
74290		A	A	XXX	N	N	D	N	N	49.32	49.32
74300	26	A	A	XXX	N	N	D	N	N	13.24	13.24
74300	TC	C	C	XXX	N	N	D	N	N	-	-
74300		C	C	XXX	N	N	D	N	N	-	-
74301	26	A	A	ZZZ	N	N	D	N	N	7.53	7.53
74301	TC	C	C	ZZZ	N	N	D	N	N	-	-
74301		C	C	ZZZ	N	N	D	N	N	-	-
74328	26	A	A	XXX	N	N	D	N	N	25.44	25.44
74328	TC	C	C	XXX	N	N	D	N	N	-	-
74328		C	C	XXX	N	N	D	N	N	-	-
74329	26	A	A	XXX	N	N	D	N	N	25.44	25.44
74329	TC	C	C	XXX	N	N	D	N	N	-	-
74329		C	C	XXX	N	N	D	N	N	-	-
74330	26	A	A	XXX	N	N	D	N	N	32.45	32.45
74330	TC	C	C	XXX	N	N	D	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
74330		C	C	XXX	N	N	D	N	N	-	-
74340	26	A	A	XXX	N	N	D	N	N	19.47	19.47
74340	TC	C	C	XXX	N	N	D	N	N	-	-
74340		C	C	XXX	N	N	D	N	N	-	-
74355	26	A	A	XXX	N	N	D	N	N	27.26	27.26
74355	TC	C	C	XXX	N	N	D	N	N	-	-
74355		C	C	XXX	N	N	D	N	N	-	-
74360	26	A	A	XXX	N	N	D	N	N	20.25	20.25
74360	TC	C	C	XXX	N	N	D	N	N	-	-
74360		C	C	XXX	N	N	D	N	N	-	-
74363	26	A	A	XXX	N	N	D	N	N	30.89	30.89
74363	TC	C	C	XXX	N	N	D	N	N	-	-
74363		C	C	XXX	N	N	D	N	N	-	-
74400	26	A	A	XXX	N	N	D	N	N	17.65	17.65
74400	TC	A	A	XXX	N	N	D	N	N	59.19	59.19
74400		A	A	XXX	N	N	D	N	N	77.10	77.10
74410	26	A	A	XXX	N	N	D	N	N	17.65	17.65
74410	TC	A	A	XXX	N	N	D	N	N	60.49	60.49
74410		A	A	XXX	N	N	D	N	N	78.14	78.14
74415	26	A	A	XXX	N	N	D	N	N	17.65	17.65
74415	TC	A	A	XXX	N	N	D	N	N	75.02	75.02
74415		A	A	XXX	N	N	D	N	N	92.68	92.68
74420	26	A	A	XXX	N	N	D	N	N	18.43	18.43
74420	TC	A	A	XXX	N	N	D	N	N	28.82	28.82
74420		A	A	XXX	N	N	D	N	N	47.25	47.25
74425	26	A	A	XXX	N	N	D	N	N	12.72	12.72
74425	TC	A	C	XXX	N	N	D	N	N	238.39	238.39
74425		A	C	XXX	N	N	D	N	N	251.08	251.08
74430	26	A	A	XXX	N	N	D	N	N	11.68	11.68
74430	TC	A	A	XXX	N	N	D	N	N	14.54	14.54
74430		A	A	XXX	N	N	D	N	N	26.22	26.22
74440	26	A	A	XXX	N	N	D	N	N	12.98	12.98
74440	TC	A	A	XXX	N	N	D	N	N	42.83	42.83
74440		A	A	XXX	N	N	D	N	N	56.07	56.07
74445	26	A	A	XXX	N	N	D	N	N	39.46	39.46
74445	TC	A	C	XXX	N	N	D	N	N	69.53	69.53
74445		A	C	XXX	N	N	D	N	N	109.03	109.03
74450	26	A	A	XXX	N	N	D	N	N	11.94	11.94
74450	TC	A	C	XXX	N	N	D	N	N	142.50	142.50
74450		A	C	XXX	N	N	D	N	N	154.41	154.41
74455	26	A	A	XXX	N	N	D	N	N	11.94	11.94
74455	TC	A	A	XXX	N	N	D	N	N	46.21	46.21
74455		A	A	XXX	N	N	D	N	N	58.41	58.41
74470	26	A	A	XXX	N	N	D	N	N	18.95	18.95
74470	TC	A	C	XXX	N	N	D	N	N	307.13	307.13
74470		A	C	XXX	N	N	D	N	N	326.16	326.16
74485	26	A	A	XXX	N	N	D	N	N	28.82	28.82
74485	TC	A	A	XXX	N	N	D	N	N	41.80	41.80
74485		A	A	XXX	N	N	D	N	N	70.61	70.61
74710	26	A	A	XXX	N	N	D	N	N	12.46	12.46
74710	TC	A	A	XXX	N	N	D	N	N	13.24	13.24
74710		A	A	XXX	N	N	D	N	N	25.70	25.70

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
74712	26	A	A	XXX	4	N	D	N	N	107.99	107.99
74712	TC	A	A	XXX	4	N	D	N	N	142.28	142.28
74712		A	A	XXX	4	N	D	N	N	250.35	250.35
74713	26	A	A	ZZZ	N	N	D	N	N	66.98	66.98
74713	TC	A	A	ZZZ	N	N	D	N	N	88.00	88.00
74713		A	A	ZZZ	N	N	D	N	N	155.24	155.24
74740	26	A	A	XXX	N	N	D	N	N	13.76	13.76
74740	TC	A	A	XXX	N	N	D	N	N	39.72	39.72
74740		A	A	XXX	N	N	D	N	N	53.48	53.48
74742	26	A	A	XXX	N	N	D	N	N	22.33	22.33
74742	TC	C	C	XXX	N	N	D	N	N	-	-
74742		C	C	XXX	N	N	D	N	N	-	-
74775	26	A	A	XXX	N	N	D	N	N	22.59	22.59
74775	TC	A	C	XXX	N	N	D	N	N	142.50	142.50
74775		A	C	XXX	N	N	D	N	N	165.06	165.06
75557	26	A	A	XXX	4	N	D	N	N	83.07	83.07
75557	TC	A	A	XXX	4	N	D	N	N	130.58	130.58
75557		A	A	XXX	4	N	D	N	N	213.91	213.91
75559	26	A	A	XXX	4	N	D	N	N	102.54	102.54
75559	TC	A	A	XXX	4	N	D	N	N	194.44	194.44
75559		A	A	XXX	4	N	D	N	N	296.72	296.72
75561	26	A	A	XXX	4	N	D	N	N	91.90	91.90
75561	TC	A	A	XXX	4	N	D	N	N	187.17	187.17
75561		A	A	XXX	4	N	D	N	N	278.81	278.81
75563	26	A	A	XXX	4	N	D	N	N	105.14	105.14
75563	TC	A	A	XXX	4	N	D	N	N	225.07	225.07
75563		A	A	XXX	4	N	D	N	N	329.95	329.95
75565	26	A	A	ZZZ	N	N	D	N	N	8.83	8.83
75565	TC	A	A	ZZZ	N	N	D	N	N	25.70	25.70
75565		A	A	ZZZ	N	N	D	N	N	34.53	34.53
75571	26	Not Covered	A	XXX	4	N	D	N	N	20.77	20.77
75571	TC	Not Covered	A	XXX	4	N	D	N	N	38.60	38.60
75571		Not Covered	A	XXX	4	N	D	N	N	59.34	59.34
75572	26	A	A	XXX	4	N	D	N	N	62.56	62.56
75572	TC	A	A	XXX	4	N	D	N	N	112.67	112.67
75572		A	A	XXX	4	N	D	N	N	174.97	174.97
75573	26	A	A	XXX	4	N	D	N	N	90.86	90.86
75573	TC	A	A	XXX	4	N	D	N	N	124.82	124.82
75573		A	A	XXX	4	N	D	N	N	215.63	215.63
75574	26	A	A	XXX	4	N	D	N	N	85.15	85.15
75574	TC	A	A	XXX	4	N	D	N	N	124.82	124.82
75574		A	A	XXX	4	N	D	N	N	209.85	209.85
75600	26	A	A	XXX	6	N	D	N	N	17.91	17.91
75600	TC	A	A	XXX	6	N	D	N	N	110.07	110.07
75600		A	A	XXX	6	N	D	N	N	127.72	127.72
75605	26	A	A	XXX	6	N	D	N	N	40.50	40.50
75605	TC	A	A	XXX	6	N	D	N	N	49.06	49.06
75605		A	A	XXX	6	N	D	N	N	89.56	89.56
75625	26	A	A	XXX	6	N	D	N	N	41.02	41.02
75625	TC	A	A	XXX	6	N	D	N	N	47.77	47.77
75625		A	A	XXX	6	N	D	N	N	88.78	88.78
75630	26	A	A	XXX	6	N	D	N	N	64.12	64.12

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
75630	TC	A	A	XXX	6	N	D	N	N	48.80	48.80
75630		A	A	XXX	6	N	D	N	N	112.93	112.93
75635	26	A	A	XXX	4	N	D	N	N	85.41	85.41
75635	TC	A	A	XXX	4	N	D	N	N	124.82	124.82
75635		A	A	XXX	4	N	D	N	N	210.29	210.29
75705	26	A	A	XXX	6	N	D	N	N	86.19	86.19
75705	TC	A	A	XXX	6	N	D	N	N	85.15	85.15
75705		A	A	XXX	6	N	D	N	N	171.34	171.34
75710	26	A	A	XXX	6	N	D	N	N	63.60	63.60
75710	TC	A	A	XXX	6	N	D	N	N	50.88	50.88
75710		A	A	XXX	6	N	D	N	N	114.48	114.48
75716	26	A	A	XXX	6	B	D	N	N	70.35	70.35
75716	TC	A	A	XXX	6	B	D	N	N	51.40	51.40
75716		A	A	XXX	6	B	D	N	N	121.75	121.75
75726	26	A	A	XXX	6	N	D	N	N	39.72	39.72
75726	TC	A	A	XXX	6	N	D	N	N	56.07	56.07
75726		A	A	XXX	6	N	D	N	N	96.05	96.05
75731	26	A	A	XXX	6	N	D	N	N	41.28	41.28
75731	TC	A	A	XXX	6	N	D	N	N	69.31	69.31
75731		A	A	XXX	6	N	D	N	N	110.59	110.59
75733	26	A	A	XXX	6	B	D	N	N	45.69	45.69
75733	TC	A	A	XXX	6	B	D	N	N	73.47	73.47
75733		A	A	XXX	6	B	D	N	N	118.90	118.90
75736	26	A	A	XXX	6	N	D	N	N	39.98	39.98
75736	TC	A	A	XXX	6	N	D	N	N	63.08	63.08
75736		A	A	XXX	6	N	D	N	N	103.06	103.06
75741	26	A	A	XXX	6	N	D	N	N	45.95	45.95
75741	TC	A	A	XXX	6	N	D	N	N	51.92	51.92
75741		A	A	XXX	6	N	D	N	N	97.87	97.87
75743	26	A	A	XXX	6	B	D	N	N	58.41	58.41
75743	TC	A	A	XXX	6	B	D	N	N	52.44	52.44
75743		A	A	XXX	6	B	D	N	N	110.85	110.85
75746	26	A	A	XXX	6	N	D	N	N	40.24	40.24
75746	TC	A	A	XXX	6	N	D	N	N	57.37	57.37
75746		A	A	XXX	6	N	D	N	N	97.61	97.61
75756	26	A	A	XXX	6	N	D	N	N	41.80	41.80
75756	TC	A	A	XXX	6	N	D	N	N	70.87	70.87
75756		A	A	XXX	6	N	D	N	N	112.67	112.67
75774	26	A	A	ZZZ	N	N	D	N	N	12.72	12.72
75774	TC	A	A	ZZZ	N	N	D	N	N	41.02	41.02
75774		A	A	ZZZ	N	N	D	N	N	53.48	53.48
75801	26	A	A	XXX	N	N	D	N	N	32.71	32.71
75801	TC	A	C	XXX	N	N	D	N	N	382.78	382.78
75801		A	C	XXX	N	N	D	N	N	415.63	415.63
75803	26	A	A	XXX	N	B	D	N	N	42.57	42.57
75803	TC	A	C	XXX	N	B	D	N	N	675.33	675.33
75803		A	C	XXX	N	B	D	N	N	717.85	717.85
75805	26	A	A	XXX	N	N	D	N	N	29.33	29.33
75805	TC	A	C	XXX	N	N	D	N	N	675.33	675.33
75805		A	C	XXX	N	N	D	N	N	704.72	704.72
75807	26	A	A	XXX	N	B	D	N	N	40.76	40.76
75807	TC	A	C	XXX	N	B	D	N	N	1,630.87	1,630.87

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
75807		A	C	XXX	N	B	D	N	N	1,671.61	1,671.61
75809	26	A	A	XXX	6	N	D	N	N	17.13	17.13
75809	TC	A	A	XXX	6	N	D	N	N	44.65	44.65
75809		A	A	XXX	6	N	D	N	N	62.04	62.04
75810	26	A	A	XXX	N	N	D	N	N	36.08	36.08
75810	TC	A	C	XXX	N	N	D	N	N	675.33	675.33
75810		A	C	XXX	N	N	D	N	N	711.51	711.51
75820	26	A	A	XXX	6	N	D	N	N	25.44	25.44
75820	TC	A	A	XXX	6	N	D	N	N	48.03	48.03
75820		A	A	XXX	6	N	D	N	N	73.47	73.47
75822	26	A	A	XXX	6	B	D	N	N	37.64	37.64
75822	TC	A	A	XXX	6	B	D	N	N	49.32	49.32
75822		A	A	XXX	6	B	D	N	N	86.97	86.97
75825	26	A	A	XXX	6	N	D	N	N	41.02	41.02
75825	TC	A	A	XXX	6	N	D	N	N	46.73	46.73
75825		A	A	XXX	6	N	D	N	N	87.74	87.74
75827	26	A	A	XXX	6	N	D	N	N	41.28	41.28
75827	TC	A	A	XXX	6	N	D	N	N	49.32	49.32
75827		A	A	XXX	6	N	D	N	N	90.86	90.86
75831	26	A	A	XXX	6	N	D	N	N	39.98	39.98
75831	TC	A	A	XXX	6	N	D	N	N	50.88	50.88
75831		A	A	XXX	6	N	D	N	N	90.86	90.86
75833	26	A	A	XXX	6	B	D	N	N	53.74	53.74
75833	TC	A	A	XXX	6	B	D	N	N	55.55	55.55
75833		A	A	XXX	6	B	D	N	N	109.03	109.03
75840	26	A	A	XXX	6	N	D	N	N	41.28	41.28
75840	TC	A	A	XXX	6	N	D	N	N	54.52	54.52
75840		A	A	XXX	6	N	D	N	N	95.79	95.79
75842	26	A	A	XXX	6	B	D	N	N	54.00	54.00
75842	TC	A	A	XXX	6	B	D	N	N	63.08	63.08
75842		A	A	XXX	6	B	D	N	N	116.82	116.82
75860	26	A	A	XXX	6	N	D	N	N	41.02	41.02
75860	TC	A	A	XXX	6	N	D	N	N	53.22	53.22
75860		A	A	XXX	6	N	D	N	N	94.23	94.23
75870	26	A	A	XXX	6	N	D	N	N	47.77	47.77
75870	TC	A	A	XXX	6	N	D	N	N	77.36	77.36
75870		A	A	XXX	6	N	D	N	N	124.87	124.87
75872	26	A	A	XXX	6	N	D	N	N	41.28	41.28
75872	TC	A	A	XXX	6	N	D	N	N	54.52	54.52
75872		A	A	XXX	6	N	D	N	N	95.79	95.79
75880	26	A	A	XXX	6	N	D	N	N	25.18	25.18
75880	TC	A	A	XXX	6	N	D	N	N	54.26	54.26
75880		A	A	XXX	6	N	D	N	N	79.70	79.70
75885	26	A	A	XXX	6	N	D	N	N	48.80	48.80
75885	TC	A	A	XXX	6	N	D	N	N	52.70	52.70
75885		A	A	XXX	6	N	D	N	N	102.02	102.02
75887	26	A	A	XXX	6	N	D	N	N	49.06	49.06
75887	TC	A	A	XXX	6	N	D	N	N	52.96	52.96
75887		A	A	XXX	6	N	D	N	N	102.28	102.28
75889	26	A	A	XXX	6	N	D	N	N	39.46	39.46
75889	TC	A	A	XXX	6	N	D	N	N	52.96	52.96
75889		A	A	XXX	6	N	D	N	N	92.42	92.42

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
75891	26	A	A	XXX	6	N	D	N	N	39.98	39.98
75891	TC	A	A	XXX	6	N	D	N	N	53.74	53.74
75891		A	A	XXX	6	N	D	N	N	93.72	93.72
75893	26	A	A	XXX	6	N	D	N	N	19.47	19.47
75893	TC	A	A	XXX	6	N	D	N	N	56.85	56.85
75893		A	A	XXX	6	N	D	N	N	76.32	76.32
75894	26	A	A	XXX	N	N	D	N	N	53.48	53.48
75894	TC	C	C	XXX	N	N	D	N	N	-	-
75894		C	C	XXX	N	N	D	N	N	-	-
75898	26	A	A	XXX	N	N	D	N	N	66.72	66.72
75898	TC	A	C	XXX	N	N	D	N	N	675.33	675.33
75898		A	C	XXX	N	N	D	N	N	742.05	742.05
75901	26	A	A	XXX	N	N	D	N	N	17.13	17.13
75901	TC	A	A	XXX	N	N	D	N	N	110.07	110.07
75901		A	A	XXX	N	N	D	N	N	127.20	127.20
75902	26	A	A	XXX	N	N	D	N	N	13.76	13.76
75902	TC	A	A	XXX	N	N	D	N	N	37.38	37.38
75902		A	A	XXX	N	N	D	N	N	51.14	51.14
75956	26	A	A	XXX	N	N	D	N	N	258.82	258.82
75956	TC	C	C	XXX	N	N	D	N	N	-	-
75956		C	C	XXX	N	N	D	N	N	-	-
75957	26	A	A	XXX	N	N	D	N	N	222.48	222.48
75957	TC	C	C	XXX	N	N	D	N	N	-	-
75957		C	C	XXX	N	N	D	N	N	-	-
75958	26	A	A	XXX	N	N	D	N	N	147.45	147.45
75958	TC	C	C	XXX	N	N	D	N	N	-	-
75958		C	C	XXX	N	N	D	N	N	-	-
75959	26	A	A	XXX	N	N	D	N	N	128.50	128.50
75959	TC	C	C	XXX	N	N	D	N	N	-	-
75959		C	C	XXX	N	N	D	N	N	-	-
75970	26	A	A	XXX	N	N	D	N	N	28.56	28.56
75970	TC	C	C	XXX	N	N	D	N	N	-	-
75970		C	C	XXX	N	N	D	N	N	-	-
75984	26	A	A	XXX	N	N	D	N	N	25.18	25.18
75984	TC	A	A	XXX	N	N	D	N	N	42.31	42.31
75984		A	A	XXX	N	N	D	N	N	67.50	67.50
75989	26	A	A	XXX	N	N	D	N	N	42.06	42.06
75989	TC	A	A	XXX	N	N	D	N	N	39.46	39.46
75989		A	A	XXX	N	N	D	N	N	81.51	81.51
76000	26	A	A	XXX	N	N	D	N	N	11.16	11.16
76000	TC	A	A	XXX	N	N	D	N	N	19.73	19.73
76000		A	A	XXX	N	N	D	N	N	31.15	31.15
76010	26	A	A	XXX	N	N	D	N	N	6.49	6.49
76010	TC	A	A	XXX	N	N	D	N	N	11.42	11.42
76010		A	A	XXX	N	N	D	N	N	18.17	18.17
76080	26	A	A	XXX	N	N	D	N	N	18.95	18.95
76080	TC	A	A	XXX	N	N	D	N	N	19.47	19.47
76080		A	A	XXX	N	N	D	N	N	38.16	38.16
76098	26	A	A	XXX	N	N	D	N	N	5.71	5.71
76098	TC	A	A	XXX	N	N	D	N	N	5.45	5.45
76098		A	A	XXX	N	N	D	N	N	11.42	11.42
76100	26	A	A	XXX	N	N	D	N	N	22.33	22.33

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
76100	TC	A	A	XXX	N	N	D	N	N	39.72	39.72
76100		A	A	XXX	N	N	D	N	N	62.30	62.30
76101	26	A	A	XXX	N	N	D	N	N	21.55	21.55
76101	TC	A	A	XXX	N	N	D	N	N	41.28	41.28
76101		A	A	XXX	N	N	D	N	N	62.56	62.56
76102	26	A	A	XXX	N	B	D	N	N	24.40	24.40
76102	TC	A	A	XXX	N	B	D	N	N	69.86	69.86
76102		A	A	XXX	N	B	D	N	N	94.28	94.28
76120	26	A	A	XXX	N	N	D	N	N	13.24	13.24
76120	TC	A	A	XXX	N	N	D	N	N	52.44	52.44
76120		A	A	XXX	N	N	D	N	N	65.68	65.68
76125	26	A	A	ZZZ	N	N	D	N	N	10.12	10.12
76125	TC	C	C	ZZZ	N	N	D	N	N	-	-
76125		C	C	ZZZ	N	N	D	N	N	-	-
76140		C	I	XXX	N	N	N	N	N	-	-
76376	26	Not Covered	A	XXX	N	N	D	N	N	7.01	7.01
76376	TC	Not Covered	A	XXX	N	N	D	N	N	8.31	8.31
76376		Not Covered	A	XXX	N	N	D	N	N	15.58	15.58
76377	26	Not Covered	A	XXX	N	N	D	N	N	28.56	28.56
76377	TC	Not Covered	A	XXX	N	N	D	N	N	19.73	19.73
76377		Not Covered	A	XXX	N	N	D	N	N	48.29	48.29
76380	26	A	A	XXX	N	N	D	N	N	35.05	35.05
76380	TC	A	A	XXX	N	N	D	N	N	38.60	38.60
76380		A	A	XXX	N	N	D	N	N	73.62	73.62
76390	26	A	N	XXX	N	N	N	N	N	49.58	49.58
76390	TC	A	N	XXX	N	N	N	N	N	229.75	229.75
76390		A	N	XXX	N	N	N	N	N	279.59	279.59
76391	26	A	A	XXX	4	N	D	N	N	39.98	39.98
76391	TC	A	A	XXX	4	N	D	N	N	112.93	112.93
76391		A	A	XXX	4	N	D	N	N	152.90	152.90
76496	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
76496	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	38.60	38.60
76496		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
76497	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
76497	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	38.60	38.60
76497		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
76498	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
76498	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	38.60	38.60
76498		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
76499	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
76499	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
76499		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
76506	26	A	A	XXX	N	N	D	N	N	23.10	23.10
76506	TC	A	A	XXX	N	N	D	N	N	52.44	52.44
76506		A	A	XXX	N	N	D	N	N	75.54	75.54
76510	26	A	A	XXX	7	N	D	N	N	39.46	39.46
76510	TC	A	A	XXX	7	N	D	N	N	33.49	33.49
76510		A	A	XXX	7	N	D	N	N	72.95	72.95
76511	26	A	A	XXX	7	N	D	N	N	25.44	25.44
76511	TC	A	A	XXX	7	N	D	N	N	19.99	19.99
76511		A	A	XXX	7	N	D	N	N	45.69	45.69
76512	26	A	A	XXX	7	N	D	N	N	24.14	24.14

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
76512	TC	A	A	XXX	7	N	D	N	N	16.61	16.61
76512		A	A	XXX	7	N	D	N	N	41.02	41.02
76513	26	A	A	XXX	7	N	D	N	N	25.18	25.18
76513	TC	A	A	XXX	7	N	D	N	N	39.20	39.20
76513		A	A	XXX	7	N	D	N	N	64.64	64.64
76514	26	A	A	XXX	7	B	D	N	N	5.71	5.71
76514	TC	A	A	XXX	7	B	D	N	N	2.86	2.86
76514		A	A	XXX	7	B	D	N	N	8.83	8.83
76516	26	A	A	XXX	7	B	D	N	N	16.10	16.10
76516	TC	A	A	XXX	7	B	D	N	N	19.73	19.73
76516		A	A	XXX	7	B	D	N	N	35.82	35.82
76519	26	A	A	XXX	7	N	D	N	N	21.81	21.81
76519	TC	A	A	XXX	7	B	D	N	N	21.81	21.81
76519		A	A	XXX	7	B	D	N	N	43.87	43.87
76529	26	A	A	XXX	N	N	D	N	N	23.10	23.10
76529	TC	A	A	XXX	N	N	D	N	N	30.89	30.89
76529		A	A	XXX	N	N	D	N	N	54.26	54.26
76536	26	A	A	XXX	N	N	D	N	N	20.25	20.25
76536	TC	A	A	XXX	N	N	D	N	N	54.52	54.52
76536		A	A	XXX	N	N	D	N	N	74.76	74.76
76604	26	A	A	XXX	4	N	D	N	N	19.47	19.47
76604	TC	A	A	XXX	4	N	D	N	N	38.68	38.68
76604		A	A	XXX	4	N	D	N	N	58.41	58.41
76641	26	A	A	XXX	N	Y	D	N	N	26.22	26.22
76641	TC	A	A	XXX	N	Y	D	N	N	44.13	44.13
76641		A	A	XXX	N	Y	D	N	N	70.35	70.35
76642	26	A	A	XXX	N	Y	D	N	N	24.40	24.40
76642	TC	A	A	XXX	N	Y	D	N	N	33.49	33.49
76642		A	A	XXX	N	Y	D	N	N	57.89	57.89
76700	26	A	A	XXX	4	N	D	N	N	29.08	29.08
76700	TC	A	A	XXX	4	N	D	N	N	50.88	50.88
76700		A	A	XXX	4	N	D	N	N	79.70	79.70
76705	26	A	A	XXX	4	N	D	N	N	21.03	21.03
76705	TC	A	A	XXX	4	N	D	N	N	38.42	38.42
76705		A	A	XXX	4	N	D	N	N	59.45	59.45
76706	26	A	A	XXX	N	N	D	N	N	19.73	19.73
76706	TC	A	A	XXX	N	N	D	N	N	54.00	54.00
76706		A	A	XXX	N	N	D	N	N	73.73	73.73
76770	26	A	A	XXX	4	N	D	N	N	26.48	26.48
76770	TC	A	A	XXX	4	N	D	N	N	47.51	47.51
76770		A	A	XXX	4	N	D	N	N	73.99	73.99
76775	26	A	A	XXX	4	N	D	N	N	20.77	20.77
76775	TC	A	A	XXX	4	N	D	N	N	18.43	18.43
76775		A	A	XXX	4	N	D	N	N	39.20	39.20
76776	26	A	A	XXX	4	N	D	N	N	27.26	27.26
76776	TC	A	A	XXX	4	N	D	N	N	73.47	73.47
76776		A	A	XXX	4	N	D	N	N	100.72	100.72
76800	26	A	A	XXX	N	N	D	N	N	43.09	43.09
76800	TC	A	A	XXX	N	N	D	N	N	52.44	52.44
76800		A	A	XXX	N	N	D	N	N	96.05	96.05
76801	26	A	A	XXX	N	N	D	N	N	36.08	36.08
76801	TC	A	A	XXX	N	N	D	N	N	45.43	45.43

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
76801		A	A	XXX	N	N	D	N	N	81.51	81.51
76802	26	A	A	ZZZ	N	N	D	N	N	30.63	30.63
76802	TC	A	A	ZZZ	N	N	D	N	N	13.50	13.50
76802		A	A	ZZZ	N	N	D	N	N	44.13	44.13
76805	26	A	A	XXX	N	N	D	N	N	36.34	36.34
76805	TC	A	A	XXX	N	N	D	N	N	56.59	56.59
76805		A	A	XXX	N	N	D	N	N	92.94	92.94
76810	26	A	A	ZZZ	N	N	D	N	N	36.34	36.34
76810	TC	A	A	ZZZ	N	N	D	N	N	26.74	26.74
76810		A	A	ZZZ	N	N	D	N	N	63.08	63.08
76811	26	A	A	XXX	N	N	D	N	N	70.61	70.61
76811	TC	A	A	XXX	N	N	D	N	N	52.70	52.70
76811		A	A	XXX	N	N	D	N	N	123.05	123.05
76812	26	A	A	ZZZ	N	N	D	N	N	66.72	66.72
76812	TC	A	A	ZZZ	N	N	D	N	N	69.05	69.05
76812		A	A	ZZZ	N	N	D	N	N	135.77	135.77
76813	26	A	A	XXX	N	N	D	N	N	44.13	44.13
76813	TC	A	A	XXX	N	N	D	N	N	38.42	38.42
76813		A	A	XXX	N	N	D	N	N	82.29	82.29
76814	26	A	A	XXX	N	N	D	N	N	37.38	37.38
76814	TC	A	A	XXX	N	N	D	N	N	18.17	18.17
76814		A	A	XXX	N	N	D	N	N	55.29	55.29
76815	26	A	A	XXX	N	N	D	N	N	23.62	23.62
76815	TC	A	A	XXX	N	N	D	N	N	32.19	32.19
76815		A	A	XXX	N	N	D	N	N	55.81	55.81
76816	26	A	A	XXX	N	N	D	N	N	31.41	31.41
76816	TC	A	A	XXX	N	N	D	N	N	44.39	44.39
76816		A	A	XXX	N	N	D	N	N	75.80	75.80
76817	26	A	A	XXX	N	N	D	N	N	27.26	27.26
76817	TC	A	A	XXX	N	N	D	N	N	36.86	36.86
76817		A	A	XXX	N	N	D	N	N	64.38	64.38
76818	26	A	A	XXX	N	N	D	N	N	39.20	39.20
76818	TC	A	A	XXX	N	N	D	N	N	42.57	42.57
76818		A	A	XXX	N	N	D	N	N	81.51	81.51
76819	26	A	A	XXX	N	N	D	N	N	28.56	28.56
76819	TC	A	A	XXX	N	N	D	N	N	31.15	31.15
76819		A	A	XXX	N	N	D	N	N	59.71	59.71
76820	26	A	A	XXX	N	N	D	N	N	18.43	18.43
76820	TC	A	A	XXX	N	N	D	N	N	13.76	13.76
76820		A	A	XXX	N	N	D	N	N	32.45	32.45
76821	26	A	A	XXX	N	N	D	N	N	26.22	26.22
76821	TC	A	A	XXX	N	N	D	N	N	35.31	35.31
76821		A	A	XXX	N	N	D	N	N	61.53	61.53
76825	26	A	A	XXX	N	N	D	N	N	60.23	60.23
76825	TC	A	A	XXX	N	N	D	N	N	120.71	120.71
76825		A	A	XXX	N	N	D	N	N	180.94	180.94
76826	26	A	A	XXX	N	N	D	N	N	29.59	29.59
76826	TC	A	A	XXX	N	N	D	N	N	76.84	76.84
76826		A	A	XXX	N	N	D	N	N	106.44	106.44
76827	26	A	A	XXX	N	N	D	N	N	20.77	20.77
76827	TC	A	A	XXX	N	N	D	N	N	28.82	28.82
76827		A	A	XXX	N	N	D	N	N	49.58	49.58

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
76828		A	A	XXX	N	N	D	N	N	20.51	20.51
76828	TC	A	A	XXX	N	N	D	N	N	15.58	15.58
76828		A	A	XXX	N	N	D	N	N	36.08	36.08
76830	26	A	A	XXX	N	N	D	N	N	24.92	24.92
76830	TC	A	A	XXX	N	N	D	N	N	54.52	54.52
76830		A	A	XXX	N	N	D	N	N	79.44	79.44
76831	26	A	A	XXX	4	N	D	N	N	26.22	26.22
76831	TC	A	A	XXX	4	N	D	N	N	51.40	51.40
76831		A	A	XXX	4	N	D	N	N	77.88	77.88
76856	26	A	A	XXX	4	N	D	N	N	24.66	24.66
76856	TC	A	A	XXX	4	N	D	N	N	46.99	46.99
76856		A	A	XXX	4	N	D	N	N	71.65	71.65
76857	26	A	A	XXX	4	N	D	N	N	17.91	17.91
76857	TC	A	A	XXX	4	N	D	N	N	15.06	15.06
76857		A	A	XXX	4	N	D	N	N	32.97	32.97
76870	26	A	A	XXX	4	N	D	N	N	23.10	23.10
76870	TC	A	A	XXX	4	N	D	N	N	45.95	45.95
76870		A	A	XXX	4	N	D	N	N	68.79	68.79
76872	26	A	A	XXX	N	N	D	N	N	24.14	24.14
76872	TC	A	A	XXX	N	N	D	N	N	59.45	59.45
76872		A	A	XXX	N	N	D	N	N	83.59	83.59
76873	26	A	A	XXX	N	N	D	N	N	55.81	55.81
76873	TC	A	A	XXX	N	N	D	N	N	59.97	59.97
76873		A	A	XXX	N	N	D	N	N	115.78	115.78
76881	26	A	A	XXX	N	N	D	N	N	22.84	22.84
76881	TC	A	A	XXX	N	N	D	N	N	35.82	35.82
76881		A	A	XXX	N	N	D	N	N	58.67	58.67
76882	26	A	A	XXX	N	N	D	N	N	17.65	17.65
76882	TC	A	A	XXX	N	N	D	N	N	20.51	20.51
76882		A	A	XXX	N	N	D	N	N	38.16	38.16
76885	26	A	A	XXX	N	N	D	N	N	26.74	26.74
76885	TC	A	A	XXX	N	N	D	N	N	38.60	38.60
76885		A	A	XXX	N	N	D	N	N	65.39	65.39
76886	26	A	A	XXX	N	N	D	N	N	22.59	22.59
76886	TC	A	A	XXX	N	N	D	N	N	38.60	38.60
76886		A	A	XXX	N	N	D	N	N	61.16	61.16
76930	26	A	A	XXX	N	N	D	N	N	23.88	23.88
76930	TC	C	C	XXX	N	N	D	N	N	-	-
76930		C	C	XXX	N	N	D	N	N	-	-
76932	26	A	A	XXX	N	N	D	N	N	23.88	23.88
76932	TC	C	C	YYY	N	N	D	N	N	-	-
76932		C	C	YYY	N	N	D	N	N	-	-
76936	26	A	A	XXX	N	N	D	N	N	71.65	71.65
76936	TC	A	A	XXX	N	N	D	N	N	107.73	107.73
76936		A	A	XXX	N	N	D	N	N	179.12	179.12
76937	26	A	A	ZZZ	N	N	D	N	N	10.64	10.64
76937	TC	A	A	ZZZ	N	N	D	N	N	12.20	12.20
76937		A	A	ZZZ	N	N	D	N	N	22.84	22.84
76940	26	A	A	XXX	N	N	D	N	N	75.28	75.28
76940	TC	C	C	YYY	N	N	D	N	N	-	-
76940		C	C	YYY	N	N	D	N	N	-	-
76941	26	A	A	XXX	N	N	D	N	N	50.36	50.36

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
76941	TC	C	C	XXX	N	N	D	N	N	-	-
76941		C	C	XXX	N	N	D	N	N	-	-
76942	26	A	A	XXX	N	N	D	N	N	23.10	23.10
76942	TC	A	A	XXX	N	N	D	N	N	15.58	15.58
76942		A	A	XXX	N	N	D	N	N	38.68	38.68
76945	26	A	A	XXX	N	N	D	N	N	25.18	25.18
76945	TC	C	C	XXX	N	N	D	N	N	-	-
76945		C	C	XXX	N	N	D	N	N	-	-
76946	26	A	A	XXX	N	N	D	N	N	14.02	14.02
76946	TC	A	A	XXX	N	N	D	N	N	8.31	8.31
76946		A	A	XXX	N	N	D	N	N	22.33	22.33
76948	26	A	A	XXX	N	N	D	N	N	25.18	25.18
76948	TC	A	A	XXX	N	N	D	N	N	25.18	25.18
76948		A	A	XXX	N	N	D	N	N	50.36	50.36
76965	26	A	A	XXX	N	N	D	N	N	48.03	48.03
76965	TC	A	A	XXX	N	N	D	N	N	15.58	15.58
76965		A	A	XXX	N	N	D	N	N	64.12	64.12
76970	26	A	A	XXX	N	N	D	N	N	14.02	14.02
76970	TC	A	A	XXX	N	N	D	N	N	44.39	44.39
76970		A	A	XXX	N	N	D	N	N	58.41	58.41
76975	26	A	A	XXX	N	N	D	N	N	30.11	30.11
76975	TC	A	C	XXX	N	N	D	N	N	142.50	142.50
76975		A	C	XXX	N	N	D	N	N	172.55	172.55
76977	26	A	A	XXX	N	N	D	N	N	2.08	2.08
76977	TC	A	A	XXX	N	N	D	N	N	2.86	2.86
76977		A	A	XXX	N	N	D	N	N	5.19	5.19
76978	26	Not Covered	A	XXX	4	N	D	N	N	58.41	58.41
76978	TC	Not Covered	A	XXX	4	N	D	N	N	153.16	153.16
76978		Not Covered	A	XXX	4	N	D	N	N	211.31	211.31
76979	26	Not Covered	A	ZZZ	N	N	D	N	N	30.63	30.63
76979	TC	Not Covered	A	ZZZ	N	N	D	N	N	111.63	111.63
76979		Not Covered	A	ZZZ	N	N	D	N	N	142.26	142.26
76981	26	A	A	XXX	4	N	D	N	N	21.55	21.55
76981	TC	A	A	XXX	4	N	D	N	N	48.80	48.80
76981		A	A	XXX	4	N	D	N	N	70.35	70.35
76982	26	A	A	XXX	4	N	D	N	N	21.55	21.55
76982	TC	A	A	XXX	4	N	D	N	N	41.54	41.54
76982		A	A	XXX	4	N	D	N	N	63.08	63.08
76983	26	A	A	ZZZ	N	N	D	N	N	18.17	18.17
76983	TC	A	A	ZZZ	N	N	D	N	N	21.03	21.03
76983		A	A	ZZZ	N	N	D	N	N	39.46	39.46
76998	26	A	A	XXX	N	N	D	N	N	47.25	47.25
76998	TC	C	C	XXX	N	N	D	N	N	-	-
76998		C	C	XXX	N	N	D	N	N	-	-
76999	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
76999	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
76999		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
77001	26	A	A	ZZZ	N	N	D	N	N	13.50	13.50
77001	TC	A	A	ZZZ	N	N	D	N	N	44.91	44.91
77001		A	A	ZZZ	N	N	D	N	N	58.67	58.67
77002	26	A	A	ZZZ	N	N	D	N	N	19.99	19.99
77002	TC	A	A	ZZZ	N	N	D	N	N	46.21	46.21

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
77002		A	A	ZZZ	N	N	D	N	N	65.94	65.94
77003	26	A	A	ZZZ	N	N	D	N	N	21.81	21.81
77003	TC	A	A	ZZZ	N	N	D	N	N	42.57	42.57
77003		A	A	ZZZ	N	N	D	N	N	64.38	64.38
77011	26	A	A	XXX	N	N	N	N	N	45.17	45.17
77011	TC	A	A	XXX	N	N	N	N	N	104.10	104.10
77011		A	A	XXX	N	N	N	N	N	149.53	149.53
77012	26	A	A	XXX	N	N	N	N	N	53.48	53.48
77012	TC	A	A	XXX	N	N	N	N	N	48.29	48.29
77012		A	A	XXX	N	N	N	N	N	101.76	101.76
77013	26	A	A	XXX	N	N	D	N	N	138.89	138.89
77013	TC	C	C	XXX	N	N	D	N	N	-	-
77013		C	C	XXX	N	N	D	N	N	-	-
77014	26	A	A	XXX	N	N	N	N	N	31.93	31.93
77014	TC	A	A	XXX	N	N	N	N	N	47.77	47.77
77014		A	A	XXX	N	N	N	N	N	79.44	79.44
77021	26	A	A	XXX	N	N	N	N	N	52.70	52.70
77021	TC	A	A	XXX	N	N	N	N	N	253.11	253.11
77021		A	A	XXX	N	N	N	N	N	305.81	305.81
77022	26	A	A	XXX	N	N	N	N	N	155.24	155.24
77022	TC	C	C	XXX	N	N	D	N	N	-	-
77022		C	C	XXX	N	N	D	N	N	-	-
77046	26	A	A	XXX	4	N	D	N	N	51.92	51.92
77046	TC	A	A	XXX	4	N	D	N	N	110.33	110.33
77046		A	A	XXX	4	N	D	N	N	162.77	162.77
77047	26	A	A	XXX	4	B	D	N	N	57.89	57.89
77047	TC	A	A	XXX	4	B	D	N	N	109.81	109.81
77047		A	A	XXX	4	B	D	N	N	167.44	167.44
77048	26	A	A	XXX	4	N	D	N	N	75.54	75.54
77048	TC	A	A	XXX	4	N	D	N	N	181.98	181.98
77048		A	A	XXX	4	N	D	N	N	257.52	257.52
77049	26	A	A	XXX	4	B	D	N	N	82.55	82.55
77049	TC	A	A	XXX	4	B	D	N	N	181.20	181.20
77049		A	A	XXX	4	B	D	N	N	263.49	263.49
77053	26	A	A	XXX	N	N	N	N	N	12.98	12.98
77053	TC	A	A	XXX	N	N	N	N	N	24.66	24.66
77053		A	A	XXX	N	N	N	N	N	37.64	37.64
77054	26	A	A	XXX	N	N	N	N	N	16.61	16.61
77054	TC	A	A	XXX	N	N	N	N	N	32.71	32.71
77054		A	A	XXX	N	N	N	N	N	49.32	49.32
77061	26	Not Covered	I	XXX	N	N	N	N	N	-	-
77061	TC	Not Covered	I	XXX	N	N	N	N	N	-	-
77061		Not Covered	I	XXX	N	N	N	N	N	-	-
77062	26	Not Covered	I	XXX	N	N	N	N	N	-	-
77062	TC	Not Covered	I	XXX	N	N	N	N	N	-	-
77062		Not Covered	I	XXX	N	N	N	N	N	-	-
77063	26	A	A	ZZZ	N	B	N	N	N	21.55	21.55
77063	TC	A	A	ZZZ	N	B	N	N	N	15.58	15.58
77063		A	A	ZZZ	N	B	N	N	N	37.12	37.12
77065	26	A	A	XXX	N	N	D	N	N	29.33	29.33
77065	TC	A	A	XXX	N	N	D	N	N	58.15	58.15
77065		A	A	XXX	N	N	D	N	N	87.74	87.74

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
77066		A	A	XXX	N	B	D	N	N	36.34	36.34
77066	TC	A	A	XXX	N	B	D	N	N	74.25	74.25
77066		A	A	XXX	N	B	D	N	N	110.59	110.59
77067	26	A	A	XXX	N	B	D	N	N	27.26	27.26
77067	TC	A	A	XXX	N	B	D	N	N	61.53	61.53
77067		A	A	XXX	N	B	D	N	N	88.78	88.78
77071		A	A	XXX	N	B	D	N	N	34.01	34.01
77072	26	A	A	XXX	N	N	D	N	N	6.75	6.75
77072	TC	A	A	XXX	N	N	D	N	N	9.09	9.09
77072		A	A	XXX	N	N	D	N	N	16.10	16.10
77073	26	A	A	XXX	N	N	D	N	N	10.38	10.38
77073	TC	A	A	XXX	N	N	D	N	N	14.54	14.54
77073		A	A	XXX	N	N	D	N	N	24.92	24.92
77074	26	A	A	XXX	N	N	D	N	N	16.61	16.61
77074	TC	A	A	XXX	N	N	D	N	N	28.04	28.04
77074		A	A	XXX	N	N	D	N	N	44.65	44.65
77075	26	A	A	XXX	N	N	D	N	N	19.47	19.47
77075	TC	A	A	XXX	N	N	D	N	N	40.76	40.76
77075		A	A	XXX	N	N	D	N	N	60.23	60.23
77076	26	A	A	XXX	N	N	D	N	N	25.18	25.18
77076	TC	A	A	XXX	N	N	D	N	N	41.28	41.28
77076		A	A	XXX	N	N	D	N	N	66.46	66.46
77077	26	A	A	XXX	N	N	D	N	N	11.68	11.68
77077	TC	A	A	XXX	N	N	D	N	N	14.02	14.02
77077		A	A	XXX	N	N	D	N	N	25.70	25.70
77078	26	A	A	XXX	N	N	D	N	N	8.83	8.83
77078	TC	A	A	XXX	N	N	D	N	N	38.60	38.60
77078		A	A	XXX	N	N	D	N	N	47.43	47.43
77080	26	A	A	XXX	N	N	D	N	N	7.01	7.01
77080	TC	A	A	XXX	N	N	D	N	N	18.95	18.95
77080		A	A	XXX	N	N	D	N	N	26.22	26.22
77081	26	A	A	XXX	N	N	D	N	N	7.27	7.27
77081	TC	A	A	XXX	N	N	D	N	N	14.54	14.54
77081		A	A	XXX	N	N	D	N	N	22.07	22.07
77084	26	A	A	XXX	N	N	D	N	N	57.89	57.89
77084	TC	A	A	XXX	N	N	D	N	N	142.61	142.61
77084		A	A	XXX	N	N	D	N	N	200.53	200.53
77085	26	A	A	XXX	N	N	D	N	N	10.90	10.90
77085	TC	A	A	XXX	N	N	D	N	N	24.66	24.66
77085		A	A	XXX	N	N	D	N	N	35.82	35.82
77086	26	A	A	XXX	N	N	D	N	N	5.97	5.97
77086	TC	A	A	XXX	N	N	D	N	N	16.61	16.61
77086		A	A	XXX	N	N	D	N	N	23.10	23.10
77261		A	A	XXX	N	N	D	N	N	51.14	51.14
77262		A	A	XXX	N	N	D	N	N	77.10	77.10
77263		A	A	XXX	N	N	D	N	N	120.71	120.71
77280	26	A	A	XXX	N	N	D	N	N	26.48	26.48
77280	TC	A	A	XXX	N	N	D	N	N	150.83	150.83
77280		A	A	XXX	N	N	D	N	N	177.31	177.31
77285	26	A	A	XXX	N	N	D	N	N	40.24	40.24
77285	TC	A	A	XXX	N	N	D	N	N	252.85	252.85
77285		A	A	XXX	N	N	D	N	N	292.83	292.83

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
77290		A	A	XXX	N	N	D	N	N	58.41	58.41
77290	TC	A	A	XXX	N	N	D	N	N	269.21	269.21
77290		A	A	XXX	N	N	D	N	N	327.62	327.62
77293	26	A	A	ZZZ	N	N	D	N	N	75.02	75.02
77293	TC	A	A	ZZZ	N	N	D	N	N	224.29	224.29
77293		A	A	ZZZ	N	N	D	N	N	299.06	299.06
77295	26	A	A	XXX	N	N	D	N	N	160.17	160.17
77295	TC	A	A	XXX	N	N	D	N	N	168.22	168.22
77295		A	A	XXX	N	N	D	N	N	328.65	328.65
77299	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
77299	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
77299		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
77300	26	A	A	XXX	N	N	D	N	N	23.36	23.36
77300	TC	A	A	XXX	N	N	D	N	N	21.29	21.29
77300		A	A	XXX	N	N	D	N	N	44.65	44.65
77301	26	A	A	XXX	N	N	D	N	N	298.80	298.80
77301	TC	A	A	XXX	N	N	D	N	N	962.34	962.34
77301		A	A	XXX	N	N	D	N	N	1,260.88	1,260.88
77306	26	A	A	XXX	N	N	D	N	N	52.44	52.44
77306	TC	A	A	XXX	N	N	D	N	N	48.29	48.29
77306		A	A	XXX	N	N	D	N	N	100.47	100.47
77307	26	A	A	XXX	N	N	D	N	N	108.25	108.25
77307	TC	A	A	XXX	N	N	D	N	N	87.23	87.23
77307		A	A	XXX	N	N	D	N	N	195.22	195.22
77316	26	A	A	XXX	N	N	D	N	N	52.70	52.70
77316	TC	A	A	XXX	N	N	D	N	N	82.29	82.29
77316		A	A	XXX	N	N	D	N	N	134.99	134.99
77317	26	A	A	XXX	N	N	D	N	N	68.27	68.27
77317	TC	A	A	XXX	N	N	D	N	N	107.99	107.99
77317		A	A	XXX	N	N	D	N	N	176.79	176.79
77318	26	A	A	XXX	N	N	D	N	N	108.25	108.25
77318	TC	A	A	XXX	N	N	D	N	N	146.67	146.67
77318		A	A	XXX	N	N	D	N	N	254.67	254.67
77321	26	A	A	XXX	N	N	D	N	N	35.57	35.57
77321	TC	A	A	XXX	N	N	D	N	N	27.52	27.52
77321		A	A	XXX	N	N	D	N	N	63.08	63.08
77331	26	A	A	XXX	N	N	D	N	N	32.45	32.45
77331	TC	A	A	XXX	N	N	D	N	N	11.94	11.94
77331		A	A	XXX	N	N	D	N	N	44.65	44.65
77332	26	A	A	XXX	N	N	D	N	N	17.13	17.13
77332	TC	A	A	XXX	N	N	D	N	N	18.17	18.17
77332		A	A	XXX	N	N	D	N	N	35.31	35.31
77333	26	A	A	XXX	N	N	D	N	N	28.04	28.04
77333	TC	A	A	XXX	N	N	D	N	N	44.13	44.13
77333		A	A	XXX	N	N	D	N	N	72.17	72.17
77334	26	A	A	XXX	N	N	D	N	N	43.09	43.09
77334	TC	A	A	XXX	N	N	D	N	N	42.83	42.83
77334		A	A	XXX	N	N	D	N	N	85.93	85.93
77336		A	A	XXX	N	N	D	N	N	51.14	51.14
77338	26	A	A	XXX	N	N	D	N	N	160.17	160.17
77338	TC	A	A	XXX	N	N	D	N	N	173.41	173.41
77338		A	A	XXX	N	N	D	N	N	333.59	333.59

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
77370		A	A	XXX	N	N	D	N	N	79.70	79.70
77371		C	C	XXX	N	N	D	N	N	-	-
77372		A	A	XXX	N	N	D	N	N	674.70	674.70
77373		A	A	XXX	N	N	D	N	N	816.70	816.70
77385		A	I	XXX	N	N	D	N	N	224.29	224.29
77386		A	I	XXX	N	N	D	N	N	223.26	223.26
77387		Not Covered	I	XXX	N	N	D	N	N	-	-
77399	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
77399	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
77399		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
77401		A	A	XXX	N	N	D	N	N	15.58	15.58
77402		C	I	XXX	N	N	D	N	N	-	-
77407		C	I	XXX	N	N	D	N	N	-	-
77412		C	I	XXX	N	N	D	N	N	-	-
77417		A	A	XXX	N	N	D	N	N	7.27	7.27
77423		C	C	XXX	N	N	D	N	N	-	-
77424		Not Covered	X	XXX	N	N	N	N	N	-	-
77425		Not Covered	X	XXX	N	N	N	N	N	-	-
77427		A	A	XXX	N	N	N	N	N	134.73	134.73
77431		A	A	XXX	N	N	D	N	N	73.99	73.99
77432		A	A	XXX	N	N	D	N	N	303.99	303.99
77435		A	A	XXX	N	N	D	N	N	457.93	457.93
77469		A	A	XXX	N	N	D	N	N	226.37	226.37
77470	26	A	A	XXX	N	N	D	N	N	76.06	76.06
77470	TC	A	A	XXX	N	N	D	N	N	16.10	16.10
77470		A	A	XXX	N	N	D	N	N	92.16	92.16
77499	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
77499	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
77499		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
77520		C	C	XXX	N	N	D	N	N	-	-
77522		C	C	XXX	N	N	D	N	N	-	-
77523		C	C	XXX	N	N	D	N	N	-	-
77525		C	C	XXX	N	N	D	N	N	-	-
77600	26	A	R	XXX	N	N	D	N	N	50.62	50.62
77600	TC	A	R	XXX	N	N	D	N	N	239.35	239.35
77600		A	R	XXX	N	N	D	N	N	289.97	289.97
77605	26	A	R	XXX	N	N	D	N	N	75.28	75.28
77605	TC	A	R	XXX	N	N	D	N	N	426.00	426.00
77605		A	R	XXX	N	N	D	N	N	501.55	501.55
77610	26	A	R	XXX	N	N	D	N	N	48.80	48.80
77610	TC	A	R	XXX	N	N	D	N	N	393.29	393.29
77610		A	R	XXX	N	N	D	N	N	442.10	442.10
77615	26	A	R	XXX	N	N	D	N	N	68.79	68.79
77615	TC	A	R	XXX	N	N	D	N	N	609.80	609.80
77615		A	R	XXX	N	N	D	N	N	678.33	678.33
77620	26	A	R	XXX	N	N	D	N	N	64.12	64.12
77620	TC	A	R	XXX	N	N	D	N	N	272.06	272.06
77620		A	R	XXX	N	N	D	N	N	336.18	336.18
77750	26	A	A	090	N	N	D	N	N	186.65	186.65
77750	TC	A	A	090	N	N	D	N	N	74.76	74.76
77750		A	A	090	N	N	D	N	N	261.42	261.42
77761	26	A	A	090	N	N	D	N	N	144.08	144.08

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
77761	TC	A	A	090	N	N	D	N	N	124.61	124.61
77761		A	A	090	N	N	D	N	N	268.69	268.69
77762	26	A	A	090	N	N	D	N	N	215.73	215.73
77762	TC	A	A	090	N	N	D	N	N	142.78	142.78
77762		A	A	090	N	N	D	N	N	358.51	358.51
77763	26	A	A	090	N	N	D	N	N	325.28	325.28
77763	TC	A	A	090	N	N	D	N	N	187.95	187.95
77763		A	A	090	N	N	D	N	N	513.23	513.23
77767	26	A	A	XXX	N	N	D	N	N	39.20	39.20
77767	TC	A	A	XXX	N	N	D	N	N	112.41	112.41
77767		A	A	XXX	N	N	D	N	N	151.61	151.61
77768	26	A	A	XXX	N	N	D	N	N	52.70	52.70
77768	TC	A	A	XXX	N	N	D	N	N	179.38	179.38
77768		A	A	XXX	N	N	D	N	N	232.08	232.08
77770	26	A	A	XXX	N	N	D	N	N	72.69	72.69
77770	TC	A	A	XXX	N	N	D	N	N	144.08	144.08
77770		A	A	XXX	N	N	D	N	N	217.03	217.03
77771	26	A	A	XXX	N	N	D	N	N	142.26	142.26
77771	TC	A	A	XXX	N	N	D	N	N	254.41	254.41
77771		A	A	XXX	N	N	D	N	N	396.67	396.67
77772	26	A	A	XXX	N	N	D	N	N	201.71	201.71
77772	TC	A	A	XXX	N	N	D	N	N	398.49	398.49
77772		A	A	XXX	N	N	D	N	N	599.68	599.68
77778	26	A	A	000	N	N	D	N	N	327.62	327.62
77778	TC	A	A	000	N	N	D	N	N	245.84	245.84
77778		A	A	000	N	N	D	N	N	573.72	573.72
77789	26	A	A	000	N	N	D	N	N	42.83	42.83
77789	TC	A	A	000	N	N	D	N	N	39.72	39.72
77789		A	A	000	N	N	D	N	N	82.55	82.55
77790		A	A	XXX	N	N	D	N	N	9.61	9.61
77799	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
77799	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
77799		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78012	26	A	A	XXX	N	N	D	N	N	6.75	6.75
78012	TC	A	A	XXX	N	N	D	N	N	46.47	46.47
78012		A	A	XXX	N	N	D	N	N	53.22	53.22
78013	26	A	A	XXX	N	N	D	N	N	13.24	13.24
78013	TC	A	A	XXX	N	N	D	N	N	112.15	112.15
78013		A	A	XXX	N	N	D	N	N	125.13	125.13
78014	26	A	A	XXX	N	N	D	N	N	17.91	17.91
78014	TC	A	A	XXX	N	N	D	N	N	139.41	139.41
78014		A	A	XXX	N	N	D	N	N	157.32	157.32
78015	26	A	A	XXX	N	N	D	N	N	24.14	24.14
78015	TC	A	A	XXX	N	N	D	N	N	123.05	123.05
78015		A	A	XXX	N	N	D	N	N	147.19	147.19
78016	26	A	A	XXX	N	N	D	N	N	24.66	24.66
78016	TC	A	A	XXX	N	N	D	N	N	159.39	159.39
78016		A	A	XXX	N	N	D	N	N	184.06	184.06
78018	26	A	A	XXX	N	N	D	N	N	29.59	29.59
78018	TC	A	A	XXX	N	N	D	N	N	175.23	175.23
78018		A	A	XXX	N	N	D	N	N	204.82	204.82
78020	26	A	A	ZZZ	N	N	D	N	N	20.25	20.25

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
78020	TC	A	A	ZZZ	N	N	D	N	N	36.34	36.34
78020		A	A	ZZZ	N	N	D	N	N	56.33	56.33
78070	26	A	A	XXX	N	N	D	N	N	28.04	28.04
78070	TC	A	A	XXX	N	N	D	N	N	167.18	167.18
78070		A	A	XXX	N	N	D	N	N	195.22	195.22
78071	26	A	A	XXX	N	N	D	N	N	42.31	42.31
78071	TC	A	A	XXX	N	N	D	N	N	191.84	191.84
78071		A	A	XXX	N	N	D	N	N	234.16	234.16
78072	26	A	A	XXX	N	N	D	N	N	55.55	55.55
78072	TC	A	A	XXX	N	N	D	N	N	201.19	201.19
78072		A	A	XXX	N	N	D	N	N	256.74	256.74
78075	26	A	A	XXX	N	N	D	N	N	26.74	26.74
78075	TC	A	A	XXX	N	N	D	N	N	266.09	266.09
78075		A	A	XXX	N	N	D	N	N	293.09	293.09
78099	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78099	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78099		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78102	26	A	A	XXX	N	N	D	N	N	19.21	19.21
78102	TC	A	A	XXX	N	N	D	N	N	92.42	92.42
78102		A	A	XXX	N	N	D	N	N	111.63	111.63
78103	26	A	A	XXX	N	N	D	N	N	25.44	25.44
78103	TC	A	A	XXX	N	N	D	N	N	117.60	117.60
78103		A	A	XXX	N	N	D	N	N	143.04	143.04
78104	26	A	A	XXX	N	N	D	N	N	27.78	27.78
78104	TC	A	A	XXX	N	N	D	N	N	134.99	134.99
78104		A	A	XXX	N	N	D	N	N	162.77	162.77
78110	26	A	A	XXX	N	N	D	N	N	5.97	5.97
78110	TC	A	A	XXX	N	N	D	N	N	39.46	39.46
78110		A	A	XXX	N	N	D	N	N	45.43	45.43
78111	26	A	A	XXX	N	N	D	N	N	6.75	6.75
78111	TC	A	A	XXX	N	N	D	N	N	41.28	41.28
78111		A	A	XXX	N	N	D	N	N	48.29	48.29
78120	26	A	A	XXX	N	N	D	N	N	7.01	7.01
78120	TC	A	A	XXX	N	N	D	N	N	39.46	39.46
78120		A	A	XXX	N	N	D	N	N	46.73	46.73
78121	26	A	A	XXX	N	N	D	N	N	9.86	9.86
78121	TC	A	A	XXX	N	N	D	N	N	41.28	41.28
78121		A	A	XXX	N	N	D	N	N	51.14	51.14
78122	26	A	A	XXX	N	N	D	N	N	15.32	15.32
78122	TC	A	A	XXX	N	N	D	N	N	47.77	47.77
78122		A	A	XXX	N	N	D	N	N	62.82	62.82
78130	26	A	A	XXX	N	N	D	N	N	18.43	18.43
78130	TC	A	A	XXX	N	N	D	N	N	63.60	63.60
78130		A	A	XXX	N	N	D	N	N	82.03	82.03
78135	26	A	A	XXX	N	N	D	N	N	19.21	19.21
78135	TC	A	A	XXX	N	N	D	N	N	161.99	161.99
78135		A	A	XXX	N	N	D	N	N	181.20	181.20
78140	26	A	A	XXX	N	N	D	N	N	18.43	18.43
78140	TC	A	A	XXX	N	N	D	N	N	54.26	54.26
78140		A	A	XXX	N	N	D	N	N	72.43	72.43
78185	26	A	A	XXX	N	N	D	N	N	12.20	12.20
78185	TC	A	A	XXX	N	N	D	N	N	98.13	98.13

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
78185		A	A	XXX	N	N	D	N	N	110.33	110.33
78191	26	A	A	XXX	N	N	D	N	N	18.43	18.43
78191	TC	A	A	XXX	N	N	D	N	N	63.60	63.60
78191		A	A	XXX	N	N	D	N	N	82.03	82.03
78195	26	A	A	XXX	N	N	D	N	N	42.31	42.31
78195	TC	A	A	XXX	N	N	D	N	N	191.84	191.84
78195		A	A	XXX	N	N	D	N	N	234.16	234.16
78199	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78199	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78199		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78201	26	A	A	XXX	N	N	D	N	N	15.32	15.32
78201	TC	A	A	XXX	N	N	D	N	N	109.29	109.29
78201		A	A	XXX	N	N	D	N	N	124.35	124.35
78202	26	A	A	XXX	N	N	D	N	N	17.13	17.13
78202	TC	A	A	XXX	N	N	D	N	N	115.00	115.00
78202		A	A	XXX	N	N	D	N	N	131.88	131.88
78205	26	A	A	XXX	N	N	D	N	N	24.14	24.14
78205	TC	A	A	XXX	N	N	D	N	N	114.48	114.48
78205		A	A	XXX	N	N	D	N	N	138.63	138.63
78206	26	A	A	XXX	N	N	D	N	N	33.49	33.49
78206	TC	A	A	XXX	N	N	D	N	N	188.73	188.73
78206		A	A	XXX	N	N	D	N	N	222.22	222.22
78215	26	A	A	XXX	N	N	D	N	N	17.65	17.65
78215	TC	A	A	XXX	N	N	D	N	N	109.81	109.81
78215		A	A	XXX	N	N	D	N	N	127.46	127.46
78216	26	A	A	XXX	N	N	D	N	N	19.73	19.73
78216	TC	A	A	XXX	N	N	D	N	N	64.90	64.90
78216		A	A	XXX	N	N	D	N	N	84.63	84.63
78226	26	A	A	XXX	N	N	D	N	N	26.22	26.22
78226	TC	A	A	XXX	N	N	D	N	N	188.99	188.99
78226		A	A	XXX	N	N	D	N	N	215.47	215.47
78227	26	A	A	XXX	N	N	D	N	N	31.93	31.93
78227	TC	A	A	XXX	N	N	D	N	N	258.56	258.56
78227		A	A	XXX	N	N	D	N	N	290.75	290.75
78230	26	A	A	XXX	N	N	D	N	N	16.61	16.61
78230	TC	A	A	XXX	N	N	D	N	N	97.87	97.87
78230		A	A	XXX	N	N	D	N	N	114.22	114.22
78231	26	A	A	XXX	N	N	D	N	N	15.84	15.84
78231	TC	A	A	XXX	N	N	D	N	N	52.96	52.96
78231		A	A	XXX	N	N	D	N	N	68.53	68.53
78232	26	A	A	XXX	N	N	D	N	N	14.28	14.28
78232	TC	A	A	XXX	N	N	D	N	N	52.96	52.96
78232		A	A	XXX	N	N	D	N	N	67.24	67.24
78258	26	A	A	XXX	N	N	D	N	N	25.96	25.96
78258	TC	A	A	XXX	N	N	D	N	N	118.12	118.12
78258		A	A	XXX	N	N	D	N	N	143.82	143.82
78261	26	A	A	XXX	N	N	D	N	N	20.77	20.77
78261	TC	A	A	XXX	N	N	D	N	N	111.89	111.89
78261		A	A	XXX	N	N	D	N	N	132.66	132.66
78262	26	A	A	XXX	N	N	D	N	N	23.88	23.88
78262	TC	A	A	XXX	N	N	D	N	N	133.95	133.95
78262		A	A	XXX	N	N	D	N	N	157.84	157.84

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
78264		A	A	XXX	N	N	D	N	N	27.78	27.78
78264	TC	A	A	XXX	N	N	D	N	N	190.55	190.55
78264		A	A	XXX	N	N	D	N	N	218.32	218.32
78265	26	A	A	XXX	N	N	D	N	N	34.53	34.53
78265	TC	A	A	XXX	N	N	D	N	N	218.82	218.82
78265		A	A	XXX	N	N	D	N	N	253.51	253.51
78266	26	A	A	XXX	N	N	D	N	N	38.42	38.42
78266	TC	A	A	XXX	N	N	D	N	N	268.95	268.95
78266		A	A	XXX	N	N	D	N	N	307.37	307.37
78267		Not Covered	X	XXX	N	N	N	N	N	-	-
78268		Not Covered	X	XXX	N	N	N	N	N	-	-
78278	26	A	A	XXX	N	N	D	N	N	35.05	35.05
78278	TC	A	A	XXX	N	N	D	N	N	193.40	193.40
78278		A	A	XXX	N	N	D	N	N	228.71	228.71
78282	26	Not Covered	A	XXX	N	N	D	N	N	11.68	11.68
78282	TC	Not Covered	C	XXX	N	N	D	N	N	218.37	218.37
78282		Not Covered	C	XXX	N	N	D	N	N	230.12	230.12
78290	26	A	A	XXX	N	N	D	N	N	24.14	24.14
78290	TC	A	A	XXX	N	N	D	N	N	191.33	191.33
78290		A	A	XXX	N	N	D	N	N	215.47	215.47
78291	26	A	A	XXX	N	N	D	N	N	30.63	30.63
78291	TC	A	A	XXX	N	N	D	N	N	137.85	137.85
78291		A	A	XXX	N	N	D	N	N	168.48	168.48
78299	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78299	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78299		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78300	26	A	A	XXX	N	N	D	N	N	22.33	22.33
78300	TC	A	A	XXX	N	N	D	N	N	128.24	128.24
78300		A	A	XXX	N	N	D	N	N	150.57	150.57
78305	26	A	A	XXX	N	N	D	N	N	29.59	29.59
78305	TC	A	A	XXX	N	N	D	N	N	154.20	154.20
78305		A	A	XXX	N	N	D	N	N	183.54	183.54
78306	26	A	A	XXX	Y	N	D	N	N	30.37	30.37
78306	TC	A	A	XXX	Y	N	D	N	N	167.44	167.44
78306		A	A	XXX	Y	N	D	N	N	197.82	197.82
78315	26	A	A	XXX	N	N	D	N	N	35.82	35.82
78315	TC	A	A	XXX	N	N	D	N	N	190.81	190.81
78315		A	A	XXX	N	N	D	N	N	226.89	226.89
78320	26	A	A	XXX	Y	N	D	N	N	36.34	36.34
78320	TC	A	A	XXX	Y	N	D	N	N	115.00	115.00
78320		A	A	XXX	Y	N	D	N	N	151.35	151.35
78350	26	A	N	XXX	N	N	N	N	N	8.05	8.05
78350	TC	A	N	XXX	N	N	N	N	N	13.50	13.50
78350		A	N	XXX	N	N	N	N	N	21.81	21.81
78351		Not Covered	N	XXX	N	N	N	N	N	11.16	11.16
78399	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78399	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78399		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78414	26	A	A	XXX	N	N	D	N	N	16.10	16.10
78414	TC	C	C	XXX	N	N	D	N	N	-	-
78414		C	C	XXX	N	N	D	N	N	-	-
78428	26	A	A	XXX	6	N	D	N	N	27.00	27.00

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
78428	TC	A	A	XXX	6	N	D	N	N	94.23	94.23
78428		A	A	XXX	6	N	D	N	N	121.23	121.23
78445	26	A	A	XXX	6	N	D	N	N	17.91	17.91
78445	TC	A	A	XXX	6	N	D	N	N	104.36	104.36
78445		A	A	XXX	6	N	D	N	N	122.27	122.27
78451	26	A	A	XXX	6	N	D	N	N	48.29	48.29
78451	TC	A	A	XXX	6	N	D	N	N	175.23	175.23
78451		A	A	XXX	6	N	D	N	N	223.52	223.52
78452	26	A	A	XXX	6	N	D	N	N	56.59	56.59
78452	TC	A	A	XXX	6	N	D	N	N	253.37	253.37
78452		A	A	XXX	6	N	D	N	N	309.96	309.96
78453	26	A	A	XXX	6	N	D	N	N	35.57	35.57
78453	TC	A	A	XXX	6	N	D	N	N	164.33	164.33
78453		A	A	XXX	6	N	D	N	N	200.15	200.15
78454	26	A	A	XXX	6	N	D	N	N	47.77	47.77
78454	TC	A	A	XXX	6	N	D	N	N	237.79	237.79
78454		A	A	XXX	6	N	D	N	N	285.82	285.82
78456	26	A	A	XXX	6	N	N	N	N	34.79	34.79
78456	TC	A	A	XXX	6	N	N	N	N	168.48	168.48
78456		A	A	XXX	6	N	N	N	N	203.27	203.27
78457	26	A	A	XXX	6	N	D	N	N	28.30	28.30
78457	TC	A	A	XXX	6	N	D	N	N	98.39	98.39
78457		A	A	XXX	6	N	D	N	N	126.94	126.94
78458	26	A	A	XXX	6	B	D	N	N	32.19	32.19
78458	TC	A	A	XXX	6	B	D	N	N	103.58	103.58
78458		A	A	XXX	6	B	D	N	N	135.77	135.77
78459	26	A	A	XXX	N	N	D	N	N	51.14	51.14
78459	TC	A	C	XXX	N	N	D	N	N	758.98	758.98
78459		A	C	XXX	N	N	D	N	N	809.95	809.95
78466	26	A	A	XXX	6	N	D	N	N	24.92	24.92
78466	TC	A	A	XXX	6	N	D	N	N	104.62	104.62
78466		A	A	XXX	6	N	D	N	N	129.54	129.54
78468	26	A	A	XXX	6	N	D	N	N	28.30	28.30
78468	TC	A	A	XXX	6	N	D	N	N	106.18	106.18
78468		A	A	XXX	6	N	D	N	N	134.47	134.47
78469	26	A	A	XXX	6	N	D	N	N	32.45	32.45
78469	TC	A	A	XXX	6	N	D	N	N	116.30	116.30
78469		A	A	XXX	6	N	D	N	N	148.75	148.75
78472	26	A	A	XXX	6	N	D	N	N	34.53	34.53
78472	TC	A	A	XXX	6	N	D	N	N	116.56	116.56
78472		A	A	XXX	6	N	D	N	N	151.09	151.09
78473	26	A	A	XXX	6	N	D	N	N	51.14	51.14
78473	TC	A	A	XXX	6	N	D	N	N	140.44	140.44
78473		A	A	XXX	6	N	D	N	N	191.58	191.58
78481	26	A	A	XXX	6	N	D	N	N	34.53	34.53
78481	TC	A	A	XXX	6	N	D	N	N	82.55	82.55
78481		A	A	XXX	6	N	D	N	N	117.08	117.08
78483	26	A	A	XXX	6	N	D	N	N	50.62	50.62
78483	TC	A	A	XXX	6	N	D	N	N	107.73	107.73
78483		A	A	XXX	6	N	D	N	N	158.10	158.10
78491	26	A	A	XXX	N	N	D	N	N	51.14	51.14
78491	TC	A	C	XXX	N	N	D	N	N	849.31	849.31

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
78491		A	C	XXX	N	N	D	N	N	900.50	900.50
78492	26	A	A	XXX	N	N	D	N	N	64.38	64.38
78492	TC	A	C	XXX	N	N	D	N	N	849.31	849.31
78492		A	C	XXX	N	N	D	N	N	913.78	913.78
78494	26	A	A	XXX	6	N	D	N	N	41.54	41.54
78494	TC	A	A	XXX	6	N	D	N	N	108.51	108.51
78494		A	A	XXX	6	N	D	N	N	150.05	150.05
78496	26	A	A	ZZZ	N	N	D	N	N	17.65	17.65
78496	TC	A	A	ZZZ	N	N	D	N	N	12.46	12.46
78496		A	A	ZZZ	N	N	D	N	N	30.11	30.11
78499	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78499	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78499		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78579	26	A	A	XXX	N	N	D	N	N	17.39	17.39
78579	TC	A	A	XXX	N	N	D	N	N	104.36	104.36
78579		A	A	XXX	N	N	D	N	N	121.49	121.49
78580	26	A	A	XXX	N	N	D	N	N	26.22	26.22
78580	TC	A	A	XXX	N	N	D	N	N	130.06	130.06
78580		A	A	XXX	N	N	D	N	N	156.28	156.28
78582	26	A	A	XXX	N	N	D	N	N	38.16	38.16
78582	TC	A	A	XXX	N	N	D	N	N	181.46	181.46
78582		A	A	XXX	N	N	D	N	N	219.62	219.62
78597	26	A	A	XXX	N	N	D	N	N	25.70	25.70
78597	TC	A	A	XXX	N	N	D	N	N	106.70	106.70
78597		A	A	XXX	N	N	D	N	N	132.14	132.14
78598	26	A	A	XXX	N	N	D	N	N	29.59	29.59
78598	TC	A	A	XXX	N	N	D	N	N	170.04	170.04
78598		A	A	XXX	N	N	D	N	N	199.63	199.63
78599	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78599	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78599		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78600	26	A	A	XXX	N	N	D	N	N	16.10	16.10
78600	TC	A	A	XXX	N	N	D	N	N	104.62	104.62
78600		A	A	XXX	N	N	D	N	N	120.71	120.71
78601	26	A	A	XXX	N	N	D	N	N	18.17	18.17
78601	TC	A	A	XXX	N	N	D	N	N	123.31	123.31
78601		A	A	XXX	N	N	D	N	N	141.74	141.74
78605	26	A	A	XXX	N	N	D	N	N	19.21	19.21
78605	TC	A	A	XXX	N	N	D	N	N	111.11	111.11
78605		A	A	XXX	N	N	D	N	N	130.32	130.32
78606	26	A	A	XXX	N	N	D	N	N	22.59	22.59
78606	TC	A	A	XXX	N	N	D	N	N	191.84	191.84
78606		A	A	XXX	N	N	D	N	N	214.43	214.43
78607	26	A	A	XXX	N	N	D	N	N	42.57	42.57
78607	TC	A	A	XXX	N	N	D	N	N	185.35	185.35
78607		A	A	XXX	N	N	D	N	N	227.93	227.93
78608	26	A	A	XXX	N	N	D	N	N	51.66	51.66
78608	TC	A	C	XXX	N	N	D	N	N	849.31	849.31
78608		A	C	XXX	N	N	D	N	N	901.06	901.06
78609	26	A	N	XXX	N	N	N	N	N	53.22	53.22
78609	TC	C	N	XXX	N	N	N	N	N	-	-
78609		A	N	XXX	N	N	N	N	N	53.22	53.22

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
78610		A	A	XXX	N	N	D	N	N	10.90	10.90
78610	TC	A	A	XXX	N	N	D	N	N	103.06	103.06
78610		A	A	XXX	N	N	D	N	N	113.70	113.70
78630	26	A	A	XXX	N	N	D	N	N	24.40	24.40
78630	TC	A	A	XXX	N	N	D	N	N	195.74	195.74
78630		A	A	XXX	N	N	D	N	N	220.14	220.14
78635	26	A	A	XXX	N	N	D	N	N	22.33	22.33
78635	TC	A	A	XXX	N	N	D	N	N	198.07	198.07
78635		A	A	XXX	N	N	D	N	N	220.40	220.40
78645	26	A	A	XXX	N	N	D	N	N	19.99	19.99
78645	TC	A	A	XXX	N	N	D	N	N	191.33	191.33
78645		A	A	XXX	N	N	D	N	N	211.31	211.31
78647	26	A	A	XXX	N	N	D	N	N	32.19	32.19
78647	TC	A	A	XXX	N	N	D	N	N	194.96	194.96
78647		A	A	XXX	N	N	D	N	N	227.67	227.67
78650	26	A	A	XXX	N	N	D	N	N	18.43	18.43
78650	TC	A	A	XXX	N	N	D	N	N	159.91	159.91
78650		A	A	XXX	N	N	D	N	N	178.35	178.35
78660	26	A	A	XXX	N	N	D	N	N	18.95	18.95
78660	TC	A	A	XXX	N	N	D	N	N	100.72	100.72
78660		A	A	XXX	N	N	D	N	N	119.42	119.42
78699	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78699	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78699		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78700	26	A	A	XXX	N	N	D	N	N	15.84	15.84
78700	TC	A	A	XXX	N	N	D	N	N	96.05	96.05
78700		A	A	XXX	N	N	D	N	N	111.63	111.63
78701	26	A	A	XXX	N	N	D	N	N	17.65	17.65
78701	TC	A	A	XXX	N	N	D	N	N	124.35	124.35
78701		A	A	XXX	N	N	D	N	N	141.74	141.74
78707	26	A	A	XXX	N	N	D	N	N	33.49	33.49
78707	TC	A	A	XXX	N	N	D	N	N	119.94	119.94
78707		A	A	XXX	N	N	D	N	N	153.16	153.16
78708	26	A	A	XXX	N	N	D	N	N	42.57	42.57
78708	TC	A	A	XXX	N	N	D	N	N	76.32	76.32
78708		A	A	XXX	N	N	D	N	N	118.90	118.90
78709	26	A	A	XXX	N	N	D	N	N	49.06	49.06
78709	TC	A	A	XXX	N	N	D	N	N	193.14	193.14
78709		A	A	XXX	N	N	D	N	N	242.21	242.21
78710	26	A	A	XXX	N	N	D	N	N	19.73	19.73
78710	TC	A	A	XXX	N	N	D	N	N	96.83	96.83
78710		A	A	XXX	N	N	D	N	N	116.56	116.56
78725	26	A	A	XXX	N	N	D	N	N	13.24	13.24
78725	TC	A	A	XXX	N	N	D	N	N	57.89	57.89
78725		A	A	XXX	N	N	D	N	N	71.13	71.13
78730	26	A	A	ZZZ	N	N	D	N	N	5.71	5.71
78730	TC	A	A	ZZZ	N	N	D	N	N	44.39	44.39
78730		A	A	ZZZ	N	N	D	N	N	50.36	50.36
78740	26	A	A	XXX	N	N	D	N	N	19.73	19.73
78740	TC	A	A	XXX	N	N	D	N	N	123.05	123.05
78740		A	A	XXX	N	N	D	N	N	142.52	142.52
78761	26	A	A	XXX	N	N	D	N	N	25.44	25.44

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
78761	TC	A	A	XXX	N	N	D	N	N	113.19	113.19
78761		A	A	XXX	N	N	D	N	N	138.63	138.63
78799	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78799	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78799		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78800	26	A	A	XXX	N	N	D	N	N	24.66	24.66
78800	TC	A	A	XXX	N	N	D	N	N	103.58	103.58
78800		A	A	XXX	N	N	D	N	N	128.24	128.24
78801	26	A	A	XXX	N	N	D	N	N	28.56	28.56
78801	TC	A	A	XXX	N	N	D	N	N	140.44	140.44
78801		A	A	XXX	N	N	D	N	N	169.00	169.00
78802	26	A	A	XXX	Y	N	D	N	N	29.85	29.85
78802	TC	A	A	XXX	Y	N	D	N	N	180.94	180.94
78802		A	A	XXX	Y	N	D	N	N	210.80	210.80
78803	26	A	A	XXX	Y	N	D	N	N	37.38	37.38
78803	TC	A	A	XXX	Y	N	D	N	N	185.61	185.61
78803		A	A	XXX	Y	N	D	N	N	223.52	223.52
78804	26	A	A	XXX	N	N	D	N	N	37.38	37.38
78804	TC	A	A	XXX	N	N	D	N	N	332.29	332.29
78804		A	A	XXX	N	N	D	N	N	369.93	369.93
78805	26	A	A	XXX	N	N	D	N	N	25.70	25.70
78805	TC	A	A	XXX	N	N	D	N	N	95.53	95.53
78805		A	A	XXX	N	N	D	N	N	121.49	121.49
78806	26	A	A	XXX	Y	N	D	N	N	30.11	30.11
78806	TC	A	A	XXX	Y	N	D	N	N	187.17	187.17
78806		A	A	XXX	Y	N	D	N	N	217.29	217.29
78807	26	A	A	XXX	Y	N	D	N	N	37.38	37.38
78807	TC	A	A	XXX	Y	N	D	N	N	185.61	185.61
78807		A	A	XXX	Y	N	D	N	N	223.52	223.52
78808		Not Covered	A	XXX	N	N	D	N	N	25.96	25.96
78811	26	A	A	XXX	N	N	D	N	N	54.26	54.26
78811	TC	A	C	XXX	N	N	D	N	N	758.98	758.98
78811		A	C	XXX	N	N	D	N	N	813.22	813.22
78812	26	A	A	XXX	N	N	D	N	N	66.72	66.72
78812	TC	A	C	XXX	N	N	D	N	N	849.31	849.31
78812		A	C	XXX	N	N	D	N	N	916.01	916.01
78813	26	A	A	XXX	N	N	D	N	N	69.05	69.05
78813	TC	A	C	XXX	N	N	D	N	N	849.31	849.31
78813		A	C	XXX	N	N	D	N	N	918.28	918.28
78814	26	A	A	XXX	N	N	D	N	N	76.58	76.58
78814	TC	A	C	XXX	N	N	D	N	N	849.31	849.31
78814		A	C	XXX	N	N	D	N	N	925.92	925.92
78815	26	A	A	XXX	N	N	D	N	N	85.67	85.67
78815	TC	A	C	XXX	N	N	D	N	N	849.31	849.31
78815		A	C	XXX	N	N	D	N	N	934.93	934.93
78816	26	A	A	XXX	N	N	D	N	N	86.97	86.97
78816	TC	A	C	XXX	N	N	D	N	N	849.31	849.31
78816		A	C	XXX	N	N	D	N	N	936.05	936.05
78999	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78999	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
78999		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
79005	26	A	A	XXX	N	N	D	N	N	63.08	63.08

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
79005	TC	A	A	XXX	N	N	D	N	N	31.67	31.67
79005		A	A	XXX	N	N	D	N	N	94.75	94.75
79101	26	A	A	XXX	N	N	D	N	N	70.35	70.35
79101	TC	A	A	XXX	N	N	D	N	N	31.15	31.15
79101		A	A	XXX	N	N	D	N	N	101.50	101.50
79200	26	A	A	XXX	N	N	D	N	N	60.23	60.23
79200	TC	A	A	XXX	N	N	D	N	N	32.97	32.97
79200		A	A	XXX	N	N	D	N	N	92.94	92.94
79300	26	A	A	XXX	N	N	D	N	N	48.80	48.80
79300	TC	C	C	XXX	N	N	D	N	N	-	-
79300		C	C	XXX	N	N	D	N	N	-	-
79403	26	A	A	XXX	N	N	D	N	N	78.66	78.66
79403	TC	A	A	XXX	N	N	D	N	N	52.18	52.18
79403		A	A	XXX	N	N	D	N	N	130.84	130.84
79440	26	A	A	XXX	N	N	D	N	N	60.23	60.23
79440	TC	A	A	XXX	N	N	D	N	N	24.40	24.40
79440		A	A	XXX	N	N	D	N	N	84.63	84.63
79445	26	A	A	XXX	N	N	D	N	N	83.07	83.07
79445	TC	C	C	XXX	N	N	D	N	N	-	-
79445		C	C	XXX	N	N	D	N	N	-	-
79999	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
79999	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
79999		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
80047		CLFS	X	XXX	N	N	N	N	N	-	-
80048		CLFS	X	XXX	N	N	N	N	N	-	-
80050		CLFS	N	XXX	N	N	N	N	N	-	-
80051		CLFS	X	XXX	N	N	N	N	N	-	-
80053		CLFS	X	XXX	N	N	N	N	N	-	-
80055		CLFS	X	XXX	N	N	N	N	N	-	-
80061		CLFS	X	XXX	N	N	N	N	N	-	-
80069		CLFS	X	XXX	N	N	N	N	N	-	-
80074		CLFS	X	XXX	N	N	N	N	N	-	-
80076		CLFS	X	XXX	N	N	N	N	N	-	-
80081		CLFS	X	XXX	N	N	N	N	N	-	-
80150		CLFS	X	XXX	N	N	N	N	N	-	-
80155		CLFS	X	XXX	N	N	N	N	N	-	-
80156		CLFS	X	XXX	N	N	N	N	N	-	-
80157		CLFS	X	XXX	N	N	N	N	N	-	-
80158		CLFS	X	XXX	N	N	N	N	N	-	-
80159		CLFS	X	XXX	N	N	N	N	N	-	-
80162		CLFS	X	XXX	N	N	N	N	N	-	-
80163		CLFS	X	XXX	N	N	N	N	N	-	-
80164		CLFS	X	XXX	N	N	N	N	N	-	-
80165		CLFS	X	XXX	N	N	N	N	N	-	-
80168		CLFS	X	XXX	N	N	N	N	N	-	-
80169		CLFS	X	XXX	N	N	N	N	N	-	-
80170		CLFS	X	XXX	N	N	N	N	N	-	-
80171		CLFS	X	XXX	N	N	N	N	N	-	-
80173		CLFS	X	XXX	N	N	N	N	N	-	-
80175		CLFS	X	XXX	N	N	N	N	N	-	-
80176		CLFS	X	XXX	N	N	N	N	N	-	-
80177		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
80178		CLFS	X	XXX	N	N	N	N	N	-	-
80180		CLFS	X	XXX	N	N	N	N	N	-	-
80183		CLFS	X	XXX	N	N	N	N	N	-	-
80184		CLFS	X	XXX	N	N	N	N	N	-	-
80185		CLFS	X	XXX	N	N	N	N	N	-	-
80186		CLFS	X	XXX	N	N	N	N	N	-	-
80188		CLFS	X	XXX	N	N	N	N	N	-	-
80190		CLFS	X	XXX	N	N	N	N	N	-	-
80192		CLFS	X	XXX	N	N	N	N	N	-	-
80194		CLFS	X	XXX	N	N	N	N	N	-	-
80195		CLFS	X	XXX	N	N	N	N	N	-	-
80197		CLFS	X	XXX	N	N	N	N	N	-	-
80198		CLFS	X	XXX	N	N	N	N	N	-	-
80199		CLFS	X	XXX	N	N	N	N	N	-	-
80200		CLFS	X	XXX	N	N	N	N	N	-	-
80201		CLFS	X	XXX	N	N	N	N	N	-	-
80202		CLFS	X	XXX	N	N	N	N	N	-	-
80203		CLFS	X	XXX	N	N	N	N	N	-	-
80299		CLFS	X	XXX	N	N	N	N	N	-	-
80305		CLFS	X	XXX	N	N	N	N	N	-	-
80306		CLFS	X	XXX	N	N	N	N	N	-	-
80307		CLFS	X	XXX	N	N	N	N	N	-	-
80320		Not Covered	I	XXX	N	N	N	N	N	-	-
80321		Not Covered	I	XXX	N	N	N	N	N	-	-
80322		Not Covered	I	XXX	N	N	N	N	N	-	-
80323		Not Covered	I	XXX	N	N	N	N	N	-	-
80324		Not Covered	I	XXX	N	N	N	N	N	-	-
80325		Not Covered	I	XXX	N	N	N	N	N	-	-
80326		Not Covered	I	XXX	N	N	N	N	N	-	-
80327		Not Covered	I	XXX	N	N	N	N	N	-	-
80328		Not Covered	I	XXX	N	N	N	N	N	-	-
80329		Not Covered	I	XXX	N	N	N	N	N	-	-
80330		Not Covered	I	XXX	N	N	N	N	N	-	-
80331		Not Covered	I	XXX	N	N	N	N	N	-	-
80332		Not Covered	I	XXX	N	N	N	N	N	-	-
80333		Not Covered	I	XXX	N	N	N	N	N	-	-
80334		Not Covered	I	XXX	N	N	N	N	N	-	-
80335		Not Covered	I	XXX	N	N	N	N	N	-	-
80336		Not Covered	I	XXX	N	N	N	N	N	-	-
80337		Not Covered	I	XXX	N	N	N	N	N	-	-
80338		Not Covered	I	XXX	N	N	N	N	N	-	-
80339		Not Covered	I	XXX	N	N	N	N	N	-	-
80340		Not Covered	I	XXX	N	N	N	N	N	-	-
80341		Not Covered	I	XXX	N	N	N	N	N	-	-
80342		Not Covered	I	XXX	N	N	N	N	N	-	-
80343		Not Covered	I	XXX	N	N	N	N	N	-	-
80344		Not Covered	I	XXX	N	N	N	N	N	-	-
80345		Not Covered	I	XXX	N	N	N	N	N	-	-
80346		Not Covered	I	XXX	N	N	N	N	N	-	-
80347		Not Covered	I	XXX	N	N	N	N	N	-	-
80348		Not Covered	I	XXX	N	N	N	N	N	-	-
80349		Not Covered	I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
80350		Not Covered	I	XXX	N	N	N	N	N	-	-
80351		Not Covered	I	XXX	N	N	N	N	N	-	-
80352		Not Covered	I	XXX	N	N	N	N	N	-	-
80353		Not Covered	I	XXX	N	N	N	N	N	-	-
80354		Not Covered	I	XXX	N	N	N	N	N	-	-
80355		Not Covered	I	XXX	N	N	N	N	N	-	-
80356		Not Covered	I	XXX	N	N	N	N	N	-	-
80357		Not Covered	I	XXX	N	N	N	N	N	-	-
80358		Not Covered	I	XXX	N	N	N	N	N	-	-
80359		Not Covered	I	XXX	N	N	N	N	N	-	-
80360		Not Covered	I	XXX	N	N	N	N	N	-	-
80361		Not Covered	I	XXX	N	N	N	N	N	-	-
80362		Not Covered	I	XXX	N	N	N	N	N	-	-
80363		Not Covered	I	XXX	N	N	N	N	N	-	-
80364		Not Covered	I	XXX	N	N	N	N	N	-	-
80365		Not Covered	I	XXX	N	N	N	N	N	-	-
80366		Not Covered	I	XXX	N	N	N	N	N	-	-
80367		Not Covered	I	XXX	N	N	N	N	N	-	-
80368		Not Covered	I	XXX	N	N	N	N	N	-	-
80369		Not Covered	I	XXX	N	N	N	N	N	-	-
80370		Not Covered	I	XXX	N	N	N	N	N	-	-
80371		Not Covered	I	XXX	N	N	N	N	N	-	-
80372		Not Covered	I	XXX	N	N	N	N	N	-	-
80373		Not Covered	I	XXX	N	N	N	N	N	-	-
80374		Not Covered	I	XXX	N	N	N	N	N	-	-
80375		Not Covered	I	XXX	N	N	N	N	N	-	-
80376		Not Covered	I	XXX	N	N	N	N	N	-	-
80377		Not Covered	I	XXX	N	N	N	N	N	-	-
80400		CLFS	X	XXX	N	N	N	N	N	-	-
80402		CLFS	X	XXX	N	N	N	N	N	-	-
80406		CLFS	X	XXX	N	N	N	N	N	-	-
80408		CLFS	X	XXX	N	N	N	N	N	-	-
80410		CLFS	X	XXX	N	N	N	N	N	-	-
80412		CLFS	X	XXX	N	N	N	N	N	-	-
80414		CLFS	X	XXX	N	N	N	N	N	-	-
80415		CLFS	X	XXX	N	N	N	N	N	-	-
80416		CLFS	X	XXX	N	N	N	N	N	-	-
80417		CLFS	X	XXX	N	N	N	N	N	-	-
80418		CLFS	X	XXX	N	N	N	N	N	-	-
80420		CLFS	X	XXX	N	N	N	N	N	-	-
80422		CLFS	X	XXX	N	N	N	N	N	-	-
80424		CLFS	X	XXX	N	N	N	N	N	-	-
80426		CLFS	X	XXX	N	N	N	N	N	-	-
80428		CLFS	X	XXX	N	N	N	N	N	-	-
80430		CLFS	X	XXX	N	N	N	N	N	-	-
80432		CLFS	X	XXX	N	N	N	N	N	-	-
80434		CLFS	X	XXX	N	N	N	N	N	-	-
80435		CLFS	X	XXX	N	N	N	N	N	-	-
80436		CLFS	X	XXX	N	N	N	N	N	-	-
80438		CLFS	X	XXX	N	N	N	N	N	-	-
80439		CLFS	X	XXX	N	N	N	N	N	-	-
80500		A	A	XXX	N	N	D	N	N	14.28	16.10

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
80502		A	A	XXX	N	N	D	N	N	50.36	52.44
81000		CLFS	X	XXX	N	N	N	N	N	-	-
81001		CLFS	X	XXX	N	N	N	N	N	-	-
81002		CLFS	X	XXX	N	N	N	N	N	-	-
81003		CLFS	X	XXX	N	N	N	N	N	-	-
81005		CLFS	X	XXX	N	N	N	N	N	-	-
81007		CLFS	X	XXX	N	N	N	N	N	-	-
81015		CLFS	X	XXX	N	N	N	N	N	-	-
81020		CLFS	X	XXX	N	N	N	N	N	-	-
81025		CLFS	X	XXX	N	N	N	N	N	-	-
81050		CLFS	X	XXX	N	N	N	N	N	-	-
81099		CLFS	X	XXX	N	N	N	N	N	-	-
81105		CLFS	X	XXX	N	N	N	N	N	-	-
81106		CLFS	X	XXX	N	N	N	N	N	-	-
81107		CLFS	X	XXX	N	N	N	N	N	-	-
81108		CLFS	X	XXX	N	N	N	N	N	-	-
81109		CLFS	X	XXX	N	N	N	N	N	-	-
81110		CLFS	X	XXX	N	N	N	N	N	-	-
81111		CLFS	X	XXX	N	N	N	N	N	-	-
81112		CLFS	X	XXX	N	N	N	N	N	-	-
81120		CLFS	X	XXX	N	N	N	N	N	-	-
81121		CLFS	X	XXX	N	N	N	N	N	-	-
81161		CLFS	X	XXX	N	N	N	N	N	-	-
81162		CLFS	X	XXX	N	N	N	N	N	-	-
81163		CLFS	X	XXX	N	N	N	N	N	-	-
81164		CLFS	X	XXX	N	N	N	N	N	-	-
81165		CLFS	X	XXX	N	N	N	N	N	-	-
81166		CLFS	X	XXX	N	N	N	N	N	-	-
81167		CLFS	X	XXX	N	N	N	N	N	-	-
81170		CLFS	X	XXX	N	N	N	N	N	-	-
81171		CLFS	X	XXX	N	N	N	N	N	-	-
81172		CLFS	X	XXX	N	N	N	N	N	-	-
81173		CLFS	X	XXX	N	N	N	N	N	-	-
81174		CLFS	X	XXX	N	N	N	N	N	-	-
81175		CLFS	X	XXX	N	N	N	N	N	-	-
81176		CLFS	X	XXX	N	N	N	N	N	-	-
81177		CLFS	X	XXX	N	N	N	N	N	-	-
81178		CLFS	X	XXX	N	N	N	N	N	-	-
81179		CLFS	X	XXX	N	N	N	N	N	-	-
81180		CLFS	X	XXX	N	N	N	N	N	-	-
81181		CLFS	X	XXX	N	N	N	N	N	-	-
81182		CLFS	X	XXX	N	N	N	N	N	-	-
81183		CLFS	X	XXX	N	N	N	N	N	-	-
81184		CLFS	X	XXX	N	N	N	N	N	-	-
81185		CLFS	X	XXX	N	N	N	N	N	-	-
81186		CLFS	X	XXX	N	N	N	N	N	-	-
81187		CLFS	X	XXX	N	N	N	N	N	-	-
81188		CLFS	X	XXX	N	N	N	N	N	-	-
81189		CLFS	X	XXX	N	N	N	N	N	-	-
81190		CLFS	X	XXX	N	N	N	N	N	-	-
81200		CLFS	X	XXX	N	N	N	N	N	-	-
81201		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
81202		CLFS	X	XXX	N	N	N	N	N	-	-
81203		CLFS	X	XXX	N	N	N	N	N	-	-
81204		CLFS	X	XXX	N	N	N	N	N	-	-
81205		CLFS	X	XXX	N	N	N	N	N	-	-
81206		CLFS	X	XXX	N	N	N	N	N	-	-
81207		CLFS	X	XXX	N	N	N	N	N	-	-
81208		CLFS	X	XXX	N	N	N	N	N	-	-
81209		CLFS	X	XXX	N	N	N	N	N	-	-
81210		CLFS	X	XXX	N	N	N	N	N	-	-
81212		CLFS	X	XXX	N	N	N	N	N	-	-
81215		CLFS	X	XXX	N	N	N	N	N	-	-
81216		CLFS	X	XXX	N	N	N	N	N	-	-
81217		CLFS	X	XXX	N	N	N	N	N	-	-
81218		CLFS	X	XXX	N	N	N	N	N	-	-
81219		Not Covered	X	XXX	N	N	N	N	N	-	-
81220		CLFS	X	XXX	N	N	N	N	N	-	-
81221		CLFS	X	XXX	N	N	N	N	N	-	-
81222		CLFS	X	XXX	N	N	N	N	N	-	-
81223		CLFS	X	XXX	N	N	N	N	N	-	-
81224		Not Covered	X	XXX	N	N	N	N	N	-	-
81225		Not Covered	X	XXX	N	N	N	N	N	-	-
81226		Not Covered	X	XXX	N	N	N	N	N	-	-
81227		Not Covered	X	XXX	N	N	N	N	N	-	-
81228		Not Covered	X	XXX	N	N	N	N	N	-	-
81229		Not Covered	X	XXX	N	N	N	N	N	-	-
81230		Not Covered	X	XXX	N	N	N	N	N	-	-
81231		Not Covered	X	XXX	N	N	N	N	N	-	-
81232		Not Covered	X	XXX	N	N	N	N	N	-	-
81233		CLFS	X	XXX	N	N	N	N	N	-	-
81234		CLFS	X	XXX	N	N	N	N	N	-	-
81235		CLFS	X	XXX	N	N	N	N	N	-	-
81236		CLFS	X	XXX	N	N	N	N	N	-	-
81237		Not Covered	X	XXX	N	N	N	N	N	-	-
81238		CLFS	X	XXX	N	N	N	N	N	-	-
81239		CLFS	X	XXX	N	N	N	N	N	-	-
81240		CLFS	X	XXX	N	N	N	N	N	-	-
81241		CLFS	X	XXX	N	N	N	N	N	-	-
81242		CLFS	X	XXX	N	N	N	N	N	-	-
81243		CLFS	X	XXX	N	N	N	N	N	-	-
81244		CLFS	X	XXX	N	N	N	N	N	-	-
81245		CLFS	X	XXX	N	N	N	N	N	-	-
81246		CLFS	X	XXX	N	N	N	N	N	-	-
81247		CLFS	X	XXX	N	N	N	N	N	-	-
81248		CLFS	X	XXX	N	N	N	N	N	-	-
81249		CLFS	X	XXX	N	N	N	N	N	-	-
81250		Not Covered	X	XXX	N	N	N	N	N	-	-
81251		Not Covered	X	XXX	N	N	N	N	N	-	-
81252		CLFS	X	XXX	N	N	N	N	N	-	-
81253		CLFS	X	XXX	N	N	N	N	N	-	-
81254		CLFS	X	XXX	N	N	N	N	N	-	-
81255		CLFS	X	XXX	N	N	N	N	N	-	-
81256		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
81257		CLFS	X	XXX	N	N	N	N	N	-	-
81258		CLFS	X	XXX	N	N	N	N	N	-	-
81259		CLFS	X	XXX	N	N	N	N	N	-	-
81260		Not Covered	X	XXX	N	N	N	N	N	-	-
81261		CLFS	X	XXX	N	N	N	N	N	-	-
81262		CLFS	X	XXX	N	N	N	N	N	-	-
81263		CLFS	X	XXX	N	N	N	N	N	-	-
81264		CLFS	X	XXX	N	N	N	N	N	-	-
81265		CLFS	X	XXX	N	N	N	N	N	-	-
81266		CLFS	X	XXX	N	N	N	N	N	-	-
81267		CLFS	X	XXX	N	N	N	N	N	-	-
81268		CLFS	X	XXX	N	N	N	N	N	-	-
81269		CLFS	X	XXX	N	N	N	N	N	-	-
81270		CLFS	X	XXX	N	N	N	N	N	-	-
81271		CLFS	X	XXX	N	N	N	N	N	-	-
81272		CLFS	X	XXX	N	N	N	N	N	-	-
81273		Not Covered	X	XXX	N	N	N	N	N	-	-
81274		CLFS	X	XXX	N	N	N	N	N	-	-
81275		CLFS	X	XXX	N	N	N	N	N	-	-
81276		CLFS	X	XXX	N	N	N	N	N	-	-
81283		Not Covered	X	XXX	N	N	N	N	N	-	-
81284		CLFS	X	XXX	N	N	N	N	N	-	-
81285		CLFS	X	XXX	N	N	N	N	N	-	-
81286		CLFS	X	XXX	N	N	N	N	N	-	-
81287		Not Covered	X	XXX	N	N	N	N	N	-	-
81288		CLFS	X	XXX	N	N	N	N	N	-	-
81289		CLFS	X	XXX	N	N	N	N	N	-	-
81290		CLFS	X	XXX	N	N	N	N	N	-	-
81291		CLFS	X	XXX	N	N	N	N	N	-	-
81292		CLFS	X	XXX	N	N	N	N	N	-	-
81293		CLFS	X	XXX	N	N	N	N	N	-	-
81294		CLFS	X	XXX	N	N	N	N	N	-	-
81295		CLFS	X	XXX	N	N	N	N	N	-	-
81296		CLFS	X	XXX	N	N	N	N	N	-	-
81297		CLFS	X	XXX	N	N	N	N	N	-	-
81298		CLFS	X	XXX	N	N	N	N	N	-	-
81299		CLFS	X	XXX	N	N	N	N	N	-	-
81300		CLFS	X	XXX	N	N	N	N	N	-	-
81301		CLFS	X	XXX	N	N	N	N	N	-	-
81302		Not Covered	X	XXX	N	N	N	N	N	-	-
81303		Not Covered	X	XXX	N	N	N	N	N	-	-
81304		Not Covered	X	XXX	N	N	N	N	N	-	-
81305		CLFS	X	XXX	N	N	N	N	N	-	-
81306		Not Covered	X	XXX	N	N	N	N	N	-	-
81310		CLFS	X	XXX	N	N	N	N	N	-	-
81311		Not Covered	X	XXX	N	N	N	N	N	-	-
81312		CLFS	X	XXX	N	N	N	N	N	-	-
81313		Not Covered	X	XXX	N	N	N	N	N	-	-
81314		CLFS	X	XXX	N	N	N	N	N	-	-
81315		CLFS	X	XXX	N	N	N	N	N	-	-
81316		CLFS	X	XXX	N	N	N	N	N	-	-
81317		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
81318		CLFS	X	XXX	N	N	N	N	N	-	-
81319		CLFS	X	XXX	N	N	N	N	N	-	-
81320		Not Covered	X	XXX	N	N	N	N	N	-	-
81321		CLFS	X	XXX	N	N	N	N	N	-	-
81322		CLFS	X	XXX	N	N	N	N	N	-	-
81323		CLFS	X	XXX	N	N	N	N	N	-	-
81324		CLFS	X	XXX	N	N	N	N	N	-	-
81325		CLFS	X	XXX	N	N	N	N	N	-	-
81326		CLFS	X	XXX	N	N	N	N	N	-	-
81327		Not Covered	X	XXX	N	N	N	N	N	-	-
81328		Not Covered	X	XXX	N	N	N	N	N	-	-
81329		CLFS	X	XXX	N	N	N	N	N	-	-
81330		Not Covered	X	XXX	N	N	N	N	N	-	-
81331		CLFS	X	XXX	N	N	N	N	N	-	-
81332		CLFS	X	XXX	N	N	N	N	N	-	-
81333		CLFS	X	XXX	N	N	N	N	N	-	-
81334		CLFS	X	XXX	N	N	N	N	N	-	-
81335		Not Covered	X	XXX	N	N	N	N	N	-	-
81336		CLFS	X	XXX	N	N	N	N	N	-	-
81337		CLFS	X	XXX	N	N	N	N	N	-	-
81340		CLFS	X	XXX	N	N	N	N	N	-	-
81341		CLFS	X	XXX	N	N	N	N	N	-	-
81342		CLFS	X	XXX	N	N	N	N	N	-	-
81343		CLFS	X	XXX	N	N	N	N	N	-	-
81344		CLFS	X	XXX	N	N	N	N	N	-	-
81345		Not Covered	X	XXX	N	N	N	N	N	-	-
81346		Not Covered	X	XXX	N	N	N	N	N	-	-
81350		Not Covered	X	XXX	N	N	N	N	N	-	-
81355		Not Covered	X	XXX	N	N	N	N	N	-	-
81361		CLFS	X	XXX	N	N	N	N	N	-	-
81362		CLFS	X	XXX	N	N	N	N	N	-	-
81363		CLFS	X	XXX	N	N	N	N	N	-	-
81364		CLFS	X	XXX	N	N	N	N	N	-	-
81370		CLFS	X	XXX	N	N	N	N	N	-	-
81371		CLFS	X	XXX	N	N	N	N	N	-	-
81372		CLFS	X	XXX	N	N	N	N	N	-	-
81373		CLFS	X	XXX	N	N	N	N	N	-	-
81374		CLFS	X	XXX	N	N	N	N	N	-	-
81375		CLFS	X	XXX	N	N	N	N	N	-	-
81376		CLFS	X	XXX	N	N	N	N	N	-	-
81377		CLFS	X	XXX	N	N	N	N	N	-	-
81378		CLFS	X	XXX	N	N	N	N	N	-	-
81379		CLFS	X	XXX	N	N	N	N	N	-	-
81380		CLFS	X	XXX	N	N	N	N	N	-	-
81381		CLFS	X	XXX	N	N	N	N	N	-	-
81382		CLFS	X	XXX	N	N	N	N	N	-	-
81383		CLFS	X	XXX	N	N	N	N	N	-	-
81400		CLFS	X	XXX	N	N	N	N	N	-	-
81401		CLFS	X	XXX	N	N	N	N	N	-	-
81402		CLFS	X	XXX	N	N	N	N	N	-	-
81403		CLFS	X	XXX	N	N	N	N	N	-	-
81404		Not Covered	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
81405		CLFS	X	XXX	N	N	N	N	N	-	-
81406		CLFS	X	XXX	N	N	N	N	N	-	-
81407		CLFS	X	XXX	N	N	N	N	N	-	-
81408		Not Covered	X	XXX	N	N	N	N	N	-	-
81410		CLFS	X	XXX	N	N	N	N	N	-	-
81411		CLFS	X	XXX	N	N	N	N	N	-	-
81412		CLFS	X	XXX	N	N	N	N	N	-	-
81413		Not Covered	X	XXX	N	N	N	N	N	-	-
81414		Not Covered	X	XXX	N	N	N	N	N	-	-
81415		Not Covered	X	XXX	N	N	N	N	N	-	-
81416		Not Covered	X	XXX	N	N	N	N	N	-	-
81417		Not Covered	X	XXX	N	N	N	N	N	-	-
81420		CLFS	X	XXX	N	N	N	N	N	-	-
81422		Not Covered	X	XXX	N	N	N	N	N	-	-
81425		Not Covered	X	XXX	N	N	N	N	N	-	-
81426		Not Covered	X	XXX	N	N	N	N	N	-	-
81427		Not Covered	X	XXX	N	N	N	N	N	-	-
81430		Not Covered	X	XXX	N	N	N	N	N	-	-
81431		Not Covered	X	XXX	N	N	N	N	N	-	-
81432		CLFS	X	XXX	N	N	N	N	N	-	-
81433		CLFS	X	XXX	N	N	N	N	N	-	-
81434		CLFS	X	XXX	N	N	N	N	N	-	-
81435		CLFS	X	XXX	N	N	N	N	N	-	-
81436		CLFS	X	XXX	N	N	N	N	N	-	-
81437		CLFS	X	XXX	N	N	N	N	N	-	-
81438		CLFS	X	XXX	N	N	N	N	N	-	-
81439		Not Covered	X	XXX	N	N	N	N	N	-	-
81440		Not Covered	X	XXX	N	N	N	N	N	-	-
81442		CLFS	X	XXX	N	N	N	N	N	-	-
81443		CLFS	X	XXX	N	N	N	N	N	-	-
81445		Not Covered	X	XXX	N	N	N	N	N	-	-
81448		Not Covered	X	XXX	N	N	N	N	N	-	-
81450		Not Covered	X	XXX	N	N	N	N	N	-	-
81455		Not Covered	X	XXX	N	N	N	N	N	-	-
81460		Not Covered	X	XXX	N	N	N	N	N	-	-
81465		Not Covered	X	XXX	N	N	N	N	N	-	-
81470		Not Covered	X	XXX	N	N	N	N	N	-	-
81471		Not Covered	X	XXX	N	N	N	N	N	-	-
81479		Unlstd/Manual	X	XXX	N	N	N	N	N	-	-
81490		Not Covered	X	XXX	N	N	N	N	N	-	-
81493		Not Covered	X	XXX	N	N	N	N	N	-	-
81500		Not Covered	X	XXX	N	N	N	N	N	-	-
81503		Not Covered	X	XXX	N	N	N	N	N	-	-
81504		Not Covered	X	XXX	N	N	N	N	N	-	-
81506		Not Covered	X	XXX	N	N	N	N	N	-	-
81507		CLFS	X	XXX	N	N	N	N	N	-	-
81508		Not Covered	X	XXX	N	N	N	N	N	-	-
81509		Not Covered	X	XXX	N	N	N	N	N	-	-
81510		Not Covered	X	XXX	N	N	N	N	N	-	-
81511		Not Covered	X	XXX	N	N	N	N	N	-	-
81512		Not Covered	X	XXX	N	N	N	N	N	-	-
81518		Not Covered	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
81519		CLFS	X	XXX	N	N	N	N	N	-	-
81520		Not Covered	X	XXX	N	N	N	N	N	-	-
81521		Not Covered	X	XXX	N	N	N	N	N	-	-
81525		Not Covered	X	XXX	N	N	N	N	N	-	-
81528		Not Covered	X	XXX	N	N	N	N	N	-	-
81535		Not Covered	X	XXX	N	N	N	N	N	-	-
81536		Not Covered	X	XXX	N	N	N	N	N	-	-
81538		Not Covered	X	XXX	N	N	N	N	N	-	-
81539		CLFS	X	XXX	N	N	N	N	N	-	-
81540		Not Covered	X	XXX	N	N	N	N	N	-	-
81541		CLFS	X	XXX	N	N	N	N	N	-	-
81545		Not Covered	X	XXX	N	N	N	N	N	-	-
81551		Not Covered	X	XXX	N	N	N	N	N	-	-
81595		CLFS	X	XXX	N	N	N	N	N	-	-
81596		CLFS	X	XXX	N	N	N	N	N	-	-
81599		Unlstd/Manual	X	XXX	N	N	N	N	N	-	-
82009		CLFS	X	XXX	N	N	N	N	N	-	-
82010		CLFS	X	XXX	N	N	N	N	N	-	-
82013		CLFS	X	XXX	N	N	N	N	N	-	-
82016		CLFS	X	XXX	N	N	N	N	N	-	-
82017		CLFS	X	XXX	N	N	N	N	N	-	-
82024		CLFS	X	XXX	N	N	N	N	N	-	-
82030		CLFS	X	XXX	N	N	N	N	N	-	-
82040		CLFS	X	XXX	N	N	N	N	N	-	-
82042		CLFS	X	XXX	N	N	N	N	N	-	-
82043		CLFS	X	XXX	N	N	N	N	N	-	-
82044		CLFS	X	XXX	N	N	N	N	N	-	-
82045		CLFS	X	XXX	N	N	N	N	N	-	-
82075		CLFS	X	XXX	N	N	N	N	N	-	-
82085		CLFS	X	XXX	N	N	N	N	N	-	-
82088		CLFS	X	XXX	N	N	N	N	N	-	-
82103		CLFS	X	XXX	N	N	N	N	N	-	-
82104		CLFS	X	XXX	N	N	N	N	N	-	-
82105		CLFS	X	XXX	N	N	N	N	N	-	-
82106		CLFS	X	XXX	N	N	N	N	N	-	-
82107		CLFS	X	XXX	N	N	N	N	N	-	-
82108		CLFS	X	XXX	N	N	N	N	N	-	-
82120		CLFS	X	XXX	N	N	N	N	N	-	-
82127		CLFS	X	XXX	N	N	N	N	N	-	-
82128		CLFS	X	XXX	N	N	N	N	N	-	-
82131		CLFS	X	XXX	N	N	N	N	N	-	-
82135		CLFS	X	XXX	N	N	N	N	N	-	-
82136		CLFS	X	XXX	N	N	N	N	N	-	-
82139		CLFS	X	XXX	N	N	N	N	N	-	-
82140		CLFS	X	XXX	N	N	N	N	N	-	-
82143		CLFS	X	XXX	N	N	N	N	N	-	-
82150		CLFS	X	XXX	N	N	N	N	N	-	-
82154		CLFS	X	XXX	N	N	N	N	N	-	-
82157		CLFS	X	XXX	N	N	N	N	N	-	-
82160		CLFS	X	XXX	N	N	N	N	N	-	-
82163		CLFS	X	XXX	N	N	N	N	N	-	-
82164		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
82172		CLFS	X	XXX	N	N	N	N	N	-	-
82175		CLFS	X	XXX	N	N	N	N	N	-	-
82180		CLFS	X	XXX	N	N	N	N	N	-	-
82190		CLFS	X	XXX	N	N	N	N	N	-	-
82232		CLFS	X	XXX	N	N	N	N	N	-	-
82239		CLFS	X	XXX	N	N	N	N	N	-	-
82240		CLFS	X	XXX	N	N	N	N	N	-	-
82247		CLFS	X	XXX	N	N	N	N	N	-	-
82248		CLFS	X	XXX	N	N	N	N	N	-	-
82252		CLFS	X	XXX	N	N	N	N	N	-	-
82261		CLFS	X	XXX	N	N	N	N	N	-	-
82270		CLFS	X	XXX	N	N	N	N	N	-	-
82271		CLFS	X	XXX	N	N	N	N	N	-	-
82272		CLFS	X	XXX	N	N	N	N	N	-	-
82274		CLFS	X	XXX	N	N	N	N	N	-	-
82286		CLFS	X	XXX	N	N	N	N	N	-	-
82300		CLFS	X	XXX	N	N	N	N	N	-	-
82306		CLFS	X	XXX	N	N	N	N	N	-	-
82308		CLFS	X	XXX	N	N	N	N	N	-	-
82310		CLFS	X	XXX	N	N	N	N	N	-	-
82330		CLFS	X	XXX	N	N	N	N	N	-	-
82331		CLFS	X	XXX	N	N	N	N	N	-	-
82340		CLFS	X	XXX	N	N	N	N	N	-	-
82355		CLFS	X	XXX	N	N	N	N	N	-	-
82360		CLFS	X	XXX	N	N	N	N	N	-	-
82365		CLFS	X	XXX	N	N	N	N	N	-	-
82370		CLFS	X	XXX	N	N	N	N	N	-	-
82373		CLFS	X	XXX	N	N	N	N	N	-	-
82374		CLFS	X	XXX	N	N	N	N	N	-	-
82375		CLFS	X	XXX	N	N	N	N	N	-	-
82376		CLFS	X	XXX	N	N	N	N	N	-	-
82378		CLFS	X	XXX	N	N	N	N	N	-	-
82379		CLFS	X	XXX	N	N	N	N	N	-	-
82380		CLFS	X	XXX	N	N	N	N	N	-	-
82382		CLFS	X	XXX	N	N	N	N	N	-	-
82383		CLFS	X	XXX	N	N	N	N	N	-	-
82384		CLFS	X	XXX	N	N	N	N	N	-	-
82387		CLFS	X	XXX	N	N	N	N	N	-	-
82390		CLFS	X	XXX	N	N	N	N	N	-	-
82397		CLFS	X	XXX	N	N	N	N	N	-	-
82415		CLFS	X	XXX	N	N	N	N	N	-	-
82435		CLFS	X	XXX	N	N	N	N	N	-	-
82436		CLFS	X	XXX	N	N	N	N	N	-	-
82438		CLFS	X	XXX	N	N	N	N	N	-	-
82441		CLFS	X	XXX	N	N	N	N	N	-	-
82465		CLFS	X	XXX	N	N	N	N	N	-	-
82480		CLFS	X	XXX	N	N	N	N	N	-	-
82482		CLFS	X	XXX	N	N	N	N	N	-	-
82485		CLFS	X	XXX	N	N	N	N	N	-	-
82495		CLFS	X	XXX	N	N	N	N	N	-	-
82507		CLFS	X	XXX	N	N	N	N	N	-	-
82523		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
82525		CLFS	X	XXX	N	N	N	N	N	-	-
82528		CLFS	X	XXX	N	N	N	N	N	-	-
82530		CLFS	X	XXX	N	N	N	N	N	-	-
82533		CLFS	X	XXX	N	N	N	N	N	-	-
82540		CLFS	X	XXX	N	N	N	N	N	-	-
82542		CLFS	X	XXX	N	N	N	N	N	-	-
82550		CLFS	X	XXX	N	N	N	N	N	-	-
82552		CLFS	X	XXX	N	N	N	N	N	-	-
82553		CLFS	X	XXX	N	N	N	N	N	-	-
82554		CLFS	X	XXX	N	N	N	N	N	-	-
82565		CLFS	X	XXX	N	N	N	N	N	-	-
82570		CLFS	X	XXX	N	N	N	N	N	-	-
82575		CLFS	X	XXX	N	N	N	N	N	-	-
82585		CLFS	X	XXX	N	N	N	N	N	-	-
82595		CLFS	X	XXX	N	N	N	N	N	-	-
82600		CLFS	X	XXX	N	N	N	N	N	-	-
82607		CLFS	X	XXX	N	N	N	N	N	-	-
82608		CLFS	X	XXX	N	N	N	N	N	-	-
82610		CLFS	X	XXX	N	N	N	N	N	-	-
82615		CLFS	X	XXX	N	N	N	N	N	-	-
82626		CLFS	X	XXX	N	N	N	N	N	-	-
82627		CLFS	X	XXX	N	N	N	N	N	-	-
82633		CLFS	X	XXX	N	N	N	N	N	-	-
82634		CLFS	X	XXX	N	N	N	N	N	-	-
82638		CLFS	X	XXX	N	N	N	N	N	-	-
82642		CLFS	X	XXX	N	N	N	N	N	-	-
82652		CLFS	X	XXX	N	N	N	N	N	-	-
82656		CLFS	X	XXX	N	N	N	N	N	-	-
82657		CLFS	X	XXX	N	N	N	N	N	-	-
82658		CLFS	X	XXX	N	N	N	N	N	-	-
82664		CLFS	X	XXX	N	N	N	N	N	-	-
82668		CLFS	X	XXX	N	N	N	N	N	-	-
82670		CLFS	X	XXX	N	N	N	N	N	-	-
82671		CLFS	X	XXX	N	N	N	N	N	-	-
82672		CLFS	X	XXX	N	N	N	N	N	-	-
82677		CLFS	X	XXX	N	N	N	N	N	-	-
82679		CLFS	X	XXX	N	N	N	N	N	-	-
82693		CLFS	X	XXX	N	N	N	N	N	-	-
82696		CLFS	X	XXX	N	N	N	N	N	-	-
82705		CLFS	X	XXX	N	N	N	N	N	-	-
82710		CLFS	X	XXX	N	N	N	N	N	-	-
82715		CLFS	X	XXX	N	N	N	N	N	-	-
82725		CLFS	X	XXX	N	N	N	N	N	-	-
82726		CLFS	X	XXX	N	N	N	N	N	-	-
82728		CLFS	X	XXX	N	N	N	N	N	-	-
82731		CLFS	X	XXX	N	N	N	N	N	-	-
82735		CLFS	X	XXX	N	N	N	N	N	-	-
82746		CLFS	X	XXX	N	N	N	N	N	-	-
82747		CLFS	X	XXX	N	N	N	N	N	-	-
82757		CLFS	X	XXX	N	N	N	N	N	-	-
82759		CLFS	X	XXX	N	N	N	N	N	-	-
82760		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
82775		CLFS	X	XXX	N	N	N	N	N	-	-
82776		CLFS	X	XXX	N	N	N	N	N	-	-
82777		Not Covered	X	XXX	N	N	N	N	N	-	-
82784		CLFS	X	XXX	N	N	N	N	N	-	-
82785		CLFS	X	XXX	N	N	N	N	N	-	-
82787		CLFS	X	XXX	N	N	N	N	N	-	-
82800		CLFS	X	XXX	N	N	N	N	N	-	-
82803		CLFS	X	XXX	N	N	N	N	N	-	-
82805		CLFS	X	XXX	N	N	N	N	N	-	-
82810		CLFS	X	XXX	N	N	N	N	N	-	-
82820		CLFS	X	XXX	N	N	N	N	N	-	-
82930		CLFS	X	XXX	N	N	N	N	N	-	-
82938		CLFS	X	XXX	N	N	N	N	N	-	-
82941		CLFS	X	XXX	N	N	N	N	N	-	-
82943		CLFS	X	XXX	N	N	N	N	N	-	-
82945		CLFS	X	XXX	N	N	N	N	N	-	-
82946		CLFS	X	XXX	N	N	N	N	N	-	-
82947		CLFS	X	XXX	N	N	N	N	N	-	-
82948		CLFS	X	XXX	N	N	N	N	N	-	-
82950		CLFS	X	XXX	N	N	N	N	N	-	-
82951		CLFS	X	XXX	N	N	N	N	N	-	-
82952		CLFS	X	XXX	N	N	N	N	N	-	-
82955		CLFS	X	XXX	N	N	N	N	N	-	-
82960		CLFS	X	XXX	N	N	N	N	N	-	-
82962		CLFS	X	XXX	N	N	N	N	N	-	-
82963		CLFS	X	XXX	N	N	N	N	N	-	-
82965		CLFS	X	XXX	N	N	N	N	N	-	-
82977		CLFS	X	XXX	N	N	N	N	N	-	-
82978		CLFS	X	XXX	N	N	N	N	N	-	-
82979		CLFS	X	XXX	N	N	N	N	N	-	-
82985		CLFS	X	XXX	N	N	N	N	N	-	-
83001		CLFS	X	XXX	N	N	N	N	N	-	-
83002		CLFS	X	XXX	N	N	N	N	N	-	-
83003		CLFS	X	XXX	N	N	N	N	N	-	-
83006		Not Covered	X	XXX	N	N	N	N	N	-	-
83009		CLFS	X	XXX	N	N	N	N	N	-	-
83010		CLFS	X	XXX	N	N	N	N	N	-	-
83012		CLFS	X	XXX	N	N	N	N	N	-	-
83013		CLFS	X	XXX	N	N	N	N	N	-	-
83014		CLFS	X	XXX	N	N	N	N	N	-	-
83015		CLFS	X	XXX	N	N	N	N	N	-	-
83018		CLFS	X	XXX	N	N	N	N	N	-	-
83020	26	CLFS	A	XXX	N	N	D	N	N	12.98	12.98
83020		CLFS	X	XXX	N	N	N	N	N	-	-
83021		CLFS	X	XXX	N	N	N	N	N	-	-
83026		CLFS	X	XXX	N	N	N	N	N	-	-
83030		CLFS	X	XXX	N	N	N	N	N	-	-
83033		CLFS	X	XXX	N	N	N	N	N	-	-
83036		CLFS	X	XXX	N	N	N	N	N	-	-
83037		CLFS	X	XXX	N	N	N	N	N	-	-
83045		CLFS	X	XXX	N	N	N	N	N	-	-
83050		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
83051		CLFS	X	XXX	N	N	N	N	N	-	-
83060		CLFS	X	XXX	N	N	N	N	N	-	-
83065		CLFS	X	XXX	N	N	N	N	N	-	-
83068		CLFS	X	XXX	N	N	N	N	N	-	-
83069		CLFS	X	XXX	N	N	N	N	N	-	-
83070		CLFS	X	XXX	N	N	N	N	N	-	-
83080		CLFS	X	XXX	N	N	N	N	N	-	-
83088		CLFS	X	XXX	N	N	N	N	N	-	-
83090		CLFS	X	XXX	N	N	N	N	N	-	-
83150		CLFS	X	XXX	N	N	N	N	N	-	-
83491		CLFS	X	XXX	N	N	N	N	N	-	-
83497		CLFS	X	XXX	N	N	N	N	N	-	-
83498		CLFS	X	XXX	N	N	N	N	N	-	-
83500		CLFS	X	XXX	N	N	N	N	N	-	-
83505		CLFS	X	XXX	N	N	N	N	N	-	-
83516		CLFS	X	XXX	N	N	N	N	N	-	-
83518		CLFS	X	XXX	N	N	N	N	N	-	-
83519		CLFS	X	XXX	N	N	N	N	N	-	-
83520		CLFS	X	XXX	N	N	N	N	N	-	-
83525		CLFS	X	XXX	N	N	N	N	N	-	-
83527		CLFS	X	XXX	N	N	N	N	N	-	-
83528		CLFS	X	XXX	N	N	N	N	N	-	-
83540		CLFS	X	XXX	N	N	N	N	N	-	-
83550		CLFS	X	XXX	N	N	N	N	N	-	-
83570		CLFS	X	XXX	N	N	N	N	N	-	-
83582		CLFS	X	XXX	N	N	N	N	N	-	-
83586		CLFS	X	XXX	N	N	N	N	N	-	-
83593		CLFS	X	XXX	N	N	N	N	N	-	-
83605		CLFS	X	XXX	N	N	N	N	N	-	-
83615		CLFS	X	XXX	N	N	N	N	N	-	-
83625		CLFS	X	XXX	N	N	N	N	N	-	-
83630		CLFS	X	XXX	N	N	N	N	N	-	-
83631		CLFS	X	XXX	N	N	N	N	N	-	-
83632		CLFS	X	XXX	N	N	N	N	N	-	-
83633		CLFS	X	XXX	N	N	N	N	N	-	-
83655		CLFS	X	XXX	N	N	N	N	N	-	-
83661		CLFS	X	XXX	N	N	N	N	N	-	-
83662		CLFS	X	XXX	N	N	N	N	N	-	-
83663		CLFS	X	XXX	N	N	N	N	N	-	-
83664		CLFS	X	XXX	N	N	N	N	N	-	-
83670		CLFS	X	XXX	N	N	N	N	N	-	-
83690		CLFS	X	XXX	N	N	N	N	N	-	-
83695		CLFS	X	XXX	N	N	N	N	N	-	-
83698		CLFS	X	XXX	N	N	N	N	N	-	-
83700		CLFS	X	XXX	N	N	N	N	N	-	-
83701		CLFS	X	XXX	N	N	N	N	N	-	-
83704		CLFS	X	XXX	N	N	N	N	N	-	-
83718		CLFS	X	XXX	N	N	N	N	N	-	-
83719		CLFS	X	XXX	N	N	N	N	N	-	-
83721		CLFS	X	XXX	N	N	N	N	N	-	-
83722		Not Covered	X	XXX	N	N	N	N	N	-	-
83727		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
83735		CLFS	X	XXX	N	N	N	N	N	-	-
83775		CLFS	X	XXX	N	N	N	N	N	-	-
83785		CLFS	X	XXX	N	N	N	N	N	-	-
83789		CLFS	X	XXX	N	N	N	N	N	-	-
83825		CLFS	X	XXX	N	N	N	N	N	-	-
83835		CLFS	X	XXX	N	N	N	N	N	-	-
83857		CLFS	X	XXX	N	N	N	N	N	-	-
83861		CLFS	X	XXX	N	N	N	N	N	-	-
83864		CLFS	X	XXX	N	N	N	N	N	-	-
83872		CLFS	X	XXX	N	N	N	N	N	-	-
83873		CLFS	X	XXX	N	N	N	N	N	-	-
83874		CLFS	X	XXX	N	N	N	N	N	-	-
83876		CLFS	X	XXX	N	N	N	N	N	-	-
83880		CLFS	X	XXX	N	N	N	N	N	-	-
83883		CLFS	X	XXX	N	N	N	N	N	-	-
83885		CLFS	X	XXX	N	N	N	N	N	-	-
83915		CLFS	X	XXX	N	N	N	N	N	-	-
83916		CLFS	X	XXX	N	N	N	N	N	-	-
83918		CLFS	X	XXX	N	N	N	N	N	-	-
83919		CLFS	X	XXX	N	N	N	N	N	-	-
83921		CLFS	X	XXX	N	N	N	N	N	-	-
83930		CLFS	X	XXX	N	N	N	N	N	-	-
83935		CLFS	X	XXX	N	N	N	N	N	-	-
83937		CLFS	X	XXX	N	N	N	N	N	-	-
83945		CLFS	X	XXX	N	N	N	N	N	-	-
83950		CLFS	X	XXX	N	N	N	N	N	-	-
83951		CLFS	X	XXX	N	N	N	N	N	-	-
83970		CLFS	X	XXX	N	N	N	N	N	-	-
83986		CLFS	X	XXX	N	N	N	N	N	-	-
83987		Not Covered	X	XXX	N	N	N	N	N	-	-
83992		CLFS	I	XXX	N	N	N	N	N	-	-
83993		CLFS	X	XXX	N	N	N	N	N	-	-
84030		CLFS	X	XXX	N	N	N	N	N	-	-
84035		CLFS	X	XXX	N	N	N	N	N	-	-
84060		CLFS	X	XXX	N	N	N	N	N	-	-
84066		CLFS	X	XXX	N	N	N	N	N	-	-
84075		CLFS	X	XXX	N	N	N	N	N	-	-
84078		CLFS	X	XXX	N	N	N	N	N	-	-
84080		CLFS	X	XXX	N	N	N	N	N	-	-
84081		CLFS	X	XXX	N	N	N	N	N	-	-
84085		CLFS	X	XXX	N	N	N	N	N	-	-
84087		CLFS	X	XXX	N	N	N	N	N	-	-
84100		CLFS	X	XXX	N	N	N	N	N	-	-
84105		CLFS	X	XXX	N	N	N	N	N	-	-
84106		CLFS	X	XXX	N	N	N	N	N	-	-
84110		CLFS	X	XXX	N	N	N	N	N	-	-
84112		CLFS	X	XXX	N	N	N	N	N	-	-
84119		CLFS	X	XXX	N	N	N	N	N	-	-
84120		CLFS	X	XXX	N	N	N	N	N	-	-
84126		CLFS	X	XXX	N	N	N	N	N	-	-
84132		CLFS	X	XXX	N	N	N	N	N	-	-
84133		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
84134		CLFS	X	XXX	N	N	N	N	N	-	-
84135		CLFS	X	XXX	N	N	N	N	N	-	-
84138		CLFS	X	XXX	N	N	N	N	N	-	-
84140		CLFS	X	XXX	N	N	N	N	N	-	-
84143		CLFS	X	XXX	N	N	N	N	N	-	-
84144		CLFS	X	XXX	N	N	N	N	N	-	-
84145		Not Covered	X	XXX	N	N	N	N	N	-	-
84146		CLFS	X	XXX	N	N	N	N	N	-	-
84150		CLFS	X	XXX	N	N	N	N	N	-	-
84152		CLFS	X	XXX	N	N	N	N	N	-	-
84153		CLFS	X	XXX	N	N	N	N	N	-	-
84154		CLFS	X	XXX	N	N	N	N	N	-	-
84155		CLFS	X	XXX	N	N	N	N	N	-	-
84156		CLFS	X	XXX	N	N	N	N	N	-	-
84157		CLFS	X	XXX	N	N	N	N	N	-	-
84160		CLFS	X	XXX	N	N	N	N	N	-	-
84163		CLFS	X	XXX	N	N	N	N	N	-	-
84165	26	A	A	XXX	N	N	D	N	N	12.98	12.98
84165		CLFS	X	XXX	N	N	N	N	N	-	-
84166	26	A	A	XXX	N	N	D	N	N	12.98	12.98
84166		CLFS	X	XXX	N	N	N	N	N	-	-
84181	26	A	A	XXX	N	N	D	N	N	12.98	12.98
84181		CLFS	X	XXX	N	N	N	N	N	-	-
84182	26	A	A	XXX	N	N	D	N	N	12.98	12.98
84182		CLFS	X	XXX	N	N	N	N	N	-	-
84202		CLFS	X	XXX	N	N	N	N	N	-	-
84203		CLFS	X	XXX	N	N	N	N	N	-	-
84206		CLFS	X	XXX	N	N	N	N	N	-	-
84207		CLFS	X	XXX	N	N	N	N	N	-	-
84210		CLFS	X	XXX	N	N	N	N	N	-	-
84220		CLFS	X	XXX	N	N	N	N	N	-	-
84228		CLFS	X	XXX	N	N	N	N	N	-	-
84233		CLFS	X	XXX	N	N	N	N	N	-	-
84234		CLFS	X	XXX	N	N	N	N	N	-	-
84235		CLFS	X	XXX	N	N	N	N	N	-	-
84238		CLFS	X	XXX	N	N	N	N	N	-	-
84244		CLFS	X	XXX	N	N	N	N	N	-	-
84252		CLFS	X	XXX	N	N	N	N	N	-	-
84255		CLFS	X	XXX	N	N	N	N	N	-	-
84260		CLFS	X	XXX	N	N	N	N	N	-	-
84270		CLFS	X	XXX	N	N	N	N	N	-	-
84275		CLFS	X	XXX	N	N	N	N	N	-	-
84285		CLFS	X	XXX	N	N	N	N	N	-	-
84295		CLFS	X	XXX	N	N	N	N	N	-	-
84300		CLFS	X	XXX	N	N	N	N	N	-	-
84302		CLFS	X	XXX	N	N	N	N	N	-	-
84305		CLFS	X	XXX	N	N	N	N	N	-	-
84307		CLFS	X	XXX	N	N	N	N	N	-	-
84311		CLFS	X	XXX	N	N	N	N	N	-	-
84315		CLFS	X	XXX	N	N	N	N	N	-	-
84375		CLFS	X	XXX	N	N	N	N	N	-	-
84376		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
84377		CLFS	X	XXX	N	N	N	N	N	-	-
84378		CLFS	X	XXX	N	N	N	N	N	-	-
84379		CLFS	X	XXX	N	N	N	N	N	-	-
84392		CLFS	X	XXX	N	N	N	N	N	-	-
84402		CLFS	X	XXX	N	N	N	N	N	-	-
84403		CLFS	X	XXX	N	N	N	N	N	-	-
84410		CLFS	X	XXX	N	N	N	N	N	-	-
84425		CLFS	X	XXX	N	N	N	N	N	-	-
84430		CLFS	X	XXX	N	N	N	N	N	-	-
84431		Not Covered	X	XXX	N	N	N	N	N	-	-
84432		CLFS	X	XXX	N	N	N	N	N	-	-
84436		CLFS	X	XXX	N	N	N	N	N	-	-
84437		CLFS	X	XXX	N	N	N	N	N	-	-
84439		CLFS	X	XXX	N	N	N	N	N	-	-
84442		CLFS	X	XXX	N	N	N	N	N	-	-
84443		CLFS	X	XXX	N	N	N	N	N	-	-
84445		CLFS	X	XXX	N	N	N	N	N	-	-
84446		CLFS	X	XXX	N	N	N	N	N	-	-
84449		CLFS	X	XXX	N	N	N	N	N	-	-
84450		CLFS	X	XXX	N	N	N	N	N	-	-
84460		CLFS	X	XXX	N	N	N	N	N	-	-
84466		CLFS	X	XXX	N	N	N	N	N	-	-
84478		CLFS	X	XXX	N	N	N	N	N	-	-
84479		CLFS	X	XXX	N	N	N	N	N	-	-
84480		CLFS	X	XXX	N	N	N	N	N	-	-
84481		CLFS	X	XXX	N	N	N	N	N	-	-
84482		CLFS	X	XXX	N	N	N	N	N	-	-
84484		CLFS	X	XXX	N	N	N	N	N	-	-
84485		CLFS	X	XXX	N	N	N	N	N	-	-
84488		CLFS	X	XXX	N	N	N	N	N	-	-
84490		CLFS	X	XXX	N	N	N	N	N	-	-
84510		CLFS	X	XXX	N	N	N	N	N	-	-
84512		CLFS	X	XXX	N	N	N	N	N	-	-
84520		CLFS	X	XXX	N	N	N	N	N	-	-
84525		CLFS	X	XXX	N	N	N	N	N	-	-
84540		CLFS	X	XXX	N	N	N	N	N	-	-
84545		CLFS	X	XXX	N	N	N	N	N	-	-
84550		CLFS	X	XXX	N	N	N	N	N	-	-
84560		CLFS	X	XXX	N	N	N	N	N	-	-
84577		CLFS	X	XXX	N	N	N	N	N	-	-
84578		CLFS	X	XXX	N	N	N	N	N	-	-
84580		CLFS	X	XXX	N	N	N	N	N	-	-
84583		CLFS	X	XXX	N	N	N	N	N	-	-
84585		CLFS	X	XXX	N	N	N	N	N	-	-
84586		CLFS	X	XXX	N	N	N	N	N	-	-
84588		CLFS	X	XXX	N	N	N	N	N	-	-
84590		CLFS	X	XXX	N	N	N	N	N	-	-
84591		CLFS	X	XXX	N	N	N	N	N	-	-
84597		CLFS	X	XXX	N	N	N	N	N	-	-
84600		CLFS	X	XXX	N	N	N	N	N	-	-
84620		CLFS	X	XXX	N	N	N	N	N	-	-
84630		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
84681		CLFS	X	XXX	N	N	N	N	N	-	-
84702		CLFS	X	XXX	N	N	N	N	N	-	-
84703		CLFS	X	XXX	N	N	N	N	N	-	-
84704		CLFS	X	XXX	N	N	N	N	N	-	-
84830		CLFS	X	XXX	N	N	N	N	N	-	-
84999	Unlstd/Manual		X	XXX	N	N	N	N	N	-	-
85002		CLFS	X	XXX	N	N	N	N	N	-	-
85004		CLFS	X	XXX	N	N	N	N	N	-	-
85007		CLFS	X	XXX	N	N	N	N	N	-	-
85008		CLFS	X	XXX	N	N	N	N	N	-	-
85009		CLFS	X	XXX	N	N	N	N	N	-	-
85013		CLFS	X	XXX	N	N	N	N	N	-	-
85014		CLFS	X	XXX	N	N	N	N	N	-	-
85018		CLFS	X	XXX	N	N	N	N	N	-	-
85025		CLFS	X	XXX	N	N	N	N	N	-	-
85027		CLFS	X	XXX	N	N	N	N	N	-	-
85032		CLFS	X	XXX	N	N	N	N	N	-	-
85041		CLFS	X	XXX	N	N	N	N	N	-	-
85044		CLFS	X	XXX	N	N	N	N	N	-	-
85045		CLFS	X	XXX	N	N	N	N	N	-	-
85046		CLFS	X	XXX	N	N	N	N	N	-	-
85048		CLFS	X	XXX	N	N	N	N	N	-	-
85049		CLFS	X	XXX	N	N	N	N	N	-	-
85055		CLFS	X	XXX	N	N	N	N	N	-	-
85060	A		A	XXX	N	N	D	N	N	17.65	17.65
85097	A		A	XXX	N	N	D	N	N	35.57	50.88
85130		CLFS	X	XXX	N	N	N	N	N	-	-
85170		CLFS	X	XXX	N	N	N	N	N	-	-
85175		CLFS	X	XXX	N	N	N	N	N	-	-
85210		CLFS	X	XXX	N	N	N	N	N	-	-
85220		CLFS	X	XXX	N	N	N	N	N	-	-
85230		CLFS	X	XXX	N	N	N	N	N	-	-
85240		CLFS	X	XXX	N	N	N	N	N	-	-
85244		CLFS	X	XXX	N	N	N	N	N	-	-
85245		CLFS	X	XXX	N	N	N	N	N	-	-
85246		CLFS	X	XXX	N	N	N	N	N	-	-
85247		CLFS	X	XXX	N	N	N	N	N	-	-
85250		CLFS	X	XXX	N	N	N	N	N	-	-
85260		CLFS	X	XXX	N	N	N	N	N	-	-
85270		CLFS	X	XXX	N	N	N	N	N	-	-
85280		CLFS	X	XXX	N	N	N	N	N	-	-
85290		CLFS	X	XXX	N	N	N	N	N	-	-
85291		CLFS	X	XXX	N	N	N	N	N	-	-
85292		CLFS	X	XXX	N	N	N	N	N	-	-
85293		CLFS	X	XXX	N	N	N	N	N	-	-
85300		CLFS	X	XXX	N	N	N	N	N	-	-
85301		CLFS	X	XXX	N	N	N	N	N	-	-
85302		CLFS	X	XXX	N	N	N	N	N	-	-
85303		CLFS	X	XXX	N	N	N	N	N	-	-
85305		CLFS	X	XXX	N	N	N	N	N	-	-
85306		CLFS	X	XXX	N	N	N	N	N	-	-
85307		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
85335		CLFS	X	XXX	N	N	N	N	N	-	-
85337		CLFS	X	XXX	N	N	N	N	N	-	-
85345		CLFS	X	XXX	N	N	N	N	N	-	-
85347		CLFS	X	XXX	N	N	N	N	N	-	-
85348		CLFS	X	XXX	N	N	N	N	N	-	-
85360		CLFS	X	XXX	N	N	N	N	N	-	-
85362		CLFS	X	XXX	N	N	N	N	N	-	-
85366		CLFS	X	XXX	N	N	N	N	N	-	-
85370		CLFS	X	XXX	N	N	N	N	N	-	-
85378		CLFS	X	XXX	N	N	N	N	N	-	-
85379		CLFS	X	XXX	N	N	N	N	N	-	-
85380		CLFS	X	XXX	N	N	N	N	N	-	-
85384		CLFS	X	XXX	N	N	N	N	N	-	-
85385		CLFS	X	XXX	N	N	N	N	N	-	-
85390	26	A	A	XXX	N	N	D	N	N	26.74	26.74
85390		CLFS	X	XXX	N	N	N	N	N	-	-
85396		A	A	XXX	N	N	D	N	N	14.54	14.54
85397		Not Covered	X	XXX	N	N	N	N	N	-	-
85400		CLFS	X	XXX	N	N	N	N	N	-	-
85410		CLFS	X	XXX	N	N	N	N	N	-	-
85415		CLFS	X	XXX	N	N	N	N	N	-	-
85420		CLFS	X	XXX	N	N	N	N	N	-	-
85421		CLFS	X	XXX	N	N	N	N	N	-	-
85441		CLFS	X	XXX	N	N	N	N	N	-	-
85445		CLFS	X	XXX	N	N	N	N	N	-	-
85460		CLFS	X	XXX	N	N	N	N	N	-	-
85461		CLFS	X	XXX	N	N	N	N	N	-	-
85475		CLFS	X	XXX	N	N	N	N	N	-	-
85520		CLFS	X	XXX	N	N	N	N	N	-	-
85525		CLFS	X	XXX	N	N	N	N	N	-	-
85530		CLFS	X	XXX	N	N	N	N	N	-	-
85536		CLFS	X	XXX	N	N	N	N	N	-	-
85540		CLFS	X	XXX	N	N	N	N	N	-	-
85547		CLFS	X	XXX	N	N	N	N	N	-	-
85549		CLFS	X	XXX	N	N	N	N	N	-	-
85555		CLFS	X	XXX	N	N	N	N	N	-	-
85557		CLFS	X	XXX	N	N	N	N	N	-	-
85576	26	A	A	XXX	N	N	D	N	N	12.98	12.98
85576		CLFS	X	XXX	N	N	N	N	N	-	-
85597		CLFS	X	XXX	N	N	N	N	N	-	-
85598		CLFS	X	XXX	N	N	N	N	N	-	-
85610		CLFS	X	XXX	N	N	N	N	N	-	-
85611		CLFS	X	XXX	N	N	N	N	N	-	-
85612		CLFS	X	XXX	N	N	N	N	N	-	-
85613		CLFS	X	XXX	N	N	N	N	N	-	-
85635		CLFS	X	XXX	N	N	N	N	N	-	-
85651		CLFS	X	XXX	N	N	N	N	N	-	-
85652		CLFS	X	XXX	N	N	N	N	N	-	-
85660		CLFS	X	XXX	N	N	N	N	N	-	-
85670		CLFS	X	XXX	N	N	N	N	N	-	-
85675		CLFS	X	XXX	N	N	N	N	N	-	-
85705		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN Non-Facility
		Code	Code								
85730		CLFS	X	XXX	N	N	N	N	N	-	-
85732		CLFS	X	XXX	N	N	N	N	N	-	-
85810		CLFS	X	XXX	N	N	N	N	N	-	-
85999		Unlstd/Manual	X	XXX	N	N	N	N	N	-	-
86000		CLFS	X	XXX	N	N	N	N	N	-	-
86001		CLFS	X	XXX	N	N	N	N	N	-	-
86003		CLFS	X	XXX	N	N	N	N	N	-	-
86005		CLFS	X	XXX	N	N	N	N	N	-	-
86008		CLFS	X	XXX	N	N	N	N	N	-	-
86021		CLFS	X	XXX	N	N	N	N	N	-	-
86022		CLFS	X	XXX	N	N	N	N	N	-	-
86023		CLFS	X	XXX	N	N	N	N	N	-	-
86038		CLFS	X	XXX	N	N	N	N	N	-	-
86039		CLFS	X	XXX	N	N	N	N	N	-	-
86060		CLFS	X	XXX	N	N	N	N	N	-	-
86063		CLFS	X	XXX	N	N	N	N	N	-	-
86077		A	A	XXX	N	N	D	N	N	36.34	38.94
86078		A	A	XXX	N	N	D	N	N	36.34	38.94
86079		A	A	XXX	N	N	D	N	N	36.34	38.68
86140		CLFS	X	XXX	N	N	N	N	N	-	-
86141		CLFS	X	XXX	N	N	N	N	N	-	-
86146		CLFS	X	XXX	N	N	N	N	N	-	-
86147		CLFS	X	XXX	N	N	N	N	N	-	-
86148		CLFS	X	XXX	N	N	N	N	N	-	-
86152		CLFS	X	XXX	N	N	N	N	N	-	-
86153	26	A	A	XXX	N	N	D	N	N	24.66	24.66
86155		CLFS	X	XXX	N	N	N	N	N	-	-
86156		CLFS	X	XXX	N	N	N	N	N	-	-
86157		CLFS	X	XXX	N	N	N	N	N	-	-
86160		CLFS	X	XXX	N	N	N	N	N	-	-
86161		CLFS	X	XXX	N	N	N	N	N	-	-
86162		CLFS	X	XXX	N	N	N	N	N	-	-
86171		CLFS	X	XXX	N	N	N	N	N	-	-
86200		CLFS	X	XXX	N	N	N	N	N	-	-
86215		CLFS	X	XXX	N	N	N	N	N	-	-
86225		CLFS	X	XXX	N	N	N	N	N	-	-
86226		CLFS	X	XXX	N	N	N	N	N	-	-
86235		CLFS	X	XXX	N	N	N	N	N	-	-
86255	26	A	A	XXX	N	N	D	N	N	12.98	12.98
86255		CLFS	X	XXX	N	N	N	N	N	-	-
86256	26	A	A	XXX	N	N	D	N	N	12.98	12.98
86256		CLFS	X	XXX	N	N	N	N	N	-	-
86277		CLFS	X	XXX	N	N	N	N	N	-	-
86280		CLFS	X	XXX	N	N	N	N	N	-	-
86294		CLFS	X	XXX	N	N	N	N	N	-	-
86300		CLFS	X	XXX	N	N	N	N	N	-	-
86301		CLFS	X	XXX	N	N	N	N	N	-	-
86304		CLFS	X	XXX	N	N	N	N	N	-	-
86305		Not Covered	X	XXX	N	N	N	N	N	-	-
86308		CLFS	X	XXX	N	N	N	N	N	-	-
86309		CLFS	X	XXX	N	N	N	N	N	-	-
86310		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
86316		CLFS	X	XXX	N	N	N	N	N	-	-
86317		CLFS	X	XXX	N	N	N	N	N	-	-
86318		CLFS	X	XXX	N	N	N	N	N	-	-
86320	26	A	A	XXX	N	N	D	N	N	12.98	12.98
86320		CLFS	X	XXX	N	N	N	N	N	-	-
86325	26	A	A	XXX	N	N	D	N	N	12.98	12.98
86325		CLFS	X	XXX	N	N	N	N	N	-	-
86327	26	A	A	XXX	N	N	D	N	N	15.84	15.84
86327		CLFS	X	XXX	N	N	N	N	N	-	-
86329		CLFS	X	XXX	N	N	N	N	N	-	-
86331		CLFS	X	XXX	N	N	N	N	N	-	-
86332		CLFS	X	XXX	N	N	N	N	N	-	-
86334	26	A	A	XXX	N	N	D	N	N	12.98	12.98
86334		CLFS	X	XXX	N	N	N	N	N	-	-
86335	26	A	A	XXX	N	N	D	N	N	12.98	12.98
86335		CLFS	X	XXX	N	N	N	N	N	-	-
86336		CLFS	X	XXX	N	N	N	N	N	-	-
86337		CLFS	X	XXX	N	N	N	N	N	-	-
86340		CLFS	X	XXX	N	N	N	N	N	-	-
86341		CLFS	X	XXX	N	N	N	N	N	-	-
86343		CLFS	X	XXX	N	N	N	N	N	-	-
86344		CLFS	X	XXX	N	N	N	N	N	-	-
86352		Not Covered	X	XXX	N	N	N	N	N	-	-
86353		CLFS	X	XXX	N	N	N	N	N	-	-
86355		CLFS	X	XXX	N	N	N	N	N	-	-
86356		CLFS	X	XXX	N	N	N	N	N	-	-
86357		CLFS	X	XXX	N	N	N	N	N	-	-
86359		CLFS	X	XXX	N	N	N	N	N	-	-
86360		CLFS	X	XXX	N	N	N	N	N	-	-
86361		CLFS	X	XXX	N	N	N	N	N	-	-
86367		CLFS	X	XXX	N	N	N	N	N	-	-
86376		CLFS	X	XXX	N	N	N	N	N	-	-
86382		CLFS	X	XXX	N	N	N	N	N	-	-
86384		CLFS	X	XXX	N	N	N	N	N	-	-
86386		CLFS	X	XXX	N	N	N	N	N	-	-
86403		CLFS	X	XXX	N	N	N	N	N	-	-
86406		CLFS	X	XXX	N	N	N	N	N	-	-
86430		CLFS	X	XXX	N	N	N	N	N	-	-
86431		CLFS	X	XXX	N	N	N	N	N	-	-
86480		CLFS	X	XXX	N	N	N	N	N	-	-
86481		CLFS	X	XXX	N	N	N	N	N	-	-
86485		CLFS	C	XXX	N	N	D	N	N	-	-
86486		A	A	XXX	N	N	D	N	N	3.37	3.37
86490		A	A	XXX	N	N	D	N	N	55.55	55.55
86510		A	A	XXX	N	N	D	N	N	4.15	4.15
86580		A	A	XXX	N	N	D	N	N	5.45	5.45
86590		CLFS	X	XXX	N	N	N	N	N	-	-
86592		CLFS	X	XXX	N	N	N	N	N	-	-
86593		CLFS	X	XXX	N	N	N	N	N	-	-
86602		CLFS	X	XXX	N	N	N	N	N	-	-
86603		CLFS	X	XXX	N	N	N	N	N	-	-
86606		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
86609		CLFS	X	XXX	N	N	N	N	N	-	-
86611		CLFS	X	XXX	N	N	N	N	N	-	-
86612		CLFS	X	XXX	N	N	N	N	N	-	-
86615		CLFS	X	XXX	N	N	N	N	N	-	-
86617		CLFS	X	XXX	N	N	N	N	N	-	-
86618		CLFS	X	XXX	N	N	N	N	N	-	-
86619		CLFS	X	XXX	N	N	N	N	N	-	-
86622		CLFS	X	XXX	N	N	N	N	N	-	-
86625		CLFS	X	XXX	N	N	N	N	N	-	-
86628		CLFS	X	XXX	N	N	N	N	N	-	-
86631		CLFS	X	XXX	N	N	N	N	N	-	-
86632		CLFS	X	XXX	N	N	N	N	N	-	-
86635		CLFS	X	XXX	N	N	N	N	N	-	-
86638		CLFS	X	XXX	N	N	N	N	N	-	-
86641		CLFS	X	XXX	N	N	N	N	N	-	-
86644		CLFS	X	XXX	N	N	N	N	N	-	-
86645		CLFS	X	XXX	N	N	N	N	N	-	-
86648		CLFS	X	XXX	N	N	N	N	N	-	-
86651		CLFS	X	XXX	N	N	N	N	N	-	-
86652		CLFS	X	XXX	N	N	N	N	N	-	-
86653		CLFS	X	XXX	N	N	N	N	N	-	-
86654		CLFS	X	XXX	N	N	N	N	N	-	-
86658		CLFS	X	XXX	N	N	N	N	N	-	-
86663		CLFS	X	XXX	N	N	N	N	N	-	-
86664		CLFS	X	XXX	N	N	N	N	N	-	-
86665		CLFS	X	XXX	N	N	N	N	N	-	-
86666		CLFS	X	XXX	N	N	N	N	N	-	-
86668		CLFS	X	XXX	N	N	N	N	N	-	-
86671		CLFS	X	XXX	N	N	N	N	N	-	-
86674		CLFS	X	XXX	N	N	N	N	N	-	-
86677		CLFS	X	XXX	N	N	N	N	N	-	-
86682		CLFS	X	XXX	N	N	N	N	N	-	-
86684		CLFS	X	XXX	N	N	N	N	N	-	-
86687		CLFS	X	XXX	N	N	N	N	N	-	-
86688		CLFS	X	XXX	N	N	N	N	N	-	-
86689		CLFS	X	XXX	N	N	N	N	N	-	-
86692		CLFS	X	XXX	N	N	N	N	N	-	-
86694		CLFS	X	XXX	N	N	N	N	N	-	-
86695		CLFS	X	XXX	N	N	N	N	N	-	-
86696		CLFS	X	XXX	N	N	N	N	N	-	-
86698		CLFS	X	XXX	N	N	N	N	N	-	-
86701		CLFS	X	XXX	N	N	N	N	N	-	-
86702		CLFS	X	XXX	N	N	N	N	N	-	-
86703		CLFS	X	XXX	N	N	N	N	N	-	-
86704		CLFS	X	XXX	N	N	N	N	N	-	-
86705		CLFS	X	XXX	N	N	N	N	N	-	-
86706		CLFS	X	XXX	N	N	N	N	N	-	-
86707		CLFS	X	XXX	N	N	N	N	N	-	-
86708		CLFS	X	XXX	N	N	N	N	N	-	-
86709		CLFS	X	XXX	N	N	N	N	N	-	-
86710		CLFS	X	XXX	N	N	N	N	N	-	-
86711		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
86713		CLFS	X	XXX	N	N	N	N	N	-	-
86717		CLFS	X	XXX	N	N	N	N	N	-	-
86720		CLFS	X	XXX	N	N	N	N	N	-	-
86723		CLFS	X	XXX	N	N	N	N	N	-	-
86727		CLFS	X	XXX	N	N	N	N	N	-	-
86732		CLFS	X	XXX	N	N	N	N	N	-	-
86735		CLFS	X	XXX	N	N	N	N	N	-	-
86738		CLFS	X	XXX	N	N	N	N	N	-	-
86741		CLFS	X	XXX	N	N	N	N	N	-	-
86744		CLFS	X	XXX	N	N	N	N	N	-	-
86747		CLFS	X	XXX	N	N	N	N	N	-	-
86750		CLFS	X	XXX	N	N	N	N	N	-	-
86753		CLFS	X	XXX	N	N	N	N	N	-	-
86756		CLFS	X	XXX	N	N	N	N	N	-	-
86757		CLFS	X	XXX	N	N	N	N	N	-	-
86759		CLFS	X	XXX	N	N	N	N	N	-	-
86762		CLFS	X	XXX	N	N	N	N	N	-	-
86765		CLFS	X	XXX	N	N	N	N	N	-	-
86768		CLFS	X	XXX	N	N	N	N	N	-	-
86771		CLFS	X	XXX	N	N	N	N	N	-	-
86774		CLFS	X	XXX	N	N	N	N	N	-	-
86777		CLFS	X	XXX	N	N	N	N	N	-	-
86778		CLFS	X	XXX	N	N	N	N	N	-	-
86780		CLFS	X	XXX	N	N	N	N	N	-	-
86784		CLFS	X	XXX	N	N	N	N	N	-	-
86787		CLFS	X	XXX	N	N	N	N	N	-	-
86788		CLFS	X	XXX	N	N	N	N	N	-	-
86789		CLFS	X	XXX	N	N	N	N	N	-	-
86790		CLFS	X	XXX	N	N	N	N	N	-	-
86793		CLFS	X	XXX	N	N	N	N	N	-	-
86794		CLFS	X	XXX	N	N	N	N	N	-	-
86800		CLFS	X	XXX	N	N	N	N	N	-	-
86803		CLFS	X	XXX	N	N	N	N	N	-	-
86804		CLFS	X	XXX	N	N	N	N	N	-	-
86805		CLFS	X	XXX	N	N	N	N	N	-	-
86806		CLFS	X	XXX	N	N	N	N	N	-	-
86807		CLFS	X	XXX	N	N	N	N	N	-	-
86808		CLFS	X	XXX	N	N	N	N	N	-	-
86812		CLFS	X	XXX	N	N	N	N	N	-	-
86813		CLFS	X	XXX	N	N	N	N	N	-	-
86816		CLFS	X	XXX	N	N	N	N	N	-	-
86817		CLFS	X	XXX	N	N	N	N	N	-	-
86821		CLFS	X	XXX	N	N	N	N	N	-	-
86825		CLFS	X	XXX	N	N	N	N	N	-	-
86826		CLFS	X	XXX	N	N	N	N	N	-	-
86828		CLFS	X	XXX	N	N	N	N	N	-	-
86829		CLFS	X	XXX	N	N	N	N	N	-	-
86830		CLFS	X	XXX	N	N	N	N	N	-	-
86831		CLFS	X	XXX	N	N	N	N	N	-	-
86832		CLFS	X	XXX	N	N	N	N	N	-	-
86833		CLFS	X	XXX	N	N	N	N	N	-	-
86834		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
86835		CLFS	X	XXX	N	N	N	N	N	-	-
86849		CLFS	X	XXX	N	N	N	N	N	-	-
86850		CLFS	X	XXX	N	N	N	N	N	-	-
86860		CLFS	X	XXX	N	N	N	N	N	-	-
86870		CLFS	X	XXX	N	N	N	N	N	-	-
86880		CLFS	X	XXX	N	N	N	N	N	-	-
86885		CLFS	X	XXX	N	N	N	N	N	-	-
86886		CLFS	X	XXX	N	N	N	N	N	-	-
86890		CLFS	X	XXX	N	N	N	N	N	-	-
86891		CLFS	X	XXX	N	N	N	N	N	-	-
86900		CLFS	X	XXX	N	N	N	N	N	-	-
86901		CLFS	X	XXX	N	N	N	N	N	-	-
86902		CLFS	X	XXX	N	N	N	N	N	-	-
86904		CLFS	X	XXX	N	N	N	N	N	-	-
86905		CLFS	X	XXX	N	N	N	N	N	-	-
86906		CLFS	X	XXX	N	N	N	N	N	-	-
86910		Not Covered	N	XXX	N	N	N	N	N	-	-
86911		Not Covered	N	XXX	N	N	N	N	N	-	-
86920		CLFS	X	XXX	N	N	N	N	N	-	-
86921		CLFS	X	XXX	N	N	N	N	N	-	-
86922		CLFS	X	XXX	N	N	N	N	N	-	-
86923		CLFS	X	XXX	N	N	N	N	N	-	-
86927		CLFS	X	XXX	N	N	N	N	N	-	-
86930		CLFS	X	XXX	N	N	N	N	N	-	-
86931		CLFS	X	XXX	N	N	N	N	N	-	-
86932		CLFS	X	XXX	N	N	N	N	N	-	-
86940		CLFS	X	XXX	N	N	N	N	N	-	-
86941		CLFS	X	XXX	N	N	N	N	N	-	-
86945		CLFS	X	XXX	N	N	N	N	N	-	-
86950		CLFS	X	XXX	N	N	N	N	N	-	-
86960		CLFS	X	XXX	N	N	N	N	N	-	-
86965		CLFS	X	XXX	N	N	N	N	N	-	-
86970		CLFS	X	XXX	N	N	N	N	N	-	-
86971		CLFS	X	XXX	N	N	N	N	N	-	-
86972		CLFS	X	XXX	N	N	N	N	N	-	-
86975		CLFS	X	XXX	N	N	N	N	N	-	-
86976		CLFS	X	XXX	N	N	N	N	N	-	-
86977		CLFS	X	XXX	N	N	N	N	N	-	-
86978		CLFS	X	XXX	N	N	N	N	N	-	-
86985		CLFS	X	XXX	N	N	N	N	N	-	-
86999		Unlstd/Manual	X	XXX	N	N	N	N	N	-	-
87003		CLFS	X	XXX	N	N	N	N	N	-	-
87015		CLFS	X	XXX	N	N	N	N	N	-	-
87040		CLFS	X	XXX	N	N	N	N	N	-	-
87045		CLFS	X	XXX	N	N	N	N	N	-	-
87046		CLFS	X	XXX	N	N	N	N	N	-	-
87070		CLFS	X	XXX	N	N	N	N	N	-	-
87071		CLFS	X	XXX	N	N	N	N	N	-	-
87073		CLFS	X	XXX	N	N	N	N	N	-	-
87075		CLFS	X	XXX	N	N	N	N	N	-	-
87076		CLFS	X	XXX	N	N	N	N	N	-	-
87077		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
87081		CLFS	X	XXX	N	N	N	N	N	-	-
87084		CLFS	X	XXX	N	N	N	N	N	-	-
87086		CLFS	X	XXX	N	N	N	N	N	-	-
87088		CLFS	X	XXX	N	N	N	N	N	-	-
87101		CLFS	X	XXX	N	N	N	N	N	-	-
87102		CLFS	X	XXX	N	N	N	N	N	-	-
87103		CLFS	X	XXX	N	N	N	N	N	-	-
87106		CLFS	X	XXX	N	N	N	N	N	-	-
87107		CLFS	X	XXX	N	N	N	N	N	-	-
87109		CLFS	X	XXX	N	N	N	N	N	-	-
87110		CLFS	X	XXX	N	N	N	N	N	-	-
87116		CLFS	X	XXX	N	N	N	N	N	-	-
87118		CLFS	X	XXX	N	N	N	N	N	-	-
87140		CLFS	X	XXX	N	N	N	N	N	-	-
87143		CLFS	X	XXX	N	N	N	N	N	-	-
87147		CLFS	X	XXX	N	N	N	N	N	-	-
87149		CLFS	X	XXX	N	N	N	N	N	-	-
87150		CLFS	X	XXX	N	N	N	N	N	-	-
87152		CLFS	X	XXX	N	N	N	N	N	-	-
87153		CLFS	X	XXX	N	N	N	N	N	-	-
87158		CLFS	X	XXX	N	N	N	N	N	-	-
87164	26	A	A	XXX	N	N	D	N	N	14.02	14.02
87164		CLFS	X	XXX	N	N	N	N	N	-	-
87166		CLFS	X	XXX	N	N	N	N	N	-	-
87168		CLFS	X	XXX	N	N	N	N	N	-	-
87169		CLFS	X	XXX	N	N	N	N	N	-	-
87172		CLFS	X	XXX	N	N	N	N	N	-	-
87176		CLFS	X	XXX	N	N	N	N	N	-	-
87177		CLFS	X	XXX	N	N	N	N	N	-	-
87181		CLFS	X	XXX	N	N	N	N	N	-	-
87184		CLFS	X	XXX	N	N	N	N	N	-	-
87185		CLFS	X	XXX	N	N	N	N	N	-	-
87186		CLFS	X	XXX	N	N	N	N	N	-	-
87187		CLFS	X	XXX	N	N	N	N	N	-	-
87188		CLFS	X	XXX	N	N	N	N	N	-	-
87190		CLFS	X	XXX	N	N	N	N	N	-	-
87197		CLFS	X	XXX	N	N	N	N	N	-	-
87205		CLFS	X	XXX	N	N	N	N	N	-	-
87206		CLFS	X	XXX	N	N	N	N	N	-	-
87207	26	A	A	XXX	N	N	D	N	N	12.98	12.98
87207		CLFS	X	XXX	N	N	N	N	N	-	-
87209		CLFS	X	XXX	N	N	N	N	N	-	-
87210		CLFS	X	XXX	N	N	N	N	N	-	-
87220		CLFS	X	XXX	N	N	N	N	N	-	-
87230		CLFS	X	XXX	N	N	N	N	N	-	-
87250		CLFS	X	XXX	N	N	N	N	N	-	-
87252		CLFS	X	XXX	N	N	N	N	N	-	-
87253		CLFS	X	XXX	N	N	N	N	N	-	-
87254		CLFS	X	XXX	N	N	N	N	N	-	-
87255		CLFS	X	XXX	N	N	N	N	N	-	-
87260		CLFS	X	XXX	N	N	N	N	N	-	-
87265		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
87267		CLFS	X	XXX	N	N	N	N	N	-	-
87269		CLFS	X	XXX	N	N	N	N	N	-	-
87270		CLFS	X	XXX	N	N	N	N	N	-	-
87271		CLFS	X	XXX	N	N	N	N	N	-	-
87272		CLFS	X	XXX	N	N	N	N	N	-	-
87273		CLFS	X	XXX	N	N	N	N	N	-	-
87274		CLFS	X	XXX	N	N	N	N	N	-	-
87275		CLFS	X	XXX	N	N	N	N	N	-	-
87276		CLFS	X	XXX	N	N	N	N	N	-	-
87278		CLFS	X	XXX	N	N	N	N	N	-	-
87279		CLFS	X	XXX	N	N	N	N	N	-	-
87280		CLFS	X	XXX	N	N	N	N	N	-	-
87281		CLFS	X	XXX	N	N	N	N	N	-	-
87283		CLFS	X	XXX	N	N	N	N	N	-	-
87285		CLFS	X	XXX	N	N	N	N	N	-	-
87290		CLFS	X	XXX	N	N	N	N	N	-	-
87299		CLFS	X	XXX	N	N	N	N	N	-	-
87300		CLFS	X	XXX	N	N	N	N	N	-	-
87301		CLFS	X	XXX	N	N	N	N	N	-	-
87305		CLFS	X	XXX	N	N	N	N	N	-	-
87320		CLFS	X	XXX	N	N	N	N	N	-	-
87324		CLFS	X	XXX	N	N	N	N	N	-	-
87327		CLFS	X	XXX	N	N	N	N	N	-	-
87328		CLFS	X	XXX	N	N	N	N	N	-	-
87329		CLFS	X	XXX	N	N	N	N	N	-	-
87332		CLFS	X	XXX	N	N	N	N	N	-	-
87335		CLFS	X	XXX	N	N	N	N	N	-	-
87336		CLFS	X	XXX	N	N	N	N	N	-	-
87337		CLFS	X	XXX	N	N	N	N	N	-	-
87338		CLFS	X	XXX	N	N	N	N	N	-	-
87339		CLFS	X	XXX	N	N	N	N	N	-	-
87340		CLFS	X	XXX	N	N	N	N	N	-	-
87341		CLFS	X	XXX	N	N	N	N	N	-	-
87350		CLFS	X	XXX	N	N	N	N	N	-	-
87380		CLFS	X	XXX	N	N	N	N	N	-	-
87385		CLFS	X	XXX	N	N	N	N	N	-	-
87389		CLFS	X	XXX	N	N	N	N	N	-	-
87390		CLFS	X	XXX	N	N	N	N	N	-	-
87391		CLFS	X	XXX	N	N	N	N	N	-	-
87400		CLFS	X	XXX	N	N	N	N	N	-	-
87420		CLFS	X	XXX	N	N	N	N	N	-	-
87425		CLFS	X	XXX	N	N	N	N	N	-	-
87427		CLFS	X	XXX	N	N	N	N	N	-	-
87430		CLFS	X	XXX	N	N	N	N	N	-	-
87449		CLFS	X	XXX	N	N	N	N	N	-	-
87450		CLFS	X	XXX	N	N	N	N	N	-	-
87451		CLFS	X	XXX	N	N	N	N	N	-	-
87471		CLFS	X	XXX	N	N	N	N	N	-	-
87472		CLFS	X	XXX	N	N	N	N	N	-	-
87475		CLFS	X	XXX	N	N	N	N	N	-	-
87476		CLFS	X	XXX	N	N	N	N	N	-	-
87480		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
87481		CLFS	X	XXX	N	N	N	N	N	-	-
87482		CLFS	X	XXX	N	N	N	N	N	-	-
87483		CLFS	X	XXX	N	N	N	N	N	-	-
87485		CLFS	X	XXX	N	N	N	N	N	-	-
87486		CLFS	X	XXX	N	N	N	N	N	-	-
87487		CLFS	X	XXX	N	N	N	N	N	-	-
87490		CLFS	X	XXX	N	N	N	N	N	-	-
87491		CLFS	X	XXX	N	N	N	N	N	-	-
87492		CLFS	X	XXX	N	N	N	N	N	-	-
87493		CLFS	X	XXX	N	N	N	N	N	-	-
87495		CLFS	X	XXX	N	N	N	N	N	-	-
87496		CLFS	X	XXX	N	N	N	N	N	-	-
87497		CLFS	X	XXX	N	N	N	N	N	-	-
87498		CLFS	X	XXX	N	N	N	N	N	-	-
87500		CLFS	X	XXX	N	N	N	N	N	-	-
87501		CLFS	X	XXX	N	N	N	N	N	-	-
87502		CLFS	X	XXX	N	N	N	N	N	-	-
87503		CLFS	X	XXX	N	N	N	N	N	-	-
87505		CLFS	X	XXX	N	N	N	N	N	-	-
87506		CLFS	X	XXX	N	N	N	N	N	-	-
87507		CLFS	X	XXX	N	N	N	N	N	-	-
87510		CLFS	X	XXX	N	N	N	N	N	-	-
87511		CLFS	X	XXX	N	N	N	N	N	-	-
87512		CLFS	X	XXX	N	N	N	N	N	-	-
87516		CLFS	X	XXX	N	N	N	N	N	-	-
87517		CLFS	X	XXX	N	N	N	N	N	-	-
87520		CLFS	X	XXX	N	N	N	N	N	-	-
87521		CLFS	X	XXX	N	N	N	N	N	-	-
87522		CLFS	X	XXX	N	N	N	N	N	-	-
87525		CLFS	X	XXX	N	N	N	N	N	-	-
87526		CLFS	X	XXX	N	N	N	N	N	-	-
87527		CLFS	X	XXX	N	N	N	N	N	-	-
87528		CLFS	X	XXX	N	N	N	N	N	-	-
87529		CLFS	X	XXX	N	N	N	N	N	-	-
87530		CLFS	X	XXX	N	N	N	N	N	-	-
87531		CLFS	X	XXX	N	N	N	N	N	-	-
87532		CLFS	X	XXX	N	N	N	N	N	-	-
87533		CLFS	X	XXX	N	N	N	N	N	-	-
87534		CLFS	X	XXX	N	N	N	N	N	-	-
87535		CLFS	X	XXX	N	N	N	N	N	-	-
87536		CLFS	X	XXX	N	N	N	N	N	-	-
87537		CLFS	X	XXX	N	N	N	N	N	-	-
87538		CLFS	X	XXX	N	N	N	N	N	-	-
87539		CLFS	X	XXX	N	N	N	N	N	-	-
87540		CLFS	X	XXX	N	N	N	N	N	-	-
87541		CLFS	X	XXX	N	N	N	N	N	-	-
87542		CLFS	X	XXX	N	N	N	N	N	-	-
87550		CLFS	X	XXX	N	N	N	N	N	-	-
87551		CLFS	X	XXX	N	N	N	N	N	-	-
87552		CLFS	X	XXX	N	N	N	N	N	-	-
87555		CLFS	X	XXX	N	N	N	N	N	-	-
87556		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
87557		CLFS	X	XXX	N	N	N	N	N	-	-
87560		CLFS	X	XXX	N	N	N	N	N	-	-
87561		CLFS	X	XXX	N	N	N	N	N	-	-
87562		CLFS	X	XXX	N	N	N	N	N	-	-
87580		CLFS	X	XXX	N	N	N	N	N	-	-
87581		CLFS	X	XXX	N	N	N	N	N	-	-
87582		CLFS	X	XXX	N	N	N	N	N	-	-
87590		CLFS	X	XXX	N	N	N	N	N	-	-
87591		CLFS	X	XXX	N	N	N	N	N	-	-
87592		CLFS	X	XXX	N	N	N	N	N	-	-
87623		CLFS	X	XXX	N	N	N	N	N	-	-
87624		CLFS	X	XXX	N	N	N	N	N	-	-
87625		CLFS	X	XXX	N	N	N	N	N	-	-
87631		CLFS	X	XXX	N	N	N	N	N	-	-
87632		CLFS	X	XXX	N	N	N	N	N	-	-
87633		CLFS	X	XXX	N	N	N	N	N	-	-
87634		CLFS	X	XXX	N	N	N	N	N	-	-
87640		CLFS	X	XXX	N	N	N	N	N	-	-
87641		CLFS	X	XXX	N	N	N	N	N	-	-
87650		CLFS	X	XXX	N	N	N	N	N	-	-
87651		CLFS	X	XXX	N	N	N	N	N	-	-
87652		CLFS	X	XXX	N	N	N	N	N	-	-
87653		CLFS	X	XXX	N	N	N	N	N	-	-
87660		CLFS	X	XXX	N	N	N	N	N	-	-
87661		CLFS	X	XXX	N	N	N	N	N	-	-
87662		CLFS	X	XXX	N	N	N	N	N	-	-
87797		CLFS	X	XXX	N	N	N	N	N	-	-
87798		CLFS	X	XXX	N	N	N	N	N	-	-
87799		CLFS	X	XXX	N	N	N	N	N	-	-
87800		CLFS	X	XXX	N	N	N	N	N	-	-
87801		CLFS	X	XXX	N	N	N	N	N	-	-
87802		CLFS	X	XXX	N	N	N	N	N	-	-
87803		CLFS	X	XXX	N	N	N	N	N	-	-
87804		CLFS	X	XXX	N	N	N	N	N	-	-
87806		CLFS	X	XXX	N	N	N	N	N	-	-
87807		CLFS	X	XXX	N	N	N	N	N	-	-
87808		CLFS	X	XXX	N	N	N	N	N	-	-
87809		CLFS	X	XXX	N	N	N	N	N	-	-
87810		CLFS	X	XXX	N	N	N	N	N	-	-
87850		CLFS	X	XXX	N	N	N	N	N	-	-
87880		CLFS	X	XXX	N	N	N	N	N	-	-
87899		CLFS	X	XXX	N	N	N	N	N	-	-
87900		CLFS	X	XXX	N	N	N	N	N	-	-
87901		CLFS	X	XXX	N	N	N	N	N	-	-
87902		CLFS	X	XXX	N	N	N	N	N	-	-
87903		CLFS	X	XXX	N	N	N	N	N	-	-
87904		CLFS	X	XXX	N	N	N	N	N	-	-
87905		Not Covered	X	XXX	N	N	N	N	N	-	-
87906		CLFS	X	XXX	N	N	N	N	N	-	-
87910		CLFS	X	XXX	N	N	N	N	N	-	-
87912		CLFS	X	XXX	N	N	N	N	N	-	-
87999		Unlstd/Manual	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
88000		Not Covered	N	XXX	N	N	N	N	N	-	-
88005		Not Covered	N	XXX	N	N	N	N	N	-	-
88007		Not Covered	N	XXX	N	N	N	N	N	-	-
88012		Not Covered	N	XXX	N	N	N	N	N	-	-
88014		Not Covered	N	XXX	N	N	N	N	N	-	-
88016		Not Covered	N	XXX	N	N	N	N	N	-	-
88020		Not Covered	N	XXX	N	N	N	N	N	-	-
88025		Not Covered	N	XXX	N	N	N	N	N	-	-
88027		Not Covered	N	XXX	N	N	N	N	N	-	-
88028		Not Covered	N	XXX	N	N	N	N	N	-	-
88029		Not Covered	N	XXX	N	N	N	N	N	-	-
88036		Not Covered	N	XXX	N	N	N	N	N	-	-
88037		Not Covered	N	XXX	N	N	N	N	N	-	-
88040		Not Covered	N	XXX	N	N	N	N	N	-	-
88045		Not Covered	N	XXX	N	N	N	N	N	-	-
88099		Not Covered	N	XXX	N	N	N	N	N	-	-
88104	26	A	A	XXX	N	N	D	N	N	20.25	20.25
88104	TC	A	A	XXX	N	N	D	N	N	25.96	25.96
88104		A	A	XXX	N	N	D	N	N	46.47	46.47
88106	26	A	A	XXX	N	N	D	N	N	13.76	13.76
88106	TC	A	A	XXX	N	N	D	N	N	27.78	27.78
88106		A	A	XXX	N	N	D	N	N	42.06	42.06
88108	26	A	A	XXX	N	N	D	N	N	16.10	16.10
88108	TC	A	A	XXX	N	N	D	N	N	23.62	23.62
88108		A	A	XXX	N	N	D	N	N	39.98	39.98
88112	26	A	A	XXX	N	N	D	N	N	20.25	20.25
88112	TC	A	A	XXX	N	N	D	N	N	24.40	24.40
88112		A	A	XXX	N	N	D	N	N	44.65	44.65
88120	26	A	A	XXX	N	N	D	N	N	42.06	42.06
88120	TC	A	A	XXX	N	N	D	N	N	339.04	339.04
88120		A	A	XXX	N	N	D	N	N	380.57	380.57
88121	26	A	A	XXX	N	N	D	N	N	35.57	35.57
88121	TC	A	A	XXX	N	N	D	N	N	269.98	269.98
88121		A	A	XXX	N	N	D	N	N	305.55	305.55
88125	26	A	A	XXX	N	N	D	N	N	9.86	9.86
88125	TC	A	A	XXX	N	N	D	N	N	7.79	7.79
88125		A	A	XXX	N	N	D	N	N	17.91	17.91
88130		CLFS	X	XXX	N	N	N	N	N	-	-
88140		CLFS	X	XXX	N	N	N	N	N	-	-
88141		A	A	XXX	N	N	D	N	N	21.81	21.81
88142		CLFS	X	XXX	N	N	N	N	N	-	-
88143		CLFS	X	XXX	N	N	N	N	N	-	-
88147		CLFS	X	XXX	N	N	N	N	N	-	-
88148		CLFS	X	XXX	N	N	N	N	N	-	-
88150		CLFS	X	XXX	N	N	N	N	N	-	-
88152		CLFS	X	XXX	N	N	N	N	N	-	-
88153		CLFS	X	XXX	N	N	N	N	N	-	-
88155		CLFS	X	XXX	N	N	N	N	N	-	-
88160	26	A	A	XXX	N	N	D	N	N	18.69	18.69
88160	TC	A	A	XXX	N	N	D	N	N	28.04	28.04
88160		A	A	XXX	N	N	D	N	N	46.99	46.99
88161	26	A	A	XXX	N	N	D	N	N	18.17	18.17

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
88161	TC	A	A	XXX	N	N	D	N	N	25.44	25.44
88161		A	A	XXX	N	N	D	N	N	43.87	43.87
88162	26	A	A	XXX	N	N	D	N	N	27.78	27.78
88162	TC	A	A	XXX	N	N	D	N	N	35.82	35.82
88162		A	A	XXX	N	N	D	N	N	63.34	63.34
88164		CLFS	X	XXX	N	N	N	N	N	-	-
88165		CLFS	X	XXX	N	N	N	N	N	-	-
88166		CLFS	X	XXX	N	N	N	N	N	-	-
88167		CLFS	X	XXX	N	N	N	N	N	-	-
88172	26	A	A	XXX	N	N	D	N	N	26.22	26.22
88172	TC	A	A	XXX	N	N	D	N	N	12.20	12.20
88172		A	A	XXX	N	N	D	N	N	38.42	38.42
88173	26	A	A	XXX	N	N	D	N	N	51.14	51.14
88173	TC	A	A	XXX	N	N	D	N	N	50.88	50.88
88173		A	A	XXX	N	N	D	N	N	101.76	101.76
88174		CLFS	X	XXX	N	N	N	N	N	-	-
88175		CLFS	X	XXX	N	N	N	N	N	-	-
88177	26	A	A	ZZZ	N	N	D	N	N	15.84	15.84
88177	TC	A	A	ZZZ	N	N	D	N	N	4.41	4.41
88177		A	A	ZZZ	N	N	D	N	N	20.25	20.25
88182	26	A	A	XXX	N	N	D	N	N	28.04	28.04
88182	TC	A	A	XXX	N	N	D	N	N	59.71	59.71
88182		A	A	XXX	N	N	D	N	N	87.74	87.74
88184		A	A	XXX	N	N	D	N	N	42.06	42.06
88185		A	A	ZZZ	N	N	D	N	N	15.32	15.32
88187		A	A	XXX	N	N	D	N	N	27.26	27.26
88188		A	A	XXX	N	N	D	N	N	45.95	45.95
88189		A	A	XXX	N	N	D	N	N	61.53	61.53
88199	26	CLFS	C	XXX	N	N	D	N	N	-	-
88199	TC	CLFS	C	XXX	N	N	D	N	N	-	-
88199		CLFS	C	XXX	N	N	D	N	N	-	-
88230		CLFS	X	XXX	N	N	N	N	N	-	-
88233		CLFS	X	XXX	N	N	N	N	N	-	-
88235		CLFS	X	XXX	N	N	N	N	N	-	-
88237		CLFS	X	XXX	N	N	N	N	N	-	-
88239		CLFS	X	XXX	N	N	N	N	N	-	-
88240		CLFS	X	XXX	N	N	N	N	N	-	-
88241		CLFS	X	XXX	N	N	N	N	N	-	-
88245		CLFS	X	XXX	N	N	N	N	N	-	-
88248		CLFS	X	XXX	N	N	N	N	N	-	-
88249		CLFS	X	XXX	N	N	N	N	N	-	-
88261		CLFS	X	XXX	N	N	N	N	N	-	-
88262		CLFS	X	XXX	N	N	N	N	N	-	-
88263		CLFS	X	XXX	N	N	N	N	N	-	-
88264		CLFS	X	XXX	N	N	N	N	N	-	-
88267		CLFS	X	XXX	N	N	N	N	N	-	-
88269		CLFS	X	XXX	N	N	N	N	N	-	-
88271		CLFS	X	XXX	N	N	N	N	N	-	-
88272		CLFS	X	XXX	N	N	N	N	N	-	-
88273		CLFS	X	XXX	N	N	N	N	N	-	-
88274		CLFS	X	XXX	N	N	N	N	N	-	-
88275		CLFS	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
88280		CLFS	X	XXX	N	N	N	N	N	-	-
88283		CLFS	X	XXX	N	N	N	N	N	-	-
88285		CLFS	X	XXX	N	N	N	N	N	-	-
88289		CLFS	X	XXX	N	N	N	N	N	-	-
88291		A	A	XXX	N	N	D	N	N	23.10	23.10
88299		CLFS	C	XXX	N	N	D	N	N	-	-
88300	26	A	A	XXX	N	N	D	N	N	3.12	3.12
88300	TC	A	A	XXX	N	N	D	N	N	7.27	7.27
88300		A	A	XXX	N	N	D	N	N	10.64	10.64
88302	26	A	A	XXX	N	N	D	N	N	4.93	4.93
88302	TC	A	A	XXX	N	N	D	N	N	15.06	15.06
88302		A	A	XXX	N	N	D	N	N	20.25	20.25
88304	26	A	A	XXX	N	N	D	N	N	8.31	8.31
88304	TC	A	A	XXX	N	N	D	N	N	18.17	18.17
88304		A	A	XXX	N	N	D	N	N	26.48	26.48
88305	26	A	A	XXX	N	N	D	N	N	27.52	27.52
88305	TC	A	A	XXX	N	N	D	N	N	18.95	18.95
88305		A	A	XXX	N	N	D	N	N	46.47	46.47
88307	26	A	A	XXX	N	N	D	N	N	59.97	59.97
88307	TC	A	A	XXX	N	N	D	N	N	115.52	115.52
88307		A	A	XXX	N	N	D	N	N	175.49	175.49
88309	26	A	A	XXX	N	N	D	N	N	105.92	105.92
88309	TC	A	A	XXX	N	N	D	N	N	161.99	161.99
88309		A	A	XXX	N	N	D	N	N	268.17	268.17
88311	26	A	A	XXX	N	N	D	N	N	8.83	8.83
88311	TC	A	A	XXX	N	N	D	N	N	5.71	5.71
88311		A	A	XXX	N	N	D	N	N	14.80	14.80
88312	26	A	A	XXX	N	N	D	N	N	19.21	19.21
88312	TC	A	A	XXX	N	N	D	N	N	45.95	45.95
88312		A	A	XXX	N	N	D	N	N	65.42	65.42
88313	26	A	A	XXX	N	N	D	N	N	8.83	8.83
88313	TC	A	A	XXX	N	N	D	N	N	37.90	37.90
88313		A	A	XXX	N	N	D	N	N	46.73	46.73
88314	26	A	A	XXX	N	N	D	N	N	16.10	16.10
88314	TC	A	A	XXX	N	N	D	N	N	43.35	43.35
88314		A	A	XXX	N	N	D	N	N	59.97	59.97
88319	26	A	A	XXX	N	N	D	N	N	19.21	19.21
88319	TC	A	A	XXX	N	N	D	N	N	43.87	43.87
88319		A	A	XXX	N	N	D	N	N	63.34	63.34
88321		A	A	XXX	N	N	D	N	N	60.75	70.35
88323	26	A	A	XXX	N	N	D	N	N	63.34	63.34
88323	TC	A	A	XXX	N	N	D	N	N	16.61	16.61
88323		A	A	XXX	N	N	D	N	N	80.22	80.22
88325		A	A	XXX	N	N	D	N	N	107.47	126.17
88329		A	A	XXX	N	N	D	N	N	25.96	35.57
88331	26	A	A	XXX	N	N	D	N	N	45.17	45.17
88331	TC	A	A	XXX	N	N	D	N	N	20.77	20.77
88331		A	A	XXX	N	N	D	N	N	65.94	65.94
88332	26	A	A	XXX	N	N	D	N	N	22.33	22.33
88332	TC	A	A	XXX	N	N	D	N	N	13.50	13.50
88332		A	A	XXX	N	N	D	N	N	36.08	36.08
88333	26	A	A	XXX	N	N	D	N	N	45.43	45.43

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
88333	TC	A	A	XXX	N	N	D	N	N	15.84	15.84
88333		A	A	XXX	N	N	D	N	N	61.27	61.27
88334	26	A	A	ZZZ	N	N	D	N	N	27.78	27.78
88334	TC	A	A	ZZZ	N	N	D	N	N	10.38	10.38
88334		A	A	ZZZ	N	N	D	N	N	38.16	38.16
88341	26	A	A	ZZZ	N	N	D	N	N	20.51	20.51
88341	TC	A	A	ZZZ	N	N	D	N	N	39.72	39.72
88341		A	A	ZZZ	N	N	D	N	N	60.49	60.49
88342	26	A	A	XXX	N	N	D	N	N	25.96	25.96
88342	TC	A	A	XXX	N	N	D	N	N	44.13	44.13
88342		A	A	XXX	N	N	D	N	N	69.83	69.83
88344	26	A	A	XXX	N	N	D	N	N	28.04	28.04
88344	TC	A	A	XXX	N	N	D	N	N	82.81	82.81
88344		A	A	XXX	N	N	D	N	N	110.85	110.85
88346	26	A	A	XXX	N	N	D	N	N	26.48	26.48
88346	TC	A	A	XXX	N	N	D	N	N	45.95	45.95
88346		A	A	XXX	N	N	D	N	N	72.43	72.43
88348	26	A	A	XXX	N	N	D	N	N	55.04	55.04
88348	TC	A	A	XXX	N	N	D	N	N	177.05	177.05
88348		A	A	XXX	N	N	D	N	N	232.34	232.34
88350	26	A	A	ZZZ	N	N	D	N	N	20.77	20.77
88350	TC	A	A	ZZZ	N	N	D	N	N	30.11	30.11
88350		A	A	ZZZ	N	N	D	N	N	50.62	50.62
88355	26	A	A	XXX	N	N	D	N	N	59.71	59.71
88355	TC	A	A	XXX	N	N	D	N	N	30.63	30.63
88355		A	A	XXX	N	N	D	N	N	90.60	90.60
88356	26	A	A	XXX	N	N	D	N	N	91.90	91.90
88356	TC	A	A	XXX	N	N	D	N	N	60.75	60.75
88356		A	A	XXX	N	N	D	N	N	152.64	152.64
88358	26	A	A	XXX	N	N	D	N	N	36.08	36.08
88358	TC	A	A	XXX	N	N	D	N	N	48.03	48.03
88358		A	A	XXX	N	N	D	N	N	84.11	84.11
88360	26	A	A	XXX	N	N	D	N	N	30.89	30.89
88360	TC	A	A	XXX	N	N	D	N	N	52.70	52.70
88360		A	A	XXX	N	N	D	N	N	83.59	83.59
88361	26	A	A	XXX	N	N	D	N	N	33.23	33.23
88361	TC	A	A	XXX	N	N	D	N	N	53.48	53.48
88361		A	A	XXX	N	N	D	N	N	86.71	86.71
88362	26	A	A	XXX	N	N	D	N	N	80.48	80.48
88362	TC	A	A	XXX	N	N	D	N	N	60.49	60.49
88362		A	A	XXX	N	N	D	N	N	140.96	140.96
88363		A	A	XXX	N	N	D	N	N	14.28	16.61
88364	26	A	A	ZZZ	N	N	D	N	N	25.44	25.44
88364	TC	A	A	ZZZ	N	N	D	N	N	60.75	60.75
88364		A	A	ZZZ	N	N	D	N	N	86.19	86.19
88365	26	A	A	XXX	N	N	D	N	N	31.93	31.93
88365	TC	A	A	XXX	N	N	D	N	N	82.81	82.81
88365		A	A	XXX	N	N	D	N	N	114.74	114.74
88366	26	A	A	XXX	N	N	D	N	N	44.91	44.91
88366	TC	A	A	XXX	N	N	D	N	N	125.39	125.39
88366		A	A	XXX	N	N	D	N	N	170.56	170.56
88367	26	A	A	XXX	N	N	D	N	N	24.92	24.92

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
88367	TC	A	A	XXX	N	N	D	N	N	46.21	46.21
88367		A	A	XXX	N	N	D	N	N	71.65	71.65
88368	26	A	A	XXX	N	N	D	N	N	30.63	30.63
88368	TC	A	A	XXX	N	N	D	N	N	52.96	52.96
88368		A	A	XXX	N	N	D	N	N	83.59	83.59
88369	26	A	A	ZZZ	N	N	D	N	N	23.62	23.62
88369	TC	A	A	ZZZ	N	N	D	N	N	49.06	49.06
88369		A	A	ZZZ	N	N	D	N	N	72.69	72.69
88371	26	CLFS	A	XXX	N	N	D	N	N	14.02	14.02
88371		CLFS	X	XXX	N	N	N	N	N	-	-
88372	26	CLFS	A	XXX	N	N	D	N	N	12.98	12.98
88372		CLFS	X	XXX	N	N	N	N	N	-	-
88373	26	A	A	ZZZ	N	N	D	N	N	19.47	19.47
88373	TC	A	A	ZZZ	N	N	D	N	N	29.59	29.59
88373		A	A	ZZZ	N	N	D	N	N	49.06	49.06
88374	26	A	A	XXX	N	N	D	N	N	31.93	31.93
88374	TC	A	A	XXX	N	N	D	N	N	175.75	175.75
88374		A	A	XXX	N	N	D	N	N	207.94	207.94
88375		Not Covered	A	XXX	N	N	D	N	N	35.31	35.31
88377	26	A	A	XXX	N	N	D	N	N	46.99	46.99
88377	TC	A	A	XXX	N	N	D	N	N	202.23	202.23
88377		A	A	XXX	N	N	D	N	N	248.70	248.70
88380	26	A	A	XXX	N	N	D	N	N	39.98	39.98
88380	TC	A	A	XXX	N	N	D	N	N	49.06	49.06
88380		A	A	XXX	N	N	D	N	N	88.78	88.78
88381	26	A	A	XXX	N	N	D	N	N	18.17	18.17
88381	TC	A	A	XXX	N	N	D	N	N	80.74	80.74
88381		A	A	XXX	N	N	D	N	N	98.91	98.91
88387	26	A	A	XXX	N	N	D	N	N	20.77	20.77
88387	TC	A	A	XXX	N	N	D	N	N	4.15	4.15
88387		A	A	XXX	N	N	D	N	N	24.92	24.92
88388	26	A	A	XXX	N	N	D	N	N	17.13	17.13
88388	TC	A	A	XXX	N	N	D	N	N	7.01	7.01
88388		A	A	XXX	N	N	D	N	N	24.14	24.14
88399	26	CLFS	C	XXX	N	N	D	N	N	-	-
88399	TC	CLFS	C	XXX	N	N	D	N	N	-	-
88399		CLFS	C	XXX	N	N	D	N	N	-	-
88720		CLFS	X	XXX	N	N	N	N	N	-	-
88738		CLFS	X	XXX	N	N	N	N	N	-	-
88740		CLFS	X	XXX	N	N	N	N	N	-	-
88741		CLFS	X	XXX	N	N	N	N	N	-	-
88749		CLFS	X	XXX	N	N	N	N	N	-	-
89049		A	A	XXX	N	N	D	N	N	45.95	163.81
89050		CLFS	X	XXX	N	N	N	N	N	-	-
89051		CLFS	X	XXX	N	N	N	N	N	-	-
89055		CLFS	X	XXX	N	N	N	N	N	-	-
89060	26	CLFS	A	XXX	N	N	D	N	N	12.98	12.98
89060		CLFS	X	XXX	N	N	N	N	N	-	-
89125		CLFS	X	XXX	N	N	N	N	N	-	-
89160		CLFS	X	XXX	N	N	N	N	N	-	-
89190		CLFS	X	XXX	N	N	N	N	N	-	-
89220		A	A	XXX	N	N	D	N	N	10.38	10.38

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
89230		A	A	XXX	N	N	D	N	N	1.82	1.82
89240		CLFS	C	XXX	N	N	D	N	N	-	-
89250		Not Covered	X	XXX	N	N	N	N	N	-	-
89251		Not Covered	X	XXX	N	N	N	N	N	-	-
89253		Not Covered	X	XXX	N	N	N	N	N	-	-
89254		Not Covered	X	XXX	N	N	N	N	N	-	-
89255		Not Covered	X	XXX	N	N	N	N	N	-	-
89257		Not Covered	X	XXX	N	N	N	N	N	-	-
89258		Not Covered	X	XXX	N	N	N	N	N	-	-
89259		Not Covered	X	XXX	N	N	N	N	N	-	-
89260		Not Covered	X	XXX	N	N	N	N	N	-	-
89261		Not Covered	X	XXX	N	N	N	N	N	-	-
89264		Not Covered	X	XXX	N	N	N	N	N	-	-
89268		Not Covered	X	XXX	N	N	N	N	N	-	-
89272		Not Covered	X	XXX	N	N	N	N	N	-	-
89280		Not Covered	X	XXX	N	N	N	N	N	-	-
89281		Not Covered	X	XXX	N	N	N	N	N	-	-
89290		Not Covered	X	XXX	N	N	N	N	N	-	-
89291		Not Covered	X	XXX	N	N	N	N	N	-	-
89300		Not Covered	X	XXX	N	N	N	N	N	-	-
89310		Not Covered	X	XXX	N	N	N	N	N	-	-
89320		Not Covered	X	XXX	N	N	N	N	N	-	-
89321		Not Covered	X	XXX	N	N	N	N	N	-	-
89322		Not Covered	X	XXX	N	N	N	N	N	-	-
89325		Not Covered	X	XXX	N	N	N	N	N	-	-
89329		Not Covered	X	XXX	N	N	N	N	N	-	-
89330		Not Covered	X	XXX	N	N	N	N	N	-	-
89331		Not Covered	X	XXX	N	N	N	N	N	-	-
89335		Not Covered	X	XXX	N	N	N	N	N	-	-
89337		Not Covered	X	XXX	N	N	N	N	N	-	-
89342		Not Covered	X	XXX	N	N	N	N	N	-	-
89343		Not Covered	X	XXX	N	N	N	N	N	-	-
89344		Not Covered	X	XXX	N	N	N	N	N	-	-
89346		Not Covered	X	XXX	N	N	N	N	N	-	-
89352		Not Covered	X	XXX	N	N	N	N	N	-	-
89353		Not Covered	X	XXX	N	N	N	N	N	-	-
89354		Not Covered	X	XXX	N	N	N	N	N	-	-
89356		Not Covered	X	XXX	N	N	N	N	N	-	-
89398		Not Covered	X	XXX	N	N	N	N	N	-	-
90281		Not Covered	I	XXX	N	N	N	N	N	-	-
90283		Not Covered	I	XXX	N	N	N	N	N	-	-
90284		Not Covered	X	XXX	N	N	N	N	N	-	-
90287		Not Covered	I	XXX	N	N	N	N	N	-	-
90288		Unlstd/Manual	I	XXX	N	N	N	N	N	-	-
90291		Not Covered	I	XXX	N	N	N	N	N	-	-
90296		C	E	XXX	N	N	N	N	N	-	-
90371		Not Covered	E	XXX	N	N	N	N	N	-	-
90375		C	E	XXX	N	N	N	N	N	-	-
90376		C	E	XXX	N	N	N	N	N	-	-
90378		C	X	XXX	N	N	N	N	N	-	-
90384		Not Covered	I	XXX	N	N	N	N	N	-	-
90385		Not Covered	E	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
90386		Not Covered	I	XXX	N	N	N	N	N	-	-
90389		Not Covered	I	XXX	N	N	N	N	N	-	-
90393		C	E	XXX	N	N	N	N	N	-	-
90396		C	E	XXX	N	N	N	N	N	-	-
90399		Unlstd/Manual	I	XXX	N	N	N	N	N	-	-
90460		Not Covered	A	XXX	N	N	D	N	N	11.16	11.16
90461		Not Covered	A	ZZZ	N	N	D	N	N	8.57	8.57
90471		A	A	XXX	N	N	D	N	N	12.00	12.00
90472		A	A	ZZZ	N	N	D	N	N	12.00	12.00
90473		A	R	XXX	N	N	D	N	N	11.16	11.16
90474		A	R	ZZZ	N	N	D	N	N	8.57	8.57
90476		Not Covered	E	XXX	N	N	N	N	N	-	-
90477		Not Covered	E	XXX	N	N	N	N	N	-	-
90581		C	E	XXX	N	N	N	N	N	-	-
90585		C	E	XXX	N	N	N	N	N	-	-
90586		C	E	XXX	N	N	N	N	N	-	-
90587		Not Covered	N	XXX	N	N	N	N	N	-	-
90620		C	E	XXX	N	N	N	N	N	-	-
90621		C	E	XXX	N	N	N	N	N	-	-
90625		Not Covered	X	XXX	N	N	N	N	N	-	-
90630		Not Covered	X	XXX	N	N	N	N	N	-	-
90632		C	E	XXX	N	N	N	N	N	-	-
90633		C	E	XXX	N	N	N	N	N	-	-
90634		C	E	XXX	N	N	N	N	N	-	-
90636		C	E	XXX	N	N	N	N	N	-	-
90644		Not Covered	X	XXX	N	N	N	N	N	-	-
90647		C	E	XXX	N	N	N	N	N	-	-
90648		C	E	XXX	N	N	N	N	N	-	-
90649		C	E	XXX	N	N	N	N	N	-	-
90650		C	E	XXX	N	N	N	N	N	-	-
90651		C	X	XXX	N	N	N	N	N	-	-
90653		C	X	XXX	N	N	N	N	N	-	-
90654		C	X	XXX	N	N	N	N	N	-	-
90655		C	X	XXX	N	N	N	N	N	-	-
90656		C	X	XXX	N	N	N	N	N	-	-
90657		C	X	XXX	N	N	N	N	N	-	-
90658		C	I	XXX	N	N	N	N	N	-	-
90660		C	X	XXX	N	N	N	N	N	-	-
90661		C	X	XXX	N	N	N	N	N	-	-
90662		C	X	XXX	N	N	N	N	N	-	-
90664		Not Covered	X	XXX	N	N	N	N	N	-	-
90666		Not Covered	X	XXX	N	N	N	N	N	-	-
90667		Not Covered	X	XXX	N	N	N	N	N	-	-
90668		Not Covered	X	XXX	N	N	N	N	N	-	-
90670		C	X	XXX	N	N	N	N	N	-	-
90672		C	X	XXX	N	N	N	N	N	-	-
90673		C	X	XXX	N	N	N	N	N	-	-
90674		C	X	XXX	N	N	N	N	N	-	-
90675		C	E	XXX	N	N	N	N	N	-	-
90676		C	E	XXX	N	N	N	N	N	-	-
90680		C	E	XXX	N	N	N	N	N	-	-
90681		C	E	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN Non-Facility
90682		C	X	XXX	N	N	N	N	N	-	-
90685		C	X	XXX	N	N	N	N	N	-	-
90686		C	X	XXX	N	N	N	N	N	-	-
90687		C	X	XXX	N	N	N	N	N	-	-
90688		C	X	XXX	N	N	N	N	N	-	-
90689		Not Covered	X	XXX	N	N	N	N	N	-	-
90690		Not Covered	E	XXX	N	N	N	N	N	-	-
90691		Not Covered	E	XXX	N	N	N	N	N	-	-
90696		C	E	XXX	N	N	N	N	N	-	-
90697		Not Covered	E	XXX	N	N	N	N	N	-	-
90698		C	E	XXX	N	N	N	N	N	-	-
90700		C	E	XXX	N	N	N	N	N	-	-
90702		C	E	XXX	N	N	N	N	N	-	-
90707		C	E	XXX	N	N	N	N	N	-	-
90710		C	E	XXX	N	N	N	N	N	-	-
90713		C	E	XXX	N	N	N	N	N	-	-
90714		C	E	XXX	N	N	N	N	N	-	-
90715		C	E	XXX	N	N	N	N	N	-	-
90716		C	E	XXX	N	N	N	N	N	-	-
90717		C	E	XXX	N	N	N	N	N	-	-
90723		C	I	XXX	N	N	N	N	N	-	-
90732		C	X	XXX	N	N	N	N	N	-	-
90733		C	E	XXX	N	N	N	N	N	-	-
90734		C	E	XXX	N	N	N	N	N	-	-
90736		C	E	XXX	N	N	N	N	N	-	-
90738		Not Covered	I	XXX	N	N	N	N	N	-	-
90739		C	X	XXX	N	N	N	N	N	-	-
90740		C	X	XXX	N	N	N	N	N	-	-
90743		C	X	XXX	N	N	N	N	N	-	-
90744		C	X	XXX	N	N	N	N	N	-	-
90746		C	X	XXX	N	N	N	N	N	-	-
90747		C	X	XXX	N	N	N	N	N	-	-
90748		C	I	XXX	N	N	N	N	N	-	-
90749		Unlstd/Manual	E	XXX	N	N	N	N	N	-	-
90750		A	E	XXX	N	N	N	N	N	-	-
90756		A	X	XXX	N	N	N	N	N	-	-
90785		Not Covered	A	ZZZ	N	N	N	N	N	9.86	10.64
90791		A	A	XXX	N	N	N	N	N	91.12	98.91
90792		A	A	XXX	N	N	N	N	N	-	-
90832		A	A	XXX	N	N	N	N	N	45.17	48.29
90833		A	A	ZZZ	N	N	N	N	N	47.25	50.10
90834		A	A	XXX	N	N	N	N	N	60.49	64.38
90836		A	A	ZZZ	N	N	N	N	N	59.71	63.34
90837		A	A	XXX	N	N	N	N	N	90.86	96.83
90838		Not Covered	A	ZZZ	N	N	N	N	N	78.92	83.59
90839		A	A	XXX	N	N	D	N	N	95.01	100.98
90840		A	A	ZZZ	N	N	D	N	N	45.17	48.29
90845		Not Covered	A	XXX	N	N	D	N	N	64.64	68.79
90846		A	R	XXX	N	N	D	N	N	73.47	78.14
90847		A	R	XXX	N	N	D	N	N	76.32	81.25
90849		Not Covered	R	XXX	N	N	D	N	N	21.81	28.56
90853		A	A	XXX	N	N	D	N	N	18.17	19.47

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
90863		A	I	XXX	N	N	N	N	N	17.65	18.69
90865		Not Covered	A	XXX	N	N	D	N	N	91.64	118.38
90867		Not Covered	C	000	N	N	N	N	N	-	-
90868		Not Covered	C	000	N	N	N	N	N	-	-
90869		Not Covered	C	000	N	N	N	N	N	-	-
90870		A	A	000	N	N	D	N	N	79.96	120.71
90875		A	N	XXX	N	N	N	N	N	43.61	45.17
90876		A	N	XXX	N	N	N	N	N	69.31	76.06
90880		Not Covered	A	XXX	N	N	D	N	N	66.46	75.28
90882		Not Covered	N	XXX	N	N	N	N	N	-	-
90885		B	B	XXX	N	N	N	N	N	35.82	35.82
90887		B	B	XXX	N	N	N	N	N	54.26	61.78
90889		B	B	XXX	N	N	N	N	N	-	-
90899		Not Covered	C	XXX	N	N	D	N	N	-	-
90901		Not Covered	A	000	N	N	D	N	N	14.54	27.00
90911		Not Covered	A	000	N	N	D	N	N	32.19	58.93
90935		A	A	000	N	N	D	N	N	52.70	52.70
90937		A	A	000	N	N	D	N	N	75.02	75.02
90940		Not Covered	X	XXX	N	N	N	N	N	-	-
90945		A	A	000	N	N	D	N	N	60.75	60.75
90947		A	A	000	N	N	D	N	N	89.04	89.04
90951		A	A	XXX	N	N	D	N	N	674.44	674.44
90952		C	C	XXX	N	N	D	N	N	-	-
90953		C	C	XXX	N	N	D	N	N	-	-
90954		A	A	XXX	N	N	D	N	N	580.98	580.98
90955		A	A	XXX	N	N	D	N	N	326.06	326.06
90956		A	A	XXX	N	N	D	N	N	226.11	226.11
90957		A	A	XXX	N	N	D	N	N	459.49	459.49
90958		A	A	XXX	N	N	D	N	N	311.00	311.00
90959		A	A	XXX	N	N	D	N	N	211.05	211.05
90960		A	A	XXX	N	N	D	N	N	201.19	201.19
90961		A	A	XXX	N	N	D	N	N	168.48	168.48
90962		A	A	XXX	N	N	D	N	N	129.54	129.54
90963		A	A	XXX	N	N	D	N	N	389.66	389.66
90964		A	A	XXX	N	N	D	N	N	339.82	339.82
90965		A	A	XXX	N	N	D	N	N	323.46	323.46
90966		A	A	XXX	N	N	D	N	N	167.96	167.96
90967		A	A	XXX	N	N	D	N	N	12.98	12.98
90968		A	A	XXX	N	N	D	N	N	11.42	11.42
90969		A	A	XXX	N	N	D	N	N	10.90	10.90
90970		A	A	XXX	N	N	D	N	N	5.45	5.45
90989		C	X	XXX	N	N	N	N	N	-	-
90993		C	X	XXX	N	N	N	N	N	-	-
90997		A	A	000	N	N	D	N	N	64.38	64.38
90999		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
91010	26	A	A	000	N	N	D	N	N	48.03	48.03
91010	TC	A	A	000	N	N	D	N	N	77.36	77.36
91010		A	A	000	N	N	D	N	N	125.65	125.65
91013	26	A	A	ZZZ	N	N	D	N	N	6.75	6.75
91013	TC	A	A	ZZZ	N	N	D	N	N	10.12	10.12
91013		A	A	ZZZ	N	N	D	N	N	16.87	16.87
91020	26	A	A	000	N	N	D	N	N	53.48	53.48

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
91020	TC	A	A	000	N	N	D	N	N	109.03	109.03
91020		A	A	000	N	N	D	N	N	161.99	161.99
91022	26	A	A	000	N	N	D	N	N	53.48	53.48
91022	TC	A	A	000	N	N	D	N	N	59.45	59.45
91022		A	A	000	N	N	D	N	N	112.67	112.67
91030	26	A	A	000	N	N	D	N	N	33.75	33.75
91030	TC	A	A	000	N	N	D	N	N	57.11	57.11
91030		A	A	000	N	N	D	N	N	90.86	90.86
91034	26	A	A	000	N	N	D	N	N	36.60	36.60
91034	TC	A	A	000	N	N	D	N	N	87.74	87.74
91034		A	A	000	N	N	D	N	N	124.35	124.35
91035	26	A	A	000	N	N	D	N	N	60.23	60.23
91035	TC	A	A	000	N	N	D	N	N	251.55	251.55
91035		A	A	000	N	N	D	N	N	311.78	311.78
91037	26	A	A	000	N	N	D	N	N	36.60	36.60
91037	TC	A	A	000	N	N	D	N	N	71.39	71.39
91037		A	A	000	N	N	D	N	N	107.99	107.99
91038	26	A	A	000	N	N	D	N	N	40.76	40.76
91038	TC	A	A	000	N	N	D	N	N	243.25	243.25
91038		A	A	000	N	N	D	N	N	284.26	284.26
91040	26	A	A	000	N	N	D	N	N	36.86	36.86
91040	TC	A	A	000	N	N	D	N	N	269.21	269.21
91040		A	A	000	N	N	D	N	N	306.33	306.33
91065	26	A	A	000	N	N	D	N	N	7.27	7.27
91065	TC	A	A	000	N	N	D	N	N	41.02	41.02
91065		A	A	000	N	N	D	N	N	48.55	48.55
91110	26	A	A	XXX	N	N	D	N	N	92.42	92.42
91110	TC	A	A	XXX	N	N	D	N	N	470.21	470.21
91110		A	A	XXX	N	N	D	N	N	562.58	562.58
91111	26	Not Covered	A	XXX	N	N	D	N	N	37.38	37.38
91111	TC	Not Covered	A	XXX	N	N	D	N	N	470.21	470.21
91111		Not Covered	A	XXX	N	N	D	N	N	507.64	507.64
91112	26	A	A	XXX	N	N	D	N	N	77.88	77.88
91112	TC	A	A	XXX	N	N	D	N	N	727.66	727.66
91112		A	A	XXX	N	N	D	N	N	805.54	805.54
91117		Not Covered	A	000	N	N	D	N	N	99.17	99.17
91120	26	A	A	XXX	N	N	D	N	N	35.82	35.82
91120	TC	A	A	XXX	N	N	D	N	N	256.23	256.23
91120		A	A	XXX	N	N	D	N	N	292.05	292.05
91122	26	A	A	000	N	N	D	N	N	65.42	65.42
91122	TC	A	A	000	N	N	D	N	N	95.27	95.27
91122		A	A	000	N	N	D	N	N	160.43	160.43
91132	26	Not Covered	A	XXX	N	N	D	N	N	19.47	19.47
91132	TC	Not Covered	A	XXX	N	N	D	N	N	134.21	134.21
91132		Not Covered	A	XXX	N	N	D	N	N	153.68	153.68
91133	26	Not Covered	A	XXX	N	N	D	N	N	24.66	24.66
91133	TC	Not Covered	A	XXX	N	N	D	N	N	143.56	143.56
91133		Not Covered	A	XXX	N	N	D	N	N	168.22	168.22
91200	26	A	A	XXX	N	N	D	N	N	9.86	9.86
91200	TC	A	A	XXX	N	N	D	N	N	15.58	15.58
91200		A	A	XXX	N	N	D	N	N	25.70	25.70
91299	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
91299	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
91299		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
92002		A	A	XXX	N	B	D	N	N	34.01	56.33
92004		A	A	XXX	N	B	D	N	N	70.09	102.28
92012		A	A	XXX	N	B	D	N	N	36.86	59.19
92014		A	A	XXX	N	B	D	N	N	56.07	85.41
92015		Not Covered	N	XXX	N	N	N	N	N	14.02	14.28
92018		A	A	XXX	N	N	D	N	N	102.28	102.28
92019		A	A	XXX	N	N	D	N	N	50.88	50.88
92020		A	A	XXX	N	B	D	N	N	14.80	18.69
92025	26	A	A	XXX	7	B	D	N	N	14.02	14.02
92025	TC	A	A	XXX	7	B	D	N	N	11.16	11.16
92025		A	A	XXX	7	B	D	N	N	25.44	25.44
92060	26	A	A	XXX	7	B	D	N	N	26.74	26.74
92060	TC	A	A	XXX	7	B	D	N	N	16.61	16.61
92060		A	A	XXX	7	B	D	N	N	43.35	43.35
92065	26	A	A	XXX	N	B	D	N	N	12.72	12.72
92065	TC	A	A	XXX	N	B	D	N	N	22.33	22.33
92065		A	A	XXX	N	B	D	N	N	35.31	35.31
92071		Not Covered	A	XXX	N	Y	D	N	N	23.62	26.48
92072		Not Covered	A	XXX	N	B	D	N	N	71.39	90.86
92081	26	A	A	XXX	7	B	D	N	N	11.42	11.42
92081	TC	A	A	XXX	7	B	D	N	N	11.16	11.16
92081		A	A	XXX	7	B	D	N	N	22.84	22.84
92082	26	A	A	XXX	7	B	D	N	N	15.06	15.06
92082	TC	A	A	XXX	7	B	D	N	N	16.61	16.61
92082		A	A	XXX	7	B	D	N	N	31.93	31.93
92083	26	A	A	XXX	7	B	D	N	N	19.47	19.47
92083	TC	A	A	XXX	7	B	D	N	N	22.84	22.84
92083		A	A	XXX	7	B	D	N	N	42.57	42.57
92100		A	A	XXX	N	B	D	N	N	23.88	54.26
92132	26	Not Covered	A	XXX	7	B	D	N	N	11.68	11.68
92132	TC	Not Covered	A	XXX	7	B	D	N	N	9.35	9.35
92132		Not Covered	A	XXX	7	B	D	N	N	21.29	21.29
92133	26	A	A	XXX	7	B	D	N	N	15.58	15.58
92133	TC	A	A	XXX	7	B	D	N	N	9.35	9.35
92133		A	A	XXX	7	B	D	N	N	25.18	25.18
92134	26	A	A	XXX	7	B	D	N	N	17.91	17.91
92134	TC	A	A	XXX	7	B	D	N	N	9.61	9.61
92134		A	A	XXX	7	B	D	N	N	27.78	27.78
92136	26	A	A	XXX	7	N	D	N	N	21.81	21.81
92136	TC	A	A	XXX	7	B	D	N	N	24.40	24.40
92136		A	A	XXX	7	B	D	N	N	46.47	46.47
92145	26	Not Covered	A	XXX	7	B	D	N	N	6.75	6.75
92145	TC	Not Covered	A	XXX	7	B	D	N	N	4.93	4.93
92145		Not Covered	A	XXX	7	B	D	N	N	11.94	11.94
92225		A	A	XXX	N	N	D	N	N	15.06	18.69
92226		A	A	XXX	N	N	D	N	N	13.24	17.39
92227		A	A	XXX	N	B	D	N	N	8.83	8.83
92228	26	A	A	XXX	7	B	D	N	N	14.54	14.54
92228	TC	A	A	XXX	7	B	D	N	N	8.57	8.57
92228		A	A	XXX	7	B	D	N	N	23.36	23.36

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
92230		A	A	XXX	N	N	D	N	N	23.62	43.35
92235	26	A	A	XXX	7	B	D	N	N	30.11	30.11
92235	TC	A	A	XXX	7	B	D	N	N	30.37	30.37
92235		A	A	XXX	7	B	D	N	N	60.75	60.75
92240	26	A	A	XXX	7	B	D	N	N	33.49	33.49
92240	TC	A	A	XXX	7	B	D	N	N	99.69	99.69
92240		A	A	XXX	7	B	D	N	N	133.43	133.43
92242	26	A	A	XXX	7	B	D	N	N	38.16	38.16
92242	TC	A	A	XXX	7	B	D	N	N	110.07	110.07
92242		A	A	XXX	7	B	D	N	N	148.75	148.75
92250	26	A	A	XXX	7	B	D	N	N	15.32	15.32
92250	TC	A	A	XXX	7	B	D	N	N	18.17	18.17
92250		A	A	XXX	7	B	D	N	N	33.75	33.75
92260		A	A	XXX	N	B	D	N	N	7.79	12.98
92265	26	A	A	XXX	7	B	D	N	N	32.71	32.71
92265	TC	A	A	XXX	7	B	D	N	N	25.70	25.70
92265		A	A	XXX	7	B	D	N	N	58.41	58.41
92270	26	A	A	XXX	7	B	D	N	N	30.11	30.11
92270	TC	A	A	XXX	7	B	D	N	N	33.49	33.49
92270		A	A	XXX	7	B	D	N	N	63.60	63.60
92273	26	A	A	XXX	7	B	D	N	N	26.22	26.22
92273	TC	A	A	XXX	7	B	D	N	N	60.49	60.49
92273		A	A	XXX	7	B	D	N	N	86.97	86.97
92274	26	A	A	XXX	7	B	D	N	N	23.10	23.10
92274	TC	A	A	XXX	7	B	D	N	N	36.08	36.08
92274		A	A	XXX	7	B	D	N	N	59.45	59.45
92283	26	A	A	XXX	7	B	D	N	N	6.49	6.49
92283	TC	A	A	XXX	7	B	D	N	N	28.04	28.04
92283		A	A	XXX	7	B	D	N	N	34.79	34.79
92284	26	A	A	XXX	7	B	D	N	N	8.83	8.83
92284	TC	A	A	XXX	7	B	D	N	N	30.63	30.63
92284		A	A	XXX	7	B	D	N	N	39.98	39.98
92285	26	A	A	XXX	7	B	D	N	N	2.34	2.34
92285	TC	A	A	XXX	7	B	D	N	N	11.68	11.68
92285		A	A	XXX	7	B	D	N	N	14.02	14.02
92286	26	A	A	XXX	7	B	D	N	N	15.58	15.58
92286	TC	A	A	XXX	7	B	D	N	N	10.38	10.38
92286		A	A	XXX	7	B	D	N	N	26.22	26.22
92287	26	A	A	XXX	N	B	D	N	N	32.71	32.71
92287	TC	A	A	XXX	N	B	D	N	N	62.56	62.56
92287		A	A	XXX	N	B	D	N	N	95.27	95.27
92310		A	N	XXX	N	N	N	N	N	42.83	67.50
92311		A	A	XXX	N	N	D	N	N	39.46	69.83
92312		A	A	XXX	N	B	D	N	N	45.43	80.74
92313		A	A	XXX	N	N	D	N	N	32.97	65.68
92314		A	N	XXX	N	N	N	N	N	25.18	55.55
92315		A	A	XXX	N	N	D	N	N	15.84	50.62
92316		A	A	XXX	N	B	D	N	N	23.62	63.34
92317		A	A	XXX	N	N	D	N	N	15.84	52.96
92325		A	A	XXX	N	N	D	N	N	27.52	27.52
92326		A	A	XXX	N	N	D	N	N	23.36	23.36
92340		Not Covered	N	XXX	N	N	N	N	N	13.50	23.62

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
92341		Not Covered	N	XXX	N	N	N	N	N	17.13	27.52
92342		Not Covered	N	XXX	N	N	N	N	N	19.47	29.59
92352		B	B	XXX	N	N	N	N	N	13.50	27.78
92353		B	B	XXX	N	N	N	N	N	18.17	32.45
92354		B	B	XXX	N	N	N	N	N	8.57	8.57
92355		B	B	XXX	N	N	N	N	N	13.24	13.24
92358		B	B	XXX	N	N	N	N	N	7.27	7.27
92370		A	N	XXX	N	N	N	N	N	11.68	21.03
92371		B	B	XXX	N	N	N	N	N	7.27	7.27
92499	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
92499	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
92499		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
92502		A	A	000	N	N	D	N	N	67.50	67.50
92504		A	A	XXX	N	N	D	N	N	6.75	19.21
92507		A	A	XXX	5	N	D	N	N	55.04	55.04
92508		A	A	XXX	5	N	D	N	N	16.10	16.10
92511		A	A	000	N	N	D	N	N	26.74	72.69
92512		A	A	XXX	N	N	D	N	N	20.25	39.72
92516		A	A	XXX	N	N	D	N	N	16.35	45.17
92520		A	A	XXX	N	N	D	N	N	28.82	52.70
92521		A	A	XXX	5	N	D	N	N	78.66	78.66
92522		A	A	XXX	5	N	D	N	N	64.12	64.12
92523		A	A	XXX	5	N	D	N	N	135.51	135.51
92524		A	A	XXX	5	N	D	N	N	62.30	62.30
92526		A	A	XXX	5	N	D	N	N	59.71	59.71
92531		B	B	XXX	N	N	N	N	N	-	-
92532		B	B	XXX	N	N	N	N	N	-	-
92533		B	B	XXX	N	N	N	N	N	-	-
92534		B	B	XXX	N	N	N	N	N	-	-
92537	26	A	A	XXX	N	B	D	N	N	22.59	22.59
92537	TC	A	A	XXX	N	B	D	N	N	5.71	5.71
92537		A	A	XXX	N	B	D	N	N	28.30	28.30
92538	26	A	A	XXX	N	B	D	N	N	11.16	11.16
92538	TC	A	A	XXX	N	B	D	N	N	3.37	3.37
92538		A	A	XXX	N	B	D	N	N	14.80	14.80
92540	26	A	A	XXX	N	N	D	N	N	56.07	56.07
92540	TC	A	A	XXX	N	N	D	N	N	15.58	15.58
92540		A	A	XXX	N	N	D	N	N	71.91	71.91
92541	26	A	A	XXX	N	N	D	N	N	14.80	14.80
92541	TC	A	A	XXX	N	N	D	N	N	2.60	2.60
92541		A	A	XXX	N	N	D	N	N	17.65	17.65
92542	26	A	A	XXX	N	N	D	N	N	18.17	18.17
92542	TC	A	A	XXX	N	N	D	N	N	2.34	2.34
92542		A	A	XXX	N	N	D	N	N	20.51	20.51
92544	26	A	A	XXX	N	N	D	N	N	10.12	10.12
92544	TC	A	A	XXX	N	N	D	N	N	1.82	1.82
92544		A	A	XXX	N	N	D	N	N	12.20	12.20
92545	26	A	A	XXX	N	N	D	N	N	9.35	9.35
92545	TC	A	A	XXX	N	N	D	N	N	1.82	1.82
92545		A	A	XXX	N	N	D	N	N	11.42	11.42
92546	26	A	A	XXX	N	N	D	N	N	10.64	10.64
92546	TC	A	A	XXX	N	N	D	N	N	56.33	56.33

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
92546		A	A	XXX	N	N	D	N	N	66.98	66.98
92547		A	A	ZZZ	N	N	D	N	N	4.67	4.67
92548	26	A	A	XXX	N	N	D	N	N	18.69	18.69
92548	TC	A	A	XXX	N	N	D	N	N	44.13	44.13
92548		A	A	XXX	N	N	D	N	N	62.82	62.82
92550		A	A	XXX	N	B	D	N	N	15.32	15.32
92551		A	N	XXX	N	N	N	N	N	7.27	7.27
92552		A	A	XXX	N	B	D	N	N	19.73	19.73
92553		A	A	XXX	N	B	D	N	N	24.14	24.14
92555		A	A	XXX	N	B	D	N	N	15.06	15.06
92556		A	A	XXX	N	B	D	N	N	23.88	23.88
92557		A	A	XXX	N	B	D	N	N	23.36	26.74
92558		Not Covered	X	XXX	N	N	N	N	N	6.23	7.01
92559		Not Covered	N	XXX	N	N	N	N	N	-	-
92560		C	N	XXX	N	N	N	N	N	-	-
92561		A	A	XXX	N	B	D	N	N	24.92	24.92
92562		A	A	XXX	N	B	D	N	N	28.56	28.56
92563		A	A	XXX	N	B	D	N	N	19.47	19.47
92564		A	A	XXX	N	B	D	N	N	15.84	15.84
92565		A	A	XXX	N	B	D	N	N	9.61	9.61
92567		A	A	XXX	N	B	D	N	N	7.79	10.38
92568		A	A	XXX	N	B	D	N	N	11.16	11.42
92570		A	A	XXX	N	B	D	N	N	21.29	22.84
92571		A	A	XXX	N	B	D	N	N	16.87	16.87
92572		A	A	XXX	N	B	D	N	N	27.26	27.26
92575		A	A	XXX	N	B	D	N	N	40.24	40.24
92576		A	A	XXX	N	B	D	N	N	22.84	22.84
92577		A	A	XXX	N	B	D	N	N	8.83	8.83
92579		A	A	XXX	N	B	D	N	N	27.26	32.19
92582		A	A	XXX	N	B	D	N	N	46.21	46.21
92583		A	A	XXX	N	B	D	N	N	30.11	30.11
92584		A	A	XXX	N	B	D	N	N	46.73	46.73
92585	26	A	A	XXX	N	B	D	N	N	19.21	19.21
92585	TC	A	A	XXX	N	B	D	N	N	68.27	68.27
92585		A	A	XXX	N	B	D	N	N	86.97	86.97
92586		A	A	XXX	N	B	D	N	N	58.41	58.41
92587	26	A	A	XXX	N	B	D	N	N	12.98	12.98
92587	TC	A	A	XXX	N	B	D	N	N	2.34	2.34
92587		A	A	XXX	N	B	D	N	N	15.32	15.32
92588	26	A	A	XXX	N	B	D	N	N	20.25	20.25
92588	TC	A	A	XXX	N	B	D	N	N	2.60	2.60
92588		A	A	XXX	N	B	D	N	N	23.36	23.36
92590		C	N	XXX	N	N	N	N	N	-	-
92591		C	N	XXX	N	N	N	N	N	-	-
92592		C	N	XXX	N	N	N	N	N	-	-
92593		C	N	XXX	N	N	N	N	N	-	-
92594		C	N	XXX	N	N	N	N	N	-	-
92595		C	N	XXX	N	N	N	N	N	-	-
92596		A	A	XXX	N	B	D	N	N	42.06	42.06
92597		A	A	XXX	5	N	D	N	N	51.14	51.14
92601		A	A	XXX	N	N	D	N	N	88.78	113.45
92602		A	A	XXX	N	N	D	N	N	50.10	70.09

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
92603		A	A	XXX	N	N	D	N	N	86.71	106.70
92604		A	A	XXX	N	N	D	N	N	48.29	62.82
92605		B	B	XXX	N	N	N	N	N	63.86	66.72
92606		B	B	XXX	N	N	N	N	N	50.88	58.41
92607		A	A	XXX	5	N	D	N	N	89.82	89.82
92608		A	A	ZZZ	N	N	D	N	N	35.57	35.57
92609		A	A	XXX	5	N	D	N	N	74.51	74.51
92610		A	A	XXX	N	N	D	N	N	51.40	59.97
92611		A	A	XXX	N	N	D	N	N	62.56	62.56
92612		A	A	XXX	N	N	D	N	N	48.55	126.17
92613		Not Covered	A	XXX	N	N	D	N	N	26.74	26.74
92614		A	A	XXX	N	N	D	N	N	47.77	95.27
92615		A	A	XXX	N	N	D	N	N	23.62	23.62
92616		A	A	XXX	N	N	D	N	N	71.39	138.37
92617		A	A	XXX	N	N	D	N	N	29.59	29.59
92618		Not Covered	B	ZZZ	N	N	N	N	N	23.62	24.14
92620		A	A	XXX	N	B	D	N	N	57.89	65.68
92621		A	A	ZZZ	N	N	D	N	N	13.24	15.58
92625		A	A	XXX	N	B	D	N	N	44.39	49.06
92626		A	A	XXX	N	B	D	N	N	53.74	62.30
92627		A	A	ZZZ	N	N	D	N	N	12.72	15.58
92630		Not Covered	I	XXX	N	N	N	N	N	-	-
92633		Not Covered	I	XXX	N	N	N	N	N	-	-
92640		A	A	XXX	N	B	D	N	N	68.02	79.70
92700		C	C	XXX	N	N	D	N	N	-	-
92920		A	A	000	Y	N	D	N	N	407.05	407.05
92921		B	B	ZZZ	N	N	N	N	N	-	-
92924		A	A	000	Y	N	D	N	N	485.97	485.97
92925		B	B	ZZZ	N	N	N	N	N	-	-
92928		A	A	000	Y	N	D	N	N	453.00	453.00
92929		B	B	ZZZ	N	N	N	N	N	-	-
92933		A	A	000	Y	N	D	N	N	508.30	508.30
92934		B	B	ZZZ	N	N	N	N	N	-	-
92937		A	A	000	Y	N	D	N	N	452.74	452.74
92938		B	B	ZZZ	N	N	N	N	N	-	-
92941		A	A	000	Y	N	D	N	N	509.59	509.59
92943		A	A	000	Y	N	D	N	N	509.34	509.34
92944		B	B	ZZZ	N	N	N	N	N	-	-
92950		A	A	000	N	N	D	N	N	138.11	217.54
92953		A	A	000	N	N	D	N	N	0.78	0.78
92960		A	A	000	N	N	D	N	N	78.66	109.29
92961		A	A	000	N	N	N	N	N	188.21	188.21
92970		A	A	000	N	N	D	N	N	145.12	145.12
92971		A	A	000	N	N	D	N	N	75.80	75.80
92973		A	A	ZZZ	N	N	D	N	N	135.25	135.25
92974		A	A	ZZZ	N	N	D	N	N	124.09	124.09
92975		A	A	000	Y	N	D	N	N	288.42	288.42
92977		A	A	XXX	N	N	D	N	N	35.82	35.82
92978	26	A	A	ZZZ	N	N	D	N	N	72.95	72.95
92978	TC	C	C	ZZZ	N	N	D	N	N	-	-
92978		C	C	ZZZ	N	N	D	N	N	-	-
92979	26	A	A	ZZZ	N	N	D	N	N	57.89	57.89

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
92979	TC	C	C	ZZZ	N	N	D	N	N	-	-
92979		C	C	ZZZ	N	N	D	N	N	-	-
92986		A	A	090	Y	N	D	N	N	997.12	997.12
92987		A	A	090	Y	N	D	N	N	1,028.02	1,028.02
92990		A	A	090	Y	N	D	N	N	820.60	820.60
92992		C	C	090	Y	N	Y	N	N	-	-
92993		C	C	090	Y	N	Y	N	N	-	-
92997		A	A	000	Y	N	D	N	N	501.55	501.55
92998		A	A	ZZZ	N	N	D	N	N	248.18	248.18
93000		A	A	XXX	6	N	D	N	N	11.68	11.68
93005		A	A	XXX	6	N	D	N	N	5.45	5.45
93010		A	A	XXX	N	N	D	N	N	5.97	5.97
93015		A	A	XXX	6	N	D	N	N	48.03	48.03
93016		A	A	XXX	N	N	D	N	N	16.10	16.10
93017		A	A	XXX	6	N	D	N	N	21.29	21.29
93018		A	A	XXX	N	N	D	N	N	10.38	10.38
93024	26	A	A	XXX	6	N	D	N	N	40.76	40.76
93024	TC	A	A	XXX	6	N	D	N	N	33.75	33.75
93024		A	A	XXX	6	N	D	N	N	74.51	74.51
93025	26	A	A	XXX	6	N	D	N	N	26.48	26.48
93025	TC	A	A	XXX	6	N	D	N	N	70.87	70.87
93025		A	A	XXX	6	N	D	N	N	97.35	97.35
93040		A	A	XXX	6	N	D	N	N	8.83	8.83
93041		A	A	XXX	6	N	D	N	N	3.63	3.63
93042		A	A	XXX	N	N	D	N	N	4.93	4.93
93050	26	Not Covered	A	XXX	6	B	D	N	N	5.97	5.97
93050	TC	Not Covered	A	XXX	6	B	D	N	N	4.93	4.93
93050		Not Covered	A	XXX	6	B	D	N	N	11.16	11.16
93224		A	A	XXX	6	N	D	N	N	58.15	58.15
93225		A	A	XXX	6	N	D	N	N	16.35	16.35
93226		A	A	XXX	6	N	D	N	N	22.84	22.84
93227		A	A	XXX	N	N	D	N	N	18.95	18.95
93228		A	A	XXX	N	N	D	N	N	18.69	18.69
93229		A	A	XXX	6	N	D	N	N	444.69	444.69
93260	26	Not Covered	A	XXX	6	N	D	N	N	30.63	30.63
93260	TC	Not Covered	A	XXX	6	N	D	N	N	15.84	15.84
93260		Not Covered	A	XXX	6	N	D	N	N	46.47	46.47
93261	26	Not Covered	A	XXX	6	N	D	N	N	26.74	26.74
93261	TC	Not Covered	A	XXX	6	N	D	N	N	15.84	15.84
93261		Not Covered	A	XXX	6	N	D	N	N	42.57	42.57
93264		Not Covered	A	XXX	N	N	D	N	N	25.70	35.05
93268		A	A	XXX	6	N	D	N	N	129.02	129.02
93270		A	A	XXX	6	N	D	N	N	5.71	5.71
93271		A	A	XXX	6	N	D	N	N	105.14	105.14
93272		A	A	XXX	N	N	D	N	N	18.17	18.17
93278	26	A	A	XXX	6	N	D	N	N	9.09	9.09
93278	TC	A	A	XXX	6	N	D	N	N	11.42	11.42
93278		A	A	XXX	6	N	D	N	N	20.51	20.51
93279	26	A	A	XXX	6	N	D	N	N	23.10	23.10
93279	TC	A	A	XXX	6	N	D	N	N	14.28	14.28
93279		A	A	XXX	6	N	D	N	N	37.38	37.38
93280	26	A	A	XXX	6	N	D	N	N	27.52	27.52

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
93280	TC	A	A	XXX	6	N	D	N	N	16.61	16.61
93280		A	A	XXX	6	N	D	N	N	43.87	43.87
93281	26	A	A	XXX	6	N	D	N	N	30.63	30.63
93281	TC	A	A	XXX	6	N	D	N	N	16.61	16.61
93281		A	A	XXX	6	N	D	N	N	47.51	47.51
93282	26	A	A	XXX	6	N	D	N	N	30.37	30.37
93282	TC	A	A	XXX	6	N	D	N	N	15.32	15.32
93282		A	A	XXX	6	N	D	N	N	45.95	45.95
93283	26	A	A	XXX	6	N	D	N	N	41.28	41.28
93283	TC	A	A	XXX	6	N	D	N	N	16.61	16.61
93283		A	A	XXX	6	N	D	N	N	57.89	57.89
93284	26	A	A	XXX	6	N	D	N	N	44.91	44.91
93284	TC	A	A	XXX	6	N	D	N	N	17.91	17.91
93284		A	A	XXX	6	N	D	N	N	63.08	63.08
93285	26	A	A	XXX	6	N	D	N	N	18.95	18.95
93285	TC	A	A	XXX	6	N	D	N	N	13.76	13.76
93285		A	A	XXX	6	N	D	N	N	32.71	32.71
93286	26	Not Covered	A	XXX	6	N	D	N	N	10.64	10.64
93286	TC	Not Covered	A	XXX	6	N	D	N	N	12.46	12.46
93286		Not Covered	A	XXX	6	N	D	N	N	23.36	23.36
93287	26	Not Covered	A	XXX	6	N	D	N	N	16.61	16.61
93287	TC	Not Covered	A	XXX	6	N	D	N	N	12.46	12.46
93287		Not Covered	A	XXX	6	N	D	N	N	29.08	29.08
93288	26	A	A	XXX	6	N	D	N	N	15.58	15.58
93288	TC	A	A	XXX	6	N	D	N	N	14.28	14.28
93288		A	A	XXX	6	N	D	N	N	29.85	29.85
93289	26	A	A	XXX	6	N	D	N	N	26.74	26.74
93289	TC	A	A	XXX	6	N	D	N	N	14.28	14.28
93289		A	A	XXX	6	N	D	N	N	41.02	41.02
93290	26	Not Covered	A	XXX	6	N	D	N	N	15.84	15.84
93290	TC	Not Covered	A	XXX	6	N	D	N	N	12.72	12.72
93290		Not Covered	A	XXX	6	N	D	N	N	28.56	28.56
93291	26	A	A	XXX	6	N	D	N	N	12.98	12.98
93291	TC	A	A	XXX	6	N	D	N	N	12.20	12.20
93291		A	A	XXX	6	N	D	N	N	25.44	25.44
93292	26	A	A	XXX	6	N	D	N	N	15.58	15.58
93292	TC	A	A	XXX	6	N	D	N	N	11.94	11.94
93292		A	A	XXX	6	N	D	N	N	27.26	27.26
93293	26	A	A	XXX	N	N	D	N	N	10.64	10.64
93293	TC	A	A	XXX	N	N	D	N	N	23.36	23.36
93293		A	A	XXX	N	N	D	N	N	34.53	34.53
93294		A	A	XXX	N	N	D	N	N	22.07	22.07
93295		A	A	XXX	N	N	D	N	N	31.15	31.15
93296		A	A	XXX	N	N	D	N	N	16.10	16.10
93297		A	A	XXX	N	N	D	N	N	18.95	18.95
93298		A	A	XXX	N	N	D	N	N	18.95	18.95
93299		Not Covered	C	XXX	N	N	D	N	N	-	-
93303	26	A	A	XXX	6	N	D	N	N	45.43	45.43
93303	TC	A	A	XXX	6	N	D	N	N	107.99	107.99
93303		A	A	XXX	6	N	D	N	N	153.42	153.42
93304	26	A	A	XXX	6	N	D	N	N	26.22	26.22
93304	TC	A	A	XXX	6	N	D	N	N	77.62	77.62

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
93304		A	A	XXX	6	N	D	N	N	104.10	104.10
93306	26	A	A	XXX	6	N	D	N	N	52.18	52.18
93306	TC	A	A	XXX	6	N	D	N	N	84.11	84.11
93306		A	A	XXX	6	N	D	N	N	136.29	136.29
93307	26	A	A	XXX	6	N	D	N	N	32.19	32.19
93307	TC	A	A	XXX	6	N	D	N	N	59.97	59.97
93307		A	A	XXX	6	N	D	N	N	92.16	92.16
93308	26	A	A	XXX	6	N	D	N	N	18.43	18.43
93308	TC	A	A	XXX	6	N	D	N	N	45.69	45.69
93308		A	A	XXX	6	N	D	N	N	64.12	64.12
93312	26	A	A	XXX	6	N	D	N	N	78.92	78.92
93312	TC	A	A	XXX	6	N	D	N	N	86.19	86.19
93312		A	A	XXX	6	N	D	N	N	164.85	164.85
93313		A	A	XXX	N	N	D	N	N	8.57	8.57
93314	26	A	A	XXX	6	N	D	N	N	66.98	66.98
93314	TC	A	A	XXX	6	N	D	N	N	91.90	91.90
93314		A	A	XXX	6	N	D	N	N	158.88	158.88
93315	26	A	A	XXX	N	N	D	N	N	92.68	92.68
93315	TC	A	C	XXX	N	N	D	N	N	307.13	307.13
93315		A	C	XXX	N	N	D	N	N	399.68	399.68
93316		A	A	XXX	N	N	D	N	N	20.25	20.25
93317	26	A	A	XXX	N	N	D	N	N	67.24	67.24
93317	TC	C	C	XXX	N	N	D	N	N	-	-
93317		C	C	XXX	N	N	D	N	N	-	-
93318	26	Not Covered	A	XXX	6	N	D	N	N	75.80	75.80
93318	TC	Not Covered	C	XXX	6	N	D	N	N	307.13	307.13
93318		Not Covered	C	XXX	6	N	D	N	N	383.12	383.12
93320	26	A	A	ZZZ	N	N	D	N	N	12.98	12.98
93320	TC	A	A	ZZZ	N	N	D	N	N	22.07	22.07
93320		A	A	ZZZ	N	N	D	N	N	35.05	35.05
93321	26	A	A	ZZZ	N	N	D	N	N	5.19	5.19
93321	TC	A	A	ZZZ	N	N	D	N	N	12.20	12.20
93321		A	A	ZZZ	N	N	D	N	N	17.39	17.39
93325	26	A	A	ZZZ	N	N	D	N	N	2.34	2.34
93325	TC	A	A	ZZZ	N	N	D	N	N	13.76	13.76
93325		A	A	ZZZ	N	N	D	N	N	16.10	16.10
93350	26	A	A	XXX	6	N	D	N	N	50.88	50.88
93350	TC	A	A	XXX	6	N	D	N	N	73.21	73.21
93350		A	A	XXX	6	N	D	N	N	124.35	124.35
93351	26	A	A	XXX	6	N	N	N	N	61.01	61.01
93351	TC	A	A	XXX	6	N	N	N	N	92.68	92.68
93351		A	A	XXX	6	N	N	N	N	153.42	153.42
93352		A	A	ZZZ	N	N	D	N	N	22.07	22.07
93355		A	A	XXX	N	N	D	N	N	166.92	166.92
93451	26	A	A	000	Y	N	D	N	N	98.91	98.91
93451	TC	A	A	000	N	N	D	N	N	408.61	408.61
93451		A	A	000	Y	N	D	N	N	507.52	507.52
93452	26	A	A	000	Y	N	D	N	N	180.16	180.16
93452	TC	A	A	000	N	N	D	N	N	393.81	393.81
93452		A	A	000	Y	N	D	N	N	573.98	573.98
93453	26	A	A	000	Y	N	D	N	N	242.47	242.47
93453	TC	A	A	000	N	N	D	N	N	504.14	504.14

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
93453		A	A	000	Y	N	D	N	N	746.61	746.61
93454	26	A	A	000	Y	N	D	N	N	183.28	183.28
93454	TC	A	A	000	N	N	D	N	N	397.19	397.19
93454		A	A	000	Y	N	D	N	N	580.47	580.47
93455	26	A	A	000	Y	N	D	N	N	213.39	213.39
93455	TC	A	A	000	N	N	D	N	N	455.86	455.86
93455		A	A	000	Y	N	D	N	N	669.25	669.25
93456	26	A	A	000	Y	N	D	N	N	238.05	238.05
93456	TC	A	A	000	N	N	D	N	N	497.91	497.91
93456		A	A	000	Y	N	D	N	N	735.97	735.97
93457	26	A	A	000	Y	N	D	N	N	267.39	267.39
93457	TC	A	A	000	N	N	D	N	N	555.28	555.28
93457		A	A	000	Y	N	D	N	N	822.67	822.67
93458	26	A	A	000	Y	N	D	N	N	225.85	225.85
93458	TC	A	A	000	N	N	D	N	N	464.16	464.16
93458		A	A	000	Y	N	D	N	N	690.28	690.28
93459	26	A	A	000	Y	N	D	N	N	255.97	255.97
93459	TC	A	A	000	N	N	D	N	N	503.36	503.36
93459		A	A	000	Y	N	D	N	N	759.33	759.33
93460	26	A	A	000	Y	N	D	N	N	286.08	286.08
93460	TC	A	A	000	N	N	D	N	N	544.12	544.12
93460		A	A	000	Y	N	D	N	N	830.20	830.20
93461	26	A	A	000	Y	N	D	N	N	316.45	316.45
93461	TC	A	A	000	N	N	D	N	N	622.26	622.26
93461		A	A	000	Y	N	D	N	N	938.97	938.97
93462		A	A	ZZZ	N	N	D	N	N	159.39	159.39
93463		A	A	ZZZ	N	N	D	N	N	71.65	71.65
93464	26	A	A	ZZZ	N	N	D	N	N	63.08	63.08
93464	TC	A	A	ZZZ	N	N	D	N	N	100.98	100.98
93464		A	A	ZZZ	N	N	D	N	N	164.07	164.07
93503		A	A	000	N	N	D	N	N	66.20	66.20
93505	26	A	A	000	Y	N	D	N	N	166.92	166.92
93505	TC	A	A	000	N	N	D	N	N	301.91	301.91
93505		A	A	000	Y	N	D	N	N	468.32	468.32
93530	26	A	A	000	Y	N	D	N	N	154.20	154.20
93530	TC	C	C	000	N	N	D	N	N	-	-
93530		C	C	000	Y	N	D	N	N	-	-
93531	26	A	A	000	Y	N	D	N	N	320.09	320.09
93531	TC	C	C	000	N	N	D	N	N	-	-
93531		C	C	000	Y	N	D	N	N	-	-
93532	26	A	A	000	Y	N	D	N	N	404.72	404.72
93532	TC	C	C	000	N	N	D	N	N	-	-
93532		C	C	000	Y	N	D	N	N	-	-
93533	26	A	A	000	Y	N	D	N	N	269.98	269.98
93533	TC	C	C	000	N	N	D	N	N	-	-
93533		C	C	000	Y	N	D	N	N	-	-
93561	26	A	A	ZZZ	N	N	D	N	N	32.97	32.97
93561	TC	C	C	ZZZ	N	N	D	N	N	-	-
93561		C	C	ZZZ	N	N	D	N	N	-	-
93562	26	A	A	ZZZ	N	N	D	N	N	26.74	26.74
93562	TC	C	C	ZZZ	N	N	D	N	N	-	-
93562		C	C	ZZZ	N	N	D	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
93563		A	A	ZZZ	N	N	D	N	N	44.13	44.13
93564		A	A	ZZZ	N	N	D	N	N	46.99	46.99
93565		A	A	ZZZ	N	N	D	N	N	34.01	34.01
93566		A	A	ZZZ	N	N	D	N	N	35.57	102.80
93567		A	A	ZZZ	N	N	D	N	N	40.24	88.78
93568		A	A	ZZZ	N	N	D	N	N	36.34	93.98
93571	26	A	A	ZZZ	N	N	D	N	N	58.15	58.15
93571	TC	C	C	ZZZ	N	N	D	N	N	-	-
93571		C	C	ZZZ	N	N	D	N	N	-	-
93572	26	A	A	ZZZ	N	N	D	N	N	46.21	46.21
93572	TC	C	C	ZZZ	N	N	D	N	N	-	-
93572		C	C	ZZZ	N	N	D	N	N	-	-
93580		A	A	000	Y	N	D	N	N	745.05	745.05
93581		A	A	000	Y	N	D	N	N	1,018.41	1,018.41
93582		A	A	000	Y	N	D	N	N	510.89	510.89
93583		A	A	000	Y	N	D	N	N	568.26	568.26
93590		Not Covered	A	000	Y	N	Y	D	N	792.04	792.04
93591		Not Covered	A	000	Y	N	D	Y	D	652.63	652.63
93592		Not Covered	A	ZZZ	N	N	Y	D	N	289.71	289.71
93600	26	A	A	000	N	N	D	N	N	89.56	89.56
93600	TC	C	C	000	N	N	D	N	N	-	-
93600		C	C	000	N	N	D	N	N	-	-
93602	26	A	A	000	N	N	D	N	N	87.74	87.74
93602	TC	C	C	000	N	N	D	N	N	-	-
93602		C	C	000	N	N	D	N	N	-	-
93603	26	A	A	000	N	N	D	N	N	88.00	88.00
93603	TC	C	C	000	N	N	D	N	N	-	-
93603		C	C	000	N	N	D	N	N	-	-
93609	26	A	A	ZZZ	N	N	D	N	N	210.28	210.28
93609	TC	C	C	ZZZ	N	N	D	N	N	-	-
93609		C	C	ZZZ	N	N	D	N	N	-	-
93610	26	A	A	000	N	N	D	N	N	123.83	123.83
93610	TC	C	C	000	N	N	D	N	N	-	-
93610		C	C	000	N	N	D	N	N	-	-
93612	26	A	A	000	N	N	D	N	N	122.79	122.79
93612	TC	C	C	000	N	N	D	N	N	-	-
93612		C	C	000	N	N	D	N	N	-	-
93613		A	A	ZZZ	N	N	D	N	N	225.33	225.33
93615	26	A	A	000	N	N	D	N	N	27.26	27.26
93615	TC	C	C	000	N	N	D	N	N	-	-
93615		C	C	000	N	N	D	N	N	-	-
93616	26	A	A	000	N	N	D	N	N	43.09	43.09
93616	TC	C	C	000	N	N	D	N	N	-	-
93616		C	C	000	N	N	D	N	N	-	-
93618	26	A	A	000	N	N	D	N	N	167.18	167.18
93618	TC	C	C	000	N	N	D	N	N	-	-
93618		C	C	000	N	N	D	N	N	-	-
93619	26	A	A	000	Y	N	D	N	N	295.42	295.42
93619	TC	C	C	000	N	N	D	N	N	-	-
93619		C	C	000	Y	N	D	N	N	-	-
93620	26	A	A	000	Y	N	D	N	N	474.29	474.29
93620	TC	C	C	000	N	N	D	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN Non-Facility
		Code	Code								
93620		C	C	000	Y	N	D	N	N	-	-
93621	26	A	A	ZZZ	N	N	D	N	N	88.00	88.00
93621	TC	C	C	ZZZ	N	N	D	N	N	-	-
93621		C	C	ZZZ	N	N	D	N	N	-	-
93622	26	A	A	ZZZ	N	N	D	N	N	130.58	130.58
93622	TC	C	C	ZZZ	N	N	D	N	N	-	-
93622		C	C	ZZZ	N	N	D	N	N	-	-
93623	26	A	A	ZZZ	N	N	D	N	N	119.68	119.68
93623	TC	C	C	ZZZ	N	N	D	N	N	-	-
93623		C	C	ZZZ	N	N	D	N	N	-	-
93624	26	A	A	000	Y	N	D	N	N	184.32	184.32
93624	TC	C	C	000	N	N	D	N	N	-	-
93624		C	C	000	Y	N	D	N	N	-	-
93631	26	A	A	000	N	N	D	N	N	301.40	301.40
93631	TC	C	C	000	N	N	D	N	N	-	-
93631		C	C	000	N	N	D	N	N	-	-
93640	26	A	A	000	Y	N	D	N	N	135.25	135.25
93640	TC	C	C	000	N	N	D	N	N	-	-
93640		C	C	000	Y	N	D	N	N	-	-
93641	26	A	A	000	Y	N	D	N	N	236.50	236.50
93641	TC	C	C	000	N	N	D	N	N	-	-
93641		C	C	000	Y	N	D	N	N	-	-
93642	26	A	A	000	Y	N	D	N	N	193.92	193.92
93642	TC	A	A	000	N	N	D	N	N	51.92	51.92
93642		A	A	000	Y	N	D	N	N	245.58	245.58
93644	26	Not Covered	A	000	Y	N	D	N	N	105.40	105.40
93644	TC	Not Covered	A	000	N	N	D	N	N	32.71	32.71
93644		Not Covered	A	000	Y	N	D	N	N	138.37	138.37
93650		A	A	000	Y	N	D	N	N	447.55	447.55
93653		A	A	000	Y	N	D	N	N	636.02	636.02
93654		A	A	000	Y	N	D	N	N	850.97	850.97
93655		A	A	ZZZ	N	N	D	N	N	323.72	323.72
93656		A	A	000	Y	N	D	N	N	853.31	853.31
93657		A	A	ZZZ	N	N	D	N	N	323.20	323.20
93660	26	A	A	000	Y	N	D	N	N	67.24	67.24
93660	TC	A	A	000	N	N	D	N	N	41.28	41.28
93660		A	A	000	Y	N	D	N	N	108.51	108.51
93662	26	A	A	ZZZ	N	N	D	N	N	102.02	102.02
93662	TC	C	C	ZZZ	N	N	D	N	N	-	-
93662		C	C	ZZZ	N	N	D	N	N	-	-
93668		Not Covered	A	XXX	N	N	D	N	N	11.42	11.42
93701		A	A	XXX	6	N	D	N	N	15.84	15.84
93702		Not Covered	A	XXX	6	N	D	N	N	79.70	79.70
93724	26	A	A	000	6	N	D	N	N	174.71	174.71
93724	TC	A	A	000	6	N	D	N	N	21.03	21.03
93724		A	A	000	6	N	D	N	N	196.00	196.00
93740		B	B	XXX	N	N	N	N	N	5.71	5.71
93745	26	Not Covered	C	XXX	N	N	D	N	N	-	-
93745	TC	Not Covered	C	XXX	N	N	D	N	N	-	-
93745		Not Covered	C	XXX	N	N	D	N	N	-	-
93750		Not Covered	A	XXX	N	N	D	N	N	33.49	39.46
93770		B	B	XXX	N	N	N	N	N	5.71	5.71

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
93784		A	A	XXX	6	N	D	N	N	35.31	35.31
93786		Not Covered	A	XXX	6	N	D	N	N	18.43	18.43
93788		Not Covered	A	XXX	6	N	D	N	N	3.37	3.37
93790		Not Covered	A	XXX	N	N	D	N	N	13.24	13.24
93792		Not Covered	A	XXX	N	N	D	N	N	33.23	33.23
93793		Not Covered	A	XXX	N	N	D	N	N	8.31	8.31
93797		A	A	000	N	N	D	N	N	6.23	10.90
93798		A	A	000	N	N	D	N	N	10.38	17.39
93799	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
93799	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
93799		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
93880	26	A	A	XXX	6	B	D	N	N	29.08	29.08
93880	TC	A	A	XXX	6	B	D	N	N	101.76	101.76
93880		A	A	XXX	6	B	D	N	N	130.84	130.84
93882	26	A	A	XXX	6	N	D	N	N	18.43	18.43
93882	TC	A	A	XXX	6	N	D	N	N	65.16	65.16
93882		A	A	XXX	6	N	D	N	N	83.59	83.59
93886	26	A	A	XXX	6	N	D	N	N	34.01	34.01
93886	TC	A	A	XXX	6	N	D	N	N	141.22	141.22
93886		A	A	XXX	6	N	D	N	N	174.71	174.71
93888	26	A	A	XXX	6	N	D	N	N	18.69	18.69
93888	TC	A	A	XXX	6	N	D	N	N	69.53	69.53
93888		A	A	XXX	6	N	D	N	N	88.41	88.41
93890	26	A	A	XXX	6	N	D	N	N	36.86	36.86
93890	TC	A	A	XXX	6	N	D	N	N	141.74	141.74
93890		A	A	XXX	6	N	D	N	N	178.60	178.60
93892	26	A	A	XXX	6	N	D	N	N	43.35	43.35
93892	TC	A	A	XXX	6	N	D	N	N	69.53	69.53
93892		A	A	XXX	6	N	D	N	N	112.87	112.87
93893	26	A	A	XXX	6	N	D	N	N	43.09	43.09
93893	TC	A	A	XXX	6	N	D	N	N	69.53	69.53
93893		A	A	XXX	6	N	D	N	N	112.64	112.64
93895	26	Not Covered	N	XXX	6	N	D	N	N	-	-
93895	TC	Not Covered	N	XXX	6	N	D	N	N	-	-
93895		Not Covered	N	XXX	6	N	D	N	N	-	-
93922	26	A	A	XXX	6	B	D	N	N	9.35	9.35
93922	TC	A	A	XXX	6	B	D	N	N	46.21	46.21
93922		A	A	XXX	6	B	D	N	N	55.55	55.55
93923	26	A	A	XXX	6	B	D	N	N	16.10	16.10
93923	TC	A	A	XXX	6	B	D	N	N	70.35	70.35
93923		A	A	XXX	6	B	D	N	N	86.45	86.45
93924	26	A	A	XXX	6	B	D	N	N	17.91	17.91
93924	TC	A	A	XXX	6	B	D	N	N	88.78	88.78
93924		A	A	XXX	6	B	D	N	N	106.44	106.44
93925	26	A	A	XXX	6	B	D	N	N	28.56	28.56
93925	TC	A	A	XXX	6	B	D	N	N	136.81	136.81
93925		A	A	XXX	6	B	D	N	N	165.37	165.37
93926	26	A	A	XXX	6	N	D	N	N	17.65	17.65
93926	TC	A	A	XXX	6	N	D	N	N	69.64	69.64
93926		A	A	XXX	6	N	D	N	N	87.42	87.42
93930	26	A	A	XXX	6	B	D	N	N	28.82	28.82
93930	TC	A	A	XXX	6	B	D	N	N	104.62	104.62

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
93930		A	A	XXX	6	B	D	N	N	133.69	133.69
93931	26	A	A	XXX	6	N	D	N	N	17.91	17.91
93931	TC	A	A	XXX	6	N	D	N	N	65.16	65.16
93931		A	A	XXX	6	N	D	N	N	83.33	83.33
93970	26	A	A	XXX	6	B	D	N	N	25.18	25.18
93970	TC	A	A	XXX	6	B	D	N	N	101.24	101.24
93970		A	A	XXX	6	B	D	N	N	126.17	126.17
93971	26	A	A	XXX	6	N	D	N	N	16.35	16.35
93971	TC	A	A	XXX	6	N	D	N	N	61.78	61.78
93971		A	A	XXX	6	N	D	N	N	78.14	78.14
93975	26	A	A	XXX	6	N	D	N	N	42.06	42.06
93975	TC	A	A	XXX	6	N	D	N	N	139.15	139.15
93975		A	A	XXX	6	N	D	N	N	181.20	181.20
93976	26	A	A	XXX	6	N	D	N	N	28.56	28.56
93976	TC	A	A	XXX	6	N	D	N	N	69.53	69.53
93976		A	A	XXX	6	N	D	N	N	98.21	98.21
93978	26	A	A	XXX	6	N	D	N	N	29.08	29.08
93978	TC	A	A	XXX	6	N	D	N	N	94.23	94.23
93978		A	A	XXX	6	N	D	N	N	123.05	123.05
93979	26	A	A	XXX	6	N	D	N	N	18.17	18.17
93979	TC	A	A	XXX	6	N	D	N	N	60.23	60.23
93979		A	A	XXX	6	N	D	N	N	78.40	78.40
93980	26	A	A	XXX	6	N	D	N	N	44.13	44.13
93980	TC	A	A	XXX	6	N	D	N	N	39.46	39.46
93980		A	A	XXX	6	N	D	N	N	83.85	83.85
93981	26	A	A	XXX	6	N	D	N	N	15.84	15.84
93981	TC	A	A	XXX	6	N	D	N	N	34.01	34.01
93981		A	A	XXX	6	N	D	N	N	49.84	49.84
93990	26	A	A	XXX	6	N	D	N	N	18.17	18.17
93990	TC	A	A	XXX	6	N	D	N	N	69.86	69.86
93990		A	A	XXX	6	N	D	N	N	88.20	88.20
93998		Unlstd/Manual	C	XXX	N	N	D	D	D	-	-
94002		Not Covered	A	XXX	N	N	D	N	N	68.02	68.02
94003		Not Covered	A	XXX	N	N	D	N	N	48.29	48.29
94004		Not Covered	A	XXX	N	N	D	N	N	35.57	35.57
94005		B	B	XXX	N	N	N	N	N	64.64	64.64
94010	26	A	A	XXX	N	N	D	N	N	5.97	5.97
94010	TC	A	A	XXX	N	N	D	N	N	16.87	16.87
94010		A	A	XXX	N	N	D	N	N	23.10	23.10
94011		A	A	XXX	N	N	D	N	N	63.08	63.08
94012		A	A	XXX	N	N	D	N	N	102.28	102.28
94013		A	A	XXX	N	N	D	N	N	14.02	14.02
94014		Not Covered	A	XXX	N	N	D	N	N	37.38	37.38
94015		Not Covered	A	XXX	N	N	D	N	N	19.21	19.21
94016		Not Covered	A	XXX	N	N	D	N	N	18.17	18.17
94060	26	A	A	XXX	N	N	D	N	N	9.35	9.35
94060	TC	A	A	XXX	N	N	D	N	N	29.08	29.08
94060		A	A	XXX	N	N	D	N	N	38.68	38.68
94070	26	Not Covered	A	XXX	N	N	D	N	N	20.77	20.77
94070	TC	Not Covered	A	XXX	N	N	D	N	N	19.47	19.47
94070		Not Covered	A	XXX	N	N	D	N	N	40.24	40.24
94150	26	B	B	XXX	N	N	N	N	N	2.86	2.86

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
94150	TC	B	B	XXX	N	N	N	N	N	13.50	13.50
94150		B	B	XXX	N	N	N	N	N	16.61	16.61
94200	26	A	A	XXX	N	N	D	N	N	3.89	3.89
94200	TC	A	A	XXX	N	N	D	N	N	13.76	13.76
94200		A	A	XXX	N	N	D	N	N	18.17	18.17
94250	26	Not Covered	A	XXX	N	N	D	N	N	3.89	3.89
94250	TC	Not Covered	A	XXX	N	N	D	N	N	13.76	13.76
94250		Not Covered	A	XXX	N	N	D	N	N	18.17	18.17
94375	26	A	A	XXX	N	N	D	N	N	10.64	10.64
94375	TC	A	A	XXX	N	N	D	N	N	15.58	15.58
94375		A	A	XXX	N	N	D	N	N	26.48	26.48
94400	26	Not Covered	A	XXX	N	N	D	N	N	14.28	14.28
94400	TC	Not Covered	A	XXX	N	N	D	N	N	23.36	23.36
94400		Not Covered	A	XXX	N	N	D	N	N	37.64	37.64
94450	26	Not Covered	A	XXX	N	N	D	N	N	14.54	14.54
94450	TC	Not Covered	A	XXX	N	N	D	N	N	33.49	33.49
94450		Not Covered	A	XXX	N	N	D	N	N	47.77	47.77
94452	26	Not Covered	A	XXX	N	N	D	N	N	10.38	10.38
94452	TC	Not Covered	A	XXX	N	N	D	N	N	25.44	25.44
94452		Not Covered	A	XXX	N	N	D	N	N	36.08	36.08
94453	26	Not Covered	A	XXX	N	N	D	N	N	13.76	13.76
94453	TC	Not Covered	A	XXX	N	N	D	N	N	35.57	35.57
94453		Not Covered	A	XXX	N	N	D	N	N	49.58	49.58
94610		Not Covered	A	XXX	N	N	D	N	N	40.76	40.76
94617	26	A	A	XXX	N	N	D	N	N	24.14	24.14
94617	TC	A	A	XXX	N	N	D	N	N	38.42	38.42
94617		A	A	XXX	N	N	D	N	N	62.30	62.30
94618	26	A	A	XXX	N	N	D	N	N	16.61	16.61
94618	TC	A	A	XXX	N	N	D	N	N	7.01	7.01
94618		A	A	XXX	N	N	D	N	N	23.62	23.62
94621	26	A	A	XXX	N	N	D	N	N	49.58	49.58
94621	TC	A	A	XXX	N	N	D	N	N	57.63	57.63
94621		A	A	XXX	N	N	D	N	N	107.21	107.21
94640		A	A	XXX	N	N	D	N	N	11.42	11.42
94642		C	C	XXX	N	N	D	N	N	-	-
94644		Not Covered	A	XXX	N	N	D	N	N	31.15	31.15
94645		Not Covered	A	XXX	N	N	D	N	N	10.38	10.38
94660		Not Covered	A	XXX	N	N	D	N	N	27.78	43.87
94662		Not Covered	A	XXX	N	N	D	N	N	26.48	26.48
94664		A	A	XXX	N	N	D	N	N	10.64	10.64
94667		Not Covered	A	XXX	N	N	D	N	N	16.10	16.10
94668		Not Covered	A	XXX	N	N	D	N	N	20.77	20.77
94669		Not Covered	A	XXX	N	N	D	N	N	20.51	20.51
94680	26	Not Covered	A	XXX	N	N	D	N	N	9.09	9.09
94680	TC	Not Covered	A	XXX	N	N	D	N	N	27.00	27.00
94680		Not Covered	A	XXX	N	N	D	N	N	36.34	36.34
94681	26	Not Covered	A	XXX	N	N	D	N	N	7.27	7.27
94681	TC	Not Covered	A	XXX	N	N	D	N	N	28.04	28.04
94681		Not Covered	A	XXX	N	N	D	N	N	35.57	35.57
94690	26	Not Covered	A	XXX	N	N	D	N	N	2.86	2.86
94690	TC	Not Covered	A	XXX	N	N	D	N	N	30.63	30.63
94690		Not Covered	A	XXX	N	N	D	N	N	33.75	33.75

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
94726	26	A	A	XXX	N	N	D	N	N	8.83	8.83
94726	TC	A	A	XXX	N	N	D	N	N	25.96	25.96
94726		A	A	XXX	N	N	D	N	N	35.05	35.05
94727	26	A	A	XXX	N	N	D	N	N	8.83	8.83
94727	TC	A	A	XXX	N	N	D	N	N	19.73	19.73
94727		A	A	XXX	N	N	D	N	N	28.56	28.56
94728	26	Not Covered	A	XXX	N	N	D	N	N	9.09	9.09
94728	TC	Not Covered	A	XXX	N	N	D	N	N	17.65	17.65
94728		Not Covered	A	XXX	N	N	D	N	N	27.00	27.00
94729	26	A	A	ZZZ	N	N	D	N	N	6.49	6.49
94729	TC	A	A	ZZZ	N	N	D	N	N	29.08	29.08
94729		A	A	ZZZ	N	N	D	N	N	35.82	35.82
94750	26	Not Covered	A	XXX	N	N	D	N	N	7.79	7.79
94750	TC	Not Covered	A	XXX	N	N	D	N	N	46.47	46.47
94750		Not Covered	A	XXX	N	N	D	N	N	54.52	54.52
94760		T	T	XXX	N	N	D	N	N	1.56	1.56
94761		T	T	XXX	N	N	D	N	N	2.60	2.60
94762		Not Covered	A	XXX	N	N	D	N	N	15.84	15.84
94770		Not Covered	A	XXX	N	N	D	N	N	5.19	5.19
94772	26	C	C	XXX	N	N	D	N	N	-	-
94772	TC	C	C	XXX	N	N	D	N	N	-	-
94772		C	C	XXX	N	N	D	N	N	-	-
94774		Not Covered	C	YYY	N	N	D	N	N	-	-
94775		Not Covered	C	YYY	N	N	D	N	N	-	-
94776		Not Covered	C	YYY	N	N	D	N	N	-	-
94777		Not Covered	C	YYY	N	N	D	N	N	-	-
94780		Not Covered	A	XXX	N	N	N	N	N	17.39	34.53
94781		Not Covered	A	ZZZ	N	N	N	N	N	5.97	13.24
94799	26	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
94799	TC	Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
94799		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
95004		A	A	XXX	N	N	D	N	N	2.86	2.86
95012		Not Covered	A	XXX	N	N	D	N	N	12.72	12.72
95017		A	A	XXX	N	N	D	N	N	2.86	5.45
95018		A	A	XXX	N	N	D	N	N	5.19	14.02
95024		A	A	XXX	N	N	D	N	N	0.78	5.19
95027		A	A	XXX	N	N	D	N	N	2.86	2.86
95028		A	A	XXX	N	N	D	N	N	8.31	8.31
95044		A	A	XXX	N	N	D	N	N	3.63	3.63
95052		A	A	XXX	N	N	D	N	N	4.15	4.15
95056		A	A	XXX	N	N	D	N	N	29.59	29.59
95060		A	A	XXX	N	N	D	N	N	22.07	22.07
95065		A	A	XXX	N	N	D	N	N	16.61	16.61
95070		A	A	XXX	N	N	D	N	N	20.25	20.25
95071		A	A	XXX	N	N	D	N	N	23.36	23.36
95076		A	A	XXX	N	N	D	N	N	54.26	82.55
95079		A	A	ZZZ	N	N	D	N	N	49.32	59.45
95115		A	A	XXX	N	N	D	N	N	5.71	5.71
95117		A	A	XXX	N	N	D	N	N	6.75	6.75
95120		Not Covered	I	XXX	N	N	N	N	N	-	-
95125		Not Covered	I	XXX	N	N	N	N	N	-	-
95130		Not Covered	I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
95131		Not Covered	I	XXX	N	N	N	N	N	-	-
95132		Not Covered	I	XXX	N	N	N	N	N	-	-
95133		Not Covered	I	XXX	N	N	N	N	N	-	-
95134		Not Covered	I	XXX	N	N	N	N	N	-	-
95144		A	A	XXX	N	N	D	N	N	2.34	9.35
95145		A	A	XXX	N	N	D	N	N	2.34	18.17
95146		A	A	XXX	N	N	D	N	N	2.34	33.75
95147		A	A	XXX	N	N	D	N	N	2.34	34.79
95148		A	A	XXX	N	N	D	N	N	2.34	49.84
95149		A	A	XXX	N	N	D	N	N	2.34	66.46
95165		A	A	XXX	N	N	D	N	N	2.34	9.09
95170		A	A	XXX	N	N	D	N	N	2.34	7.01
95180		A	A	XXX	N	N	D	N	N	74.25	95.53
95199		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
95249		Not Covered	A	XXX	N	N	D	N	N	35.05	35.05
95250		Not Covered	A	XXX	N	N	D	N	N	95.27	95.27
95251		Not Covered	A	XXX	N	N	D	N	N	25.44	25.44
95782	26	A	A	XXX	N	N	D	N	N	90.34	90.34
95782	TC	A	A	XXX	N	N	D	N	N	492.98	492.98
95782		A	A	XXX	N	N	D	N	N	583.32	583.32
95783	26	A	A	XXX	N	N	D	N	N	98.39	98.39
95783	TC	A	A	XXX	N	N	D	N	N	522.83	522.83
95783		A	A	XXX	N	N	D	N	N	621.22	621.22
95800	26	Not Covered	A	XXX	N	N	D	N	N	30.37	30.37
95800	TC	Not Covered	A	XXX	N	N	D	N	N	79.96	79.96
95800		Not Covered	A	XXX	N	N	D	N	N	110.07	110.07
95801	26	Not Covered	A	XXX	N	N	D	N	N	30.11	30.11
95801	TC	Not Covered	A	XXX	N	N	D	N	N	30.63	30.63
95801		Not Covered	A	XXX	N	N	D	N	N	60.75	60.75
95803	26	Not Covered	A	XXX	N	N	D	N	N	31.67	31.67
95803	TC	Not Covered	A	XXX	N	N	D	N	N	62.56	62.56
95803		Not Covered	A	XXX	N	N	D	N	N	94.23	94.23
95805	26	A	A	XXX	N	N	D	N	N	42.31	42.31
95805	TC	A	A	XXX	N	N	D	N	N	227.41	227.41
95805		A	A	XXX	N	N	D	N	N	269.98	269.98
95806	26	A	A	XXX	N	N	D	N	N	35.31	35.31
95806	TC	A	A	XXX	N	N	D	N	N	55.55	55.55
95806		A	A	XXX	N	N	D	N	N	90.60	90.60
95807	26	A	A	XXX	N	N	D	N	N	44.65	44.65
95807	TC	A	A	XXX	N	N	D	N	N	231.82	231.82
95807		A	A	XXX	N	N	D	N	N	276.47	276.47
95808	26	A	A	XXX	N	N	D	N	N	62.82	62.82
95808	TC	A	A	XXX	N	N	D	N	N	367.07	367.07
95808		A	A	XXX	N	N	D	N	N	430.16	430.16
95810	26	A	A	XXX	N	N	D	N	N	87.23	87.23
95810	TC	A	A	XXX	N	N	D	N	N	310.48	310.48
95810		A	A	XXX	N	N	D	N	N	397.71	397.71
95811	26	A	A	XXX	N	N	D	N	N	90.60	90.60
95811	TC	A	A	XXX	N	N	D	N	N	326.32	326.32
95811		A	A	XXX	N	N	D	N	N	416.66	416.66
95812	26	A	A	XXX	N	N	D	N	N	41.54	41.54
95812	TC	A	A	XXX	N	N	D	N	N	167.96	167.96

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
95812		A	A	XXX	N	N	D	N	N	209.24	209.24
95813	26	A	A	XXX	N	N	D	N	N	62.30	62.30
95813	TC	A	A	XXX	N	N	D	N	N	199.37	199.37
95813		A	A	XXX	N	N	D	N	N	261.68	261.68
95816	26	A	A	XXX	N	N	D	N	N	41.54	41.54
95816	TC	A	A	XXX	N	N	D	N	N	192.10	192.10
95816		A	A	XXX	N	N	D	N	N	233.64	233.64
95819	26	A	A	XXX	N	N	D	N	N	41.54	41.54
95819	TC	A	A	XXX	N	N	D	N	N	232.34	232.34
95819		A	A	XXX	N	N	D	N	N	273.88	273.88
95822	26	A	A	XXX	N	N	D	N	N	41.80	41.80
95822	TC	A	A	XXX	N	N	D	N	N	205.86	205.86
95822		A	A	XXX	N	N	D	N	N	247.66	247.66
95824	26	A	A	XXX	N	N	D	N	N	28.30	28.30
95824	TC	C	C	XXX	N	N	D	N	N	-	-
95824		C	C	XXX	N	N	D	N	N	-	-
95827	26	A	A	XXX	N	N	D	N	N	40.50	40.50
95827	TC	A	A	XXX	N	N	D	N	N	348.12	348.12
95827		A	A	XXX	N	N	D	N	N	388.62	388.62
95829	26	A	A	XXX	N	N	D	N	N	245.06	245.06
95829	TC	A	A	XXX	N	N	D	N	N	978.95	978.95
95829		A	A	XXX	N	N	D	N	N	1,224.01	1,224.01
95830		A	A	XXX	N	N	D	N	N	66.72	251.81
95831		A	A	XXX	N	N	D	N	N	10.64	21.81
95832		A	A	XXX	N	N	D	N	N	11.68	21.81
95833		A	A	XXX	N	N	D	N	N	16.10	28.82
95834		A	A	XXX	N	N	D	N	N	22.33	37.64
95836		Not Covered	A	XXX	N	N	D	N	N	80.74	80.74
95851		A	A	XXX	N	N	D	N	N	5.45	13.76
95852		A	A	XXX	N	N	D	N	N	4.15	12.20
95857		A	A	XXX	N	N	D	N	N	21.29	36.60
95860	26	A	A	XXX	N	N	D	N	N	36.60	36.60
95860	TC	A	A	XXX	N	N	D	N	N	43.61	43.61
95860		A	A	XXX	N	N	D	N	N	80.22	80.22
95861	26	A	A	XXX	N	N	D	N	N	59.45	59.45
95861	TC	A	A	XXX	N	N	D	N	N	56.59	56.59
95861		A	A	XXX	N	N	D	N	N	115.78	115.78
95863	26	A	A	XXX	N	N	D	N	N	71.39	71.39
95863	TC	A	A	XXX	N	N	D	N	N	73.47	73.47
95863		A	A	XXX	N	N	D	N	N	144.86	144.86
95864	26	A	A	XXX	N	N	D	N	N	76.32	76.32
95864	TC	A	A	XXX	N	N	D	N	N	89.56	89.56
95864		A	A	XXX	N	N	D	N	N	166.14	166.14
95865	26	A	A	XXX	N	B	D	N	N	59.71	59.71
95865	TC	A	A	XXX	N	B	D	N	N	41.54	41.54
95865		A	A	XXX	N	B	D	N	N	101.50	101.50
95866	26	A	A	XXX	N	N	D	N	N	48.55	48.55
95866	TC	A	A	XXX	N	N	D	N	N	43.61	43.61
95866		A	A	XXX	N	N	D	N	N	92.42	92.42
95867	26	A	A	XXX	N	N	D	N	N	30.37	30.37
95867	TC	A	A	XXX	N	N	D	N	N	39.98	39.98
95867		A	A	XXX	N	N	D	N	N	70.35	70.35

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
95868		A	A	XXX	N	B	D	N	N	45.43	45.43
95868	TC	A	A	XXX	N	B	D	N	N	47.25	47.25
95868		A	A	XXX	N	B	D	N	N	92.68	92.68
95869	26	A	A	XXX	N	N	D	N	N	14.28	14.28
95869	TC	A	A	XXX	N	N	D	N	N	46.73	46.73
95869		A	A	XXX	N	N	D	N	N	61.27	61.27
95870	26	A	A	XXX	N	N	D	N	N	14.28	14.28
95870	TC	A	A	XXX	N	N	D	N	N	44.65	44.65
95870		A	A	XXX	N	N	D	N	N	59.19	59.19
95872	26	A	A	XXX	N	N	D	N	N	111.11	111.11
95872	TC	A	A	XXX	N	N	D	N	N	27.52	27.52
95872		A	A	XXX	N	N	D	N	N	138.63	138.63
95873	26	A	A	ZZZ	N	N	D	N	N	14.02	14.02
95873	TC	A	A	ZZZ	N	N	D	N	N	34.79	34.79
95873		A	A	ZZZ	N	N	D	N	N	48.80	48.80
95874	26	A	A	ZZZ	N	N	D	N	N	14.28	14.28
95874	TC	A	A	ZZZ	N	N	D	N	N	35.82	35.82
95874		A	A	ZZZ	N	N	D	N	N	50.10	50.10
95875	26	A	A	XXX	N	N	D	N	N	42.31	42.31
95875	TC	A	A	XXX	N	N	D	N	N	45.95	45.95
95875		A	A	XXX	N	N	D	N	N	88.26	88.26
95885	26	A	A	ZZZ	N	N	D	N	N	13.76	13.76
95885	TC	A	A	ZZZ	N	N	D	N	N	26.48	26.48
95885		A	A	ZZZ	N	N	D	N	N	40.24	40.24
95886	26	A	A	ZZZ	N	N	D	N	N	32.97	32.97
95886	TC	A	A	ZZZ	N	N	D	N	N	30.37	30.37
95886		A	A	ZZZ	N	N	D	N	N	63.34	63.34
95887	26	A	A	ZZZ	N	N	D	N	N	27.00	27.00
95887	TC	A	A	ZZZ	N	N	D	N	N	27.78	27.78
95887		A	A	ZZZ	N	N	D	N	N	54.78	54.78
95905	26	A	A	XXX	N	N	D	N	N	2.08	2.08
95905	TC	A	A	XXX	N	N	D	N	N	38.42	38.42
95905		A	A	XXX	N	N	D	N	N	40.50	40.50
95907	26	A	A	XXX	N	N	D	N	N	38.16	38.16
95907	TC	A	A	XXX	N	N	D	N	N	26.48	26.48
95907		A	A	XXX	N	N	D	N	N	64.90	64.90
95908	26	A	A	XXX	N	N	D	N	N	48.29	48.29
95908	TC	A	A	XXX	N	N	D	N	N	35.31	35.31
95908		A	A	XXX	N	N	D	N	N	83.85	83.85
95909	26	A	A	XXX	N	N	D	N	N	57.63	57.63
95909	TC	A	A	XXX	N	N	D	N	N	42.31	42.31
95909		A	A	XXX	N	N	D	N	N	99.95	99.95
95910	26	A	A	XXX	N	N	D	N	N	76.84	76.84
95910	TC	A	A	XXX	N	N	D	N	N	54.26	54.26
95910		A	A	XXX	N	N	D	N	N	131.10	131.10
95911	26	A	A	XXX	N	N	D	N	N	96.05	96.05
95911	TC	A	A	XXX	N	N	D	N	N	62.04	62.04
95911		A	A	XXX	N	N	D	N	N	158.10	158.10
95912	26	A	A	XXX	N	N	D	N	N	114.22	114.22
95912	TC	A	A	XXX	N	N	D	N	N	64.12	64.12
95912		A	A	XXX	N	N	D	N	N	178.60	178.60
95913	26	A	A	XXX	N	N	D	N	N	135.25	135.25

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
95913	TC	A	A	XXX	N	N	D	N	N	71.13	71.13
95913		A	A	XXX	N	N	D	N	N	206.38	206.38
95921	26	A	A	XXX	N	N	D	N	N	32.45	32.45
95921	TC	A	A	XXX	N	N	D	N	N	23.88	23.88
95921		A	A	XXX	N	N	D	N	N	56.33	56.33
95922	26	A	A	XXX	N	N	D	N	N	34.53	34.53
95922	TC	A	A	XXX	N	N	D	N	N	29.59	29.59
95922		A	A	XXX	N	N	D	N	N	64.38	64.38
95923	26	A	A	XXX	N	N	D	N	N	32.97	32.97
95923	TC	A	A	XXX	N	N	D	N	N	51.92	51.92
95923		A	A	XXX	N	N	D	N	N	85.15	85.15
95924	26	A	A	XXX	N	N	D	N	N	64.38	64.38
95924	TC	A	A	XXX	N	N	D	N	N	38.16	38.16
95924		A	A	XXX	N	N	D	N	N	102.54	102.54
95925	26	A	A	XXX	N	B	D	N	N	19.99	19.99
95925	TC	A	A	XXX	N	B	D	N	N	65.68	65.68
95925		A	A	XXX	N	B	D	N	N	85.41	85.41
95926	26	A	A	XXX	N	B	D	N	N	19.73	19.73
95926	TC	A	A	XXX	N	B	D	N	N	63.34	63.34
95926		A	A	XXX	N	B	D	N	N	82.81	82.81
95927	26	A	A	XXX	N	N	D	N	N	19.73	19.73
95927	TC	A	A	XXX	N	N	D	N	N	66.20	66.20
95927		A	A	XXX	N	N	D	N	N	85.93	85.93
95928	26	A	A	XXX	N	B	D	N	N	56.85	56.85
95928	TC	A	A	XXX	N	B	D	N	N	87.49	87.49
95928		A	A	XXX	N	B	D	N	N	144.34	144.34
95929	26	A	A	XXX	N	B	D	N	N	57.11	57.11
95929	TC	A	A	XXX	N	B	D	N	N	90.60	90.60
95929		A	A	XXX	N	B	D	N	N	147.71	147.71
95930	26	A	A	XXX	N	B	D	N	N	13.24	13.24
95930	TC	A	A	XXX	N	B	D	N	N	31.15	31.15
95930		A	A	XXX	N	B	D	N	N	44.91	44.91
95933	26	A	A	XXX	N	N	D	N	N	22.59	22.59
95933	TC	A	A	XXX	N	N	D	N	N	31.15	31.15
95933		A	A	XXX	N	N	D	N	N	53.74	53.74
95937	26	A	A	XXX	N	N	D	N	N	24.66	24.66
95937	TC	A	A	XXX	N	N	D	N	N	33.49	33.49
95937		A	A	XXX	N	N	D	N	N	57.89	57.89
95938	26	A	A	XXX	N	B	D	N	N	32.97	32.97
95938	TC	A	A	XXX	N	B	D	N	N	188.73	188.73
95938		A	A	XXX	N	B	D	N	N	221.70	221.70
95939	26	A	A	XXX	N	B	D	N	N	85.93	85.93
95939	TC	A	A	XXX	N	B	D	N	N	247.92	247.92
95939		A	A	XXX	N	B	D	N	N	333.85	333.85
95940		A	A	XXX	N	N	D	N	N	23.36	23.36
95941		C	I	XXX	N	N	N	N	N	-	-
95943	26	C	C	XXX	N	N	D	N	N	-	-
95943	TC	C	C	XXX	N	N	D	N	N	-	-
95943		C	C	XXX	N	N	D	N	N	-	-
95950	26	A	A	XXX	N	N	D	N	N	56.33	56.33
95950	TC	A	A	XXX	N	N	D	N	N	134.47	134.47
95950		A	A	XXX	N	N	D	N	N	190.81	190.81

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
95951	26	A	A	XXX	N	N	D	N	N	229.49	229.49
95951	TC	C	C	XXX	N	N	D	N	N	-	-
95951		C	C	XXX	N	N	D	N	N	-	-
95953	26	A	A	XXX	N	N	D	N	N	117.60	117.60
95953	TC	A	A	XXX	N	N	D	N	N	175.75	175.75
95953		A	A	XXX	N	N	D	N	N	293.09	293.09
95954	26	A	A	XXX	N	N	D	N	N	84.11	84.11
95954	TC	A	A	XXX	N	N	D	N	N	178.86	178.86
95954		A	A	XXX	N	N	D	N	N	262.97	262.97
95955	26	A	A	XXX	N	N	D	N	N	38.94	38.94
95955	TC	A	A	XXX	N	N	D	N	N	97.87	97.87
95955		A	A	XXX	N	N	D	N	N	136.81	136.81
95956	26	A	A	XXX	N	N	D	N	N	136.81	136.81
95956	TC	A	A	XXX	N	N	D	N	N	798.01	798.01
95956		A	A	XXX	N	N	D	N	N	934.56	934.56
95957	26	A	A	XXX	N	N	D	N	N	74.25	74.25
95957	TC	A	A	XXX	N	N	D	N	N	104.36	104.36
95957		A	A	XXX	N	N	D	N	N	178.35	178.35
95958	26	A	A	XXX	N	N	D	N	N	163.81	163.81
95958	TC	A	A	XXX	N	N	D	N	N	219.88	219.88
95958		A	A	XXX	N	N	D	N	N	383.95	383.95
95961	26	A	A	XXX	N	N	D	N	N	117.34	117.34
95961	TC	A	A	XXX	N	N	D	N	N	90.08	90.08
95961		A	A	XXX	N	N	D	N	N	207.42	207.42
95962	26	A	A	ZZZ	N	N	D	N	N	124.61	124.61
95962	TC	A	A	ZZZ	N	N	D	N	N	55.81	55.81
95962		A	A	ZZZ	N	N	D	N	N	180.68	180.68
95965	26	A	A	XXX	N	N	D	N	N	302.95	302.95
95965	TC	C	C	XXX	N	N	D	N	N	-	-
95965		C	C	XXX	N	N	D	N	N	-	-
95966	26	A	A	XXX	N	N	D	N	N	153.42	153.42
95966	TC	C	C	XXX	N	N	D	N	N	-	-
95966		C	C	XXX	N	N	D	N	N	-	-
95967	26	A	A	ZZZ	N	N	D	N	N	133.95	133.95
95967	TC	C	C	ZZZ	N	N	D	N	N	-	-
95967		C	C	ZZZ	N	N	D	N	N	-	-
95970		A	A	XXX	N	N	D	N	N	13.50	13.76
95971		A	A	XXX	N	N	D	N	N	29.59	35.82
95972		A	A	XXX	N	N	D	N	N	30.37	39.72
95976		A	A	XXX	N	N	D	N	N	28.82	29.33
95977		A	A	XXX	N	N	D	N	N	38.42	38.94
95980		Not Covered	A	XXX	N	N	D	N	N	34.27	34.27
95981		Not Covered	A	XXX	N	N	D	N	N	12.98	23.10
95982		Not Covered	A	XXX	N	N	D	N	N	26.74	37.90
95983		A	A	XXX	N	N	D	N	N	36.60	37.12
95984		A	A	ZZZ	N	N	D	N	N	31.93	31.93
95990		A	A	XXX	N	N	D	N	N	58.67	58.67
95991		A	A	XXX	N	N	D	N	N	29.08	77.10
95992		A	A	XXX	N	N	D	N	N	27.00	30.89
95999		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
96000		Not Covered	A	XXX	N	B	D	N	N	68.79	68.79
96001		Not Covered	A	XXX	N	B	D	N	N	94.23	94.23

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
96002		Not Covered	A	XXX	N	B	D	N	N	15.84	15.84
96003		Not Covered	A	XXX	N	B	D	N	N	12.20	12.20
96004		Not Covered	A	XXX	N	B	D	N	N	82.55	82.55
96020	26	Not Covered	A	XXX	N	N	D	N	N	118.64	118.64
96020	TC	Not Covered	C	XXX	N	N	D	N	N	-	-
96020		Not Covered	C	XXX	N	N	D	N	N	-	-
96040		B	B	XXX	N	N	N	N	N	29.33	29.33
96105		Not Covered	A	XXX	N	N	D	N	N	73.47	73.47
96110		A	N	XXX	N	N	N	N	N	6.23	6.23
96112		A	A	XXX	N	N	D	N	N	91.38	96.31
96113		A	A	ZZZ	N	N	D	N	N	41.80	43.09
96116		A	A	XXX	N	N	D	N	N	61.53	68.02
96121		Not Covered	A	ZZZ	N	N	D	N	N	56.33	58.67
96125		Not Covered	A	XXX	5	N	D	N	N	76.58	76.58
96127		Not Covered	A	XXX	N	N	D	N	N	3.37	3.37
96130		A	A	XXX	N	N	D	N	N	79.70	84.11
96131		A	A	ZZZ	N	N	D	N	N	60.49	63.86
96132		A	A	XXX	N	N	D	N	N	78.14	93.20
96133		A	A	ZZZ	N	N	D	N	N	59.97	71.13
96136		A	A	XXX	N	N	D	N	N	17.91	31.93
96137		A	A	ZZZ	N	N	D	N	N	14.28	29.33
96138		Not Covered	A	XXX	N	N	D	N	N	24.14	24.14
96139		Not Covered	A	ZZZ	N	N	D	N	N	24.14	24.14
96146		A	A	XXX	N	N	D	N	N	1.30	1.30
96150		A	A	XXX	N	N	D	N	N	15.58	16.61
96151		Not Covered	A	XXX	N	N	D	N	N	15.58	16.35
96152		Not Covered	A	XXX	N	N	D	N	N	14.28	15.06
96153		Not Covered	A	XXX	N	N	D	N	N	3.12	3.63
96154		Not Covered	A	XXX	N	N	D	N	N	13.76	14.80
96155		Not Covered	N	XXX	N	N	N	N	N	16.35	16.35
96160		A	A	ZZZ	N	N	N	N	N	2.08	2.08
96161		A	A	ZZZ	N	N	N	N	N	2.08	2.08
96360		A	A	XXX	N	N	D	N	N	24.66	24.66
96361		A	A	ZZZ	N	N	D	N	N	8.83	8.83
96365		A	A	XXX	N	N	D	N	N	46.21	46.21
96366		A	A	ZZZ	N	N	D	N	N	14.28	14.28
96367		A	A	ZZZ	N	N	D	N	N	20.51	20.51
96368		A	A	ZZZ	N	N	D	N	N	13.76	13.76
96369		Not Covered	A	XXX	N	N	D	N	N	105.40	105.40
96370		Not Covered	A	ZZZ	N	N	D	N	N	10.38	10.38
96371		Not Covered	A	ZZZ	N	N	D	N	N	41.02	41.02
96372		A	A	XXX	N	N	D	N	N	11.16	11.16
96373		A	A	XXX	N	N	D	N	N	12.46	12.46
96374		A	A	XXX	N	N	D	N	N	25.44	25.44
96375		A	A	ZZZ	N	N	D	N	N	10.90	10.90
96376		C	X	ZZZ	N	N	N	N	N	-	-
96377		A	A	XXX	N	N	D	N	N	13.24	13.24
96379		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
96401		A	A	XXX	N	N	D	N	N	51.14	51.14
96402		A	A	XXX	N	N	D	N	N	19.99	19.99
96405		A	A	000	Y	N	N	N	N	21.03	53.74
96406		A	A	000	Y	N	N	N	N	32.97	80.74

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
96409		A	A	XXX	N	N	D	N	N	69.57	69.57
96411		A	A	ZZZ	N	N	D	N	N	37.90	37.90
96413		A	A	XXX	N	N	D	N	N	90.08	90.08
96415		A	A	ZZZ	N	N	D	N	N	20.25	20.25
96416		A	A	XXX	N	N	D	N	N	90.08	90.08
96417		A	A	ZZZ	N	N	D	N	N	43.87	43.87
96420		A	A	XXX	N	N	D	N	N	66.98	66.98
96422		A	A	XXX	N	N	D	N	N	109.81	109.81
96423		A	A	ZZZ	N	N	D	N	N	50.88	50.88
96425		A	A	XXX	N	N	D	N	N	116.56	116.56
96440		A	A	000	N	N	D	N	N	92.94	540.75
96446		A	A	XXX	N	N	D	N	N	21.55	132.66
96450		A	A	000	N	N	D	N	N	57.63	121.23
96521		A	A	XXX	N	N	D	N	N	93.46	93.46
96522		A	A	XXX	N	N	D	N	N	77.10	77.10
96523		Not Covered	T	XXX	N	N	D	N	N	17.65	17.65
96542		A	A	XXX	N	N	D	N	N	30.11	87.49
96549		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
96567		A	A	XXX	N	N	D	N	N	77.88	77.88
96570		A	A	ZZZ	N	N	N	N	N	37.90	37.90
96571		A	A	ZZZ	N	N	N	N	N	21.03	21.03
96573		A	A	000	N	N	D	N	N	129.02	129.02
96574		A	A	000	N	N	D	N	N	165.37	165.37
96900		A	A	XXX	N	N	D	N	N	13.50	13.50
96902		B	B	XXX	N	N	N	N	N	15.06	15.58
96904		Not Covered	R	XXX	N	N	D	N	N	40.76	40.76
96910		A	A	XXX	N	N	D	N	N	72.43	72.43
96912		A	A	XXX	N	N	D	N	N	61.53	61.53
96913		A	A	XXX	N	N	D	N	N	87.23	87.23
96920		A	A	000	Y	N	N	N	N	47.25	108.25
96921		A	A	000	Y	N	N	N	N	53.22	118.90
96922		A	A	000	Y	N	N	N	N	85.41	162.77
96931		A	A	XXX	N	N	D	N	N	110.33	110.33
96932		A	A	XXX	N	N	D	N	N	10.79	10.79
96933		A	A	XXX	N	N	D	N	N	32.71	32.71
96934		A	A	ZZZ	N	N	D	N	N	64.12	64.12
96935		A	A	ZZZ	N	N	D	N	N	28.04	28.04
96936		A	A	ZZZ	N	N	D	N	N	31.15	31.15
96999		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
97010		B	B	XXX	N	N	N	N	N	4.15	4.15
97012		A	A	XXX	5	N	D	N	N	10.38	10.38
97014		A	I	XXX	N	N	N	N	N	10.12	10.12
97016		A	A	XXX	5	N	D	N	N	8.83	8.83
97018		A	A	XXX	5	N	D	N	N	4.67	4.67
97022		A	A	XXX	5	N	D	N	N	11.94	11.94
97024		A	A	XXX	5	N	D	N	N	4.67	4.67
97026		A	R	XXX	5	N	D	N	N	4.15	4.15
97028		A	A	XXX	5	N	D	N	N	5.45	5.45
97032		A	A	XXX	5	N	D	N	N	10.38	10.38
97033		Not Covered	A	XXX	5	N	D	N	N	14.02	14.02
97034		A	A	XXX	5	N	D	N	N	10.38	10.38
97035		A	A	XXX	5	N	D	N	N	9.61	9.61

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
97036		A	A	XXX	5	N	D	N	N	23.10	23.10
97039	Unlstd/Manual		C	XXX	N	N	D	N	N	-	-
97110		A	A	XXX	5	N	D	N	N	21.29	21.29
97112		A	A	XXX	5	N	D	N	N	24.14	24.14
97113		A	A	XXX	5	N	D	N	N	26.48	26.48
97116		A	A	XXX	5	N	D	N	N	21.03	21.03
97124		A	A	XXX	5	N	D	N	N	19.47	19.47
97127	Not Covered		I	XXX	N	N	N	N	N	-	-
97139	Unlstd/Manual		C	XXX	N	N	D	N	N	-	-
97140		A	A	XXX	5	N	D	N	N	19.21	19.21
97150		A	A	XXX	5	N	D	N	N	12.72	12.72
97151	Not Covered		C	XXX	N	N	D	N	N	-	-
97152	Not Covered		C	XXX	N	N	D	N	N	-	-
97153	Not Covered		C	XXX	N	N	D	N	N	-	-
97154	Not Covered		C	XXX	N	N	D	N	N	-	-
97155	Not Covered		C	XXX	N	N	D	N	N	-	-
97156	Not Covered		C	XXX	N	N	D	N	N	-	-
97157	Not Covered		C	XXX	N	N	D	N	N	-	-
97158	Not Covered		C	XXX	N	N	D	N	N	-	-
97161		A	A	XXX	5	N	D	N	N	58.41	58.41
97162		A	A	XXX	5	N	D	N	N	58.41	58.41
97163		A	A	XXX	5	N	D	N	N	58.41	58.41
97164		A	A	XXX	5	N	D	N	N	39.46	39.46
97165		A	A	XXX	5	N	D	N	N	62.30	62.30
97166		A	A	XXX	5	N	D	N	N	62.30	62.30
97167		A	A	XXX	5	N	D	N	N	62.30	62.30
97168		A	A	XXX	5	N	D	N	N	42.57	42.57
97169	Not Covered		I	XXX	N	N	N	N	N	-	-
97170	Not Covered		I	XXX	N	N	N	N	N	-	-
97171	Not Covered		I	XXX	N	N	N	N	N	-	-
97172	Not Covered		I	XXX	N	N	N	N	N	-	-
97530		A	A	XXX	5	N	D	N	N	27.00	27.00
97533		A	A	XXX	5	N	D	N	N	29.08	29.08
97535	Not Covered		A	XXX	5	N	D	N	N	23.62	23.62
97537	Not Covered		A	XXX	5	N	D	N	N	22.84	22.84
97542	Not Covered		A	XXX	5	N	D	N	N	23.10	23.10
97545	Not Covered		R	XXX	N	N	D	N	N	-	-
97546	Not Covered		R	ZZZ	N	N	D	N	N	-	-
97597		A	A	000	N	N	D	N	N	17.39	58.41
97598		A	A	ZZZ	N	N	D	N	N	8.05	18.43
97602		C	B	XXX	N	N	N	N	N	-	-
97605		A	A	XXX	N	N	D	N	N	18.95	29.85
97606		A	A	XXX	N	N	D	N	N	20.25	35.05
97607	Not Covered		C	XXX	N	N	D	N	N	-	-
97608	Not Covered		C	XXX	N	N	D	N	N	-	-
97610	Not Covered		A	XXX	N	N	D	N	N	12.20	143.82
97750		A	A	XXX	5	N	D	N	N	24.14	24.14
97755	Not Covered		A	XXX	5	N	D	N	N	26.74	26.74
97760	Not Covered		A	XXX	5	N	D	N	N	32.19	32.19
97761	Not Covered		A	XXX	5	N	D	N	N	28.04	28.04
97763	Not Covered		A	XXX	5	N	D	N	N	34.01	34.01
97799	Unlstd/Manual		C	XXX	N	N	D	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
97802		A	A	XXX	N	N	D	N	N	23.62	25.70
97803		A	A	XXX	N	N	D	N	N	20.25	22.33
97804		Not Covered	A	XXX	N	N	D	N	N	10.90	11.68
97810		Not Covered	N	XXX	N	N	N	N	N	22.07	25.44
97811		Not Covered	N	ZZZ	N	N	N	N	N	18.17	19.47
97813		Not Covered	N	XXX	N	N	N	N	N	23.62	28.04
97814		Not Covered	N	ZZZ	N	N	N	N	N	19.99	22.59
98925		A	A	000	N	N	D	N	N	17.13	21.81
98926		A	A	000	N	N	D	N	N	25.70	31.41
98927		A	A	000	N	N	D	N	N	34.01	41.28
98928		A	A	000	N	N	D	N	N	42.83	50.62
98929		A	A	000	N	N	D	N	N	51.92	60.49
98940		A	A	000	N	N	D	N	N	16.35	19.73
98941		A	A	000	N	N	D	N	N	24.66	28.82
98942		A	A	000	N	N	D	N	N	33.49	37.38
98943		Not Covered	N	XXX	N	N	N	N	N	16.87	19.21
98960		Not Covered	B	XXX	N	N	N	N	N	17.39	17.39
98961		Not Covered	B	XXX	N	N	N	N	N	8.57	8.57
98962		Not Covered	B	XXX	N	N	N	N	N	6.23	6.23
98966		Not Covered	N	XXX	N	N	N	N	N	9.09	9.61
98967		Not Covered	N	XXX	N	N	N	N	N	18.17	19.21
98968		Not Covered	N	XXX	N	N	N	N	N	27.26	28.04
98969		Not Covered	N	XXX	N	N	N	N	N	-	-
99000		B	B	XXX	N	N	N	N	N	-	-
99001		B	B	XXX	N	N	N	N	N	-	-
99002		B	B	XXX	N	N	N	N	N	-	-
99024		B	B	XXX	N	N	N	N	N	-	-
99026		Not Covered	N	XXX	N	N	N	N	N	-	-
99027		Not Covered	N	XXX	N	N	N	N	N	-	-
99050		B	B	XXX	N	N	N	N	N	-	-
99051		B	B	XXX	N	N	N	N	N	-	-
99053		B	B	XXX	N	N	N	N	N	-	-
99056		B	B	XXX	N	N	N	N	N	-	-
99058		B	B	XXX	N	N	N	N	N	-	-
99060		B	B	XXX	N	N	N	N	N	-	-
99070		B	B	XXX	N	N	N	N	N	-	-
99071		B	B	XXX	N	N	N	N	N	-	-
99075		Not Covered	N	XXX	N	N	N	N	N	-	-
99078		B	B	XXX	N	N	N	N	N	-	-
99080		B	B	XXX	N	N	N	N	N	-	-
99082		C	C	XXX	N	N	D	N	N	-	-
99091		Not Covered	A	XXX	N	N	D	N	N	41.02	41.02
99100		B	B	ZZZ	N	N	N	N	N	-	-
99116		B	B	ZZZ	N	N	N	N	N	-	-
99135		B	B	ZZZ	N	N	N	N	N	-	-
99140		C	B	ZZZ	N	N	N	N	N	-	-
99151		A	A	XXX	N	N	N	N	N	18.43	49.58
99152		A	A	XXX	N	N	N	N	N	9.09	33.23
99153		A	A	ZZZ	N	N	N	N	N	6.75	6.75
99155		A	A	XXX	N	N	N	N	N	65.42	65.42
99156		A	A	XXX	N	N	N	N	N	57.63	57.63
99157		A	A	ZZZ	N	N	N	N	N	46.21	46.21

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
99170		A	A	000	Y	N	N	N	N	62.56	107.47
99172		Not Covered	N	XXX	N	N	N	N	N	-	-
99173		A	N	XXX	N	N	N	N	N	1.82	1.82
99174		Not Covered	N	XXX	N	N	N	N	N	3.63	3.63
99175		A	A	XXX	N	N	D	N	N	16.35	16.35
99177		Not Covered	N	XXX	N	N	N	N	N	2.86	2.86
99183		A	A	XXX	N	N	D	N	N	79.96	79.96
99184		Not Covered	A	XXX	N	N	D	N	N	160.95	160.95
99188		A	N	XXX	N	N	D	N	N	20.00	20.00
99190		C	X	XXX	N	N	N	N	N	-	-
99191		Not Covered	X	XXX	N	N	N	N	N	-	-
99192		Not Covered	X	XXX	N	N	N	N	N	-	-
99195		A	A	XXX	N	N	D	N	N	64.38	64.38
99199		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
99201		A	A	XXX	N	N	D	N	N	19.21	30.89
99202		A	A	XXX	N	N	D	N	N	36.08	52.18
99203		A	A	XXX	N	N	D	N	N	54.78	74.76
99204		A	A	XXX	N	N	D	N	N	92.42	114.48
99205		A	A	XXX	N	N	D	N	N	120.45	144.34
99211		A	A	XXX	N	N	D	N	N	6.49	15.06
99212		A	A	XXX	N	N	D	N	N	18.17	30.37
99213		A	A	XXX	N	N	D	N	N	36.34	50.88
99213	TH	A	A	XXX	N	N	D	N	N	51.83	72.56
99214		A	A	XXX	N	N	D	N	N	56.07	74.76
99215		A	A	XXX	N	N	D	N	N	79.18	100.72
99217		A	A	XXX	N	N	D	N	N	51.66	51.66
99218		A	A	XXX	N	N	D	N	N	71.65	71.65
99219		A	A	XXX	N	N	D	N	N	97.09	97.09
99220		A	A	XXX	N	N	D	N	N	132.40	132.40
99221		A	A	XXX	N	N	D	N	N	72.95	72.95
99222		A	A	XXX	N	N	D	N	N	97.87	97.87
99223		A	A	XXX	N	N	D	N	N	144.34	144.34
99224		A	A	XXX	N	N	D	N	N	28.56	28.56
99225		A	A	XXX	N	N	D	N	N	52.18	52.18
99226		A	A	XXX	N	N	D	N	N	74.51	74.51
99231		A	A	XXX	N	N	D	N	N	28.30	28.30
99232		A	A	XXX	N	N	D	N	N	51.92	51.92
99233		A	A	XXX	N	N	D	N	N	74.25	74.25
99234		A	A	XXX	N	N	D	N	N	95.27	95.27
99235		A	A	XXX	N	N	D	N	N	120.71	120.71
99236		A	A	XXX	N	N	D	N	N	154.98	154.98
99238		A	A	XXX	N	N	D	N	N	51.66	51.66
99239		A	A	XXX	N	N	D	N	N	75.80	75.80
99241		Not Covered	I	XXX	N	N	N	N	N	23.36	32.71
99242		Not Covered	I	XXX	N	N	N	N	N	48.80	61.78
99243		Not Covered	I	XXX	N	N	N	N	N	68.27	84.89
99244		Not Covered	I	XXX	N	N	N	N	N	109.81	127.98
99245		Not Covered	I	XXX	N	N	N	N	N	136.03	156.54
99251		Not Covered	I	XXX	N	N	N	N	N	35.05	35.05
99252		Not Covered	I	XXX	N	N	N	N	N	53.74	53.74
99253		Not Covered	I	XXX	N	N	N	N	N	82.29	82.29
99254		Not Covered	I	XXX	N	N	N	N	N	119.42	119.42

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
99255		Not Covered	I	XXX	N	N	N	N	N	143.82	143.82
99281		A	A	XXX	N	N	D	N	N	15.32	15.32
99282		A	A	XXX	N	N	D	N	N	30.11	30.11
99283		A	A	XXX	N	N	D	N	N	45.43	45.43
99284		A	A	XXX	N	N	D	N	N	85.93	85.93
99285		A	A	XXX	N	N	D	N	N	126.68	126.68
99288		B	B	XXX	N	N	N	N	N	-	-
99291		A	A	XXX	N	N	D	N	N	160.95	195.22
99292		A	A	ZZZ	N	N	D	N	N	80.74	87.74
99304		A	A	XXX	N	N	D	N	N	64.12	64.12
99305		A	A	XXX	N	N	D	N	N	92.16	92.16
99306		A	A	XXX	N	N	D	N	N	118.12	118.12
99307		A	A	XXX	N	N	D	N	N	30.89	30.89
99308		A	A	XXX	N	N	D	N	N	48.29	48.29
99309		A	A	XXX	N	N	D	N	N	64.38	64.38
99310		A	A	XXX	N	N	D	N	N	95.53	95.53
99315		A	A	XXX	N	N	D	N	N	51.92	51.92
99316		A	A	XXX	N	N	D	N	N	74.76	74.76
99318		A	A	XXX	N	N	D	N	N	67.50	67.50
99324		A	A	XXX	N	N	D	N	N	39.20	39.20
99325		A	A	XXX	N	N	D	N	N	57.11	57.11
99326		A	A	XXX	N	N	D	N	N	98.91	98.91
99327		A	A	XXX	N	N	D	N	N	132.66	132.66
99328		A	A	XXX	N	N	D	N	N	156.02	156.02
99334		A	A	XXX	N	N	D	N	N	42.57	42.57
99335		A	A	XXX	N	N	D	N	N	67.24	67.24
99336		A	A	XXX	N	N	D	N	N	96.05	96.05
99337		A	A	XXX	N	N	D	N	N	137.59	137.59
99339		B	B	XXX	N	N	N	N	N	53.74	53.74
99340		Not Covered	B	XXX	N	N	N	N	N	75.80	75.80
99341		A	A	XXX	N	N	D	N	N	39.20	39.20
99342		A	A	XXX	N	N	D	N	N	56.85	56.85
99343		A	A	XXX	N	N	D	N	N	92.94	92.94
99344		A	A	XXX	N	N	D	N	N	129.54	129.54
99345		A	A	XXX	N	N	D	N	N	157.32	157.32
99347		A	A	XXX	N	N	D	N	N	39.20	39.20
99348		A	A	XXX	N	N	D	N	N	59.71	59.71
99349		A	A	XXX	N	N	D	N	N	91.64	91.64
99350		A	A	XXX	N	N	D	N	N	127.20	127.20
99354		A	A	ZZZ	N	N	D	N	N	86.97	92.16
99355		A	A	ZZZ	N	N	D	N	N	65.94	70.35
99356		A	A	ZZZ	N	N	D	N	N	65.42	65.42
99357		A	A	ZZZ	N	N	D	N	N	65.68	65.68
99358		Not Covered	A	XXX	N	N	D	N	N	79.44	79.44
99359		Not Covered	A	ZZZ	N	N	D	N	N	38.42	38.42
99360		Not Covered	X	XXX	N	N	N	N	N	43.61	43.61
99366		Not Covered	B	XXX	N	N	N	N	N	29.85	30.37
99367		Not Covered	B	XXX	N	N	N	N	N	40.50	40.50
99368		Not Covered	B	XXX	N	N	N	N	N	26.22	26.22
99374		B	B	XXX	N	N	N	N	N	40.50	48.55
99375		A	I	XXX	N	N	N	N	N	63.08	72.95
99377		B	B	XXX	N	N	N	N	N	40.50	48.55

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
99378		A	I	XXX	N	N	N	N	N	63.08	72.95
99379		B	B	XXX	N	N	N	N	N	40.50	48.55
99380		B	B	XXX	N	N	N	N	N	63.08	72.95
99381		A	N	XXX	N	N	N	N	N	55.04	76.32
99382		A	N	XXX	N	N	N	N	N	58.67	79.96
99383		A	N	XXX	N	N	N	N	N	62.30	83.33
99384		A	N	XXX	N	N	N	N	N	72.95	94.49
99385		A	N	XXX	N	N	N	N	N	69.83	91.12
99386		A	N	XXX	N	N	N	N	N	84.89	106.44
99387		A	N	XXX	N	N	N	N	N	91.12	115.00
99391		A	N	XXX	N	N	N	N	N	49.84	68.53
99392		A	N	XXX	N	N	N	N	N	55.04	73.73
99393		A	N	XXX	N	N	N	N	N	55.04	73.47
99394		A	N	XXX	N	N	N	N	N	62.30	80.74
99395		A	N	XXX	N	N	N	N	N	63.86	82.29
99396		A	N	XXX	N	N	N	N	N	69.31	88.00
99397		A	N	XXX	N	N	N	N	N	72.95	94.49
99401		A	N	XXX	N	N	N	N	N	17.65	26.74
99402		A	N	XXX	N	N	N	N	N	36.08	44.65
99403		Not Covered	N	XXX	N	N	N	N	N	53.74	62.30
99404		Not Covered	N	XXX	N	N	N	N	N	71.13	80.22
99406		A	A	XXX	N	N	D	N	N	9.09	10.64
99407		A	A	XXX	N	N	D	N	N	18.43	19.99
99408		Not Covered	N	XXX	N	N	N	N	N	23.62	25.18
99409		Not Covered	N	XXX	N	N	N	N	N	47.51	49.06
99411		Not Covered	N	XXX	N	N	N	N	N	5.45	12.72
99412		Not Covered	N	XXX	N	N	N	N	N	9.09	16.35
99415		Not Covered	A	ZZZ	N	N	D	N	N	6.23	6.23
99416		Not Covered	A	ZZZ	N	N	D	N	N	2.60	2.60
99429		Not Covered	N	XXX	N	N	N	N	N	-	-
99441		Not Covered	N	XXX	N	N	N	N	N	9.09	9.61
99442		Not Covered	N	XXX	N	N	N	N	N	18.17	19.21
99443		Not Covered	N	XXX	N	N	N	N	N	27.26	28.04
99444		Not Covered	N	XXX	N	N	N	N	N	-	-
99446		Not Covered	A	XXX	N	N	D	N	N	12.98	12.98
99447		Not Covered	A	XXX	N	N	D	N	N	25.44	25.44
99448		Not Covered	A	XXX	N	N	D	N	N	38.42	38.42
99449		Not Covered	A	XXX	N	N	D	N	N	50.88	50.88
99450		C	N	XXX	N	N	N	N	N	-	-
99451		Not Covered	A	XXX	N	N	D	N	N	26.22	26.22
99452		Not Covered	A	XXX	N	N	D	N	N	26.22	26.22
99453		Not Covered	A	XXX	N	N	D	N	N	11.94	11.94
99454		Not Covered	A	XXX	N	N	D	N	N	39.72	39.72
99455		Not Covered	R	XXX	N	N	D	N	N	-	-
99456		Not Covered	R	XXX	N	N	D	N	N	-	-
99457		Not Covered	A	XXX	N	N	D	N	N	22.59	34.53
99460		A	A	XXX	N	N	D	N	N	68.79	68.79
99461		A	A	XXX	N	N	D	N	N	45.17	62.82
99462		A	A	XXX	N	N	D	N	N	30.37	30.37
99463		A	A	XXX	N	N	D	N	N	79.18	79.18
99464		A	A	XXX	N	N	D	N	N	54.00	54.00
99465		A	A	XXX	N	N	D	N	N	105.14	105.14

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
99466		A	A	XXX	N	N	D	N	N	171.34	171.34
99467		A	A	ZZZ	N	N	D	N	N	85.41	85.41
99468		A	A	XXX	N	N	D	N	N	660.42	660.42
99469		A	A	XXX	N	N	D	N	N	285.56	285.56
99471		A	A	XXX	N	N	D	N	N	571.64	571.64
99472		A	A	XXX	N	N	D	N	N	293.09	293.09
99475		A	A	XXX	N	N	D	N	N	402.38	402.38
99476		A	A	XXX	N	N	D	N	N	251.03	251.03
99477		A	A	XXX	N	N	D	N	N	250.25	250.25
99478		A	A	XXX	N	N	D	N	N	98.39	98.39
99479		A	A	XXX	N	N	D	N	N	89.56	89.56
99480		A	A	XXX	N	N	D	N	N	85.41	85.41
99483		Not Covered	A	XXX	N	N	D	N	N	128.76	178.35
99484		Not Covered	A	XXX	N	N	D	N	N	22.84	32.71
99485		Not Covered	B	XXX	N	N	N	N	N	55.04	55.04
99486		Not Covered	B	XXX	N	N	N	N	N	47.51	47.51
99487		Not Covered	A	XXX	N	N	D	N	N	37.12	61.78
99489		Not Covered	A	ZZZ	N	N	D	N	N	18.69	30.89
99490		Not Covered	A	XXX	N	N	D	N	N	22.59	28.82
99491		Not Covered	A	XXX	N	N	D	N	N	58.41	58.41
99492		Not Covered	A	XXX	N	N	D	N	N	63.34	107.73
99493		Not Covered	A	XXX	N	N	D	N	N	57.37	86.71
99494		Not Covered	A	ZZZ	N	N	D	N	N	30.63	44.91
99495		A	A	XXX	N	N	D	N	N	78.66	112.15
99496		A	A	XXX	N	N	D	N	N	113.96	158.62
99497		Not Covered	A	XXX	N	N	D	N	N	56.33	60.23
99498		Not Covered	A	ZZZ	N	N	D	N	N	52.96	53.22
99499		Unlstd/Manual	C	XXX	N	N	D	N	N	-	-
99500		Not Covered	I	XXX	N	N	N	N	N	-	-
99501		Not Covered	I	XXX	N	N	N	N	N	-	-
99502		Not Covered	I	XXX	N	N	N	N	N	-	-
99503		Not Covered	I	XXX	N	N	N	N	N	-	-
99504		Not Covered	I	XXX	N	N	N	N	N	-	-
99505		Not Covered	I	XXX	N	N	N	N	N	-	-
99506		Not Covered	I	XXX	N	N	N	N	N	-	-
99507		Not Covered	I	XXX	N	N	N	N	N	-	-
99509		Not Covered	I	XXX	N	N	N	N	N	-	-
99510		Not Covered	I	XXX	N	N	N	N	N	-	-
99511		Not Covered	I	XXX	N	N	N	N	N	-	-
99512		Not Covered	I	XXX	N	N	N	N	N	-	-
99600		Not Covered	I	XXX	N	N	N	N	N	-	-
99601		Not Covered	I	XXX	N	N	N	N	N	-	-
99602		Not Covered	I	XXX	N	N	N	N	N	-	-
99605		Not Covered	X	XXX	N	N	N	N	N	-	-
99606		Not Covered	X	XXX	N	N	N	N	N	-	-
99607		Not Covered	X	XXX	N	N	N	N	N	-	-
0001F		Not Covered	I	XXX	N	N	N	N	N	-	-
0005F		Not Covered	I	XXX	N	N	N	N	N	-	-
0012F		Not Covered	I	XXX	N	N	N	N	N	-	-
0014F		Not Covered	I	XXX	N	N	N	N	N	-	-
0015F		Not Covered	I	XXX	N	N	N	N	N	-	-
0042T		Not Covered	C	XXX	N	N	D	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
0054T		Not Covered	C	XXX	N	N	D	N	N	-	-
0055T		Not Covered	C	XXX	N	N	D	N	N	-	-
0058T		Not Covered	C	XXX	N	N	D	N	N	-	-
0071T		Not Covered	C	XXX	N	N	D	N	N	-	-
0072T		Not Covered	C	XXX	N	N	D	N	N	-	-
0075T	26	Not Covered	C	XXX	N	N	D	N	N	-	-
0075T	TC	Not Covered	C	XXX	N	N	D	N	N	-	-
0075T		Not Covered	C	XXX	N	N	D	N	N	-	-
0076T	26	Not Covered	C	XXX	N	N	D	N	N	-	-
0076T	TC	Not Covered	C	XXX	N	N	D	N	N	-	-
0076T		Not Covered	C	XXX	N	N	D	N	N	-	-
0085T		Not Covered	N	XXX	N	N	N	N	N	-	-
0095T		Not Covered	C	XXX	N	N	D	N	N	-	-
0098T		Not Covered	C	XXX	N	N	D	N	N	-	-
0100T		Not Covered	C	XXX	N	N	D	N	N	-	-
0101T		Not Covered	C	XXX	N	N	D	N	N	-	-
0102T		Not Covered	C	XXX	N	N	D	N	N	-	-
0106T		Not Covered	C	XXX	N	N	D	N	N	-	-
0107T		Not Covered	C	XXX	N	N	D	N	N	-	-
0108T		Not Covered	C	XXX	N	N	D	N	N	-	-
0109T		Not Covered	C	XXX	N	N	D	N	N	-	-
0110T		Not Covered	C	XXX	N	N	D	N	N	-	-
0111T		Not Covered	X	XXX	N	N	N	N	N	-	-
0126T		Not Covered	C	XXX	N	N	D	N	N	-	-
0163T		Not Covered	C	YYY	N	N	D	N	N	-	-
0164T		Not Covered	C	YYY	N	N	D	N	N	-	-
0165T		Not Covered	C	YYY	N	N	D	N	N	-	-
0174T		Not Covered	C	XXX	N	N	D	N	N	-	-
0175T		Not Covered	C	XXX	N	N	D	N	N	-	-
0184T		Not Covered	C	XXX	N	N	D	N	N	-	-
0191T		C	C	XXX	N	N	D	N	N	283.94	283.94
0198T		Not Covered	C	XXX	N	N	D	N	N	-	-
0200T		Not Covered	C	XXX	N	Y	D	N	N	-	-
0201T		Not Covered	C	XXX	N	B	D	N	N	-	-
0202T		Not Covered	C	XXX	N	N	D	N	N	-	-
0205T		Not Covered	C	ZZZ	N	N	D	N	N	-	-
0206T		Not Covered	C	XXX	N	N	D	N	N	-	-
0207T		Not Covered	C	XXX	N	N	D	N	N	-	-
0208T		Not Covered	C	XXX	N	N	D	N	N	-	-
0209T		Not Covered	C	XXX	N	N	D	N	N	-	-
0210T		Not Covered	C	XXX	N	N	D	N	N	-	-
0211T		Not Covered	C	XXX	N	N	D	N	N	-	-
0212T		Not Covered	C	XXX	N	N	D	N	N	-	-
0213T		Not Covered	C	XXX	N	Y	D	N	N	-	-
0214T		Not Covered	C	ZZZ	N	Y	D	N	N	-	-
0215T		Not Covered	C	ZZZ	N	Y	D	N	N	-	-
0216T		Not Covered	C	XXX	N	Y	D	N	N	-	-
0217T		Not Covered	C	ZZZ	N	Y	D	N	N	-	-
0218T		Not Covered	C	ZZZ	N	Y	D	N	N	-	-
0219T		Not Covered	C	XXX	N	N	D	N	N	-	-
0220T		Not Covered	C	XXX	N	N	D	N	N	-	-
0221T		Not Covered	C	XXX	N	N	D	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN Non-Facility
		Code	Code								
0222T		Not Covered	C	ZZZ	N	N	D	N	N	-	-
0228T		Not Covered	C	XXX	N	Y	N	N	N	-	-
0229T		Not Covered	C	XXX	N	Y	N	N	N	-	-
0230T		Not Covered	C	XXX	N	Y	N	N	N	-	-
0231T		Not Covered	C	XXX	N	Y	N	N	N	-	-
0232T		Not Covered	C	XXX	N	N	N	N	N	-	-
0234T		Not Covered	C	YYY	N	N	D	N	N	-	-
0235T		Not Covered	C	YYY	N	N	D	N	N	-	-
0236T		Not Covered	C	YYY	N	N	D	N	N	-	-
0237T		Not Covered	C	YYY	N	N	D	N	N	-	-
0238T		Not Covered	C	YYY	N	N	D	N	N	-	-
0249T		Not Covered	C	YYY	N	N	D	N	N	-	-
0253T		Not Covered	C	YYY	N	N	D	N	N	-	-
0254T		Not Covered	C	YYY	N	N	D	N	N	-	-
0263T		Not Covered	C	XXX	N	N	D	N	N	-	-
0264T		Not Covered	C	XXX	N	N	D	N	N	-	-
0265T		Not Covered	C	XXX	N	N	D	N	N	-	-
0266T		Not Covered	C	YYY	N	N	D	N	N	-	-
0267T		Not Covered	C	YYY	N	N	D	N	N	-	-
0268T		Not Covered	C	YYY	N	N	D	N	N	-	-
0269T		Not Covered	C	XXX	N	N	D	N	N	-	-
0270T		Not Covered	C	XXX	N	N	D	N	N	-	-
0271T		Not Covered	C	XXX	N	N	D	N	N	-	-
0272T		Not Covered	C	XXX	N	N	D	N	N	-	-
0273T		Not Covered	C	XXX	N	N	D	N	N	-	-
0274T		Not Covered	C	YYY	N	N	D	N	N	-	-
0275T		Not Covered	R	YYY	N	N	D	N	N	-	-
0278T		Not Covered	C	XXX	N	N	D	N	N	-	-
0290T		Not Covered	C	ZZZ	N	N	D	N	N	-	-
0295T		Not Covered	C	XXX	N	N	D	N	N	-	-
0296T		Not Covered	C	XXX	N	N	D	N	N	-	-
0297T		Not Covered	C	XXX	N	N	D	N	N	-	-
0298T		Not Covered	C	XXX	N	N	D	N	N	-	-
0308T		Not Covered	C	YYY	Y	Y	N	N	N	-	-
0312T		Not Covered	C	XXX	N	N	D	N	N	-	-
0313T		Not Covered	C	XXX	N	N	D	N	N	-	-
0314T		Not Covered	C	XXX	N	N	D	N	N	-	-
0315T		Not Covered	C	XXX	N	N	D	N	N	-	-
0316T		Not Covered	C	XXX	N	N	D	N	N	-	-
0317T		Not Covered	C	XXX	N	N	D	N	N	-	-
0329T		Not Covered	C	YYY	N	N	N	N	N	-	-
0330T		Not Covered	C	YYY	N	N	N	N	N	-	-
0331T		Not Covered	C	YYY	N	N	N	N	N	-	-
0332T		Not Covered	C	YYY	N	N	N	N	N	-	-
0333T		Not Covered	C	YYY	N	N	N	N	N	-	-
0335T		Not Covered	C	YYY	N	N	N	N	N	-	-
0338T		Not Covered	C	YYY	N	N	N	N	N	-	-
0339T		Not Covered	C	YYY	N	N	N	N	N	-	-
0341T		Not Covered	C	YYY	N	N	N	N	N	-	-
0342T		Not Covered	C	YYY	N	N	N	N	N	-	-
0345T		Not Covered	C	YYY	N	N	N	N	N	-	-
0347T		Not Covered	C	YYY	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
0348T		Not Covered	C	YYY	N	N	N	N	N	-	-
0349T		Not Covered	C	YYY	N	N	N	N	N	-	-
0350T		Not Covered	C	YYY	N	N	N	N	N	-	-
0351T		Not Covered	C	YYY	N	N	N	N	N	-	-
0352T		Not Covered	C	YYY	N	N	N	N	N	-	-
0353T		Not Covered	C	YYY	N	N	N	N	N	-	-
0354T		Not Covered	C	YYY	N	N	N	N	N	-	-
0355T		Not Covered	C	YYY	N	N	N	N	N	-	-
0356T		Not Covered	C	YYY	N	N	N	N	N	-	-
0357T		Not Covered	C	XXX	N	N	D	N	N	-	-
0358T		Not Covered	C	YYY	N	N	N	N	N	-	-
0362T		Not Covered	C	YYY	N	N	N	N	N	-	-
0373T		Not Covered	C	YYY	N	N	N	N	N	-	-
0375T		Not Covered	C	XXX	N	N	D	N	N	-	-
0376T		Not Covered	C	XXX	N	N	D	N	N	-	-
0377T		Not Covered	C	XXX	N	N	D	N	N	-	-
0378T		Not Covered	C	XXX	N	N	D	N	N	-	-
0379T		Not Covered	C	XXX	N	N	D	N	N	-	-
0380T		Not Covered	C	XXX	N	N	D	N	N	-	-
0381T		Not Covered	C	XXX	N	N	D	N	N	-	-
0382T		Not Covered	C	XXX	N	N	D	N	N	-	-
0383T		Not Covered	C	XXX	N	N	D	N	N	-	-
0384T		Not Covered	C	XXX	N	N	D	N	N	-	-
0385T		Not Covered	C	XXX	N	N	D	N	N	-	-
0386T		Not Covered	C	XXX	N	N	D	N	N	-	-
0394T		Not Covered	C	XXX	N	N	D	N	N	-	-
0395T		Not Covered	C	XXX	N	N	D	N	N	-	-
0396T		Not Covered	C	XXX	N	N	D	N	N	-	-
0397T		Not Covered	C	XXX	N	N	D	N	N	-	-
0398T		Not Covered	C	XXX	N	N	D	N	N	-	-
0399T		Not Covered	C	XXX	N	N	D	N	N	-	-
0400T		Not Covered	C	XXX	N	N	D	N	N	-	-
0401T		Not Covered	C	XXX	N	N	D	N	N	-	-
0402T		Not Covered	C	XXX	N	N	D	N	N	-	-
0403T		Not Covered	C	XXX	N	N	D	N	N	-	-
0404T		Not Covered	C	XXX	N	N	D	N	N	-	-
0405T		Not Covered	C	XXX	N	N	D	N	N	-	-
0408T		Not Covered	C	XXX	N	N	D	N	N	-	-
0409T		Not Covered	C	XXX	N	N	D	N	N	-	-
0410T		Not Covered	C	XXX	N	N	D	N	N	-	-
0411T		Not Covered	C	XXX	N	N	D	N	N	-	-
0412T		Not Covered	C	XXX	N	N	D	N	N	-	-
0413T		Not Covered	C	XXX	N	N	D	N	N	-	-
0414T		Not Covered	C	XXX	N	N	D	N	N	-	-
0415T		Not Covered	C	XXX	N	N	D	N	N	-	-
0416T		Not Covered	C	XXX	N	N	D	N	N	-	-
0417T		Not Covered	C	XXX	N	N	D	N	N	-	-
0418T		Not Covered	C	XXX	N	N	D	N	N	-	-
0419T		Not Covered	C	XXX	N	N	D	N	N	-	-
0420T		Not Covered	C	XXX	N	N	D	N	N	-	-
0421T		Not Covered	C	XXX	N	N	D	N	N	-	-
0422T		Not Covered	C	XXX	N	N	D	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
0423T		Not Covered	X	XXX	N	N	N	N	N	-	-
0424T		Not Covered	C	XXX	N	N	D	N	N	-	-
0425T		Not Covered	C	XXX	N	N	D	N	N	-	-
0426T		Not Covered	C	XXX	N	N	D	N	N	-	-
0427T		Not Covered	C	XXX	N	N	D	N	N	-	-
0428T		Not Covered	C	XXX	N	N	D	N	N	-	-
0429T		Not Covered	C	XXX	N	N	D	N	N	-	-
0430T		Not Covered	C	XXX	N	N	D	N	N	-	-
0431T		Not Covered	C	XXX	N	N	D	N	N	-	-
0432T		Not Covered	C	XXX	N	N	D	N	N	-	-
0433T		Not Covered	C	XXX	N	N	D	N	N	-	-
0434T		Not Covered	C	XXX	N	N	D	N	N	-	-
0435T		Not Covered	C	XXX	N	N	D	N	N	-	-
0436T		Not Covered	C	XXX	N	N	D	N	N	-	-
0437T		Not Covered	C	ZZZ	N	N	D	N	N	-	-
0439T		Not Covered	C	ZZZ	N	N	D	N	N	-	-
0440T		Not Covered	C	YYY	N	N	D	N	N	-	-
0441T		Not Covered	C	YYY	N	N	D	N	N	-	-
0442T		Not Covered	C	YYY	N	N	D	N	N	-	-
0443T		Not Covered	C	ZZZ	N	N	D	N	N	-	-
0444T		Not Covered	C	YYY	N	N	D	N	N	-	-
0445T		Not Covered	C	YYY	N	N	D	N	N	-	-
0446T		Not Covered	C	YYY	N	N	N	N	N	-	-
0447T		Not Covered	C	YYY	N	N	N	N	N	-	-
0448T		Not Covered	C	YYY	N	N	N	N	N	-	-
0449T		Not Covered	C	YYY	N	N	N	N	N	-	-
0450T		Not Covered	C	YYY	N	N	N	N	N	-	-
0451T		Not Covered	C	YYY	N	N	N	N	N	-	-
0452T		Not Covered	C	YYY	N	N	N	N	N	-	-
0453T		Not Covered	C	YYY	N	N	N	N	N	-	-
0454T		Not Covered	C	YYY	N	N	N	N	N	-	-
0455T		Not Covered	C	YYY	N	N	N	N	N	-	-
0456T		Not Covered	C	YYY	N	N	N	N	N	-	-
0457T		Not Covered	C	YYY	N	N	N	N	N	-	-
0458T		Not Covered	C	YYY	N	N	N	N	N	-	-
0459T		Not Covered	C	YYY	N	N	N	N	N	-	-
0460T		Not Covered	C	YYY	N	N	N	N	N	-	-
0461T		Not Covered	C	YYY	N	N	N	N	N	-	-
0462T		Not Covered	C	YYY	N	N	N	N	N	-	-
0463T		Not Covered	C	YYY	N	N	N	N	N	-	-
0464T		Not Covered	C	YYY	N	N	N	N	N	-	-
0465T		Not Covered	C	YYY	N	N	N	N	N	-	-
0466T		Not Covered	C	YYY	N	N	N	N	N	-	-
0467T		Not Covered	C	YYY	N	N	N	N	N	-	-
0468T		Not Covered	C	YYY	N	N	N	N	N	-	-
0469T		Not Covered	N	XXX	N	N	N	N	N	-	-
0470T	26	Not Covered	C	XXX	N	N	N	N	N	-	-
0470T	TC	Not Covered	C	XXX	N	N	N	N	N	-	-
0470T		Not Covered	C	XXX	N	N	N	N	N	-	-
0471T	26	Not Covered	C	XXX	N	N	N	N	N	-	-
0471T	TC	Not Covered	C	XXX	N	N	N	N	N	-	-
0471T		Not Covered	C	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
0472T		Not Covered	C	XXX	N	N	N	N	N	-	-
0473T		Not Covered	C	XXX	N	N	N	N	N	-	-
0474T		Not Covered	C	XXX	N	N	N	N	N	-	-
0475T		Not Covered	C	XXX	N	N	N	N	N	-	-
0476T		Not Covered	C	XXX	N	N	N	N	N	-	-
0477T		Not Covered	C	XXX	N	N	N	N	N	-	-
0478T		Not Covered	C	XXX	N	N	N	N	N	-	-
0479T		Not Covered	C	000	Y	N	N	N	N	-	-
0480T		Not Covered	C	ZZZ	N	N	N	N	N	-	-
0481T		Not Covered	C	000	N	N	N	N	N	-	-
0482T	26	Not Covered	C	ZZZ	N	N	N	N	N	-	-
0482T	TC	Not Covered	C	ZZZ	N	N	N	N	N	-	-
0482T		Not Covered	C	ZZZ	N	N	N	N	N	-	-
0483T		Not Covered	C	000	Y	N	D	Y	D	-	-
0484T		Not Covered	C	000	Y	N	D	Y	D	-	-
0485T	26	Not Covered	C	XXX	N	Y	N	N	N	-	-
0485T	TC	Not Covered	C	XXX	N	Y	N	N	N	-	-
0485T		Not Covered	C	XXX	N	Y	N	N	N	-	-
0486T	26	Not Covered	C	XXX	N	B	N	N	N	-	-
0486T	TC	Not Covered	C	XXX	N	B	N	N	N	-	-
0486T		Not Covered	C	XXX	N	B	N	N	N	-	-
0487T		Not Covered	C	XXX	N	N	N	N	N	-	-
0488T		Not Covered	C	XXX	N	N	N	N	N	-	-
0489T		Not Covered	C	000	N	N	N	N	N	-	-
0490T		Not Covered	C	000	N	N	N	N	N	-	-
0491T		Not Covered	C	000	N	N	N	N	N	-	-
0492T		Not Covered	C	ZZZ	N	N	N	N	N	-	-
0493T		Not Covered	C	XXX	N	N	N	N	N	-	-
0494T		Not Covered	C	XXX	Y	B	Y	D	N	-	-
0495T		Not Covered	C	XXX	N	N	N	N	N	-	-
0496T		Not Covered	C	ZZZ	N	N	N	N	N	-	-
0497T		Not Covered	C	XXX	N	N	N	N	N	-	-
0498T		Not Covered	C	XXX	N	N	N	N	N	-	-
0499T		Not Covered	C	000	Y	N	N	N	N	-	-
0500F		Not Covered	M	XXX	N	N	N	N	N	-	-
0500T		Not Covered	X	XXX	N	N	N	N	N	-	-
0501F		Not Covered	I	XXX	N	N	N	N	N	-	-
0501T		Not Covered	C	XXX	N	N	N	N	N	-	-
0502F		Not Covered	I	XXX	N	N	N	N	N	-	-
0502T		Not Covered	C	XXX	N	N	N	N	N	-	-
0503F		Not Covered	I	XXX	N	N	N	N	N	-	-
0503T		Not Covered	C	XXX	N	N	N	N	N	-	-
0504T		Not Covered	C	XXX	N	N	N	N	N	-	-
0505F		Not Covered	I	XXX	N	N	N	N	N	-	-
0505T		Not Covered	C	YYY	N	N	D	N	N	-	-
0506T	26	Not Covered	C	XXX	7	N	D	N	N	-	-
0506T	TC	Not Covered	C	XXX	7	N	D	N	N	-	-
0506T		Not Covered	C	XXX	7	N	D	N	N	-	-
0507F		Not Covered	I	XXX	N	N	N	N	N	-	-
0507T	26	Not Covered	C	XXX	7	N	D	N	N	-	-
0507T	TC	Not Covered	C	XXX	7	N	D	N	N	-	-
0507T		Not Covered	C	XXX	7	N	D	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina 2019 Status Code	CMS 2019 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Conversion Factors	
										25.96 37.02 Facility	Statewide OB/GYN Non-Facility
0508T	26	Not Covered	C	XXX	7	N	D	N	N	-	-
0508T	TC	Not Covered	C	XXX	7	N	D	N	N	-	-
0508T		Not Covered	C	XXX	7	N	D	N	N	-	-
0509F		Not Covered	M	XXX	N	N	N	N	N	-	-
0509T	26	Not Covered	A	XXX	7	B	D	N	N	15.32	15.32
0509T	TC	Not Covered	A	XXX	7	B	D	N	N	36.08	36.08
0509T		Not Covered	A	XXX	7	B	D	N	N	51.66	51.66
0510T		Not Covered	C	YYY	Y	Y	N	N	N	-	-
0511T		Not Covered	C	YYY	Y	Y	N	N	N	-	-
0512T		Not Covered	C	YYY	N	N	D	N	N	-	-
0513F		Not Covered	M	XXX	N	N	N	N	N	-	-
0513T		Not Covered	C	ZZZ	N	N	D	N	N	-	-
0514F		Not Covered	I	XXX	N	N	N	N	N	-	-
0514T		Not Covered	C	ZZZ	N	N	N	N	N	-	-
0515T		Not Covered	C	YYY	Y	N	N	N	N	-	-
0516F		Not Covered	I	XXX	N	N	N	N	N	-	-
0516T		Not Covered	C	YYY	Y	N	N	N	N	-	-
0517F		Not Covered	M	XXX	N	N	N	N	N	-	-
0517T		Not Covered	C	YYY	Y	N	N	N	N	-	-
0518F		Not Covered	M	XXX	N	N	N	N	N	-	-
0518T		Not Covered	C	YYY	Y	N	N	N	N	-	-
0519F		Not Covered	I	XXX	N	N	N	N	N	-	-
0519T		Not Covered	C	YYY	Y	N	N	N	N	-	-
0520F		Not Covered	M	XXX	N	N	N	N	N	-	-
0520T		Not Covered	C	YYY	Y	N	N	N	N	-	-
0521F		Not Covered	I	XXX	N	N	N	N	N	-	-
0521T	26	Not Covered	C	XXX	N	N	N	N	N	-	-
0521T	TC	Not Covered	C	XXX	N	N	N	N	N	-	-
0521T		Not Covered	C	XXX	N	N	N	N	N	-	-
0522T	26	Not Covered	C	XXX	N	N	N	N	N	-	-
0522T	TC	Not Covered	C	XXX	N	N	N	N	N	-	-
0522T		Not Covered	C	XXX	N	N	N	N	N	-	-
0523T		Not Covered	C	ZZZ	N	N	D	N	N	-	-
0524T		Not Covered	C	YYY	Y	Y	N	N	N	-	-
0525F		Not Covered	I	XXX	N	N	N	N	N	-	-
0525T		Not Covered	C	YYY	Y	N	N	N	N	-	-
0526F		Not Covered	M	XXX	N	N	N	N	N	-	-
0526T		Not Covered	C	YYY	Y	N	N	N	N	-	-
0527T		Not Covered	C	YYY	Y	N	N	N	N	-	-
0528F		Not Covered	M	XXX	N	N	N	N	N	-	-
0528T	26	Not Covered	C	XXX	N	N	N	N	N	-	-
0528T	TC	Not Covered	C	XXX	N	N	N	N	N	-	-
0528T		Not Covered	C	XXX	N	N	N	N	N	-	-
0529F		Not Covered	M	XXX	N	N	N	N	N	-	-
0529T	26	Not Covered	C	XXX	N	N	N	N	N	-	-
0529T	TC	Not Covered	C	XXX	N	N	N	N	N	-	-
0529T		Not Covered	C	XXX	N	N	N	N	N	-	-
0530T		Not Covered	C	YYY	Y	N	N	N	N	-	-
0531T		Not Covered	C	YYY	Y	N	N	N	N	-	-
0532T		Not Covered	C	YYY	Y	N	N	N	N	-	-
0533T	26	Not Covered	C	XXX	N	N	N	N	N	-	-
0533T	TC	Not Covered	C	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
0533T		Not Covered	C	XXX	N	N	N	N	N	-	-
0534T	26	Not Covered	C	XXX	N	N	N	N	N	-	-
0534T	TC	Not Covered	C	XXX	N	N	N	N	N	-	-
0534T		Not Covered	C	XXX	N	N	N	N	N	-	-
0535F		Not Covered	I	XXX	N	N	N	N	N	-	-
0535T	26	Not Covered	C	XXX	N	N	N	N	N	-	-
0535T	TC	Not Covered	C	XXX	N	N	N	N	N	-	-
0535T		Not Covered	C	XXX	N	N	N	N	N	-	-
0536T	26	Not Covered	C	XXX	N	N	N	N	N	-	-
0536T	TC	Not Covered	C	XXX	N	N	N	N	N	-	-
0536T		Not Covered	C	XXX	N	N	N	N	N	-	-
0537T		Not Covered	B	XXX	N	N	N	N	N	-	-
0538T		Not Covered	B	XXX	N	N	N	N	N	-	-
0539T		Not Covered	B	XXX	N	N	N	N	N	-	-
0540F		Not Covered	M	XXX	N	N	N	N	N	-	-
0540T		Not Covered	C	YYY	N	N	N	N	N	-	-
0541T		Not Covered	C	XXX	N	N	N	N	N	-	-
0542T		Not Covered	C	XXX	N	N	N	N	N	-	-
0545F		Not Covered	I	XXX	N	N	N	N	N	-	-
0550F		Not Covered	I	XXX	N	N	N	N	N	-	-
0551F		Not Covered	I	XXX	N	N	N	N	N	-	-
0555F		Not Covered	I	XXX	N	N	N	N	N	-	-
0556F		Not Covered	I	XXX	N	N	N	N	N	-	-
0557F		Not Covered	I	XXX	N	N	N	N	N	-	-
0575F		Not Covered	I	XXX	N	N	N	N	N	-	-
0580F		Not Covered	I	XXX	N	N	N	N	N	-	-
0581F		Not Covered	M	XXX	N	N	N	N	N	-	-
0582F		Not Covered	I	XXX	N	N	N	N	N	-	-
0583F		Not Covered	M	XXX	N	N	N	N	N	-	-
0584F		Not Covered	I	XXX	N	N	N	N	N	-	-
1000F		Not Covered	I	XXX	N	N	N	N	N	-	-
1002F		Not Covered	I	XXX	N	N	N	N	N	-	-
1003F		Not Covered	I	XXX	N	N	N	N	N	-	-
1004F		Not Covered	I	XXX	N	N	N	N	N	-	-
1005F		Not Covered	I	XXX	N	N	N	N	N	-	-
1006F		Not Covered	M	XXX	N	N	N	N	N	-	-
1007F		Not Covered	I	XXX	N	N	N	N	N	-	-
1008F		Not Covered	I	XXX	N	N	N	N	N	-	-
1010F		Not Covered	I	XXX	N	N	N	N	N	-	-
1011F		Not Covered	I	XXX	N	N	N	N	N	-	-
1012F		Not Covered	I	XXX	N	N	N	N	N	-	-
1015F		Not Covered	I	XXX	N	N	N	N	N	-	-
1018F		Not Covered	I	XXX	N	N	N	N	N	-	-
1019F		Not Covered	I	XXX	N	N	N	N	N	-	-
1022F		Not Covered	I	XXX	N	N	N	N	N	-	-
1026F		Not Covered	I	XXX	N	N	N	N	N	-	-
1030F		Not Covered	I	XXX	N	N	N	N	N	-	-
1031F		Not Covered	I	XXX	N	N	N	N	N	-	-
1032F		Not Covered	I	XXX	N	N	N	N	N	-	-
1033F		Not Covered	I	XXX	N	N	N	N	N	-	-
1034F		Not Covered	I	XXX	N	N	N	N	N	-	-
1035F		Not Covered	I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
1036F		Not Covered	M	XXX	N	N	N	N	N	-	-
1038F		Not Covered	M	XXX	N	N	N	N	N	-	-
1039F		Not Covered	M	XXX	N	N	N	N	N	-	-
1040F		Not Covered	I	XXX	N	N	N	N	N	-	-
1050F		Not Covered	I	XXX	N	N	N	N	N	-	-
1052F		Not Covered	I	XXX	N	N	N	N	N	-	-
1055F		Not Covered	I	XXX	N	N	N	N	N	-	-
1060F		Not Covered	I	XXX	N	N	N	N	N	-	-
1061F		Not Covered	I	XXX	N	N	N	N	N	-	-
1065F		Not Covered	I	XXX	N	N	N	N	N	-	-
1066F		Not Covered	I	XXX	N	N	N	N	N	-	-
1070F		Not Covered	I	XXX	N	N	N	N	N	-	-
1071F		Not Covered	I	XXX	N	N	N	N	N	-	-
1090F		Not Covered	M	XXX	N	N	N	N	N	-	-
1091F		Not Covered	I	XXX	N	N	N	N	N	-	-
1100F		Not Covered	M	XXX	N	N	N	N	N	-	-
1101F		Not Covered	M	XXX	N	N	N	N	N	-	-
1110F		Not Covered	I	XXX	N	N	N	N	N	-	-
1111F		Not Covered	M	XXX	N	N	N	N	N	-	-
1116F		Not Covered	I	XXX	N	N	N	N	N	-	-
1118F		Not Covered	I	XXX	N	N	N	N	N	-	-
1119F		Not Covered	I	XXX	N	N	N	N	N	-	-
1121F		Not Covered	I	XXX	N	N	N	N	N	-	-
1123F		Not Covered	M	XXX	N	N	N	N	N	-	-
1124F		Not Covered	M	XXX	N	N	N	N	N	-	-
1125F		Not Covered	M	XXX	N	N	N	N	N	-	-
1126F		Not Covered	M	XXX	N	N	N	N	N	-	-
1127F		Not Covered	I	XXX	N	N	N	N	N	-	-
1128F		Not Covered	I	XXX	N	N	N	N	N	-	-
1130F		Not Covered	I	XXX	N	N	N	N	N	-	-
1134F		Not Covered	I	XXX	N	N	N	N	N	-	-
1135F		Not Covered	I	XXX	N	N	N	N	N	-	-
1136F		Not Covered	I	XXX	N	N	N	N	N	-	-
1137F		Not Covered	I	XXX	N	N	N	N	N	-	-
1150F		Not Covered	I	XXX	N	N	N	N	N	-	-
1151F		Not Covered	I	XXX	N	N	N	N	N	-	-
1152F		Not Covered	I	XXX	N	N	N	N	N	-	-
1153F		Not Covered	I	XXX	N	N	N	N	N	-	-
1157F		Not Covered	I	XXX	N	N	N	N	N	-	-
1158F		Not Covered	I	XXX	N	N	N	N	N	-	-
1159F		Not Covered	I	XXX	N	N	N	N	N	-	-
1160F		Not Covered	I	XXX	N	N	N	N	N	-	-
1170F		Not Covered	M	XXX	N	N	N	N	N	-	-
1175F		Not Covered	I	XXX	N	N	N	N	N	-	-
1180F		Not Covered	I	XXX	N	N	N	N	N	-	-
1181F		Not Covered	I	XXX	N	N	N	N	N	-	-
1182F		Not Covered	I	XXX	N	N	N	N	N	-	-
1183F		Not Covered	I	XXX	N	N	N	N	N	-	-
1200F		Not Covered	I	XXX	N	N	N	N	N	-	-
1205F		Not Covered	I	XXX	N	N	N	N	N	-	-
1220F		Not Covered	I	XXX	N	N	N	N	N	-	-
1400F		Not Covered	I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
1450F		Not Covered	I	XXX	N	N	N	N	N	-	-
1451F		Not Covered	I	XXX	N	N	N	N	N	-	-
1460F		Not Covered	M	XXX	N	N	N	N	N	-	-
1461F		Not Covered	M	XXX	N	N	N	N	N	-	-
1490F		Not Covered	I	XXX	N	N	N	N	N	-	-
1491F		Not Covered	I	XXX	N	N	N	N	N	-	-
1493F		Not Covered	I	XXX	N	N	N	N	N	-	-
1494F		Not Covered	I	XXX	N	N	N	N	N	-	-
1500F		Not Covered	I	XXX	N	N	N	N	N	-	-
1501F		Not Covered	I	XXX	N	N	N	N	N	-	-
1502F		Not Covered	I	XXX	N	N	N	N	N	-	-
1503F		Not Covered	I	XXX	N	N	N	N	N	-	-
1504F		Not Covered	I	XXX	N	N	N	N	N	-	-
1505F		Not Covered	I	XXX	N	N	N	N	N	-	-
2000F		Not Covered	M	XXX	N	N	N	N	N	-	-
2001F		Not Covered	I	XXX	N	N	N	N	N	-	-
2002F		Not Covered	I	XXX	N	N	N	N	N	-	-
2004F		Not Covered	I	XXX	N	N	N	N	N	-	-
2010F		Not Covered	I	XXX	N	N	N	N	N	-	-
2014F		Not Covered	I	XXX	N	N	N	N	N	-	-
2015F		Not Covered	I	XXX	N	N	N	N	N	-	-
2016F		Not Covered	I	XXX	N	N	N	N	N	-	-
2018F		Not Covered	I	XXX	N	N	N	N	N	-	-
2019F		Not Covered	I	XXX	N	N	N	N	N	-	-
2020F		Not Covered	I	XXX	N	N	N	N	N	-	-
2021F		Not Covered	I	XXX	N	N	N	N	N	-	-
2022F		Not Covered	M	XXX	N	N	N	N	N	-	-
2024F		Not Covered	M	XXX	N	N	N	N	N	-	-
2026F		Not Covered	M	XXX	N	N	N	N	N	-	-
2027F		Not Covered	M	XXX	N	N	N	N	N	-	-
2028F		Not Covered	I	XXX	N	N	N	N	N	-	-
2029F		Not Covered	I	XXX	N	N	N	N	N	-	-
2030F		Not Covered	I	XXX	N	N	N	N	N	-	-
2031F		Not Covered	I	XXX	N	N	N	N	N	-	-
2035F		Not Covered	I	XXX	N	N	N	N	N	-	-
2040F		Not Covered	I	XXX	N	N	N	N	N	-	-
2044F		Not Covered	I	XXX	N	N	N	N	N	-	-
2050F		Not Covered	I	XXX	N	N	N	N	N	-	-
2060F		Not Covered	I	XXX	N	N	N	N	N	-	-
3006F		Not Covered	I	XXX	N	N	N	N	N	-	-
3008F		Not Covered	I	XXX	N	N	N	N	N	-	-
3011F		Not Covered	I	XXX	N	N	N	N	N	-	-
3014F		Not Covered	I	XXX	N	N	N	N	N	-	-
3015F		Not Covered	I	XXX	N	N	N	N	N	-	-
3016F		Not Covered	I	XXX	N	N	N	N	N	-	-
3017F		Not Covered	M	XXX	N	N	N	N	N	-	-
3018F		Not Covered	I	XXX	N	N	N	N	N	-	-
3019F		Not Covered	I	XXX	N	N	N	N	N	-	-
3020F		Not Covered	I	XXX	N	N	N	N	N	-	-
3021F		Not Covered	M	XXX	N	N	N	N	N	-	-
3022F		Not Covered	M	XXX	N	N	N	N	N	-	-
3023F		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
3025F		Not Covered	I	XXX	N	N	N	N	N	-	-
3027F		Not Covered	I	XXX	N	N	N	N	N	-	-
3028F		Not Covered	I	XXX	N	N	N	N	N	-	-
3035F		Not Covered	I	XXX	N	N	N	N	N	-	-
3037F		Not Covered	I	XXX	N	N	N	N	N	-	-
3038F		Not Covered	I	XXX	N	N	N	N	N	-	-
3040F		Not Covered	I	XXX	N	N	N	N	N	-	-
3042F		Not Covered	I	XXX	N	N	N	N	N	-	-
3044F		Not Covered	M	XXX	N	N	N	N	N	-	-
3045F		Not Covered	M	XXX	N	N	N	N	N	-	-
3046F		Not Covered	M	XXX	N	N	N	N	N	-	-
3048F		Not Covered	I	XXX	N	N	N	N	N	-	-
3049F		Not Covered	I	XXX	N	N	N	N	N	-	-
3050F		Not Covered	I	XXX	N	N	N	N	N	-	-
3055F		Not Covered	I	XXX	N	N	N	N	N	-	-
3056F		Not Covered	I	XXX	N	N	N	N	N	-	-
3060F		Not Covered	M	XXX	N	N	N	N	N	-	-
3061F		Not Covered	M	XXX	N	N	N	N	N	-	-
3062F		Not Covered	M	XXX	N	N	N	N	N	-	-
3066F		Not Covered	M	XXX	N	N	N	N	N	-	-
3072F		Not Covered	M	XXX	N	N	N	N	N	-	-
3073F		Not Covered	I	XXX	N	N	N	N	N	-	-
3074F		Not Covered	I	XXX	N	N	N	N	N	-	-
3075F		Not Covered	I	XXX	N	N	N	N	N	-	-
3077F		Not Covered	I	XXX	N	N	N	N	N	-	-
3078F		Not Covered	I	XXX	N	N	N	N	N	-	-
3079F		Not Covered	I	XXX	N	N	N	N	N	-	-
3080F		Not Covered	I	XXX	N	N	N	N	N	-	-
3082F		Not Covered	I	XXX	N	N	N	N	N	-	-
3083F		Not Covered	I	XXX	N	N	N	N	N	-	-
3084F		Not Covered	I	XXX	N	N	N	N	N	-	-
3085F		Not Covered	I	XXX	N	N	N	N	N	-	-
3088F		Not Covered	I	XXX	N	N	N	N	N	-	-
3089F		Not Covered	I	XXX	N	N	N	N	N	-	-
3090F		Not Covered	I	XXX	N	N	N	N	N	-	-
3091F		Not Covered	I	XXX	N	N	N	N	N	-	-
3092F		Not Covered	I	XXX	N	N	N	N	N	-	-
3093F		Not Covered	I	XXX	N	N	N	N	N	-	-
3095F		Not Covered	M	XXX	N	N	N	N	N	-	-
3096F		Not Covered	I	XXX	N	N	N	N	N	-	-
3100F		Not Covered	M	XXX	N	N	N	N	N	-	-
3110F		Not Covered	I	XXX	N	N	N	N	N	-	-
3111F		Not Covered	I	XXX	N	N	N	N	N	-	-
3112F		Not Covered	I	XXX	N	N	N	N	N	-	-
3115F		Not Covered	I	XXX	N	N	N	N	N	-	-
3117F		Not Covered	I	XXX	N	N	N	N	N	-	-
3118F		Not Covered	I	XXX	N	N	N	N	N	-	-
3119F		Not Covered	I	XXX	N	N	N	N	N	-	-
3120F		Not Covered	I	XXX	N	N	N	N	N	-	-
3126F		Not Covered	M	XXX	N	N	N	N	N	-	-
3130F		Not Covered	I	XXX	N	N	N	N	N	-	-
3132F		Not Covered	I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
3140F		Not Covered	I	XXX	N	N	N	N	N	-	-
3141F		Not Covered	I	XXX	N	N	N	N	N	-	-
3142F		Not Covered	I	XXX	N	N	N	N	N	-	-
3150F		Not Covered	I	XXX	N	N	N	N	N	-	-
3155F		Not Covered	M	XXX	N	N	N	N	N	-	-
3160F		Not Covered	M	XXX	N	N	N	N	N	-	-
3170F		Not Covered	M	XXX	N	N	N	N	N	-	-
3200F		Not Covered	I	XXX	N	N	N	N	N	-	-
3210F		Not Covered	M	XXX	N	N	N	N	N	-	-
3215F		Not Covered	I	XXX	N	N	N	N	N	-	-
3216F		Not Covered	I	XXX	N	N	N	N	N	-	-
3218F		Not Covered	I	XXX	N	N	N	N	N	-	-
3220F		Not Covered	I	XXX	N	N	N	N	N	-	-
3230F		Not Covered	I	XXX	N	N	N	N	N	-	-
3250F		Not Covered	M	XXX	N	N	N	N	N	-	-
3260F		Not Covered	M	XXX	N	N	N	N	N	-	-
3265F		Not Covered	I	XXX	N	N	N	N	N	-	-
3266F		Not Covered	I	XXX	N	N	N	N	N	-	-
3267F		Not Covered	M	XXX	N	N	N	N	N	-	-
3268F		Not Covered	I	XXX	N	N	N	N	N	-	-
3269F		Not Covered	M	XXX	N	N	N	N	N	-	-
3270F		Not Covered	M	XXX	N	N	N	N	N	-	-
3271F		Not Covered	I	XXX	N	N	N	N	N	-	-
3272F		Not Covered	I	XXX	N	N	N	N	N	-	-
3273F		Not Covered	I	XXX	N	N	N	N	N	-	-
3274F		Not Covered	I	XXX	N	N	N	N	N	-	-
3278F		Not Covered	I	XXX	N	N	N	N	N	-	-
3279F		Not Covered	I	XXX	N	N	N	N	N	-	-
3280F		Not Covered	I	XXX	N	N	N	N	N	-	-
3281F		Not Covered	I	XXX	N	N	N	N	N	-	-
3284F		Not Covered	M	XXX	N	N	N	N	N	-	-
3285F		Not Covered	M	XXX	N	N	N	N	N	-	-
3288F		Not Covered	M	XXX	N	N	N	N	N	-	-
3290F		Not Covered	I	XXX	N	N	N	N	N	-	-
3291F		Not Covered	I	XXX	N	N	N	N	N	-	-
3292F		Not Covered	I	XXX	N	N	N	N	N	-	-
3293F		Not Covered	I	XXX	N	N	N	N	N	-	-
3294F		Not Covered	I	XXX	N	N	N	N	N	-	-
3300F		Not Covered	I	XXX	N	N	N	N	N	-	-
3301F		Not Covered	I	XXX	N	N	N	N	N	-	-
3315F		Not Covered	I	XXX	N	N	N	N	N	-	-
3316F		Not Covered	I	XXX	N	N	N	N	N	-	-
3317F		Not Covered	I	XXX	N	N	N	N	N	-	-
3318F		Not Covered	I	XXX	N	N	N	N	N	-	-
3319F		Not Covered	M	XXX	N	N	N	N	N	-	-
3320F		Not Covered	M	XXX	N	N	N	N	N	-	-
3321F		Not Covered	M	XXX	N	N	N	N	N	-	-
3322F		Not Covered	M	XXX	N	N	N	N	N	-	-
3323F		Not Covered	I	XXX	N	N	N	N	N	-	-
3324F		Not Covered	I	XXX	N	N	N	N	N	-	-
3325F		Not Covered	I	XXX	N	N	N	N	N	-	-
3328F		Not Covered	I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
3330F		Not Covered	I	XXX	N	N	N	N	N	-	-
3331F		Not Covered	I	XXX	N	N	N	N	N	-	-
3340F		Not Covered	M	XXX	N	N	N	N	N	-	-
3341F		Not Covered	M	XXX	N	N	N	N	N	-	-
3342F		Not Covered	M	XXX	N	N	N	N	N	-	-
3343F		Not Covered	M	XXX	N	N	N	N	N	-	-
3344F		Not Covered	M	XXX	N	N	N	N	N	-	-
3345F		Not Covered	M	XXX	N	N	N	N	N	-	-
3350F		Not Covered	M	XXX	N	N	N	N	N	-	-
3351F		Not Covered	I	XXX	N	N	N	N	N	-	-
3352F		Not Covered	I	XXX	N	N	N	N	N	-	-
3353F		Not Covered	I	XXX	N	N	N	N	N	-	-
3354F		Not Covered	I	XXX	N	N	N	N	N	-	-
3370F		Not Covered	I	XXX	N	N	N	N	N	-	-
3372F		Not Covered	I	XXX	N	N	N	N	N	-	-
3374F		Not Covered	I	XXX	N	N	N	N	N	-	-
3376F		Not Covered	I	XXX	N	N	N	N	N	-	-
3378F		Not Covered	I	XXX	N	N	N	N	N	-	-
3380F		Not Covered	I	XXX	N	N	N	N	N	-	-
3382F		Not Covered	I	XXX	N	N	N	N	N	-	-
3384F		Not Covered	I	XXX	N	N	N	N	N	-	-
3386F		Not Covered	I	XXX	N	N	N	N	N	-	-
3388F		Not Covered	I	XXX	N	N	N	N	N	-	-
3390F		Not Covered	I	XXX	N	N	N	N	N	-	-
3394F		Not Covered	M	XXX	N	N	N	N	N	-	-
3395F		Not Covered	M	XXX	N	N	N	N	N	-	-
3450F		Not Covered	I	XXX	N	N	N	N	N	-	-
3451F		Not Covered	I	XXX	N	N	N	N	N	-	-
3452F		Not Covered	I	XXX	N	N	N	N	N	-	-
3455F		Not Covered	I	XXX	N	N	N	N	N	-	-
3470F		Not Covered	I	XXX	N	N	N	N	N	-	-
3471F		Not Covered	I	XXX	N	N	N	N	N	-	-
3472F		Not Covered	I	XXX	N	N	N	N	N	-	-
3475F		Not Covered	M	XXX	N	N	N	N	N	-	-
3476F		Not Covered	M	XXX	N	N	N	N	N	-	-
3490F		Not Covered	I	XXX	N	N	N	N	N	-	-
3491F		Not Covered	I	XXX	N	N	N	N	N	-	-
3492F		Not Covered	I	XXX	N	N	N	N	N	-	-
3493F		Not Covered	I	XXX	N	N	N	N	N	-	-
3494F		Not Covered	I	XXX	N	N	N	N	N	-	-
3495F		Not Covered	I	XXX	N	N	N	N	N	-	-
3496F		Not Covered	I	XXX	N	N	N	N	N	-	-
3497F		Not Covered	I	XXX	N	N	N	N	N	-	-
3498F		Not Covered	I	XXX	N	N	N	N	N	-	-
3500F		Not Covered	I	XXX	N	N	N	N	N	-	-
3502F		Not Covered	I	XXX	N	N	N	N	N	-	-
3503F		Not Covered	I	XXX	N	N	N	N	N	-	-
3510F		Not Covered	I	XXX	N	N	N	N	N	-	-
3511F		Not Covered	I	XXX	N	N	N	N	N	-	-
3512F		Not Covered	I	XXX	N	N	N	N	N	-	-
3513F		Not Covered	I	XXX	N	N	N	N	N	-	-
3514F		Not Covered	I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
3515F		Not Covered	I	XXX	N	N	N	N	N	-	-
3517F		Not Covered	I	XXX	N	N	N	N	N	-	-
3520F		Not Covered	I	XXX	N	N	N	N	N	-	-
3550F		Not Covered	I	XXX	N	N	N	N	N	-	-
3551F		Not Covered	I	XXX	N	N	N	N	N	-	-
3552F		Not Covered	I	XXX	N	N	N	N	N	-	-
3555F		Not Covered	I	XXX	N	N	N	N	N	-	-
3570F		Not Covered	M	XXX	N	N	N	N	N	-	-
3572F		Not Covered	I	XXX	N	N	N	N	N	-	-
3573F		Not Covered	I	XXX	N	N	N	N	N	-	-
3650F		Not Covered	I	XXX	N	N	N	N	N	-	-
3700F		Not Covered	I	XXX	N	N	N	N	N	-	-
3720F		Not Covered	M	XXX	N	N	N	N	N	-	-
3725F		Not Covered	M	XXX	N	N	N	N	N	-	-
3750F		Not Covered	I	XXX	N	N	N	N	N	-	-
3751F		Not Covered	I	XXX	N	N	N	N	N	-	-
3752F		Not Covered	I	XXX	N	N	N	N	N	-	-
3753F		Not Covered	I	XXX	N	N	N	N	N	-	-
3754F		Not Covered	I	XXX	N	N	N	N	N	-	-
3755F		Not Covered	I	XXX	N	N	N	N	N	-	-
3756F		Not Covered	I	XXX	N	N	N	N	N	-	-
3757F		Not Covered	I	XXX	N	N	N	N	N	-	-
3758F		Not Covered	I	XXX	N	N	N	N	N	-	-
3759F		Not Covered	I	XXX	N	N	N	N	N	-	-
3760F		Not Covered	I	XXX	N	N	N	N	N	-	-
3761F		Not Covered	I	XXX	N	N	N	N	N	-	-
3762F		Not Covered	I	XXX	N	N	N	N	N	-	-
3763F		Not Covered	I	XXX	N	N	N	N	N	-	-
3775F		Not Covered	I	XXX	N	N	N	N	N	-	-
3776F		Not Covered	I	XXX	N	N	N	N	N	-	-
4000F		Not Covered	I	XXX	N	N	N	N	N	-	-
4001F		Not Covered	I	XXX	N	N	N	N	N	-	-
4003F		Not Covered	I	XXX	N	N	N	N	N	-	-
4004F		Not Covered	M	XXX	N	N	N	N	N	-	-
4005F		Not Covered	I	XXX	N	N	N	N	N	-	-
4008F		Not Covered	M	XXX	N	N	N	N	N	-	-
4010F		Not Covered	M	XXX	N	N	N	N	N	-	-
4011F		Not Covered	I	XXX	N	N	N	N	N	-	-
4012F		Not Covered	I	XXX	N	N	N	N	N	-	-
4013F		Not Covered	I	XXX	N	N	N	N	N	-	-
4014F		Not Covered	I	XXX	N	N	N	N	N	-	-
4015F		Not Covered	I	XXX	N	N	N	N	N	-	-
4016F		Not Covered	I	XXX	N	N	N	N	N	-	-
4017F		Not Covered	I	XXX	N	N	N	N	N	-	-
4018F		Not Covered	I	XXX	N	N	N	N	N	-	-
4019F		Not Covered	I	XXX	N	N	N	N	N	-	-
4025F		Not Covered	I	XXX	N	N	N	N	N	-	-
4030F		Not Covered	I	XXX	N	N	N	N	N	-	-
4033F		Not Covered	I	XXX	N	N	N	N	N	-	-
4035F		Not Covered	I	XXX	N	N	N	N	N	-	-
4037F		Not Covered	I	XXX	N	N	N	N	N	-	-
4040F		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
4041F		Not Covered	I	XXX	N	N	N	N	N	-	-
4042F		Not Covered	I	XXX	N	N	N	N	N	-	-
4043F		Not Covered	I	XXX	N	N	N	N	N	-	-
4044F		Not Covered	M	XXX	N	N	N	N	N	-	-
4045F		Not Covered	I	XXX	N	N	N	N	N	-	-
4046F		Not Covered	I	XXX	N	N	N	N	N	-	-
4047F		Not Covered	I	XXX	N	N	N	N	N	-	-
4048F		Not Covered	I	XXX	N	N	N	N	N	-	-
4049F		Not Covered	I	XXX	N	N	N	N	N	-	-
4050F		Not Covered	I	XXX	N	N	N	N	N	-	-
4051F		Not Covered	I	XXX	N	N	N	N	N	-	-
4052F		Not Covered	I	XXX	N	N	N	N	N	-	-
4053F		Not Covered	I	XXX	N	N	N	N	N	-	-
4054F		Not Covered	I	XXX	N	N	N	N	N	-	-
4055F		Not Covered	I	XXX	N	N	N	N	N	-	-
4056F		Not Covered	I	XXX	N	N	N	N	N	-	-
4058F		Not Covered	I	XXX	N	N	N	N	N	-	-
4060F		Not Covered	I	XXX	N	N	N	N	N	-	-
4062F		Not Covered	I	XXX	N	N	N	N	N	-	-
4063F		Not Covered	I	XXX	N	N	N	N	N	-	-
4064F		Not Covered	I	XXX	N	N	N	N	N	-	-
4065F		Not Covered	I	XXX	N	N	N	N	N	-	-
4066F		Not Covered	I	XXX	N	N	N	N	N	-	-
4067F		Not Covered	I	XXX	N	N	N	N	N	-	-
4069F		Not Covered	I	XXX	N	N	N	N	N	-	-
4070F		Not Covered	I	XXX	N	N	N	N	N	-	-
4073F		Not Covered	I	XXX	N	N	N	N	N	-	-
4075F		Not Covered	I	XXX	N	N	N	N	N	-	-
4077F		Not Covered	I	XXX	N	N	N	N	N	-	-
4079F		Not Covered	I	XXX	N	N	N	N	N	-	-
4084F		Not Covered	I	XXX	N	N	N	N	N	-	-
4086F		Not Covered	M	XXX	N	N	N	N	N	-	-
4090F		Not Covered	M	XXX	N	N	N	N	N	-	-
4095F		Not Covered	I	XXX	N	N	N	N	N	-	-
4100F		Not Covered	M	XXX	N	N	N	N	N	-	-
4110F		Not Covered	M	XXX	N	N	N	N	N	-	-
4115F		Not Covered	M	XXX	N	N	N	N	N	-	-
4120F		Not Covered	M	XXX	N	N	N	N	N	-	-
4124F		Not Covered	M	XXX	N	N	N	N	N	-	-
4130F		Not Covered	M	XXX	N	N	N	N	N	-	-
4131F		Not Covered	M	XXX	N	N	N	N	N	-	-
4132F		Not Covered	M	XXX	N	N	N	N	N	-	-
4133F		Not Covered	I	XXX	N	N	N	N	N	-	-
4134F		Not Covered	I	XXX	N	N	N	N	N	-	-
4135F		Not Covered	I	XXX	N	N	N	N	N	-	-
4136F		Not Covered	I	XXX	N	N	N	N	N	-	-
4140F		Not Covered	I	XXX	N	N	N	N	N	-	-
4142F		Not Covered	I	XXX	N	N	N	N	N	-	-
4144F		Not Covered	I	XXX	N	N	N	N	N	-	-
4145F		Not Covered	I	XXX	N	N	N	N	N	-	-
4148F		Not Covered	I	XXX	N	N	N	N	N	-	-
4149F		Not Covered	I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
4150F		Not Covered	I	XXX	N	N	N	N	N	-	-
4151F		Not Covered	I	XXX	N	N	N	N	N	-	-
4153F		Not Covered	I	XXX	N	N	N	N	N	-	-
4155F		Not Covered	I	XXX	N	N	N	N	N	-	-
4157F		Not Covered	I	XXX	N	N	N	N	N	-	-
4158F		Not Covered	I	XXX	N	N	N	N	N	-	-
4159F		Not Covered	I	XXX	N	N	N	N	N	-	-
4163F		Not Covered	I	XXX	N	N	N	N	N	-	-
4164F		Not Covered	I	XXX	N	N	N	N	N	-	-
4165F		Not Covered	I	XXX	N	N	N	N	N	-	-
4167F		Not Covered	I	XXX	N	N	N	N	N	-	-
4168F		Not Covered	I	XXX	N	N	N	N	N	-	-
4169F		Not Covered	I	XXX	N	N	N	N	N	-	-
4171F		Not Covered	I	XXX	N	N	N	N	N	-	-
4172F		Not Covered	I	XXX	N	N	N	N	N	-	-
4174F		Not Covered	I	XXX	N	N	N	N	N	-	-
4175F		Not Covered	M	XXX	N	N	N	N	N	-	-
4176F		Not Covered	I	XXX	N	N	N	N	N	-	-
4177F		Not Covered	M	XXX	N	N	N	N	N	-	-
4178F		Not Covered	I	XXX	N	N	N	N	N	-	-
4179F		Not Covered	I	XXX	N	N	N	N	N	-	-
4180F		Not Covered	I	XXX	N	N	N	N	N	-	-
4181F		Not Covered	I	XXX	N	N	N	N	N	-	-
4182F		Not Covered	I	XXX	N	N	N	N	N	-	-
4185F		Not Covered	I	XXX	N	N	N	N	N	-	-
4186F		Not Covered	I	XXX	N	N	N	N	N	-	-
4187F		Not Covered	I	XXX	N	N	N	N	N	-	-
4188F		Not Covered	I	XXX	N	N	N	N	N	-	-
4189F		Not Covered	I	XXX	N	N	N	N	N	-	-
4190F		Not Covered	I	XXX	N	N	N	N	N	-	-
4191F		Not Covered	I	XXX	N	N	N	N	N	-	-
4192F		Not Covered	M	XXX	N	N	N	N	N	-	-
4193F		Not Covered	M	XXX	N	N	N	N	N	-	-
4194F		Not Covered	M	XXX	N	N	N	N	N	-	-
4195F		Not Covered	M	XXX	N	N	N	N	N	-	-
4196F		Not Covered	M	XXX	N	N	N	N	N	-	-
4200F		Not Covered	I	XXX	N	N	N	N	N	-	-
4201F		Not Covered	I	XXX	N	N	N	N	N	-	-
4210F		Not Covered	I	XXX	N	N	N	N	N	-	-
4220F		Not Covered	I	XXX	N	N	N	N	N	-	-
4221F		Not Covered	I	XXX	N	N	N	N	N	-	-
4230F		Not Covered	I	XXX	N	N	N	N	N	-	-
4240F		Not Covered	I	XXX	N	N	N	N	N	-	-
4242F		Not Covered	I	XXX	N	N	N	N	N	-	-
4245F		Not Covered	I	XXX	N	N	N	N	N	-	-
4248F		Not Covered	I	XXX	N	N	N	N	N	-	-
4250F		Not Covered	I	XXX	N	N	N	N	N	-	-
4255F		Not Covered	M	XXX	N	N	N	N	N	-	-
4256F		Not Covered	I	XXX	N	N	N	N	N	-	-
4260F		Not Covered	I	XXX	N	N	N	N	N	-	-
4261F		Not Covered	I	XXX	N	N	N	N	N	-	-
4265F		Not Covered	I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
4266F		Not Covered	I	XXX	N	N	N	N	N	-	-
4267F		Not Covered	I	XXX	N	N	N	N	N	-	-
4268F		Not Covered	I	XXX	N	N	N	N	N	-	-
4269F		Not Covered	I	XXX	N	N	N	N	N	-	-
4270F		Not Covered	I	XXX	N	N	N	N	N	-	-
4271F		Not Covered	I	XXX	N	N	N	N	N	-	-
4274F		Not Covered	I	XXX	N	N	N	N	N	-	-
4276F		Not Covered	I	XXX	N	N	N	N	N	-	-
4279F		Not Covered	I	XXX	N	N	N	N	N	-	-
4280F		Not Covered	I	XXX	N	N	N	N	N	-	-
4290F		Not Covered	I	XXX	N	N	N	N	N	-	-
4293F		Not Covered	I	XXX	N	N	N	N	N	-	-
4300F		Not Covered	I	XXX	N	N	N	N	N	-	-
4301F		Not Covered	I	XXX	N	N	N	N	N	-	-
4305F		Not Covered	I	XXX	N	N	N	N	N	-	-
4306F		Not Covered	I	XXX	N	N	N	N	N	-	-
4320F		Not Covered	I	XXX	N	N	N	N	N	-	-
4322F		Not Covered	M	XXX	N	N	N	N	N	-	-
4324F		Not Covered	I	XXX	N	N	N	N	N	-	-
4325F		Not Covered	M	XXX	N	N	N	N	N	-	-
4326F		Not Covered	I	XXX	N	N	N	N	N	-	-
4328F		Not Covered	I	XXX	N	N	N	N	N	-	-
4330F		Not Covered	I	XXX	N	N	N	N	N	-	-
4340F		Not Covered	M	XXX	N	N	N	N	N	-	-
4350F		Not Covered	I	XXX	N	N	N	N	N	-	-
4400F		Not Covered	M	XXX	N	N	N	N	N	-	-
4450F		Not Covered	I	XXX	N	N	N	N	N	-	-
4470F		Not Covered	I	XXX	N	N	N	N	N	-	-
4480F		Not Covered	I	XXX	N	N	N	N	N	-	-
4481F		Not Covered	I	XXX	N	N	N	N	N	-	-
4500F		Not Covered	M	XXX	N	N	N	N	N	-	-
4510F		Not Covered	M	XXX	N	N	N	N	N	-	-
4525F		Not Covered	I	XXX	N	N	N	N	N	-	-
4526F		Not Covered	I	XXX	N	N	N	N	N	-	-
4540F		Not Covered	I	XXX	N	N	N	N	N	-	-
4541F		Not Covered	I	XXX	N	N	N	N	N	-	-
4550F		Not Covered	I	XXX	N	N	N	N	N	-	-
4551F		Not Covered	I	XXX	N	N	N	N	N	-	-
4552F		Not Covered	I	XXX	N	N	N	N	N	-	-
4553F		Not Covered	I	XXX	N	N	N	N	N	-	-
4554F		Not Covered	M	XXX	N	N	N	N	N	-	-
4555F		Not Covered	I	XXX	N	N	N	N	N	-	-
4556F		Not Covered	M	XXX	N	N	N	N	N	-	-
4557F		Not Covered	I	XXX	N	N	N	N	N	-	-
4558F		Not Covered	I	XXX	N	N	N	N	N	-	-
4559F		Not Covered	I	XXX	N	N	N	N	N	-	-
4560F		Not Covered	I	XXX	N	N	N	N	N	-	-
4561F		Not Covered	I	XXX	N	N	N	N	N	-	-
4562F		Not Covered	I	XXX	N	N	N	N	N	-	-
4563F		Not Covered	I	XXX	N	N	N	N	N	-	-
5005F		Not Covered	I	XXX	N	N	N	N	N	-	-
5010F		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN Non-Facility
		Code	Code								
5015F		Not Covered	M	XXX	N	N	N	N	N	-	-
5020F		Not Covered	I	XXX	N	N	N	N	N	-	-
5050F		Not Covered	M	XXX	N	N	N	N	N	-	-
5060F		Not Covered	I	XXX	N	N	N	N	N	-	-
5062F		Not Covered	I	XXX	N	N	N	N	N	-	-
5100F		Not Covered	I	XXX	N	N	N	N	N	-	-
5200F		Not Covered	I	XXX	N	N	N	N	N	-	-
5250F		Not Covered	I	XXX	N	N	N	N	N	-	-
6005F		Not Covered	I	XXX	N	N	N	N	N	-	-
6010F		Not Covered	I	XXX	N	N	N	N	N	-	-
6015F		Not Covered	I	XXX	N	N	N	N	N	-	-
6020F		Not Covered	I	XXX	N	N	N	N	N	-	-
6030F		Not Covered	M	XXX	N	N	N	N	N	-	-
6040F		Not Covered	I	XXX	N	N	N	N	N	-	-
6045F		Not Covered	I	XXX	N	N	N	N	N	-	-
6070F		Not Covered	I	XXX	N	N	N	N	N	-	-
6080F		Not Covered	I	XXX	N	N	N	N	N	-	-
6090F		Not Covered	I	XXX	N	N	N	N	N	-	-
6100F		Not Covered	I	XXX	N	N	N	N	N	-	-
6101F		Not Covered	I	XXX	N	N	N	N	N	-	-
6102F		Not Covered	I	XXX	N	N	N	N	N	-	-
6110F		Not Covered	I	XXX	N	N	N	N	N	-	-
6150F		Not Covered	I	XXX	N	N	N	N	N	-	-
7010F		Not Covered	M	XXX	N	N	N	N	N	-	-
7020F		Not Covered	I	XXX	N	N	N	N	N	-	-
7025F		Not Covered	M	XXX	N	N	N	N	N	-	-
9001F		Not Covered	I	XXX	N	N	N	N	N	-	-
9002F		Not Covered	I	XXX	N	N	N	N	N	-	-
9003F		Not Covered	M	XXX	N	N	N	N	N	-	-
9004F		Not Covered	M	XXX	N	N	N	N	N	-	-
9005F		Not Covered	I	XXX	N	N	N	N	N	-	-
9006F		Not Covered	M	XXX	N	N	N	N	N	-	-
9007F		Not Covered	M	XXX	N	N	N	N	N	-	-
G0008		Not Covered	X	XXX	N	N	N	N	N	-	-
G0009		Not Covered	X	XXX	N	N	N	N	N	-	-
G0010		Not Covered	X	XXX	N	N	N	N	N	-	-
G0027		Not Covered	X	XXX	N	N	N	N	N	-	-
G0068		Not Covered	X	XXX	N	N	N	N	N	-	-
G0069		Not Covered	X	XXX	N	N	N	N	N	-	-
G0070		Not Covered	X	XXX	N	N	N	N	N	-	-
G0071		Not Covered	X	XXX	N	N	N	N	N	8.05	9.35
G0076		Not Covered	A	XXX	N	N	D	N	N	38.94	38.94
G0077		Not Covered	A	XXX	N	N	D	N	N	56.33	56.33
G0078		Not Covered	A	XXX	N	N	D	N	N	91.90	91.90
G0079		Not Covered	A	XXX	N	N	D	N	N	128.50	128.50
G0080		Not Covered	A	XXX	N	N	D	N	N	156.02	156.02
G0081		Not Covered	A	XXX	N	N	D	N	N	38.94	38.94
G0082		Not Covered	A	XXX	N	N	D	N	N	59.19	59.19
G0083		Not Covered	A	XXX	N	N	D	N	N	90.86	90.86
G0084		Not Covered	A	XXX	N	N	D	N	N	126.17	126.17
G0085		Not Covered	A	XXX	N	N	D	N	N	156.02	156.02
G0086		Not Covered	A	XXX	N	N	D	N	N	53.74	53.74

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
G0087		Not Covered	A	XXX	N	N	D	N	N	75.80	75.80
G0101		Not Covered	A	XXX	N	N	D	N	N	19.47	26.48
G0102		Not Covered	A	XXX	N	N	N	N	N	6.23	14.80
G0103		Not Covered	X	XXX	N	N	N	N	N	-	-
G0104		A	A	000	Y	N	N	N	N	40.76	113.19
G0105		A	A	000	Y	N	N	N	N	137.33	221.18
G0106	26	A	A	XXX	N	N	D	N	N	38.42	38.42
G0106	TC	A	A	XXX	N	N	D	N	N	111.37	111.37
G0106		A	A	XXX	N	N	D	N	N	149.53	149.53
G0108		A	A	XXX	N	N	D	N	N	38.42	38.42
G0109		A	A	XXX	N	N	D	N	N	10.64	10.64
G0117		Not Covered	T	XXX	N	N	D	N	N	37.12	37.12
G0118		Not Covered	T	XXX	N	N	D	N	N	27.26	27.26
G0120	26	A	A	XXX	N	N	D	N	N	37.38	37.38
G0120	TC	A	A	XXX	N	N	D	N	N	111.37	111.37
G0120		A	A	XXX	N	N	D	N	N	148.75	148.75
G0121		Not Covered	A	000	Y	N	N	N	N	137.85	221.70
G0122	26	Not Covered	N	XXX	N	N	N	N	N	35.31	35.31
G0122	TC	Not Covered	N	XXX	N	N	N	N	N	151.09	151.09
G0122		Not Covered	N	XXX	N	N	N	N	N	186.39	186.39
G0123		Not Covered	X	XXX	N	N	N	N	N	-	-
G0124		Not Covered	A	XXX	N	N	D	N	N	21.81	21.81
G0127		Not Covered	R	000	Y	N	N	N	N	5.45	15.84
G0128		Not Covered	R	XXX	N	N	D	N	N	4.93	4.93
G0129		Not Covered	X	XXX	N	N	N	N	N	-	-
G0130	26	Not Covered	A	XXX	N	N	D	N	N	8.05	8.05
G0130	TC	Not Covered	A	XXX	N	N	D	N	N	15.06	15.06
G0130		Not Covered	A	XXX	N	N	D	N	N	23.10	23.10
G0141		Not Covered	A	XXX	N	N	D	N	N	21.81	21.81
G0143		Not Covered	X	XXX	N	N	N	N	N	-	-
G0144		Not Covered	X	XXX	N	N	N	N	N	-	-
G0145		Not Covered	X	XXX	N	N	N	N	N	-	-
G0147		Not Covered	X	XXX	N	N	N	N	N	-	-
G0148		Not Covered	X	XXX	N	N	N	N	N	-	-
G0151		Not Covered	X	XXX	N	N	N	N	N	-	-
G0152		Not Covered	X	XXX	N	N	N	N	N	-	-
G0153		Not Covered	X	XXX	N	N	N	N	N	-	-
G0155		Not Covered	X	XXX	N	N	N	N	N	-	-
G0156		Not Covered	X	XXX	N	N	N	N	N	-	-
G0157		Not Covered	E	XXX	N	N	N	N	N	-	-
G0158		Not Covered	E	XXX	N	N	N	N	N	-	-
G0159		Not Covered	E	XXX	N	N	N	N	N	-	-
G0160		Not Covered	E	XXX	N	N	N	N	N	-	-
G0161		Not Covered	E	XXX	N	N	N	N	N	-	-
G0162		Not Covered	E	XXX	N	N	N	N	N	-	-
G0166		Not Covered	A	XXX	N	N	N	N	N	71.91	71.91
G0168		Not Covered	A	000	Y	N	N	N	N	16.35	61.53
G0175		Not Covered	X	XXX	N	N	N	N	N	-	-
G0176		Not Covered	X	XXX	N	N	N	N	N	-	-
G0177		Not Covered	X	XXX	N	N	N	N	N	-	-
G0179		Not Covered	A	XXX	N	N	D	N	N	27.78	27.78
G0180		Not Covered	A	XXX	N	N	D	N	N	36.34	36.34

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
G0181		Not Covered	A	XXX	N	N	D	N	N	75.54	75.54
G0182		Not Covered	A	XXX	N	N	D	N	N	75.28	75.28
G0186		Not Covered	C	YYY	Y	Y	D	D	D	-	-
G0219	26	C	N	XXX	N	N	N	N	N	-	-
G0219	TC	C	N	XXX	N	N	N	N	N	-	-
G0219		C	N	XXX	N	N	N	N	N	-	-
G0235	26	Not Covered	N	XXX	N	N	N	N	N	-	-
G0235	TC	Not Covered	N	XXX	N	N	N	N	N	-	-
G0235		Not Covered	N	XXX	N	N	N	N	N	-	-
G0237		A	A	XXX	N	N	D	N	N	5.97	5.97
G0238		A	A	XXX	N	N	D	N	N	6.23	6.23
G0239		A	A	XXX	N	N	D	N	N	7.79	7.79
G0245		Not Covered	R	XXX	N	N	D	N	N	31.15	45.95
G0246		Not Covered	R	XXX	N	N	D	N	N	15.32	26.74
G0247		Not Covered	R	ZZZ	N	N	D	N	N	16.61	50.62
G0248		Not Covered	R	XXX	N	N	D	N	N	45.17	45.17
G0249		Not Covered	R	XXX	N	N	D	N	N	45.17	45.17
G0250		Not Covered	R	XXX	N	N	D	N	N	6.49	6.49
G0252	26	Not Covered	N	XXX	N	N	N	N	N	53.22	53.22
G0252	TC	Not Covered	N	XXX	N	N	N	N	N	-	-
G0252		Not Covered	N	XXX	N	N	N	N	N	-	-
G0255	26	Not Covered	N	XXX	N	N	N	N	N	-	-
G0255	TC	Not Covered	N	XXX	N	N	N	N	N	-	-
G0255		Not Covered	N	XXX	N	N	N	N	N	-	-
G0257		Not Covered	E	XXX	N	N	N	N	N	-	-
G0259		Not Covered	E	XXX	N	N	N	N	N	-	-
G0260		Not Covered	E	XXX	N	N	N	N	N	-	-
G0268		Not Covered	A	000	Y	B	N	N	N	24.66	34.53
G0269		Not Covered	B	XXX	N	N	N	N	N	-	-
G0270		Not Covered	A	XXX	N	N	D	N	N	20.25	22.33
G0271		Not Covered	A	XXX	N	N	D	N	N	10.90	11.68
G0276		Not Covered	R	000	Y	B	Y	D	N	267.65	267.65
G0277		A	A	XXX	N	N	D	N	N	69.31	69.31
G0278		Not Covered	A	ZZZ	N	N	D	N	N	10.64	10.64
G0279	26	A	A	ZZZ	N	B	N	N	N	21.55	21.55
G0279	TC	A	A	ZZZ	N	B	N	N	N	15.58	15.58
G0279		A	A	ZZZ	N	B	N	N	N	37.12	37.12
G0281		Not Covered	A	XXX	5	N	D	N	N	9.61	9.61
G0282		Not Covered	N	XXX	N	N	N	N	N	-	-
G0283		Not Covered	A	XXX	5	N	D	N	N	9.61	9.61
G0288		Not Covered	A	XXX	N	N	D	N	N	23.62	23.62
G0289		Not Covered	A	ZZZ	N	Y	D	N	N	64.90	64.90
G0293		Not Covered	E	XXX	N	N	N	N	N	-	-
G0294		Not Covered	E	XXX	N	N	N	N	N	-	-
G0295		Not Covered	N	XXX	N	N	N	N	N	-	-
G0296		A	A	XXX	N	N	D	N	N	18.95	20.25
G0297	26	A	A	XXX	4	N	D	N	N	37.12	37.12
G0297	TC	A	A	XXX	4	N	D	N	N	116.30	116.30
G0297		A	A	XXX	4	N	D	N	N	153.42	153.42
G0300		Not Covered	X	XXX	N	N	N	N	N	-	-
G0302		Not Covered	X	XXX	N	N	N	N	N	-	-
G0303		Not Covered	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina 2019 Status Code	CMS 2019 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Conversion Factors	
										25.96 37.02 Facility	Statewide OB/GYN Non-Facility
G0304		Not Covered	X	XXX	N	N	N	N	N	-	-
G0305		Not Covered	X	XXX	N	N	N	N	N	-	-
G0306		Not Covered	X	XXX	N	N	N	N	N	-	-
G0307		Not Covered	X	XXX	N	N	N	N	N	-	-
G0328		Not Covered	X	XXX	N	N	N	N	N	-	-
G0329		Not Covered	A	XXX	5	N	D	N	N	7.27	7.27
G0333		Not Covered	X	XXX	N	N	N	N	N	-	-
G0337		Not Covered	X	XXX	N	N	N	N	N	51.66	51.66
G0339		Not Covered	C	XXX	N	N	D	N	N	-	-
G0340		Not Covered	C	XXX	N	N	D	N	N	-	-
G0341		Not Covered	A	000	Y	N	D	D	N	276.47	1,361.86
G0342		Not Covered	A	090	Y	N	Y	D	N	512.71	512.71
G0343		Not Covered	A	090	Y	N	Y	D	N	848.11	848.11
G0365	26	Not Covered	A	XXX	N	N	D	N	N	9.09	9.09
G0365	TC	Not Covered	A	XXX	N	N	D	N	N	69.53	69.53
G0365		Not Covered	A	XXX	N	N	D	N	N	78.58	78.58
G0372		Not Covered	A	XXX	N	N	D	N	N	6.23	6.23
G0378		Not Covered	X	XXX	N	N	N	N	N	-	-
G0379		Not Covered	X	XXX	N	N	N	N	N	-	-
G0380		Not Covered	X	XXX	N	N	N	N	N	-	-
G0381		Not Covered	X	XXX	N	N	N	N	N	-	-
G0382		Not Covered	X	XXX	N	N	N	N	N	-	-
G0383		Not Covered	X	XXX	N	N	N	N	N	-	-
G0384		Not Covered	X	XXX	N	N	N	N	N	-	-
G0390		Not Covered	X	XXX	N	N	N	N	N	-	-
G0396		Not Covered	A	XXX	N	N	D	N	N	23.88	25.44
G0397		Not Covered	A	XXX	N	N	D	N	N	46.73	48.03
G0398	26	Not Covered	C	XXX	N	N	D	N	N	-	-
G0398	TC	Not Covered	C	XXX	N	N	D	N	N	-	-
G0398		Not Covered	C	XXX	N	N	D	N	N	-	-
G0399	26	Not Covered	C	XXX	N	N	D	N	N	-	-
G0399	TC	Not Covered	C	XXX	N	N	D	N	N	-	-
G0399		Not Covered	C	XXX	N	N	D	N	N	-	-
G0400	26	Not Covered	C	XXX	N	N	D	N	N	-	-
G0400	TC	Not Covered	C	XXX	N	N	D	N	N	-	-
G0400		Not Covered	C	XXX	N	N	D	N	N	-	-
G0402		Not Covered	A	XXX	N	N	D	N	N	90.34	115.00
G0403		Not Covered	A	XXX	N	N	D	N	N	11.68	11.68
G0404		Not Covered	A	XXX	N	N	D	N	N	5.45	5.45
G0405		Not Covered	A	XXX	N	N	D	N	N	5.97	5.97
G0406		Not Covered	A	XXX	N	N	D	N	N	27.52	27.52
G0407		Not Covered	A	XXX	N	N	D	N	N	51.14	51.14
G0408		Not Covered	A	XXX	N	N	D	N	N	73.99	73.99
G0409		Not Covered	R	XXX	N	N	D	N	N	10.38	10.38
G0410		Not Covered	X	XXX	N	N	N	N	N	-	-
G0411		Not Covered	X	XXX	N	N	N	N	N	-	-
G0412		Not Covered	A	090	Y	N	Y	Y	N	525.43	525.43
G0413		Not Covered	A	090	Y	N	Y	Y	N	778.02	778.02
G0414		Not Covered	A	090	Y	N	Y	Y	N	730.77	730.77
G0415		Not Covered	A	090	Y	N	Y	Y	N	1,009.07	1,009.07
G0416	26	Not Covered	A	XXX	N	N	D	N	N	128.76	128.76
G0416	TC	Not Covered	A	XXX	N	N	D	N	N	124.35	124.35

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
G0416		Not Covered	A	XXX	N	N	D	N	N	253.11	253.11
G0420		Not Covered	A	XXX	N	N	D	N	N	78.92	78.92
G0421		Not Covered	A	XXX	N	N	D	N	N	18.43	18.43
G0422		Not Covered	A	XXX	N	N	D	N	N	80.74	80.74
G0423		Not Covered	A	XXX	N	N	D	N	N	80.74	80.74
G0424		Not Covered	A	XXX	N	N	D	N	N	10.12	19.73
G0425		Not Covered	A	XXX	N	N	D	N	N	71.13	71.13
G0426		Not Covered	A	XXX	N	N	D	N	N	96.57	96.57
G0427		Not Covered	A	XXX	N	N	D	N	N	143.30	143.30
G0428		Not Covered	N	XXX	N	N	N	N	N	-	-
G0429		Not Covered	A	000	Y	N	D	N	N	51.40	68.53
G0432		Not Covered	X	XXX	N	N	N	N	N	-	-
G0433		Not Covered	X	XXX	N	N	N	N	N	-	-
G0435		Not Covered	X	XXX	N	N	N	N	N	-	-
G0438		Not Covered	A	XXX	N	N	D	N	N	118.64	118.64
G0439		Not Covered	A	XXX	N	N	D	N	N	79.70	79.70
G0442		Not Covered	A	XXX	N	N	D	N	N	6.75	11.94
G0443		Not Covered	A	XXX	N	N	D	N	N	16.87	18.43
G0444		Not Covered	A	XXX	N	N	D	N	N	6.75	11.94
G0445		Not Covered	A	XXX	N	N	D	N	N	16.87	19.47
G0446		Not Covered	A	XXX	N	N	D	N	N	16.87	18.43
G0447		Not Covered	A	XXX	N	N	D	N	N	16.87	18.17
G0448		Not Covered	E	XXX	N	N	N	N	N	-	-
G0451		Not Covered	A	XXX	N	N	D	N	N	6.23	6.23
G0452	26	Not Covered	A	XXX	N	N	D	N	N	12.98	12.98
G0453		Not Covered	A	XXX	N	N	D	N	N	23.36	23.36
G0454		Not Covered	A	XXX	N	N	D	N	N	6.49	6.49
G0455		Not Covered	A	000	N	N	D	N	N	53.48	87.74
G0458		Not Covered	E	XXX	N	N	N	N	N	-	-
G0459		Not Covered	A	XXX	N	N	N	N	N	29.85	29.85
G0460		Not Covered	A	000	Y	N	N	N	N	93.98	146.67
G0463		Not Covered	X	XXX	N	N	N	N	N	-	-
G0466		Not Covered	X	XXX	N	N	N	N	N	-	-
G0467		Not Covered	X	XXX	N	N	N	N	N	-	-
G0468		Not Covered	X	XXX	N	N	N	N	N	-	-
G0469		Not Covered	X	XXX	N	N	N	N	N	-	-
G0470		Not Covered	X	XXX	N	N	N	N	N	-	-
G0471		Not Covered	X	XXX	N	N	N	N	N	-	-
G0472		Not Covered	X	XXX	N	N	N	N	N	-	-
G0473		Not Covered	A	XXX	N	N	N	N	N	8.31	8.83
G0475		Not Covered	X	XXX	N	N	N	N	N	-	-
G0476		Not Covered	X	XXX	N	N	N	N	N	-	-
G0480		CLFS	X	XXX	N	N	N	N	N	-	-
G0481		CLFS	X	XXX	N	N	N	N	N	-	-
G0482		CLFS	X	XXX	N	N	N	N	N	-	-
G0483		CLFS	X	XXX	N	N	N	N	N	-	-
G0490		Not Covered	X	XXX	N	N	N	N	N	-	-
G0491		Not Covered	X	XXX	N	N	N	N	N	-	-
G0492		Not Covered	X	XXX	N	N	N	N	N	-	-
G0493		Not Covered	X	XXX	N	N	N	N	N	-	-
G0494		Not Covered	X	XXX	N	N	N	N	N	-	-
G0495		Not Covered	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
G0496		Not Covered	X	XXX	N	N	N	N	N	-	-
G0498		Not Covered	C	YYY	N	N	D	N	N	-	-
G0499		Not Covered	X	XXX	N	N	N	N	N	-	-
G0500		Not Covered	A	XXX	N	N	N	N	N	4.15	36.86
G0501		Not Covered	B	ZZZ	N	N	D	N	N	-	-
G0506		Not Covered	A	ZZZ	N	N	D	N	N	32.71	43.09
G0508		Not Covered	A	XXX	N	N	N	N	N	150.05	150.05
G0509		Not Covered	A	XXX	N	N	N	N	N	141.74	141.74
G0511		Not Covered	X	XXX	N	N	N	N	N	25.96	45.43
G0512		Not Covered	X	XXX	N	N	N	N	N	45.43	97.35
G0513		Not Covered	A	ZZZ	N	N	D	N	N	43.87	46.21
G0514		Not Covered	A	ZZZ	N	N	D	N	N	43.87	46.21
G0515		Not Covered	A	XXX	N	N	D	N	N	21.81	21.81
G0516		Not Covered	A	000	Y	N	D	N	N	77.88	161.21
G0517		Not Covered	A	000	Y	N	D	N	N	89.04	174.71
G0518		Not Covered	A	000	Y	N	D	N	N	144.34	303.99
G0659		CLFS	X	XXX	N	N	N	N	N	-	-
G0913		Not Covered	M	XXX	N	N	N	N	N	-	-
G0914		Not Covered	M	XXX	N	N	N	N	N	-	-
G0915		Not Covered	M	XXX	N	N	N	N	N	-	-
G0916		Not Covered	M	XXX	N	N	N	N	N	-	-
G0917		Not Covered	M	XXX	N	N	N	N	N	-	-
G0918		Not Covered	M	XXX	N	N	N	N	N	-	-
G2000		Not Covered	R	YYY	N	N	D	N	N	-	-
G2010		Not Covered	A	XXX	N	N	D	N	N	6.49	8.57
G2011		Not Covered	A	XXX	N	N	D	N	N	11.94	11.94
G2012		Not Covered	A	XXX	N	N	D	N	N	9.61	10.38
G6001	26	A	A	XXX	N	N	D	N	N	22.33	22.33
G6001	TC	A	A	XXX	N	N	D	N	N	32.19	32.19
G6001		A	A	XXX	N	N	D	N	N	54.26	54.26
G6002	26	A	A	XXX	N	N	D	N	N	14.80	14.80
G6002	TC	A	A	XXX	N	N	D	N	N	34.79	34.79
G6002		A	A	XXX	N	N	D	N	N	49.58	49.58
G6003		A	A	XXX	N	N	D	N	N	123.05	123.05
G6004		A	A	XXX	N	N	D	N	N	90.08	90.08
G6005		A	A	XXX	N	N	D	N	N	90.08	90.08
G6006		A	A	XXX	N	N	D	N	N	89.82	89.82
G6007		A	A	XXX	N	N	D	N	N	170.56	170.56
G6008		A	A	XXX	N	N	D	N	N	124.35	124.35
G6009		A	A	XXX	N	N	D	N	N	123.83	123.83
G6010		A	A	XXX	N	N	D	N	N	123.83	123.83
G6011		A	A	XXX	N	N	D	N	N	168.22	168.22
G6012		A	A	XXX	N	N	D	N	N	164.85	164.85
G6013		A	A	XXX	N	N	D	N	N	165.11	165.11
G6014		A	A	XXX	N	N	D	N	N	165.11	165.11
G6015		A	A	XXX	N	N	D	N	N	224.29	224.29
G6016		A	A	XXX	N	N	D	N	N	223.26	223.26
G6017		Not Covered	C	YYY	N	N	D	N	N	-	-
G8395		Not Covered	M	XXX	N	N	N	N	N	-	-
G8396		Not Covered	M	XXX	N	N	N	N	N	-	-
G8397		Not Covered	M	XXX	N	N	N	N	N	-	-
G8398		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
G8399		Not Covered	M	XXX	N	N	N	N	N	-	-
G8400		Not Covered	M	XXX	N	N	N	N	N	-	-
G8404		Not Covered	M	XXX	N	N	N	N	N	-	-
G8405		Not Covered	M	XXX	N	N	N	N	N	-	-
G8410		Not Covered	M	XXX	N	N	N	N	N	-	-
G8415		Not Covered	M	XXX	N	N	N	N	N	-	-
G8416		Not Covered	M	XXX	N	N	N	N	N	-	-
G8417		Not Covered	M	XXX	N	N	N	N	N	-	-
G8418		Not Covered	M	XXX	N	N	N	N	N	-	-
G8419		Not Covered	M	XXX	N	N	N	N	N	-	-
G8420		Not Covered	M	XXX	N	N	N	N	N	-	-
G8421		Not Covered	M	XXX	N	N	N	N	N	-	-
G8422		Not Covered	M	XXX	N	N	N	N	N	-	-
G8427		Not Covered	M	XXX	N	N	N	N	N	-	-
G8428		Not Covered	M	XXX	N	N	N	N	N	-	-
G8430		Not Covered	M	XXX	N	N	N	N	N	-	-
G8431		Not Covered	M	XXX	N	N	N	N	N	-	-
G8432		Not Covered	M	XXX	N	N	N	N	N	-	-
G8433		Not Covered	M	XXX	N	N	N	N	N	-	-
G8442		Not Covered	M	XXX	N	N	N	N	N	-	-
G8450		Not Covered	M	XXX	N	N	N	N	N	-	-
G8451		Not Covered	M	XXX	N	N	N	N	N	-	-
G8452		Not Covered	M	XXX	N	N	N	N	N	-	-
G8465		Not Covered	M	XXX	N	N	N	N	N	-	-
G8473		Not Covered	M	XXX	N	N	N	N	N	-	-
G8474		Not Covered	M	XXX	N	N	N	N	N	-	-
G8475		Not Covered	M	XXX	N	N	N	N	N	-	-
G8476		Not Covered	M	XXX	N	N	N	N	N	-	-
G8477		Not Covered	M	XXX	N	N	N	N	N	-	-
G8478		Not Covered	M	XXX	N	N	N	N	N	-	-
G8482		Not Covered	M	XXX	N	N	N	N	N	-	-
G8483		Not Covered	M	XXX	N	N	N	N	N	-	-
G8484		Not Covered	M	XXX	N	N	N	N	N	-	-
G8506		Not Covered	M	XXX	N	N	N	N	N	-	-
G8509		Not Covered	M	XXX	N	N	N	N	N	-	-
G8510		Not Covered	M	XXX	N	N	N	N	N	-	-
G8511		Not Covered	M	XXX	N	N	N	N	N	-	-
G8535		Not Covered	M	XXX	N	N	N	N	N	-	-
G8536		Not Covered	M	XXX	N	N	N	N	N	-	-
G8539		Not Covered	M	XXX	N	N	N	N	N	-	-
G8540		Not Covered	M	XXX	N	N	N	N	N	-	-
G8541		Not Covered	M	XXX	N	N	N	N	N	-	-
G8542		Not Covered	M	XXX	N	N	N	N	N	-	-
G8543		Not Covered	M	XXX	N	N	N	N	N	-	-
G8559		Not Covered	I	XXX	N	N	N	N	N	-	-
G8560		Not Covered	I	XXX	N	N	N	N	N	-	-
G8561		Not Covered	I	XXX	N	N	N	N	N	-	-
G8562		Not Covered	I	XXX	N	N	N	N	N	-	-
G8563		Not Covered	I	XXX	N	N	N	N	N	-	-
G8564		Not Covered	I	XXX	N	N	N	N	N	-	-
G8565		Not Covered	I	XXX	N	N	N	N	N	-	-
G8566		Not Covered	I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
G8567		Not Covered	I	XXX	N	N	N	N	N	-	-
G8568		Not Covered	I	XXX	N	N	N	N	N	-	-
G8569		Not Covered	M	XXX	N	N	N	N	N	-	-
G8570		Not Covered	M	XXX	N	N	N	N	N	-	-
G8571		Not Covered	M	XXX	N	N	N	N	N	-	-
G8572		Not Covered	M	XXX	N	N	N	N	N	-	-
G8573		Not Covered	M	XXX	N	N	N	N	N	-	-
G8574		Not Covered	M	XXX	N	N	N	N	N	-	-
G8575		Not Covered	M	XXX	N	N	N	N	N	-	-
G8576		Not Covered	M	XXX	N	N	N	N	N	-	-
G8577		Not Covered	M	XXX	N	N	N	N	N	-	-
G8578		Not Covered	M	XXX	N	N	N	N	N	-	-
G8598		Not Covered	M	XXX	N	N	N	N	N	-	-
G8599		Not Covered	M	XXX	N	N	N	N	N	-	-
G8600		Not Covered	M	XXX	N	N	N	N	N	-	-
G8601		Not Covered	M	XXX	N	N	N	N	N	-	-
G8602		Not Covered	M	XXX	N	N	N	N	N	-	-
G8627		Not Covered	M	XXX	N	N	N	N	N	-	-
G8628		Not Covered	M	XXX	N	N	N	N	N	-	-
G8633		Not Covered	M	XXX	N	N	N	N	N	-	-
G8635		Not Covered	M	XXX	N	N	N	N	N	-	-
G8647		Not Covered	M	XXX	N	N	N	N	N	-	-
G8648		Not Covered	M	XXX	N	N	N	N	N	-	-
G8649		Not Covered	M	XXX	N	N	N	N	N	-	-
G8650		Not Covered	M	XXX	N	N	N	N	N	-	-
G8651		Not Covered	M	XXX	N	N	N	N	N	-	-
G8652		Not Covered	M	XXX	N	N	N	N	N	-	-
G8653		Not Covered	M	XXX	N	N	N	N	N	-	-
G8654		Not Covered	M	XXX	N	N	N	N	N	-	-
G8655		Not Covered	M	XXX	N	N	N	N	N	-	-
G8656		Not Covered	M	XXX	N	N	N	N	N	-	-
G8657		Not Covered	M	XXX	N	N	N	N	N	-	-
G8658		Not Covered	M	XXX	N	N	N	N	N	-	-
G8659		Not Covered	M	XXX	N	N	N	N	N	-	-
G8660		Not Covered	M	XXX	N	N	N	N	N	-	-
G8661		Not Covered	M	XXX	N	N	N	N	N	-	-
G8662		Not Covered	M	XXX	N	N	N	N	N	-	-
G8663		Not Covered	M	XXX	N	N	N	N	N	-	-
G8664		Not Covered	M	XXX	N	N	N	N	N	-	-
G8665		Not Covered	M	XXX	N	N	N	N	N	-	-
G8666		Not Covered	M	XXX	N	N	N	N	N	-	-
G8667		Not Covered	M	XXX	N	N	N	N	N	-	-
G8668		Not Covered	M	XXX	N	N	N	N	N	-	-
G8669		Not Covered	M	XXX	N	N	N	N	N	-	-
G8670		Not Covered	M	XXX	N	N	N	N	N	-	-
G8671		Not Covered	M	XXX	N	N	N	N	N	-	-
G8672		Not Covered	M	XXX	N	N	N	N	N	-	-
G8673		Not Covered	M	XXX	N	N	N	N	N	-	-
G8674		Not Covered	M	XXX	N	N	N	N	N	-	-
G8694		Not Covered	M	XXX	N	N	N	N	N	-	-
G8708		Not Covered	M	XXX	N	N	N	N	N	-	-
G8709		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
G8710		Not Covered	M	XXX	N	N	N	N	N	-	-
G8711		Not Covered	M	XXX	N	N	N	N	N	-	-
G8712		Not Covered	M	XXX	N	N	N	N	N	-	-
G8721		Not Covered	M	XXX	N	N	N	N	N	-	-
G8722		Not Covered	M	XXX	N	N	N	N	N	-	-
G8723		Not Covered	M	XXX	N	N	N	N	N	-	-
G8724		Not Covered	M	XXX	N	N	N	N	N	-	-
G8730		Not Covered	M	XXX	N	N	N	N	N	-	-
G8731		Not Covered	M	XXX	N	N	N	N	N	-	-
G8732		Not Covered	M	XXX	N	N	N	N	N	-	-
G8733		Not Covered	M	XXX	N	N	N	N	N	-	-
G8734		Not Covered	M	XXX	N	N	N	N	N	-	-
G8735		Not Covered	M	XXX	N	N	N	N	N	-	-
G8749		Not Covered	M	XXX	N	N	N	N	N	-	-
G8752		Not Covered	M	XXX	N	N	N	N	N	-	-
G8753		Not Covered	M	XXX	N	N	N	N	N	-	-
G8754		Not Covered	M	XXX	N	N	N	N	N	-	-
G8755		Not Covered	M	XXX	N	N	N	N	N	-	-
G8756		Not Covered	M	XXX	N	N	N	N	N	-	-
G8783		Not Covered	M	XXX	N	N	N	N	N	-	-
G8785		Not Covered	M	XXX	N	N	N	N	N	-	-
G8797		Not Covered	M	XXX	N	N	N	N	N	-	-
G8798		Not Covered	M	XXX	N	N	N	N	N	-	-
G8806		Not Covered	M	XXX	N	N	N	N	N	-	-
G8807		Not Covered	M	XXX	N	N	N	N	N	-	-
G8808		Not Covered	M	XXX	N	N	N	N	N	-	-
G8809		Not Covered	M	XXX	N	N	N	N	N	-	-
G8810		Not Covered	M	XXX	N	N	N	N	N	-	-
G8811		Not Covered	M	XXX	N	N	N	N	N	-	-
G8815		Not Covered	M	XXX	N	N	N	N	N	-	-
G8816		Not Covered	M	XXX	N	N	N	N	N	-	-
G8817		Not Covered	M	XXX	N	N	N	N	N	-	-
G8818		Not Covered	M	XXX	N	N	N	N	N	-	-
G8825		Not Covered	M	XXX	N	N	N	N	N	-	-
G8826		Not Covered	M	XXX	N	N	N	N	N	-	-
G8833		Not Covered	M	XXX	N	N	N	N	N	-	-
G8834		Not Covered	M	XXX	N	N	N	N	N	-	-
G8838		Not Covered	M	XXX	N	N	N	N	N	-	-
G8839		Not Covered	M	XXX	N	N	N	N	N	-	-
G8840		Not Covered	M	XXX	N	N	N	N	N	-	-
G8841		Not Covered	M	XXX	N	N	N	N	N	-	-
G8842		Not Covered	M	XXX	N	N	N	N	N	-	-
G8843		Not Covered	M	XXX	N	N	N	N	N	-	-
G8844		Not Covered	M	XXX	N	N	N	N	N	-	-
G8845		Not Covered	M	XXX	N	N	N	N	N	-	-
G8846		Not Covered	M	XXX	N	N	N	N	N	-	-
G8849		Not Covered	M	XXX	N	N	N	N	N	-	-
G8850		Not Covered	M	XXX	N	N	N	N	N	-	-
G8851		Not Covered	M	XXX	N	N	N	N	N	-	-
G8852		Not Covered	M	XXX	N	N	N	N	N	-	-
G8854		Not Covered	M	XXX	N	N	N	N	N	-	-
G8855		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
G8856		Not Covered	M	XXX	N	N	N	N	N	-	-
G8857		Not Covered	M	XXX	N	N	N	N	N	-	-
G8858		Not Covered	M	XXX	N	N	N	N	N	-	-
G8861		Not Covered	M	XXX	N	N	N	N	N	-	-
G8863		Not Covered	M	XXX	N	N	N	N	N	-	-
G8864		Not Covered	M	XXX	N	N	N	N	N	-	-
G8865		Not Covered	M	XXX	N	N	N	N	N	-	-
G8866		Not Covered	M	XXX	N	N	N	N	N	-	-
G8867		Not Covered	M	XXX	N	N	N	N	N	-	-
G8869		Not Covered	M	XXX	N	N	N	N	N	-	-
G8872		Not Covered	M	XXX	N	N	N	N	N	-	-
G8873		Not Covered	M	XXX	N	N	N	N	N	-	-
G8874		Not Covered	M	XXX	N	N	N	N	N	-	-
G8875		Not Covered	M	XXX	N	N	N	N	N	-	-
G8876		Not Covered	M	XXX	N	N	N	N	N	-	-
G8877		Not Covered	M	XXX	N	N	N	N	N	-	-
G8878		Not Covered	M	XXX	N	N	N	N	N	-	-
G8880		Not Covered	M	XXX	N	N	N	N	N	-	-
G8881		Not Covered	M	XXX	N	N	N	N	N	-	-
G8882		Not Covered	M	XXX	N	N	N	N	N	-	-
G8883		Not Covered	M	XXX	N	N	N	N	N	-	-
G8884		Not Covered	M	XXX	N	N	N	N	N	-	-
G8885		Not Covered	M	XXX	N	N	N	N	N	-	-
G8907		Not Covered	X	XXX	N	N	N	N	N	-	-
G8908		Not Covered	X	XXX	N	N	N	N	N	-	-
G8909		Not Covered	X	XXX	N	N	N	N	N	-	-
G8910		Not Covered	X	XXX	N	N	N	N	N	-	-
G8911		Not Covered	X	XXX	N	N	N	N	N	-	-
G8912		Not Covered	X	XXX	N	N	N	N	N	-	-
G8913		Not Covered	X	XXX	N	N	N	N	N	-	-
G8914		Not Covered	X	XXX	N	N	N	N	N	-	-
G8915		Not Covered	X	XXX	N	N	N	N	N	-	-
G8916		Not Covered	X	XXX	N	N	N	N	N	-	-
G8917		Not Covered	X	XXX	N	N	N	N	N	-	-
G8918		Not Covered	X	XXX	N	N	N	N	N	-	-
G8923		Not Covered	M	XXX	N	N	N	N	N	-	-
G8924		Not Covered	M	XXX	N	N	N	N	N	-	-
G8925		Not Covered	M	XXX	N	N	N	N	N	-	-
G8926		Not Covered	M	XXX	N	N	N	N	N	-	-
G8934		Not Covered	M	XXX	N	N	N	N	N	-	-
G8935		Not Covered	M	XXX	N	N	N	N	N	-	-
G8936		Not Covered	M	XXX	N	N	N	N	N	-	-
G8937		Not Covered	M	XXX	N	N	N	N	N	-	-
G8938		Not Covered	M	XXX	N	N	N	N	N	-	-
G8939		Not Covered	M	XXX	N	N	N	N	N	-	-
G8941		Not Covered	M	XXX	N	N	N	N	N	-	-
G8942		Not Covered	M	XXX	N	N	N	N	N	-	-
G8944		Not Covered	M	XXX	N	N	N	N	N	-	-
G8946		Not Covered	M	XXX	N	N	N	N	N	-	-
G8950		Not Covered	M	XXX	N	N	N	N	N	-	-
G8952		Not Covered	M	XXX	N	N	N	N	N	-	-
G8955		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
G8956		Not Covered	M	XXX	N	N	N	N	N	-	-
G8958		Not Covered	M	XXX	N	N	N	N	N	-	-
G8959		Not Covered	M	XXX	N	N	N	N	N	-	-
G8960		Not Covered	M	XXX	N	N	N	N	N	-	-
G8961		Not Covered	M	XXX	N	N	N	N	N	-	-
G8962		Not Covered	M	XXX	N	N	N	N	N	-	-
G8963		Not Covered	M	XXX	N	N	N	N	N	-	-
G8964		Not Covered	M	XXX	N	N	N	N	N	-	-
G8965		Not Covered	M	XXX	N	N	N	N	N	-	-
G8966		Not Covered	M	XXX	N	N	N	N	N	-	-
G8967		Not Covered	M	XXX	N	N	N	N	N	-	-
G8968		Not Covered	M	XXX	N	N	N	N	N	-	-
G8969		Not Covered	M	XXX	N	N	N	N	N	-	-
G8970		Not Covered	M	XXX	N	N	N	N	N	-	-
G8973		Not Covered	M	XXX	N	N	N	N	N	-	-
G8974		Not Covered	M	XXX	N	N	N	N	N	-	-
G8975		Not Covered	M	XXX	N	N	N	N	N	-	-
G8976		Not Covered	M	XXX	N	N	N	N	N	-	-
G8978		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8979		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8980		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8981		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8982		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8983		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8984		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8985		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8986		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8987		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8988		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8989		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8990		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8991		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8992		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8993		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8994		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8995		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8996		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8997		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8998		Not Covered	Q	XXX	N	N	N	N	N	-	-
G8999		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9001		Not Covered	X	XXX	N	N	N	N	N	-	-
G9002		Not Covered	X	XXX	N	N	N	N	N	-	-
G9003		Not Covered	X	XXX	N	N	N	N	N	-	-
G9004		Not Covered	X	XXX	N	N	N	N	N	-	-
G9005		Not Covered	X	XXX	N	N	N	N	N	-	-
G9006		Not Covered	X	XXX	N	N	N	N	N	-	-
G9007		Not Covered	X	XXX	N	N	N	N	N	-	-
G9008		A	X	XXX	N	N	N	N	N	-	-
G9009		Not Covered	X	XXX	N	N	N	N	N	-	-
G9010		Not Covered	X	XXX	N	N	N	N	N	-	-
G9011		Not Covered	X	XXX	N	N	N	N	N	-	-
G9012		Not Covered	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN Non-Facility
		Code	Code								
G9013		Not Covered	N	XXX	N	N	N	N	N	-	-
G9014		Not Covered	N	XXX	N	N	N	N	N	-	-
G9016		Not Covered	N	XXX	N	N	N	N	N	-	-
G9017		Not Covered	X	XXX	N	N	N	N	N	-	-
G9018		Not Covered	X	XXX	N	N	N	N	N	-	-
G9019		Not Covered	X	XXX	N	N	N	N	N	-	-
G9020		Not Covered	X	XXX	N	N	N	N	N	-	-
G9033		Not Covered	X	XXX	N	N	N	N	N	-	-
G9034		Not Covered	X	XXX	N	N	N	N	N	-	-
G9035		Not Covered	X	XXX	N	N	N	N	N	-	-
G9036		Not Covered	X	XXX	N	N	N	N	N	-	-
G9050		Not Covered	I	XXX	N	N	N	N	N	-	-
G9051		Not Covered	I	XXX	N	N	N	N	N	-	-
G9052		Not Covered	I	XXX	N	N	N	N	N	-	-
G9053		Not Covered	I	XXX	N	N	N	N	N	-	-
G9054		Not Covered	I	XXX	N	N	N	N	N	-	-
G9055		Not Covered	I	XXX	N	N	N	N	N	-	-
G9056		Not Covered	I	XXX	N	N	N	N	N	-	-
G9057		Not Covered	I	XXX	N	N	N	N	N	-	-
G9058		Not Covered	I	XXX	N	N	N	N	N	-	-
G9059		Not Covered	I	XXX	N	N	N	N	N	-	-
G9060		Not Covered	I	XXX	N	N	N	N	N	-	-
G9061		Not Covered	I	XXX	N	N	N	N	N	-	-
G9062		Not Covered	I	XXX	N	N	N	N	N	-	-
G9063		Not Covered	M	XXX	N	N	N	N	N	-	-
G9064		Not Covered	M	XXX	N	N	N	N	N	-	-
G9065		Not Covered	M	XXX	N	N	N	N	N	-	-
G9066		Not Covered	M	XXX	N	N	N	N	N	-	-
G9067		Not Covered	M	XXX	N	N	N	N	N	-	-
G9068		Not Covered	M	XXX	N	N	N	N	N	-	-
G9069		Not Covered	M	XXX	N	N	N	N	N	-	-
G9070		Not Covered	M	XXX	N	N	N	N	N	-	-
G9071		Not Covered	M	XXX	N	N	N	N	N	-	-
G9072		Not Covered	M	XXX	N	N	N	N	N	-	-
G9073		Not Covered	M	XXX	N	N	N	N	N	-	-
G9074		Not Covered	M	XXX	N	N	N	N	N	-	-
G9075		Not Covered	M	XXX	N	N	N	N	N	-	-
G9077		Not Covered	M	XXX	N	N	N	N	N	-	-
G9078		Not Covered	M	XXX	N	N	N	N	N	-	-
G9079		Not Covered	M	XXX	N	N	N	N	N	-	-
G9080		Not Covered	M	XXX	N	N	N	N	N	-	-
G9083		Not Covered	M	XXX	N	N	N	N	N	-	-
G9084		Not Covered	M	XXX	N	N	N	N	N	-	-
G9085		Not Covered	M	XXX	N	N	N	N	N	-	-
G9086		Not Covered	M	XXX	N	N	N	N	N	-	-
G9087		Not Covered	M	XXX	N	N	N	N	N	-	-
G9088		Not Covered	M	XXX	N	N	N	N	N	-	-
G9089		Not Covered	M	XXX	N	N	N	N	N	-	-
G9090		Not Covered	M	XXX	N	N	N	N	N	-	-
G9091		Not Covered	M	XXX	N	N	N	N	N	-	-
G9092		Not Covered	M	XXX	N	N	N	N	N	-	-
G9093		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
G9094		Not Covered	M	XXX	N	N	N	N	N	-	-
G9095		Not Covered	M	XXX	N	N	N	N	N	-	-
G9096		Not Covered	M	XXX	N	N	N	N	N	-	-
G9097		Not Covered	M	XXX	N	N	N	N	N	-	-
G9098		Not Covered	M	XXX	N	N	N	N	N	-	-
G9099		Not Covered	M	XXX	N	N	N	N	N	-	-
G9100		Not Covered	M	XXX	N	N	N	N	N	-	-
G9101		Not Covered	M	XXX	N	N	N	N	N	-	-
G9102		Not Covered	M	XXX	N	N	N	N	N	-	-
G9103		Not Covered	M	XXX	N	N	N	N	N	-	-
G9104		Not Covered	M	XXX	N	N	N	N	N	-	-
G9105		Not Covered	M	XXX	N	N	N	N	N	-	-
G9106		Not Covered	M	XXX	N	N	N	N	N	-	-
G9107		Not Covered	M	XXX	N	N	N	N	N	-	-
G9108		Not Covered	M	XXX	N	N	N	N	N	-	-
G9109		Not Covered	M	XXX	N	N	N	N	N	-	-
G9110		Not Covered	M	XXX	N	N	N	N	N	-	-
G9111		Not Covered	M	XXX	N	N	N	N	N	-	-
G9112		Not Covered	M	XXX	N	N	N	N	N	-	-
G9113		Not Covered	M	XXX	N	N	N	N	N	-	-
G9114		Not Covered	M	XXX	N	N	N	N	N	-	-
G9115		Not Covered	M	XXX	N	N	N	N	N	-	-
G9116		Not Covered	M	XXX	N	N	N	N	N	-	-
G9117		Not Covered	M	XXX	N	N	N	N	N	-	-
G9123		Not Covered	M	XXX	N	N	N	N	N	-	-
G9124		Not Covered	M	XXX	N	N	N	N	N	-	-
G9125		Not Covered	M	XXX	N	N	N	N	N	-	-
G9126		Not Covered	M	XXX	N	N	N	N	N	-	-
G9128		Not Covered	M	XXX	N	N	N	N	N	-	-
G9129		Not Covered	M	XXX	N	N	N	N	N	-	-
G9130		Not Covered	M	XXX	N	N	N	N	N	-	-
G9131		Not Covered	M	XXX	N	N	N	N	N	-	-
G9132		Not Covered	M	XXX	N	N	N	N	N	-	-
G9133		Not Covered	M	XXX	N	N	N	N	N	-	-
G9134		Not Covered	M	XXX	N	N	N	N	N	-	-
G9135		Not Covered	M	XXX	N	N	N	N	N	-	-
G9136		Not Covered	M	XXX	N	N	N	N	N	-	-
G9137		Not Covered	M	XXX	N	N	N	N	N	-	-
G9138		Not Covered	M	XXX	N	N	N	N	N	-	-
G9139		Not Covered	M	XXX	N	N	N	N	N	-	-
G9140		Not Covered	X	XXX	N	N	N	N	N	-	-
G9143		Not Covered	X	XXX	N	N	N	N	N	-	-
G9147		Not Covered	N	XXX	N	N	N	N	N	-	-
G9148		Not Covered	R	XXX	N	N	N	N	N	-	-
G9149		Not Covered	R	XXX	N	N	N	N	N	-	-
G9150		Not Covered	R	XXX	N	N	N	N	N	-	-
G9151		Not Covered	R	XXX	N	N	N	N	N	-	-
G9152		Not Covered	R	XXX	N	N	N	N	N	-	-
G9153		Not Covered	R	XXX	N	N	N	N	N	-	-
G9156		Not Covered	R	XXX	N	N	N	N	N	-	-
G9157		Not Covered	A	XXX	N	N	N	N	N	71.39	71.39
G9158		Not Covered	Q	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
G9159		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9160		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9161		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9162		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9163		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9164		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9165		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9166		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9167		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9168		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9169		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9170		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9171		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9172		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9173		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9174		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9175		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9176		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9186		Not Covered	Q	XXX	N	N	N	N	N	-	-
G9187		Not Covered	A	XXX	N	N	N	N	N	28.56	28.56
G9188		Not Covered	M	XXX	N	N	N	N	N	-	-
G9189		Not Covered	M	XXX	N	N	N	N	N	-	-
G9190		Not Covered	M	XXX	N	N	N	N	N	-	-
G9191		Not Covered	M	XXX	N	N	N	N	N	-	-
G9192		Not Covered	M	XXX	N	N	N	N	N	-	-
G9196		Not Covered	M	XXX	N	N	N	N	N	-	-
G9197		Not Covered	M	XXX	N	N	N	N	N	-	-
G9198		Not Covered	M	XXX	N	N	N	N	N	-	-
G9212		Not Covered	M	XXX	N	N	N	N	N	-	-
G9213		Not Covered	M	XXX	N	N	N	N	N	-	-
G9223		Not Covered	M	XXX	N	N	N	N	N	-	-
G9225		Not Covered	M	XXX	N	N	N	N	N	-	-
G9226		Not Covered	M	XXX	N	N	N	N	N	-	-
G9227		Not Covered	M	XXX	N	N	N	N	N	-	-
G9228		Not Covered	M	XXX	N	N	N	N	N	-	-
G9229		Not Covered	M	XXX	N	N	N	N	N	-	-
G9230		Not Covered	M	XXX	N	N	N	N	N	-	-
G9231		Not Covered	M	XXX	N	N	N	N	N	-	-
G9232		Not Covered	M	XXX	N	N	N	N	N	-	-
G9239		Not Covered	M	XXX	N	N	N	N	N	-	-
G9240		Not Covered	M	XXX	N	N	N	N	N	-	-
G9241		Not Covered	M	XXX	N	N	N	N	N	-	-
G9242		Not Covered	M	XXX	N	N	N	N	N	-	-
G9243		Not Covered	M	XXX	N	N	N	N	N	-	-
G9246		Not Covered	M	XXX	N	N	N	N	N	-	-
G9247		Not Covered	M	XXX	N	N	N	N	N	-	-
G9250		Not Covered	M	XXX	N	N	N	N	N	-	-
G9251		Not Covered	M	XXX	N	N	N	N	N	-	-
G9254		Not Covered	M	XXX	N	N	N	N	N	-	-
G9255		Not Covered	M	XXX	N	N	N	N	N	-	-
G9256		Not Covered	M	XXX	N	N	N	N	N	-	-
G9257		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
G9258		Not Covered	M	XXX	N	N	N	N	N	-	-
G9259		Not Covered	M	XXX	N	N	N	N	N	-	-
G9260		Not Covered	M	XXX	N	N	N	N	N	-	-
G9261		Not Covered	M	XXX	N	N	N	N	N	-	-
G9262		Not Covered	M	XXX	N	N	N	N	N	-	-
G9263		Not Covered	M	XXX	N	N	N	N	N	-	-
G9264		Not Covered	M	XXX	N	N	N	N	N	-	-
G9265		Not Covered	M	XXX	N	N	N	N	N	-	-
G9266		Not Covered	M	XXX	N	N	N	N	N	-	-
G9267		Not Covered	M	XXX	N	N	N	N	N	-	-
G9268		Not Covered	M	XXX	N	N	N	N	N	-	-
G9269		Not Covered	M	XXX	N	N	N	N	N	-	-
G9270		Not Covered	M	XXX	N	N	N	N	N	-	-
G9273		Not Covered	M	XXX	N	N	N	N	N	-	-
G9274		Not Covered	M	XXX	N	N	N	N	N	-	-
G9275		Not Covered	M	XXX	N	N	N	N	N	-	-
G9276		Not Covered	M	XXX	N	N	N	N	N	-	-
G9277		Not Covered	M	XXX	N	N	N	N	N	-	-
G9278		Not Covered	M	XXX	N	N	N	N	N	-	-
G9279		Not Covered	M	XXX	N	N	N	N	N	-	-
G9280		Not Covered	M	XXX	N	N	N	N	N	-	-
G9281		Not Covered	M	XXX	N	N	N	N	N	-	-
G9282		Not Covered	M	XXX	N	N	N	N	N	-	-
G9283		Not Covered	M	XXX	N	N	N	N	N	-	-
G9284		Not Covered	M	XXX	N	N	N	N	N	-	-
G9285		Not Covered	M	XXX	N	N	N	N	N	-	-
G9286		Not Covered	M	XXX	N	N	N	N	N	-	-
G9287		Not Covered	M	XXX	N	N	N	N	N	-	-
G9288		Not Covered	M	XXX	N	N	N	N	N	-	-
G9289		Not Covered	M	XXX	N	N	N	N	N	-	-
G9290		Not Covered	M	XXX	N	N	N	N	N	-	-
G9291		Not Covered	M	XXX	N	N	N	N	N	-	-
G9292		Not Covered	M	XXX	N	N	N	N	N	-	-
G9293		Not Covered	M	XXX	N	N	N	N	N	-	-
G9294		Not Covered	M	XXX	N	N	N	N	N	-	-
G9295		Not Covered	M	XXX	N	N	N	N	N	-	-
G9296		Not Covered	M	XXX	N	N	N	N	N	-	-
G9297		Not Covered	M	XXX	N	N	N	N	N	-	-
G9298		Not Covered	M	XXX	N	N	N	N	N	-	-
G9299		Not Covered	M	XXX	N	N	N	N	N	-	-
G9300		Not Covered	M	XXX	N	N	N	N	N	-	-
G9301		Not Covered	M	XXX	N	N	N	N	N	-	-
G9302		Not Covered	M	XXX	N	N	N	N	N	-	-
G9303		Not Covered	M	XXX	N	N	N	N	N	-	-
G9304		Not Covered	M	XXX	N	N	N	N	N	-	-
G9305		Not Covered	M	XXX	N	N	N	N	N	-	-
G9306		Not Covered	M	XXX	N	N	N	N	N	-	-
G9307		Not Covered	M	XXX	N	N	N	N	N	-	-
G9308		Not Covered	M	XXX	N	N	N	N	N	-	-
G9309		Not Covered	M	XXX	N	N	N	N	N	-	-
G9310		Not Covered	M	XXX	N	N	N	N	N	-	-
G9311		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
G9312		Not Covered	M	XXX	N	N	N	N	N	-	-
G9313		Not Covered	M	XXX	N	N	N	N	N	-	-
G9314		Not Covered	M	XXX	N	N	N	N	N	-	-
G9315		Not Covered	M	XXX	N	N	N	N	N	-	-
G9316		Not Covered	M	XXX	N	N	N	N	N	-	-
G9317		Not Covered	M	XXX	N	N	N	N	N	-	-
G9318		Not Covered	M	XXX	N	N	N	N	N	-	-
G9319		Not Covered	M	XXX	N	N	N	N	N	-	-
G9321		Not Covered	M	XXX	N	N	N	N	N	-	-
G9322		Not Covered	M	XXX	N	N	N	N	N	-	-
G9326		Not Covered	M	XXX	N	N	N	N	N	-	-
G9327		Not Covered	M	XXX	N	N	N	N	N	-	-
G9329		Not Covered	M	XXX	N	N	N	N	N	-	-
G9340		Not Covered	M	XXX	N	N	N	N	N	-	-
G9341		Not Covered	M	XXX	N	N	N	N	N	-	-
G9342		Not Covered	M	XXX	N	N	N	N	N	-	-
G9344		Not Covered	M	XXX	N	N	N	N	N	-	-
G9345		Not Covered	M	XXX	N	N	N	N	N	-	-
G9347		Not Covered	M	XXX	N	N	N	N	N	-	-
G9348		Not Covered	M	XXX	N	N	N	N	N	-	-
G9349		Not Covered	M	XXX	N	N	N	N	N	-	-
G9350		Not Covered	M	XXX	N	N	N	N	N	-	-
G9351		Not Covered	M	XXX	N	N	N	N	N	-	-
G9352		Not Covered	M	XXX	N	N	N	N	N	-	-
G9353		Not Covered	M	XXX	N	N	N	N	N	-	-
G9354		Not Covered	M	XXX	N	N	N	N	N	-	-
G9355		Not Covered	M	XXX	N	N	N	N	N	-	-
G9356		Not Covered	M	XXX	N	N	N	N	N	-	-
G9357		Not Covered	M	XXX	N	N	N	N	N	-	-
G9358		Not Covered	M	XXX	N	N	N	N	N	-	-
G9359		Not Covered	M	XXX	N	N	N	N	N	-	-
G9360		Not Covered	M	XXX	N	N	N	N	N	-	-
G9361		Not Covered	M	XXX	N	N	N	N	N	-	-
G9364		Not Covered	M	XXX	N	N	N	N	N	-	-
G9365		Not Covered	M	XXX	N	N	N	N	N	-	-
G9366		Not Covered	M	XXX	N	N	N	N	N	-	-
G9367		Not Covered	M	XXX	N	N	N	N	N	-	-
G9368		Not Covered	M	XXX	N	N	N	N	N	-	-
G9380		Not Covered	M	XXX	N	N	N	N	N	-	-
G9382		Not Covered	M	XXX	N	N	N	N	N	-	-
G9383		Not Covered	M	XXX	N	N	N	N	N	-	-
G9384		Not Covered	M	XXX	N	N	N	N	N	-	-
G9385		Not Covered	M	XXX	N	N	N	N	N	-	-
G9386		Not Covered	M	XXX	N	N	N	N	N	-	-
G9389		Not Covered	M	XXX	N	N	N	N	N	-	-
G9390		Not Covered	M	XXX	N	N	N	N	N	-	-
G9393		Not Covered	M	XXX	N	N	N	N	N	-	-
G9394		Not Covered	M	XXX	N	N	N	N	N	-	-
G9395		Not Covered	M	XXX	N	N	N	N	N	-	-
G9396		Not Covered	M	XXX	N	N	N	N	N	-	-
G9399		Not Covered	M	XXX	N	N	N	N	N	-	-
G9400		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN Non-Facility
		Code	Code								
G9401		Not Covered	M	XXX	N	N	N	N	N	-	-
G9402		Not Covered	M	XXX	N	N	N	N	N	-	-
G9403		Not Covered	M	XXX	N	N	N	N	N	-	-
G9404		Not Covered	M	XXX	N	N	N	N	N	-	-
G9405		Not Covered	M	XXX	N	N	N	N	N	-	-
G9406		Not Covered	M	XXX	N	N	N	N	N	-	-
G9407		Not Covered	M	XXX	N	N	N	N	N	-	-
G9408		Not Covered	M	XXX	N	N	N	N	N	-	-
G9409		Not Covered	M	XXX	N	N	N	N	N	-	-
G9410		Not Covered	M	XXX	N	N	N	N	N	-	-
G9411		Not Covered	M	XXX	N	N	N	N	N	-	-
G9412		Not Covered	M	XXX	N	N	N	N	N	-	-
G9413		Not Covered	M	XXX	N	N	N	N	N	-	-
G9414		Not Covered	M	XXX	N	N	N	N	N	-	-
G9415		Not Covered	M	XXX	N	N	N	N	N	-	-
G9416		Not Covered	M	XXX	N	N	N	N	N	-	-
G9417		Not Covered	M	XXX	N	N	N	N	N	-	-
G9418		Not Covered	M	XXX	N	N	N	N	N	-	-
G9419		Not Covered	M	XXX	N	N	N	N	N	-	-
G9420		Not Covered	M	XXX	N	N	N	N	N	-	-
G9421		Not Covered	M	XXX	N	N	N	N	N	-	-
G9422		Not Covered	M	XXX	N	N	N	N	N	-	-
G9423		Not Covered	M	XXX	N	N	N	N	N	-	-
G9424		Not Covered	M	XXX	N	N	N	N	N	-	-
G9425		Not Covered	M	XXX	N	N	N	N	N	-	-
G9426		Not Covered	M	XXX	N	N	N	N	N	-	-
G9427		Not Covered	M	XXX	N	N	N	N	N	-	-
G9428		Not Covered	M	XXX	N	N	N	N	N	-	-
G9429		Not Covered	M	XXX	N	N	N	N	N	-	-
G9430		Not Covered	M	XXX	N	N	N	N	N	-	-
G9431		Not Covered	M	XXX	N	N	N	N	N	-	-
G9432		Not Covered	M	XXX	N	N	N	N	N	-	-
G9434		Not Covered	M	XXX	N	N	N	N	N	-	-
G9448		Not Covered	M	XXX	N	N	N	N	N	-	-
G9449		Not Covered	M	XXX	N	N	N	N	N	-	-
G9450		Not Covered	M	XXX	N	N	N	N	N	-	-
G9451		Not Covered	M	XXX	N	N	N	N	N	-	-
G9452		Not Covered	M	XXX	N	N	N	N	N	-	-
G9453		Not Covered	M	XXX	N	N	N	N	N	-	-
G9454		Not Covered	M	XXX	N	N	N	N	N	-	-
G9455		Not Covered	M	XXX	N	N	N	N	N	-	-
G9456		Not Covered	M	XXX	N	N	N	N	N	-	-
G9457		Not Covered	M	XXX	N	N	N	N	N	-	-
G9458		Not Covered	M	XXX	N	N	N	N	N	-	-
G9459		Not Covered	M	XXX	N	N	N	N	N	-	-
G9460		Not Covered	M	XXX	N	N	N	N	N	-	-
G9468		Not Covered	M	XXX	N	N	N	N	N	-	-
G9469		Not Covered	M	XXX	N	N	N	N	N	-	-
G9470		Not Covered	M	XXX	N	N	N	N	N	-	-
G9471		Not Covered	M	XXX	N	N	N	N	N	-	-
G9472		Not Covered	M	XXX	N	N	N	N	N	-	-
G9473		Not Covered	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
G9474		Not Covered	X	XXX	N	N	N	N	N	-	-
G9475		Not Covered	X	XXX	N	N	N	N	N	-	-
G9476		Not Covered	X	XXX	N	N	N	N	N	-	-
G9477		Not Covered	X	XXX	N	N	N	N	N	-	-
G9478		Not Covered	X	XXX	N	N	N	N	N	-	-
G9479		Not Covered	X	XXX	N	N	N	N	N	-	-
G9480		Not Covered	X	XXX	N	N	N	N	N	-	-
G9481		Not Covered	A	XXX	N	N	D	N	N	14.02	14.02
G9482		Not Covered	A	XXX	N	N	D	N	N	26.74	26.74
G9483		Not Covered	A	XXX	N	N	D	N	N	41.80	41.80
G9484		Not Covered	A	XXX	N	N	D	N	N	70.61	70.61
G9485		Not Covered	A	XXX	N	N	D	N	N	92.16	92.16
G9486		Not Covered	A	XXX	N	N	D	N	N	13.76	13.76
G9487		Not Covered	A	XXX	N	N	D	N	N	27.52	27.52
G9488		Not Covered	A	XXX	N	N	D	N	N	42.31	42.31
G9489		Not Covered	A	XXX	N	N	D	N	N	59.71	59.71
G9490		Not Covered	A	XXX	N	N	N	N	N	28.56	28.56
G9497		Not Covered	M	XXX	N	N	N	N	N	-	-
G9498		Not Covered	M	XXX	N	N	N	N	N	-	-
G9500		Not Covered	M	XXX	N	N	N	N	N	-	-
G9501		Not Covered	M	XXX	N	N	N	N	N	-	-
G9502		Not Covered	M	XXX	N	N	N	N	N	-	-
G9503		Not Covered	M	XXX	N	N	N	N	N	-	-
G9504		Not Covered	M	XXX	N	N	N	N	N	-	-
G9505		Not Covered	M	XXX	N	N	N	N	N	-	-
G9506		Not Covered	M	XXX	N	N	N	N	N	-	-
G9507		Not Covered	M	XXX	N	N	N	N	N	-	-
G9508		Not Covered	M	XXX	N	N	N	N	N	-	-
G9509		Not Covered	M	XXX	N	N	N	N	N	-	-
G9510		Not Covered	M	XXX	N	N	N	N	N	-	-
G9511		Not Covered	M	XXX	N	N	N	N	N	-	-
G9512		Not Covered	M	XXX	N	N	N	N	N	-	-
G9513		Not Covered	M	XXX	N	N	N	N	N	-	-
G9514		Not Covered	M	XXX	N	N	N	N	N	-	-
G9515		Not Covered	M	XXX	N	N	N	N	N	-	-
G9516		Not Covered	M	XXX	N	N	N	N	N	-	-
G9517		Not Covered	M	XXX	N	N	N	N	N	-	-
G9518		Not Covered	M	XXX	N	N	N	N	N	-	-
G9519		Not Covered	M	XXX	N	N	N	N	N	-	-
G9520		Not Covered	M	XXX	N	N	N	N	N	-	-
G9521		Not Covered	M	XXX	N	N	N	N	N	-	-
G9522		Not Covered	M	XXX	N	N	N	N	N	-	-
G9523		Not Covered	M	XXX	N	N	N	N	N	-	-
G9524		Not Covered	M	XXX	N	N	N	N	N	-	-
G9525		Not Covered	M	XXX	N	N	N	N	N	-	-
G9526		Not Covered	M	XXX	N	N	N	N	N	-	-
G9529		Not Covered	M	XXX	N	N	N	N	N	-	-
G9530		Not Covered	M	XXX	N	N	N	N	N	-	-
G9531		Not Covered	M	XXX	N	N	N	N	N	-	-
G9532		Not Covered	M	XXX	N	N	N	N	N	-	-
G9533		Not Covered	M	XXX	N	N	N	N	N	-	-
G9537		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
G9539		Not Covered	M	XXX	N	N	N	N	N	-	-
G9540		Not Covered	M	XXX	N	N	N	N	N	-	-
G9541		Not Covered	M	XXX	N	N	N	N	N	-	-
G9542		Not Covered	M	XXX	N	N	N	N	N	-	-
G9543		Not Covered	M	XXX	N	N	N	N	N	-	-
G9544		Not Covered	M	XXX	N	N	N	N	N	-	-
G9547		Not Covered	M	XXX	N	N	N	N	N	-	-
G9548		Not Covered	M	XXX	N	N	N	N	N	-	-
G9549		Not Covered	M	XXX	N	N	N	N	N	-	-
G9550		Not Covered	M	XXX	N	N	N	N	N	-	-
G9551		Not Covered	M	XXX	N	N	N	N	N	-	-
G9552		Not Covered	M	XXX	N	N	N	N	N	-	-
G9553		Not Covered	M	XXX	N	N	N	N	N	-	-
G9554		Not Covered	M	XXX	N	N	N	N	N	-	-
G9555		Not Covered	M	XXX	N	N	N	N	N	-	-
G9556		Not Covered	M	XXX	N	N	N	N	N	-	-
G9557		Not Covered	M	XXX	N	N	N	N	N	-	-
G9558		Not Covered	M	XXX	N	N	N	N	N	-	-
G9559		Not Covered	M	XXX	N	N	N	N	N	-	-
G9560		Not Covered	M	XXX	N	N	N	N	N	-	-
G9561		Not Covered	M	XXX	N	N	N	N	N	-	-
G9562		Not Covered	M	XXX	N	N	N	N	N	-	-
G9563		Not Covered	M	XXX	N	N	N	N	N	-	-
G9573		Not Covered	M	XXX	N	N	N	N	N	-	-
G9574		Not Covered	M	XXX	N	N	N	N	N	-	-
G9577		Not Covered	M	XXX	N	N	N	N	N	-	-
G9578		Not Covered	M	XXX	N	N	N	N	N	-	-
G9579		Not Covered	M	XXX	N	N	N	N	N	-	-
G9580		Not Covered	M	XXX	N	N	N	N	N	-	-
G9582		Not Covered	M	XXX	N	N	N	N	N	-	-
G9583		Not Covered	M	XXX	N	N	N	N	N	-	-
G9584		Not Covered	M	XXX	N	N	N	N	N	-	-
G9585		Not Covered	M	XXX	N	N	N	N	N	-	-
G9593		Not Covered	M	XXX	N	N	N	N	N	-	-
G9594		Not Covered	M	XXX	N	N	N	N	N	-	-
G9595		Not Covered	M	XXX	N	N	N	N	N	-	-
G9596		Not Covered	M	XXX	N	N	N	N	N	-	-
G9597		Not Covered	M	XXX	N	N	N	N	N	-	-
G9598		Not Covered	M	XXX	N	N	N	N	N	-	-
G9599		Not Covered	M	XXX	N	N	N	N	N	-	-
G9600		Not Covered	M	XXX	N	N	N	N	N	-	-
G9601		Not Covered	M	XXX	N	N	N	N	N	-	-
G9602		Not Covered	M	XXX	N	N	N	N	N	-	-
G9603		Not Covered	M	XXX	N	N	N	N	N	-	-
G9604		Not Covered	M	XXX	N	N	N	N	N	-	-
G9605		Not Covered	M	XXX	N	N	N	N	N	-	-
G9606		Not Covered	M	XXX	N	N	N	N	N	-	-
G9607		Not Covered	M	XXX	N	N	N	N	N	-	-
G9608		Not Covered	M	XXX	N	N	N	N	N	-	-
G9609		Not Covered	M	XXX	N	N	N	N	N	-	-
G9610		Not Covered	M	XXX	N	N	N	N	N	-	-
G9611		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
G9612		Not Covered	M	XXX	N	N	N	N	N	-	-
G9613		Not Covered	M	XXX	N	N	N	N	N	-	-
G9614		Not Covered	M	XXX	N	N	N	N	N	-	-
G9615		Not Covered	M	XXX	N	N	N	N	N	-	-
G9616		Not Covered	M	XXX	N	N	N	N	N	-	-
G9617		Not Covered	M	XXX	N	N	N	N	N	-	-
G9618		Not Covered	M	XXX	N	N	N	N	N	-	-
G9620		Not Covered	M	XXX	N	N	N	N	N	-	-
G9621		Not Covered	M	XXX	N	N	N	N	N	-	-
G9622		Not Covered	M	XXX	N	N	N	N	N	-	-
G9623		Not Covered	M	XXX	N	N	N	N	N	-	-
G9624		Not Covered	M	XXX	N	N	N	N	N	-	-
G9625		Not Covered	M	XXX	N	N	N	N	N	-	-
G9626		Not Covered	M	XXX	N	N	N	N	N	-	-
G9627		Not Covered	M	XXX	N	N	N	N	N	-	-
G9628		Not Covered	M	XXX	N	N	N	N	N	-	-
G9629		Not Covered	M	XXX	N	N	N	N	N	-	-
G9630		Not Covered	M	XXX	N	N	N	N	N	-	-
G9631		Not Covered	M	XXX	N	N	N	N	N	-	-
G9632		Not Covered	M	XXX	N	N	N	N	N	-	-
G9633		Not Covered	M	XXX	N	N	N	N	N	-	-
G9634		Not Covered	M	XXX	N	N	N	N	N	-	-
G9635		Not Covered	M	XXX	N	N	N	N	N	-	-
G9636		Not Covered	M	XXX	N	N	N	N	N	-	-
G9637		Not Covered	M	XXX	N	N	N	N	N	-	-
G9638		Not Covered	M	XXX	N	N	N	N	N	-	-
G9639		Not Covered	M	XXX	N	N	N	N	N	-	-
G9640		Not Covered	M	XXX	N	N	N	N	N	-	-
G9641		Not Covered	M	XXX	N	N	N	N	N	-	-
G9642		Not Covered	M	XXX	N	N	N	N	N	-	-
G9643		Not Covered	M	XXX	N	N	N	N	N	-	-
G9644		Not Covered	M	XXX	N	N	N	N	N	-	-
G9645		Not Covered	M	XXX	N	N	N	N	N	-	-
G9646		Not Covered	M	XXX	N	N	N	N	N	-	-
G9647		Not Covered	M	XXX	N	N	N	N	N	-	-
G9648		Not Covered	M	XXX	N	N	N	N	N	-	-
G9649		Not Covered	M	XXX	N	N	N	N	N	-	-
G9651		Not Covered	M	XXX	N	N	N	N	N	-	-
G9654		Not Covered	M	XXX	N	N	N	N	N	-	-
G9655		Not Covered	M	XXX	N	N	N	N	N	-	-
G9656		Not Covered	M	XXX	N	N	N	N	N	-	-
G9658		Not Covered	M	XXX	N	N	N	N	N	-	-
G9659		Not Covered	M	XXX	N	N	N	N	N	-	-
G9660		Not Covered	M	XXX	N	N	N	N	N	-	-
G9661		Not Covered	M	XXX	N	N	N	N	N	-	-
G9662		Not Covered	M	XXX	N	N	N	N	N	-	-
G9663		Not Covered	M	XXX	N	N	N	N	N	-	-
G9664		Not Covered	M	XXX	N	N	N	N	N	-	-
G9665		Not Covered	M	XXX	N	N	N	N	N	-	-
G9666		Not Covered	M	XXX	N	N	N	N	N	-	-
G9674		Not Covered	M	XXX	N	N	N	N	N	-	-
G9675		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
G9676		Not Covered	M	XXX	N	N	N	N	N	-	-
G9678		Not Covered	C	XXX	N	N	N	N	N	-	-
G9679		Not Covered	X	XXX	N	N	N	N	N	-	-
G9680		Not Covered	X	XXX	N	N	N	N	N	-	-
G9681		Not Covered	X	XXX	N	N	N	N	N	-	-
G9682		Not Covered	X	XXX	N	N	N	N	N	-	-
G9683		Not Covered	X	XXX	N	N	N	N	N	-	-
G9684		Not Covered	X	XXX	N	N	N	N	N	-	-
G9685		Not Covered	A	XXX	N	N	D	N	N	144.86	144.86
G9687		Not Covered	M	XXX	N	N	N	N	N	-	-
G9688		Not Covered	M	XXX	N	N	N	N	N	-	-
G9689		Not Covered	M	XXX	N	N	N	N	N	-	-
G9690		Not Covered	M	XXX	N	N	N	N	N	-	-
G9691		Not Covered	M	XXX	N	N	N	N	N	-	-
G9692		Not Covered	M	XXX	N	N	N	N	N	-	-
G9693		Not Covered	M	XXX	N	N	N	N	N	-	-
G9694		Not Covered	M	XXX	N	N	N	N	N	-	-
G9695		Not Covered	M	XXX	N	N	N	N	N	-	-
G9696		Not Covered	M	XXX	N	N	N	N	N	-	-
G9697		Not Covered	M	XXX	N	N	N	N	N	-	-
G9698		Not Covered	M	XXX	N	N	N	N	N	-	-
G9699		Not Covered	M	XXX	N	N	N	N	N	-	-
G9700		Not Covered	M	XXX	N	N	N	N	N	-	-
G9701		Not Covered	M	XXX	N	N	N	N	N	-	-
G9702		Not Covered	M	XXX	N	N	N	N	N	-	-
G9703		Not Covered	M	XXX	N	N	N	N	N	-	-
G9704		Not Covered	M	XXX	N	N	N	N	N	-	-
G9705		Not Covered	M	XXX	N	N	N	N	N	-	-
G9706		Not Covered	M	XXX	N	N	N	N	N	-	-
G9707		Not Covered	M	XXX	N	N	N	N	N	-	-
G9708		Not Covered	M	XXX	N	N	N	N	N	-	-
G9709		Not Covered	M	XXX	N	N	N	N	N	-	-
G9710		Not Covered	M	XXX	N	N	N	N	N	-	-
G9711		Not Covered	M	XXX	N	N	N	N	N	-	-
G9712		Not Covered	M	XXX	N	N	N	N	N	-	-
G9713		Not Covered	M	XXX	N	N	N	N	N	-	-
G9714		Not Covered	M	XXX	N	N	N	N	N	-	-
G9715		Not Covered	M	XXX	N	N	N	N	N	-	-
G9716		Not Covered	M	XXX	N	N	N	N	N	-	-
G9717		Not Covered	M	XXX	N	N	N	N	N	-	-
G9718		Not Covered	M	XXX	N	N	N	N	N	-	-
G9719		Not Covered	M	XXX	N	N	N	N	N	-	-
G9720		Not Covered	M	XXX	N	N	N	N	N	-	-
G9721		Not Covered	M	XXX	N	N	N	N	N	-	-
G9722		Not Covered	M	XXX	N	N	N	N	N	-	-
G9723		Not Covered	M	XXX	N	N	N	N	N	-	-
G9724		Not Covered	M	XXX	N	N	N	N	N	-	-
G9725		Not Covered	M	XXX	N	N	N	N	N	-	-
G9726		Not Covered	M	XXX	N	N	N	N	N	-	-
G9727		Not Covered	M	XXX	N	N	N	N	N	-	-
G9728		Not Covered	M	XXX	N	N	N	N	N	-	-
G9729		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
G9730		Not Covered	M	XXX	N	N	N	N	N	-	-
G9731		Not Covered	M	XXX	N	N	N	N	N	-	-
G9732		Not Covered	M	XXX	N	N	N	N	N	-	-
G9733		Not Covered	M	XXX	N	N	N	N	N	-	-
G9734		Not Covered	M	XXX	N	N	N	N	N	-	-
G9735		Not Covered	M	XXX	N	N	N	N	N	-	-
G9736		Not Covered	M	XXX	N	N	N	N	N	-	-
G9737		Not Covered	M	XXX	N	N	N	N	N	-	-
G9738		Not Covered	M	XXX	N	N	N	N	N	-	-
G9739		Not Covered	M	XXX	N	N	N	N	N	-	-
G9740		Not Covered	M	XXX	N	N	N	N	N	-	-
G9741		Not Covered	M	XXX	N	N	N	N	N	-	-
G9742		Not Covered	M	XXX	N	N	N	N	N	-	-
G9743		Not Covered	M	XXX	N	N	N	N	N	-	-
G9744		Not Covered	M	XXX	N	N	N	N	N	-	-
G9745		Not Covered	M	XXX	N	N	N	N	N	-	-
G9746		Not Covered	M	XXX	N	N	N	N	N	-	-
G9747		Not Covered	M	XXX	N	N	N	N	N	-	-
G9748		Not Covered	M	XXX	N	N	N	N	N	-	-
G9749		Not Covered	M	XXX	N	N	N	N	N	-	-
G9750		Not Covered	M	XXX	N	N	N	N	N	-	-
G9751		Not Covered	M	XXX	N	N	N	N	N	-	-
G9752		Not Covered	M	XXX	N	N	N	N	N	-	-
G9753		Not Covered	M	XXX	N	N	N	N	N	-	-
G9754		Not Covered	M	XXX	N	N	N	N	N	-	-
G9755		Not Covered	M	XXX	N	N	N	N	N	-	-
G9756		Not Covered	M	XXX	N	N	N	N	N	-	-
G9757		Not Covered	M	XXX	N	N	N	N	N	-	-
G9758		Not Covered	M	XXX	N	N	N	N	N	-	-
G9759		Not Covered	M	XXX	N	N	N	N	N	-	-
G9760		Not Covered	M	XXX	N	N	N	N	N	-	-
G9761		Not Covered	M	XXX	N	N	N	N	N	-	-
G9762		Not Covered	M	XXX	N	N	N	N	N	-	-
G9763		Not Covered	M	XXX	N	N	N	N	N	-	-
G9764		Not Covered	M	XXX	N	N	N	N	N	-	-
G9765		Not Covered	M	XXX	N	N	N	N	N	-	-
G9766		Not Covered	M	XXX	N	N	N	N	N	-	-
G9767		Not Covered	M	XXX	N	N	N	N	N	-	-
G9768		Not Covered	M	XXX	N	N	N	N	N	-	-
G9769		Not Covered	M	XXX	N	N	N	N	N	-	-
G9770		Not Covered	M	XXX	N	N	N	N	N	-	-
G9771		Not Covered	M	XXX	N	N	N	N	N	-	-
G9772		Not Covered	M	XXX	N	N	N	N	N	-	-
G9773		Not Covered	M	XXX	N	N	N	N	N	-	-
G9774		Not Covered	M	XXX	N	N	N	N	N	-	-
G9775		Not Covered	M	XXX	N	N	N	N	N	-	-
G9776		Not Covered	M	XXX	N	N	N	N	N	-	-
G9777		Not Covered	M	XXX	N	N	N	N	N	-	-
G9778		Not Covered	M	XXX	N	N	N	N	N	-	-
G9779		Not Covered	M	XXX	N	N	N	N	N	-	-
G9780		Not Covered	M	XXX	N	N	N	N	N	-	-
G9781		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN Non-Facility
		Code	Code								
G9782		Not Covered	M	XXX	N	N	N	N	N	-	-
G9783		Not Covered	M	XXX	N	N	N	N	N	-	-
G9784		Not Covered	M	XXX	N	N	N	N	N	-	-
G9785		Not Covered	M	XXX	N	N	N	N	N	-	-
G9786		Not Covered	M	XXX	N	N	N	N	N	-	-
G9787		Not Covered	M	XXX	N	N	N	N	N	-	-
G9788		Not Covered	M	XXX	N	N	N	N	N	-	-
G9789		Not Covered	M	XXX	N	N	N	N	N	-	-
G9790		Not Covered	M	XXX	N	N	N	N	N	-	-
G9791		Not Covered	M	XXX	N	N	N	N	N	-	-
G9792		Not Covered	M	XXX	N	N	N	N	N	-	-
G9793		Not Covered	M	XXX	N	N	N	N	N	-	-
G9794		Not Covered	M	XXX	N	N	N	N	N	-	-
G9795		Not Covered	M	XXX	N	N	N	N	N	-	-
G9796		Not Covered	M	XXX	N	N	N	N	N	-	-
G9797		Not Covered	M	XXX	N	N	N	N	N	-	-
G9798		Not Covered	M	XXX	N	N	N	N	N	-	-
G9799		Not Covered	M	XXX	N	N	N	N	N	-	-
G9800		Not Covered	M	XXX	N	N	N	N	N	-	-
G9801		Not Covered	M	XXX	N	N	N	N	N	-	-
G9802		Not Covered	M	XXX	N	N	N	N	N	-	-
G9803		Not Covered	M	XXX	N	N	N	N	N	-	-
G9804		Not Covered	M	XXX	N	N	N	N	N	-	-
G9805		Not Covered	M	XXX	N	N	N	N	N	-	-
G9806		Not Covered	M	XXX	N	N	N	N	N	-	-
G9807		Not Covered	M	XXX	N	N	N	N	N	-	-
G9808		Not Covered	M	XXX	N	N	N	N	N	-	-
G9809		Not Covered	M	XXX	N	N	N	N	N	-	-
G9810		Not Covered	M	XXX	N	N	N	N	N	-	-
G9811		Not Covered	M	XXX	N	N	N	N	N	-	-
G9812		Not Covered	M	XXX	N	N	N	N	N	-	-
G9813		Not Covered	M	XXX	N	N	N	N	N	-	-
G9814		Not Covered	M	XXX	N	N	N	N	N	-	-
G9815		Not Covered	M	XXX	N	N	N	N	N	-	-
G9816		Not Covered	M	XXX	N	N	N	N	N	-	-
G9817		Not Covered	M	XXX	N	N	N	N	N	-	-
G9818		Not Covered	M	XXX	N	N	N	N	N	-	-
G9819		Not Covered	M	XXX	N	N	N	N	N	-	-
G9820		Not Covered	M	XXX	N	N	N	N	N	-	-
G9821		Not Covered	M	XXX	N	N	N	N	N	-	-
G9822		Not Covered	M	XXX	N	N	N	N	N	-	-
G9823		Not Covered	M	XXX	N	N	N	N	N	-	-
G9824		Not Covered	M	XXX	N	N	N	N	N	-	-
G9825		Not Covered	M	XXX	N	N	N	N	N	-	-
G9826		Not Covered	M	XXX	N	N	N	N	N	-	-
G9827		Not Covered	M	XXX	N	N	N	N	N	-	-
G9828		Not Covered	M	XXX	N	N	N	N	N	-	-
G9829		Not Covered	M	XXX	N	N	N	N	N	-	-
G9830		Not Covered	M	XXX	N	N	N	N	N	-	-
G9831		Not Covered	M	XXX	N	N	N	N	N	-	-
G9832		Not Covered	M	XXX	N	N	N	N	N	-	-
G9833		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN Non-Facility
G9834		Not Covered	M	XXX	N	N	N	N	N	-	-
G9835		Not Covered	M	XXX	N	N	N	N	N	-	-
G9836		Not Covered	M	XXX	N	N	N	N	N	-	-
G9837		Not Covered	M	XXX	N	N	N	N	N	-	-
G9838		Not Covered	M	XXX	N	N	N	N	N	-	-
G9839		Not Covered	M	XXX	N	N	N	N	N	-	-
G9840		Not Covered	M	XXX	N	N	N	N	N	-	-
G9841		Not Covered	M	XXX	N	N	N	N	N	-	-
G9842		Not Covered	M	XXX	N	N	N	N	N	-	-
G9843		Not Covered	M	XXX	N	N	N	N	N	-	-
G9844		Not Covered	M	XXX	N	N	N	N	N	-	-
G9845		Not Covered	M	XXX	N	N	N	N	N	-	-
G9846		Not Covered	M	XXX	N	N	N	N	N	-	-
G9847		Not Covered	M	XXX	N	N	N	N	N	-	-
G9848		Not Covered	M	XXX	N	N	N	N	N	-	-
G9849		Not Covered	M	XXX	N	N	N	N	N	-	-
G9850		Not Covered	M	XXX	N	N	N	N	N	-	-
G9851		Not Covered	M	XXX	N	N	N	N	N	-	-
G9852		Not Covered	M	XXX	N	N	N	N	N	-	-
G9853		Not Covered	M	XXX	N	N	N	N	N	-	-
G9854		Not Covered	M	XXX	N	N	N	N	N	-	-
G9855		Not Covered	M	XXX	N	N	N	N	N	-	-
G9856		Not Covered	M	XXX	N	N	N	N	N	-	-
G9857		Not Covered	M	XXX	N	N	N	N	N	-	-
G9858		Not Covered	M	XXX	N	N	N	N	N	-	-
G9859		Not Covered	M	XXX	N	N	N	N	N	-	-
G9860		Not Covered	M	XXX	N	N	N	N	N	-	-
G9861		Not Covered	M	XXX	N	N	N	N	N	-	-
G9862		Not Covered	M	XXX	N	N	N	N	N	-	-
G9868		Not Covered	A	XXX	N	N	N	N	N	20.77	20.77
G9869		Not Covered	A	XXX	N	N	N	N	N	27.78	27.78
G9870		Not Covered	A	XXX	N	N	N	N	N	34.79	34.79
G9873		Not Covered	X	XXX	N	N	N	N	N	-	-
G9874		Not Covered	X	XXX	N	N	N	N	N	-	-
G9875		Not Covered	X	XXX	N	N	N	N	N	-	-
G9876		Not Covered	X	XXX	N	N	N	N	N	-	-
G9877		Not Covered	X	XXX	N	N	N	N	N	-	-
G9878		Not Covered	X	XXX	N	N	N	N	N	-	-
G9879		Not Covered	X	XXX	N	N	N	N	N	-	-
G9880		Not Covered	X	XXX	N	N	N	N	N	-	-
G9881		Not Covered	X	XXX	N	N	N	N	N	-	-
G9882		Not Covered	X	XXX	N	N	N	N	N	-	-
G9883		Not Covered	X	XXX	N	N	N	N	N	-	-
G9884		Not Covered	X	XXX	N	N	N	N	N	-	-
G9885		Not Covered	X	XXX	N	N	N	N	N	-	-
G9890		Not Covered	X	XXX	N	N	N	N	N	-	-
G9891		Not Covered	X	XXX	N	N	N	N	N	-	-
G9892		Not Covered	M	XXX	N	N	N	N	N	-	-
G9893		Not Covered	M	XXX	N	N	N	N	N	-	-
G9894		Not Covered	M	XXX	N	N	N	N	N	-	-
G9895		Not Covered	M	XXX	N	N	N	N	N	-	-
G9896		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
G9897		Not Covered	M	XXX	N	N	N	N	N	-	-
G9898		Not Covered	M	XXX	N	N	N	N	N	-	-
G9899		Not Covered	M	XXX	N	N	N	N	N	-	-
G9900		Not Covered	M	XXX	N	N	N	N	N	-	-
G9901		Not Covered	M	XXX	N	N	N	N	N	-	-
G9902		Not Covered	M	XXX	N	N	N	N	N	-	-
G9903		Not Covered	M	XXX	N	N	N	N	N	-	-
G9904		Not Covered	M	XXX	N	N	N	N	N	-	-
G9905		Not Covered	M	XXX	N	N	N	N	N	-	-
G9906		Not Covered	M	XXX	N	N	N	N	N	-	-
G9907		Not Covered	M	XXX	N	N	N	N	N	-	-
G9908		Not Covered	M	XXX	N	N	N	N	N	-	-
G9909		Not Covered	M	XXX	N	N	N	N	N	-	-
G9910		Not Covered	M	XXX	N	N	N	N	N	-	-
G9911		Not Covered	M	XXX	N	N	N	N	N	-	-
G9912		Not Covered	M	XXX	N	N	N	N	N	-	-
G9913		Not Covered	M	XXX	N	N	N	N	N	-	-
G9914		Not Covered	M	XXX	N	N	N	N	N	-	-
G9915		Not Covered	M	XXX	N	N	N	N	N	-	-
G9916		Not Covered	M	XXX	N	N	N	N	N	-	-
G9917		Not Covered	M	XXX	N	N	N	N	N	-	-
G9918		Not Covered	M	XXX	N	N	N	N	N	-	-
G9919		Not Covered	M	XXX	N	N	N	N	N	-	-
G9920		Not Covered	M	XXX	N	N	N	N	N	-	-
G9921		Not Covered	M	XXX	N	N	N	N	N	-	-
G9922		Not Covered	M	XXX	N	N	N	N	N	-	-
G9923		Not Covered	M	XXX	N	N	N	N	N	-	-
G9924		Not Covered	M	XXX	N	N	N	N	N	-	-
G9925		Not Covered	M	XXX	N	N	N	N	N	-	-
G9926		Not Covered	M	XXX	N	N	N	N	N	-	-
G9927		Not Covered	M	XXX	N	N	N	N	N	-	-
G9928		Not Covered	M	XXX	N	N	N	N	N	-	-
G9929		Not Covered	M	XXX	N	N	N	N	N	-	-
G9930		Not Covered	M	XXX	N	N	N	N	N	-	-
G9931		Not Covered	M	XXX	N	N	N	N	N	-	-
G9932		Not Covered	M	XXX	N	N	N	N	N	-	-
G9933		Not Covered	M	XXX	N	N	N	N	N	-	-
G9934		Not Covered	M	XXX	N	N	N	N	N	-	-
G9935		Not Covered	M	XXX	N	N	N	N	N	-	-
G9936		Not Covered	M	XXX	N	N	N	N	N	-	-
G9937		Not Covered	M	XXX	N	N	N	N	N	-	-
G9938		Not Covered	M	XXX	N	N	N	N	N	-	-
G9939		Not Covered	M	XXX	N	N	N	N	N	-	-
G9940		Not Covered	M	XXX	N	N	N	N	N	-	-
G9941		Not Covered	M	XXX	N	N	N	N	N	-	-
G9942		Not Covered	M	XXX	N	N	N	N	N	-	-
G9943		Not Covered	M	XXX	N	N	N	N	N	-	-
G9944		Not Covered	M	XXX	N	N	N	N	N	-	-
G9945		Not Covered	M	XXX	N	N	N	N	N	-	-
G9946		Not Covered	M	XXX	N	N	N	N	N	-	-
G9947		Not Covered	M	XXX	N	N	N	N	N	-	-
G9948		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
G9949		Not Covered	M	XXX	N	N	N	N	N	-	-
G9954		Not Covered	M	XXX	N	N	N	N	N	-	-
G9955		Not Covered	M	XXX	N	N	N	N	N	-	-
G9956		Not Covered	M	XXX	N	N	N	N	N	-	-
G9957		Not Covered	M	XXX	N	N	N	N	N	-	-
G9958		Not Covered	M	XXX	N	N	N	N	N	-	-
G9959		Not Covered	M	XXX	N	N	N	N	N	-	-
G9960		Not Covered	M	XXX	N	N	N	N	N	-	-
G9961		Not Covered	M	XXX	N	N	N	N	N	-	-
G9962		Not Covered	M	XXX	N	N	N	N	N	-	-
G9963		Not Covered	M	XXX	N	N	N	N	N	-	-
G9964		Not Covered	M	XXX	N	N	N	N	N	-	-
G9965		Not Covered	M	XXX	N	N	N	N	N	-	-
G9966		Not Covered	M	XXX	N	N	N	N	N	-	-
G9967		Not Covered	M	XXX	N	N	N	N	N	-	-
G9968		Not Covered	M	XXX	N	N	N	N	N	-	-
G9969		Not Covered	M	XXX	N	N	N	N	N	-	-
G9970		Not Covered	M	XXX	N	N	N	N	N	-	-
G9974		Not Covered	M	XXX	N	N	N	N	N	-	-
G9975		Not Covered	M	XXX	N	N	N	N	N	-	-
G9978		Not Covered	A	XXX	N	N	D	N	N	19.21	19.21
G9979		Not Covered	A	XXX	N	N	D	N	N	36.08	36.08
G9980		Not Covered	A	XXX	N	N	D	N	N	54.78	54.78
G9981		Not Covered	A	XXX	N	N	D	N	N	92.42	92.42
G9982		Not Covered	A	XXX	N	N	D	N	N	120.45	120.45
G9983		Not Covered	A	XXX	N	N	D	N	N	18.17	18.17
G9984		Not Covered	A	XXX	N	N	D	N	N	36.34	36.34
G9985		Not Covered	A	XXX	N	N	D	N	N	56.07	56.07
G9986		Not Covered	A	XXX	N	N	D	N	N	79.18	79.18
G9987		Not Covered	A	XXX	N	N	D	N	N	28.56	28.56
M0075	C		N	XXX	N	N	N	N	N	-	-
M0076	C		N	XXX	N	N	N	N	N	-	-
M0100	C		N	XXX	N	N	N	N	N	-	-
M0300	C		N	XXX	N	N	N	N	N	-	-
M0301	C		N	XXX	N	N	N	N	N	-	-
M1000		Not Covered	M	XXX	N	N	N	N	N	-	-
M1001		Not Covered	M	XXX	N	N	N	N	N	-	-
M1002		Not Covered	M	XXX	N	N	N	N	N	-	-
M1003		Not Covered	M	XXX	N	N	N	N	N	-	-
M1004		Not Covered	M	XXX	N	N	N	N	N	-	-
M1005		Not Covered	M	XXX	N	N	N	N	N	-	-
M1006		Not Covered	M	XXX	N	N	N	N	N	-	-
M1007		Not Covered	M	XXX	N	N	N	N	N	-	-
M1008		Not Covered	M	XXX	N	N	N	N	N	-	-
M1009		Not Covered	M	XXX	N	N	N	N	N	-	-
M1010		Not Covered	M	XXX	N	N	N	N	N	-	-
M1011		Not Covered	M	XXX	N	N	N	N	N	-	-
M1012		Not Covered	M	XXX	N	N	N	N	N	-	-
M1013		Not Covered	M	XXX	N	N	N	N	N	-	-
M1014		Not Covered	M	XXX	N	N	N	N	N	-	-
M1015		Not Covered	M	XXX	N	N	N	N	N	-	-
M1016		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
M1017		Not Covered	M	XXX	N	N	N	N	N	-	-
M1018		Not Covered	M	XXX	N	N	N	N	N	-	-
M1019		Not Covered	M	XXX	N	N	N	N	N	-	-
M1020		Not Covered	M	XXX	N	N	N	N	N	-	-
M1021		Not Covered	M	XXX	N	N	N	N	N	-	-
M1022		Not Covered	M	XXX	N	N	N	N	N	-	-
M1023		Not Covered	M	XXX	N	N	N	N	N	-	-
M1024		Not Covered	M	XXX	N	N	N	N	N	-	-
M1025		Not Covered	M	XXX	N	N	N	N	N	-	-
M1026		Not Covered	M	XXX	N	N	N	N	N	-	-
M1027		Not Covered	M	XXX	N	N	N	N	N	-	-
M1028		Not Covered	M	XXX	N	N	N	N	N	-	-
M1029		Not Covered	M	XXX	N	N	N	N	N	-	-
M1030		Not Covered	M	XXX	N	N	N	N	N	-	-
M1031		Not Covered	M	XXX	N	N	N	N	N	-	-
M1032		Not Covered	M	XXX	N	N	N	N	N	-	-
M1033		Not Covered	M	XXX	N	N	N	N	N	-	-
M1034		Not Covered	M	XXX	N	N	N	N	N	-	-
M1035		Not Covered	M	XXX	N	N	N	N	N	-	-
M1036		Not Covered	M	XXX	N	N	N	N	N	-	-
M1037		Not Covered	M	XXX	N	N	N	N	N	-	-
M1038		Not Covered	M	XXX	N	N	N	N	N	-	-
M1039		Not Covered	M	XXX	N	N	N	N	N	-	-
M1040		Not Covered	M	XXX	N	N	N	N	N	-	-
M1041		Not Covered	M	XXX	N	N	N	N	N	-	-
M1042		Not Covered	M	XXX	N	N	N	N	N	-	-
M1043		Not Covered	M	XXX	N	N	N	N	N	-	-
M1044		Not Covered	M	XXX	N	N	N	N	N	-	-
M1045		Not Covered	M	XXX	N	N	N	N	N	-	-
M1046		Not Covered	M	XXX	N	N	N	N	N	-	-
M1047		Not Covered	M	XXX	N	N	N	N	N	-	-
M1048		Not Covered	M	XXX	N	N	N	N	N	-	-
M1049		Not Covered	M	XXX	N	N	N	N	N	-	-
M1050		Not Covered	M	XXX	N	N	N	N	N	-	-
M1051		Not Covered	M	XXX	N	N	N	N	N	-	-
M1052		Not Covered	M	XXX	N	N	N	N	N	-	-
M1053		Not Covered	M	XXX	N	N	N	N	N	-	-
M1054		Not Covered	M	XXX	N	N	N	N	N	-	-
M1055		Not Covered	M	XXX	N	N	N	N	N	-	-
M1056		Not Covered	M	XXX	N	N	N	N	N	-	-
M1057		Not Covered	M	XXX	N	N	N	N	N	-	-
M1058		Not Covered	M	XXX	N	N	N	N	N	-	-
M1059		Not Covered	M	XXX	N	N	N	N	N	-	-
M1060		Not Covered	M	XXX	N	N	N	N	N	-	-
M1061		Not Covered	M	XXX	N	N	N	N	N	-	-
M1062		Not Covered	M	XXX	N	N	N	N	N	-	-
M1063		Not Covered	M	XXX	N	N	N	N	N	-	-
M1064		Not Covered	M	XXX	N	N	N	N	N	-	-
M1065		Not Covered	M	XXX	N	N	N	N	N	-	-
M1066		Not Covered	M	XXX	N	N	N	N	N	-	-
M1067		Not Covered	M	XXX	N	N	N	N	N	-	-
M1068		Not Covered	M	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN
		Code	Code								Non-Facility
M1069		Not Covered	M	XXX	N	N	N	N	N	-	-
M1070		Not Covered	M	XXX	N	N	N	N	N	-	-
M1071		Not Covered	M	XXX	N	N	N	N	N	-	-
P2028		Not Covered	X	XXX	N	N	N	N	N	-	-
P2029		Not Covered	X	XXX	N	N	N	N	N	-	-
P2031		Not Covered	N	XXX	N	N	N	N	N	-	-
P2033		Not Covered	X	XXX	N	N	N	N	N	-	-
P2038		Not Covered	X	XXX	N	N	N	N	N	-	-
P3000		Not Covered	X	XXX	N	N	N	N	N	-	-
P3001		Not Covered	A	XXX	N	N	D	N	N	21.81	21.81
P7001	C		I	XXX	N	N	N	N	N	-	-
P9010	C		E	XXX	N	N	N	N	N	-	-
P9011	C		E	XXX	N	N	N	N	N	-	-
P9012	C		E	XXX	N	N	N	N	N	-	-
P9016	C		E	XXX	N	N	N	N	N	-	-
P9017	C		E	XXX	N	N	N	N	N	-	-
P9019	C		E	XXX	N	N	N	N	N	-	-
P9020	C		E	XXX	N	N	N	N	N	-	-
P9021	C		E	XXX	N	N	N	N	N	-	-
P9022	C		E	XXX	N	N	N	N	N	-	-
P9023	C		X	XXX	N	N	N	N	N	-	-
P9031		Not Covered	X	XXX	N	N	N	N	N	-	-
P9032		Not Covered	X	XXX	N	N	N	N	N	-	-
P9033		Not Covered	X	XXX	N	N	N	N	N	-	-
P9034		Not Covered	X	XXX	N	N	N	N	N	-	-
P9035		Not Covered	X	XXX	N	N	N	N	N	-	-
P9036		Not Covered	X	XXX	N	N	N	N	N	-	-
P9037		Not Covered	X	XXX	N	N	N	N	N	-	-
P9038		Not Covered	X	XXX	N	N	N	N	N	-	-
P9039		Not Covered	X	XXX	N	N	N	N	N	-	-
P9040		Not Covered	X	XXX	N	N	N	N	N	-	-
P9041		Not Covered	X	XXX	N	N	N	N	N	-	-
P9043		Not Covered	X	XXX	N	N	N	N	N	-	-
P9044		Not Covered	X	XXX	N	N	N	N	N	-	-
P9045		Not Covered	X	XXX	N	N	N	N	N	-	-
P9046		Not Covered	X	XXX	N	N	N	N	N	-	-
P9047		Not Covered	X	XXX	N	N	N	N	N	-	-
P9048		Not Covered	X	XXX	N	N	N	N	N	-	-
P9050		Not Covered	X	XXX	N	N	N	N	N	-	-
P9051		Not Covered	X	XXX	N	N	N	N	N	-	-
P9052		Not Covered	X	XXX	N	N	N	N	N	-	-
P9053		Not Covered	X	XXX	N	N	N	N	N	-	-
P9054		Not Covered	X	XXX	N	N	N	N	N	-	-
P9055		Not Covered	X	XXX	N	N	N	N	N	-	-
P9056		Not Covered	X	XXX	N	N	N	N	N	-	-
P9057		Not Covered	X	XXX	N	N	N	N	N	-	-
P9058		Not Covered	X	XXX	N	N	N	N	N	-	-
P9059		Not Covered	X	XXX	N	N	N	N	N	-	-
P9060		Not Covered	X	XXX	N	N	N	N	N	-	-
P9070	C		X	XXX	N	N	N	N	N	-	-
P9071	C		X	XXX	N	N	N	N	N	-	-
P9073	C		X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
P9100		Not Covered	X	XXX	N	N	N	N	N	-	-
P9603		Not Covered	X	XXX	N	N	N	N	N	-	-
P9604		Not Covered	X	XXX	N	N	N	N	N	-	-
P9612		C	X	XXX	N	N	N	N	N	-	-
P9615		Not Covered	X	XXX	N	N	N	N	N	-	-
Q0035	26	Not Covered	A	XXX	N	N	D	N	N	6.23	6.23
Q0035	TC	Not Covered	A	XXX	N	N	D	N	N	7.27	7.27
Q0035		Not Covered	A	XXX	N	N	D	N	N	13.76	13.76
Q0081		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0083		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0084		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0085		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0091		Not Covered	A	XXX	N	N	D	N	N	14.02	29.08
Q0092		Not Covered	A	XXX	N	N	D	N	N	15.06	15.06
Q0111		Not Covered	X	XXX	N	N	N	N	N	-	-
Q0112		Not Covered	X	XXX	N	N	N	N	N	-	-
Q0113		Not Covered	X	XXX	N	N	N	N	N	-	-
Q0114		Not Covered	X	XXX	N	N	N	N	N	-	-
Q0115		Not Covered	X	XXX	N	N	N	N	N	-	-
Q0138		C	E	XXX	N	N	N	N	N	-	-
Q0139		C	E	XXX	N	N	N	N	N	-	-
Q0144		Not Covered	N	XXX	N	N	N	N	N	-	-
Q0161		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0162		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0163		C	X	XXX	N	N	N	N	N	-	-
Q0164		C	X	XXX	N	N	N	N	N	-	-
Q0166		C	X	XXX	N	N	N	N	N	-	-
Q0167		C	X	XXX	N	N	N	N	N	-	-
Q0169		C	X	XXX	N	N	N	N	N	-	-
Q0173		Not Covered	X	XXX	N	N	N	N	N	-	-
Q0174		C	X	XXX	N	N	N	N	N	-	-
Q0175		C	X	XXX	N	N	N	N	N	-	-
Q0177		C	X	XXX	N	N	N	N	N	-	-
Q0180		C	X	XXX	N	N	N	N	N	-	-
Q0181		Not Covered	X	XXX	N	N	N	N	N	-	-
Q0477		Not Covered	X	XXX	N	N	N	N	N	-	-
Q0478		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0479		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0480		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0481		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0482		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0483		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0484		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0485		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0486		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0487		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0488		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0489		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0490		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0491		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0492		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0493		Not Covered	E	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
Q0494		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0495		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0496		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0497		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0498		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0499		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0500		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0501		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0502		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0503		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0504		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0506		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0507		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0508		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0509		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0510		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0511		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0512		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0513		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0514		Not Covered	E	XXX	N	N	N	N	N	-	-
Q0515		Not Covered	E	XXX	N	N	N	N	N	-	-
Q1004		Not Covered	X	XXX	N	N	N	N	N	-	-
Q1005		Not Covered	X	XXX	N	N	N	N	N	-	-
Q2004		Not Covered	E	XXX	N	N	N	N	N	-	-
Q2009		Not Covered	E	XXX	N	N	N	N	N	-	-
Q2017		Not Covered	E	XXX	N	N	N	N	N	-	-
Q2026		Not Covered	E	XXX	N	N	N	N	N	-	-
Q2028		Not Covered	E	XXX	N	N	N	N	N	-	-
Q2034		Not Covered	X	XXX	N	N	N	N	N	-	-
Q2035		Not Covered	X	XXX	N	N	N	N	N	-	-
Q2036		Not Covered	X	XXX	N	N	N	N	N	-	-
Q2037		Not Covered	X	XXX	N	N	N	N	N	-	-
Q2038		Not Covered	X	XXX	N	N	N	N	N	-	-
Q2039		Not Covered	X	XXX	N	N	N	N	N	-	-
Q2041		Not Covered	E	XXX	N	N	N	N	N	-	-
Q2042		Not Covered	E	XXX	N	N	N	N	N	-	-
Q2043		C	E	XXX	N	N	N	N	N	-	-
Q2049		C	E	XXX	N	N	N	N	N	-	-
Q2050		C	E	XXX	N	N	N	N	N	-	-
Q2052		Not Covered	E	XXX	N	N	N	N	N	-	-
Q3001		Not Covered	C	XXX	N	N	D	N	N	-	-
Q3014		C	X	XXX	N	N	N	N	N	-	-
Q3027		Not Covered	E	XXX	N	N	N	N	N	-	-
Q3028		Not Covered	I	XXX	N	N	N	N	N	-	-
Q3031		Not Covered	B	XXX	N	N	N	N	N	-	-
Q4001		C	X	XXX	N	N	N	N	N	-	-
Q4002		C	X	XXX	N	N	N	N	N	-	-
Q4003		C	X	XXX	N	N	N	N	N	-	-
Q4004		C	X	XXX	N	N	N	N	N	-	-
Q4005		C	X	XXX	N	N	N	N	N	-	-
Q4006		C	X	XXX	N	N	N	N	N	-	-
Q4007		C	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	Facility	OB/GYN Non-Facility
Q4008		C	X	XXX	N	N	N	N	N	-	-
Q4009		C	X	XXX	N	N	N	N	N	-	-
Q4010		C	X	XXX	N	N	N	N	N	-	-
Q4011		C	X	XXX	N	N	N	N	N	-	-
Q4012		C	X	XXX	N	N	N	N	N	-	-
Q4013		C	X	XXX	N	N	N	N	N	-	-
Q4014		C	X	XXX	N	N	N	N	N	-	-
Q4015		C	X	XXX	N	N	N	N	N	-	-
Q4016		C	X	XXX	N	N	N	N	N	-	-
Q4017		C	X	XXX	N	N	N	N	N	-	-
Q4018		C	X	XXX	N	N	N	N	N	-	-
Q4019		C	X	XXX	N	N	N	N	N	-	-
Q4020		C	X	XXX	N	N	N	N	N	-	-
Q4021		C	X	XXX	N	N	N	N	N	-	-
Q4022		C	X	XXX	N	N	N	N	N	-	-
Q4023		C	X	XXX	N	N	N	N	N	-	-
Q4024		C	X	XXX	N	N	N	N	N	-	-
Q4025		C	X	XXX	N	N	N	N	N	-	-
Q4026		C	X	XXX	N	N	N	N	N	-	-
Q4027		C	X	XXX	N	N	N	N	N	-	-
Q4028		C	X	XXX	N	N	N	N	N	-	-
Q4029		C	X	XXX	N	N	N	N	N	-	-
Q4030		C	X	XXX	N	N	N	N	N	-	-
Q4031		C	X	XXX	N	N	N	N	N	-	-
Q4032		C	X	XXX	N	N	N	N	N	-	-
Q4033		C	X	XXX	N	N	N	N	N	-	-
Q4034		C	X	XXX	N	N	N	N	N	-	-
Q4035		C	X	XXX	N	N	N	N	N	-	-
Q4036		C	X	XXX	N	N	N	N	N	-	-
Q4037		C	X	XXX	N	N	N	N	N	-	-
Q4038		C	X	XXX	N	N	N	N	N	-	-
Q4039		C	X	XXX	N	N	N	N	N	-	-
Q4040		C	X	XXX	N	N	N	N	N	-	-
Q4041		C	X	XXX	N	N	N	N	N	-	-
Q4042		C	X	XXX	N	N	N	N	N	-	-
Q4043		C	X	XXX	N	N	N	N	N	-	-
Q4044		C	X	XXX	N	N	N	N	N	-	-
Q4045		C	X	XXX	N	N	N	N	N	-	-
Q4046		C	X	XXX	N	N	N	N	N	-	-
Q4047		C	X	XXX	N	N	N	N	N	-	-
Q4048		C	X	XXX	N	N	N	N	N	-	-
Q4049		C	X	XXX	N	N	N	N	N	-	-
Q4050		Cost Invoice	X	XXX	N	N	N	N	N	-	-
Q4051		Cost Invoice	X	XXX	N	N	N	N	N	-	-
Q4074		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4081		C	E	XXX	N	N	N	N	N	-	-
Q4082		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4100		Cost Invoice	E	XXX	N	N	N	N	N	-	-
Q4101		C	E	XXX	N	N	N	N	N	-	-
Q4102		C	E	XXX	N	N	N	N	N	-	-
Q4103		C	E	XXX	N	N	N	N	N	-	-
Q4104		C	E	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
Q4105		C	E	XXX	N	N	N	N	N	-	-
Q4106		C	E	XXX	N	N	N	N	N	-	-
Q4107		C	E	XXX	N	N	N	N	N	-	-
Q4108		C	E	XXX	N	N	N	N	N	-	-
Q4110		C	E	XXX	N	N	N	N	N	-	-
Q4111		C	E	XXX	N	N	N	N	N	-	-
Q4112		C	E	XXX	N	N	N	N	N	-	-
Q4113		C	E	XXX	N	N	N	N	N	-	-
Q4114		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4115		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4116		C	E	XXX	N	N	N	N	N	-	-
Q4117		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4118		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4121		C	E	XXX	N	N	N	N	N	-	-
Q4122		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4123		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4124		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4125		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4126		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4127		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4128		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4130		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4132		Not Covered	X	XXX	N	N	N	N	N	-	-
Q4133		Not Covered	X	XXX	N	N	N	N	N	-	-
Q4134		Not Covered	X	XXX	N	N	N	N	N	-	-
Q4135		Not Covered	X	XXX	N	N	N	N	N	-	-
Q4136		Not Covered	X	XXX	N	N	N	N	N	-	-
Q4137		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4138		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4139		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4140		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4141		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4142		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4143		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4145		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4146		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4147		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4148		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4149		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4150		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4151		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4152		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4153		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4154		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4155		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4156		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4157		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4158		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4159		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4160		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4161		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4162		Not Covered	E	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
Q4163		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4164		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4165		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4166		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4167		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4168		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4169		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4170		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4171		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4173		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4174		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4175		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4176		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4177		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4178		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4179		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4180		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4181		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4182		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4183		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4184		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4185		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4186		Not Covered	X	XXX	N	N	N	N	N	-	-
Q4187		Not Covered	X	XXX	N	N	N	N	N	-	-
Q4188		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4189		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4190		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4191		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4192		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4193		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4194		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4195		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4196		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4197		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4198		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4200		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4201		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4202		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4203		Not Covered	E	XXX	N	N	N	N	N	-	-
Q4204		Not Covered	E	XXX	N	N	N	N	N	-	-
Q5001		Not Covered	E	XXX	N	N	N	N	N	-	-
Q5002		Not Covered	E	XXX	N	N	N	N	N	-	-
Q5003		Not Covered	E	XXX	N	N	N	N	N	-	-
Q5004		Not Covered	E	XXX	N	N	N	N	N	-	-
Q5005		Not Covered	E	XXX	N	N	N	N	N	-	-
Q5006		Not Covered	E	XXX	N	N	N	N	N	-	-
Q5007		Not Covered	E	XXX	N	N	N	N	N	-	-
Q5008		Not Covered	E	XXX	N	N	N	N	N	-	-
Q5009		Not Covered	E	XXX	N	N	N	N	N	-	-
Q5010		Not Covered	E	XXX	N	N	N	N	N	-	-
Q5101		C	E	XXX	N	N	N	N	N	-	-
Q5103		Not Covered	E	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
Q5104		Not Covered	E	XXX	N	N	N	N	N	-	-
Q5105		Not Covered	E	XXX	N	N	N	N	N	-	-
Q5106		Not Covered	E	XXX	N	N	N	N	N	-	-
Q5107		Not Covered	E	XXX	N	N	N	N	N	-	-
Q5108		Not Covered	E	XXX	N	N	N	N	N	-	-
Q5109		Not Covered	E	XXX	N	N	N	N	N	-	-
Q5110		Not Covered	E	XXX	N	N	N	N	N	-	-
Q9950		Not Covered	E	XXX	N	N	N	N	N	-	-
Q9951		Not Covered	E	XXX	N	N	N	N	N	-	-
Q9953	C		E	XXX	N	N	N	N	N	-	-
Q9954	C		E	XXX	N	N	N	N	N	-	-
Q9955	C		E	XXX	N	N	N	N	N	-	-
Q9956	C		E	XXX	N	N	N	N	N	-	-
Q9957	C		E	XXX	N	N	N	N	N	-	-
Q9958	C		E	XXX	N	N	N	N	N	-	-
Q9959	C		E	XXX	N	N	N	N	N	-	-
Q9960	C		E	XXX	N	N	N	N	N	-	-
Q9961	C		E	XXX	N	N	N	N	N	-	-
Q9962	C		E	XXX	N	N	N	N	N	-	-
Q9963	C		E	XXX	N	N	N	N	N	-	-
Q9964	C		E	XXX	N	N	N	N	N	-	-
Q9965	C		E	XXX	N	N	N	N	N	-	-
Q9966	C		E	XXX	N	N	N	N	N	-	-
Q9967	C		E	XXX	N	N	N	N	N	-	-
Q9968		Not Covered	E	XXX	N	N	N	N	N	-	-
Q9969		Not Covered	E	XXX	N	N	N	N	N	-	-
Q9982		Not Covered	E	XXX	N	N	N	N	N	-	-
Q9983		Not Covered	E	XXX	N	N	N	N	N	-	-
Q9991		Not Covered	E	XXX	N	N	N	N	N	-	-
Q9992		Not Covered	E	XXX	N	N	N	N	N	-	-
R0070	C		C	XXX	N	N	D	N	N	-	-
R0075	C		C	XXX	N	N	D	N	N	-	-
R0076		Not Covered	B	XXX	N	N	N	N	N	-	-
S0012		Not Covered	I	XXX	N	N	N	N	N	-	-
S0014		Not Covered	I	XXX	N	N	N	N	N	-	-
S0017		Not Covered	I	XXX	N	N	N	N	N	-	-
S0020		Not Covered	I	XXX	N	N	N	N	N	-	-
S0021		Not Covered	I	XXX	N	N	N	N	N	-	-
S0023		Not Covered	I	XXX	N	N	N	N	N	-	-
S0028		Not Covered	I	XXX	N	N	N	N	N	-	-
S0030		Not Covered	I	XXX	N	N	N	N	N	-	-
S0032		Not Covered	I	XXX	N	N	N	N	N	-	-
S0034		Not Covered	I	XXX	N	N	N	N	N	-	-
S0039		Not Covered	I	XXX	N	N	N	N	N	-	-
S0040		Not Covered	I	XXX	N	N	N	N	N	-	-
S0073		Not Covered	I	XXX	N	N	N	N	N	-	-
S0074		Not Covered	I	XXX	N	N	N	N	N	-	-
S0077		Not Covered	I	XXX	N	N	N	N	N	-	-
S0078		Not Covered	I	XXX	N	N	N	N	N	-	-
S0080		Not Covered	I	XXX	N	N	N	N	N	-	-
S0081		Not Covered	I	XXX	N	N	N	N	N	-	-
S0088		Not Covered	I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
S0090		Not Covered	I	XXX	N	N	N	N	N	-	-
S0091		Not Covered	I	XXX	N	N	N	N	N	-	-
S0092		Not Covered	I	XXX	N	N	N	N	N	-	-
S0093		Not Covered	I	XXX	N	N	N	N	N	-	-
S0104		Not Covered	I	XXX	N	N	N	N	N	-	-
S0106		Not Covered	I	XXX	N	N	N	N	N	-	-
S0108		Not Covered	I	XXX	N	N	N	N	N	-	-
S0109	C		I	XXX	N	N	N	N	N	-	-
S0117		Not Covered	I	XXX	N	N	N	N	N	-	-
S0119		Not Covered	I	XXX	N	N	N	N	N	-	-
S0122		Not Covered	I	XXX	N	N	N	N	N	-	-
S0126		Not Covered	I	XXX	N	N	N	N	N	-	-
S0128		Not Covered	I	XXX	N	N	N	N	N	-	-
S0132		Not Covered	I	XXX	N	N	N	N	N	-	-
S0136	C		I	XXX	N	N	N	N	N	-	-
S0137	C		I	XXX	N	N	N	N	N	-	-
S0138	C		I	XXX	N	N	N	N	N	-	-
S0139	C		I	XXX	N	N	N	N	N	-	-
S0140	C		I	XXX	N	N	N	N	N	-	-
S0142	C		I	XXX	N	N	N	N	N	-	-
S0145	C		I	XXX	N	N	N	N	N	-	-
S0148		Not Covered	I	XXX	N	N	N	N	N	-	-
S0155		Not Covered	I	XXX	N	N	N	N	N	-	-
S0156		Not Covered	I	XXX	N	N	N	N	N	-	-
S0157		Not Covered	I	XXX	N	N	N	N	N	-	-
S0160	C		I	XXX	N	N	N	N	N	-	-
S0164	C		I	XXX	N	N	N	N	N	-	-
S0166	C		I	XXX	N	N	N	N	N	-	-
S0169		Not Covered	I	XXX	N	N	N	N	N	-	-
S0170		Not Covered	I	XXX	N	N	N	N	N	-	-
S0171		Not Covered	I	XXX	N	N	N	N	N	-	-
S0172		Not Covered	I	XXX	N	N	N	N	N	-	-
S0174		Not Covered	I	XXX	N	N	N	N	N	-	-
S0175		Not Covered	I	XXX	N	N	N	N	N	-	-
S0176		Not Covered	I	XXX	N	N	N	N	N	-	-
S0177		Not Covered	I	XXX	N	N	N	N	N	-	-
S0178		Not Covered	I	XXX	N	N	N	N	N	-	-
S0179		Not Covered	I	XXX	N	N	N	N	N	-	-
S0182		Not Covered	I	XXX	N	N	N	N	N	-	-
S0183		Not Covered	I	XXX	N	N	N	N	N	-	-
S0187		Not Covered	I	XXX	N	N	N	N	N	-	-
S0189		Not Covered	I	XXX	N	N	N	N	N	-	-
S0190	C		I	XXX	N	N	N	N	N	-	-
S0191	C		I	XXX	N	N	N	N	N	-	-
S0194		Not Covered	I	XXX	N	N	N	N	N	-	-
S0197		Not Covered	I	XXX	N	N	N	N	N	-	-
S0199	C		I	XXX	N	N	N	N	N	-	-
S0201	C		I	XXX	N	N	N	N	N	-	-
S0207	C		I	XXX	N	N	N	N	N	-	-
S0208	C		I	XXX	N	N	N	N	N	-	-
S0209		Not Covered	I	XXX	N	N	N	N	N	-	-
S0215	C		I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
S0220		C	I	XXX	N	N	N	N	N	-	-
S0221		C	I	XXX	N	N	N	N	N	-	-
S0250		C	I	XXX	N	N	N	N	N	-	-
S0255		C	I	XXX	N	N	N	N	N	-	-
S0257		Not Covered	I	XXX	N	N	N	N	N	-	-
S0260		C	I	XXX	N	N	N	N	N	-	-
S0265		Not Covered	I	XXX	N	N	N	N	N	-	-
S0270		Not Covered	I	XXX	N	N	N	N	N	-	-
S0271		Not Covered	I	XXX	N	N	N	N	N	-	-
S0272		Not Covered	I	XXX	N	N	N	N	N	-	-
S0273		Not Covered	I	XXX	N	N	N	N	N	-	-
S0274		Not Covered	I	XXX	N	N	N	N	N	-	-
S0280		Not Covered	I	XXX	N	N	N	N	N	-	-
S0281		C	I	XXX	N	N	N	N	N	-	-
S0285		Not Covered	I	XXX	N	N	N	N	N	-	-
S0302		C	I	XXX	N	N	N	N	N	-	-
S0310		C	I	XXX	N	N	N	N	N	-	-
S0311		Not Covered	I	XXX	N	N	N	N	N	-	-
S0315		C	I	XXX	N	N	N	N	N	-	-
S0316		C	I	XXX	N	N	N	N	N	-	-
S0317		C	I	XXX	N	N	N	N	N	-	-
S0320		C	I	XXX	N	N	N	N	N	-	-
S0340		C	I	XXX	N	N	N	N	N	-	-
S0341		C	I	XXX	N	N	N	N	N	-	-
S0342		C	I	XXX	N	N	N	N	N	-	-
S0353		Not Covered	I	XXX	N	N	N	N	N	-	-
S0354		Not Covered	I	XXX	N	N	N	N	N	-	-
S0390		C	I	XXX	N	N	N	N	N	-	-
S0395		C	I	XXX	N	N	N	N	N	-	-
S0400		C	I	XXX	N	N	N	N	N	-	-
S0500		Not Covered	I	XXX	N	N	N	N	N	-	-
S0504		Not Covered	I	XXX	N	N	N	N	N	-	-
S0506		Not Covered	I	XXX	N	N	N	N	N	-	-
S0508		Not Covered	I	XXX	N	N	N	N	N	-	-
S0510		Not Covered	I	XXX	N	N	N	N	N	-	-
S0512		Not Covered	I	XXX	N	N	N	N	N	-	-
S0514		Not Covered	I	XXX	N	N	N	N	N	-	-
S0515		Not Covered	I	XXX	N	N	N	N	N	-	-
S0516		Not Covered	I	XXX	N	N	N	N	N	-	-
S0518		Not Covered	I	XXX	N	N	N	N	N	-	-
S0580		C	I	XXX	N	N	N	N	N	-	-
S0581		Not Covered	I	XXX	N	N	N	N	N	-	-
S0590		C	I	XXX	N	N	N	N	N	-	-
S0592		Not Covered	I	XXX	N	N	N	N	N	-	-
S0595		Not Covered	I	XXX	N	N	N	N	N	-	-
S0596		Not Covered	I	XXX	N	N	N	N	N	-	-
S0601		C	I	XXX	N	N	N	N	N	-	-
S0610		C	I	XXX	N	N	N	N	N	-	-
S0612		C	I	XXX	N	N	N	N	N	-	-
S0613		Not Covered	I	XXX	N	N	N	N	N	-	-
S0618		Not Covered	I	XXX	N	N	N	N	N	-	-
S0620		Not Covered	I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
S0621		Not Covered	I	XXX	N	N	N	N	N	-	-
S0622		C	I	XXX	N	N	N	N	N	-	-
S0630		Not Covered	I	XXX	N	N	N	N	N	-	-
S0800		C	I	XXX	N	N	N	N	N	-	-
S0810		C	I	XXX	N	N	N	N	N	-	-
S0812		C	I	XXX	N	N	N	N	N	-	-
S1001		C	I	XXX	N	N	N	N	N	-	-
S1002		C	I	XXX	N	N	N	N	N	-	-
S1015		C	I	XXX	N	N	N	N	N	-	-
S1016		C	I	XXX	N	N	N	N	N	-	-
S1030		C	I	XXX	N	N	N	N	N	-	-
S1031		C	I	XXX	N	N	N	N	N	-	-
S1034		Not Covered	I	XXX	N	N	N	N	N	-	-
S1035		Not Covered	I	XXX	N	N	N	N	N	-	-
S1036		Not Covered	I	XXX	N	N	N	N	N	-	-
S1037		Not Covered	I	XXX	N	N	N	N	N	-	-
S1040		C	I	XXX	N	N	N	N	N	-	-
S1090		Not Covered	I	XXX	N	N	N	N	N	-	-
S2053		C	I	XXX	N	N	N	N	N	-	-
S2054		C	I	XXX	N	N	N	N	N	-	-
S2055		C	I	XXX	N	N	N	N	N	-	-
S2060		C	I	XXX	N	N	N	N	N	-	-
S2061		C	I	XXX	N	N	N	N	N	-	-
S2065		C	I	XXX	N	N	N	N	N	-	-
S2066		Not Covered	I	XXX	N	N	N	N	N	-	-
S2067		Not Covered	I	XXX	N	N	N	N	N	-	-
S2068		Not Covered	I	XXX	N	N	N	N	N	-	-
S2070		C	I	XXX	N	N	N	N	N	-	-
S2079		Not Covered	I	XXX	N	N	N	N	N	-	-
S2080		C	I	XXX	N	N	N	N	N	-	-
S2083		C	I	XXX	N	N	N	N	N	-	-
S2095		Not Covered	I	XXX	N	N	N	N	N	-	-
S2102		C	I	XXX	N	N	N	N	N	-	-
S2103		C	I	XXX	N	N	N	N	N	-	-
S2107		C	I	XXX	N	N	N	N	N	-	-
S2112		C	I	XXX	N	N	N	N	N	-	-
S2115		C	I	XXX	N	N	N	N	N	-	-
S2117		Not Covered	I	XXX	N	N	N	N	N	-	-
S2118		Not Covered	I	XXX	N	N	N	N	N	-	-
S2120		C	I	XXX	N	N	N	N	N	-	-
S2140		C	I	XXX	N	N	N	N	N	-	-
S2142		C	I	XXX	N	N	N	N	N	-	-
S2150		C	I	XXX	N	N	N	N	N	-	-
S2152		Not Covered	I	XXX	N	N	N	N	N	-	-
S2202		C	I	XXX	N	N	N	N	N	-	-
S2205		C	I	XXX	N	N	N	N	N	-	-
S2206		C	I	XXX	N	N	N	N	N	-	-
S2207		C	I	XXX	N	N	N	N	N	-	-
S2208		C	I	XXX	N	N	N	N	N	-	-
S2209		C	I	XXX	N	N	N	N	N	-	-
S2225		Not Covered	I	XXX	N	N	N	N	N	-	-
S2230		C	I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
S2235		C	I	XXX	N	N	N	N	N	-	-
S2260		Not Covered	I	XXX	N	N	N	N	N	-	-
S2265		Not Covered	I	XXX	N	N	N	N	N	-	-
S2266		Not Covered	I	XXX	N	N	N	N	N	-	-
S2267		Not Covered	I	XXX	N	N	N	N	N	-	-
S2300		C	I	XXX	N	N	N	N	N	-	-
S2325		C	I	XXX	N	N	N	N	N	-	-
S2340		C	I	XXX	N	N	N	N	N	-	-
S2341		C	I	XXX	N	N	N	N	N	-	-
S2342		C	I	XXX	N	N	N	N	N	-	-
S2348		Not Covered	I	XXX	N	N	N	N	N	-	-
S2350		C	I	XXX	N	N	N	N	N	-	-
S2351		C	I	XXX	N	N	N	N	N	-	-
S2400		C	I	XXX	N	N	N	N	N	-	-
S2401		C	I	XXX	N	N	N	N	N	-	-
S2402		C	I	XXX	N	N	N	N	N	-	-
S2403		C	I	XXX	N	N	N	N	N	-	-
S2404		C	I	XXX	N	N	N	N	N	-	-
S2405		C	I	XXX	N	N	N	N	N	-	-
S2409		C	I	XXX	N	N	N	N	N	-	-
S2411		C	I	XXX	N	N	N	N	N	-	-
S2900		Not Covered	I	XXX	N	N	N	N	N	-	-
S3000		C	I	XXX	N	N	N	N	N	-	-
S3005		Not Covered	I	XXX	N	N	N	N	N	-	-
S3600		C	I	XXX	N	N	N	N	N	-	-
S3601		C	I	XXX	N	N	N	N	N	-	-
S3620		Not Covered	I	XXX	N	N	N	N	N	-	-
S3630		C	I	XXX	N	N	N	N	N	-	-
S3645		C	I	XXX	N	N	N	N	N	-	-
S3650		C	I	XXX	N	N	N	N	N	-	-
S3652		C	I	XXX	N	N	N	N	N	-	-
S3655		C	I	XXX	N	N	N	N	N	-	-
S3708		C	I	XXX	N	N	N	N	N	-	-
S3722		Not Covered	I	XXX	N	N	N	N	N	-	-
S3800		Not Covered	I	XXX	N	N	N	N	N	-	-
S3840		C	I	XXX	N	N	N	N	N	-	-
S3841		C	I	XXX	N	N	N	N	N	-	-
S3842		C	I	XXX	N	N	N	N	N	-	-
S3844		C	I	XXX	N	N	N	N	N	-	-
S3845		C	I	XXX	N	N	N	N	N	-	-
S3846		C	I	XXX	N	N	N	N	N	-	-
S3849		C	I	XXX	N	N	N	N	N	-	-
S3850		C	I	XXX	N	N	N	N	N	-	-
S3852		C	I	XXX	N	N	N	N	N	-	-
S3853		Not Covered	I	XXX	N	N	N	N	N	-	-
S3854		Not Covered	I	XXX	N	N	N	N	N	-	-
S3861		Not Covered	I	XXX	N	N	N	N	N	-	-
S3865		Not Covered	I	XXX	N	N	N	N	N	-	-
S3866		Not Covered	I	XXX	N	N	N	N	N	-	-
S3870		Not Covered	I	XXX	N	N	N	N	N	-	-
S3900		C	I	XXX	N	N	N	N	N	-	-
S3902		C	I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
S3904		C	I	XXX	N	N	N	N	N	-	-
S4005		Not Covered	I	XXX	N	N	N	N	N	-	-
S4011		Not Covered	I	XXX	N	N	N	N	N	-	-
S4013		Not Covered	I	XXX	N	N	N	N	N	-	-
S4014		Not Covered	I	XXX	N	N	N	N	N	-	-
S4015		Not Covered	I	XXX	N	N	N	N	N	-	-
S4016		Not Covered	I	XXX	N	N	N	N	N	-	-
S4017		Not Covered	I	XXX	N	N	N	N	N	-	-
S4018		Not Covered	I	XXX	N	N	N	N	N	-	-
S4020		Not Covered	I	XXX	N	N	N	N	N	-	-
S4021		Not Covered	I	XXX	N	N	N	N	N	-	-
S4022		Not Covered	I	XXX	N	N	N	N	N	-	-
S4023		Not Covered	I	XXX	N	N	N	N	N	-	-
S4025		Not Covered	I	XXX	N	N	N	N	N	-	-
S4026		Not Covered	I	XXX	N	N	N	N	N	-	-
S4027		Not Covered	I	XXX	N	N	N	N	N	-	-
S4028		Not Covered	I	XXX	N	N	N	N	N	-	-
S4030		Not Covered	I	XXX	N	N	N	N	N	-	-
S4031		Not Covered	I	XXX	N	N	N	N	N	-	-
S4035		Not Covered	I	XXX	N	N	N	N	N	-	-
S4037		Not Covered	I	XXX	N	N	N	N	N	-	-
S4040		Not Covered	I	XXX	N	N	N	N	N	-	-
S4042		Not Covered	I	XXX	N	N	N	N	N	-	-
S4981		Not Covered	I	XXX	N	N	N	N	N	-	-
S4989		Not Covered	I	XXX	N	N	N	N	N	-	-
S4990		Not Covered	I	XXX	N	N	N	N	N	-	-
S4991		Not Covered	I	XXX	N	N	N	N	N	-	-
S4993		Not Covered	I	XXX	N	N	N	N	N	-	-
S4995		Not Covered	I	XXX	N	N	N	N	N	-	-
S5000		Not Covered	I	XXX	N	N	N	N	N	-	-
S5001		Not Covered	I	XXX	N	N	N	N	N	-	-
S5010		Not Covered	I	XXX	N	N	N	N	N	-	-
S5012		Not Covered	I	XXX	N	N	N	N	N	-	-
S5013		Not Covered	I	XXX	N	N	N	N	N	-	-
S5014		Not Covered	I	XXX	N	N	N	N	N	-	-
S5035		Not Covered	I	XXX	N	N	N	N	N	-	-
S5036		Not Covered	I	XXX	N	N	N	N	N	-	-
S5100		Not Covered	I	XXX	N	N	N	N	N	-	-
S5101		Not Covered	I	XXX	N	N	N	N	N	-	-
S5102		Not Covered	I	XXX	N	N	N	N	N	-	-
S5105		Not Covered	I	XXX	N	N	N	N	N	-	-
S5108		Not Covered	I	XXX	N	N	N	N	N	-	-
S5109		Not Covered	I	XXX	N	N	N	N	N	-	-
S5110		Not Covered	I	XXX	N	N	N	N	N	-	-
S5111		Not Covered	I	XXX	N	N	N	N	N	-	-
S5115		Not Covered	I	XXX	N	N	N	N	N	-	-
S5116		Not Covered	I	XXX	N	N	N	N	N	-	-
S5120		Not Covered	I	XXX	N	N	N	N	N	-	-
S5121		Not Covered	I	XXX	N	N	N	N	N	-	-
S5125		C	I	XXX	N	N	N	N	N	-	-
S5126		Not Covered	I	XXX	N	N	N	N	N	-	-
S5130		C	I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
S5131		Not Covered	I	XXX	N	N	N	N	N	-	-
S5135	C		I	XXX	N	N	N	N	N	-	-
S5136		Not Covered	I	XXX	N	N	N	N	N	-	-
S5140		Not Covered	I	XXX	N	N	N	N	N	-	-
S5141		Not Covered	I	XXX	N	N	N	N	N	-	-
S5145		Not Covered	I	XXX	N	N	N	N	N	-	-
S5146		Not Covered	I	XXX	N	N	N	N	N	-	-
S5150		Not Covered	I	XXX	N	N	N	N	N	-	-
S5151		Not Covered	I	XXX	N	N	N	N	N	-	-
S5160		Not Covered	I	XXX	N	N	N	N	N	-	-
S5161	C		I	XXX	N	N	N	N	N	-	-
S5162		Not Covered	I	XXX	N	N	N	N	N	-	-
S5165	C		I	XXX	N	N	N	N	N	-	-
S5170		Not Covered	I	XXX	N	N	N	N	N	-	-
S5175		Not Covered	I	XXX	N	N	N	N	N	-	-
S5180		Not Covered	I	XXX	N	N	N	N	N	-	-
S5181		Not Covered	I	XXX	N	N	N	N	N	-	-
S5185		Not Covered	I	XXX	N	N	N	N	N	-	-
S5190	C		I	XXX	N	N	N	N	N	-	-
S5199		Not Covered	I	XXX	N	N	N	N	N	-	-
S5497		Not Covered	I	XXX	N	N	N	N	N	-	-
S5498		Not Covered	I	XXX	N	N	N	N	N	-	-
S5501		Not Covered	I	XXX	N	N	N	N	N	-	-
S5502		Not Covered	I	XXX	N	N	N	N	N	-	-
S5517		Not Covered	I	XXX	N	N	N	N	N	-	-
S5518		Not Covered	I	XXX	N	N	N	N	N	-	-
S5520		Not Covered	I	XXX	N	N	N	N	N	-	-
S5521		Not Covered	I	XXX	N	N	N	N	N	-	-
S5522		Not Covered	I	XXX	N	N	N	N	N	-	-
S5523		Not Covered	I	XXX	N	N	N	N	N	-	-
S5550		Not Covered	I	XXX	N	N	N	N	N	-	-
S5551		Not Covered	I	XXX	N	N	N	N	N	-	-
S5552		Not Covered	I	XXX	N	N	N	N	N	-	-
S5553		Not Covered	I	XXX	N	N	N	N	N	-	-
S5560		Not Covered	I	XXX	N	N	N	N	N	-	-
S5561		Not Covered	I	XXX	N	N	N	N	N	-	-
S5565		Not Covered	I	XXX	N	N	N	N	N	-	-
S5566		Not Covered	I	XXX	N	N	N	N	N	-	-
S5570		Not Covered	I	XXX	N	N	N	N	N	-	-
S5571		Not Covered	I	XXX	N	N	N	N	N	-	-
S8030		Not Covered	I	XXX	N	N	N	N	N	-	-
S8035		Not Covered	I	XXX	N	N	N	N	N	-	-
S8037		Not Covered	I	XXX	N	N	N	N	N	-	-
S8040		Not Covered	I	XXX	N	N	N	N	N	-	-
S8042		Not Covered	I	XXX	N	N	N	N	N	-	-
S8055		Not Covered	I	XXX	N	N	N	N	N	-	-
S8080		Not Covered	I	XXX	N	N	N	N	N	-	-
S8085		Not Covered	I	XXX	N	N	N	N	N	-	-
S8092		Not Covered	I	XXX	N	N	N	N	N	-	-
S8096		Not Covered	I	XXX	N	N	N	N	N	-	-
S8097		Not Covered	I	XXX	N	N	N	N	N	-	-
S8100		Not Covered	I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
S8101		Not Covered	I	XXX	N	N	N	N	N	-	-
S8110		Not Covered	I	XXX	N	N	N	N	N	-	-
S8120		Not Covered	I	XXX	N	N	N	N	N	-	-
S8121		Not Covered	I	XXX	N	N	N	N	N	-	-
S8130		Not Covered	I	XXX	N	N	N	N	N	-	-
S8131		Not Covered	I	XXX	N	N	N	N	N	-	-
S8185		Not Covered	I	XXX	N	N	N	N	N	-	-
S8186		Not Covered	I	XXX	N	N	N	N	N	-	-
S8189		Not Covered	I	XXX	N	N	N	N	N	-	-
S8210		Not Covered	I	XXX	N	N	N	N	N	-	-
S8265		Not Covered	I	XXX	N	N	N	N	N	-	-
S8270		Not Covered	I	XXX	N	N	N	N	N	-	-
S8301		Not Covered	I	XXX	N	N	N	N	N	-	-
S8415		Not Covered	I	XXX	N	N	N	N	N	-	-
S8420		Not Covered	I	XXX	N	N	N	N	N	-	-
S8421		Not Covered	I	XXX	N	N	N	N	N	-	-
S8422		Not Covered	I	XXX	N	N	N	N	N	-	-
S8423		Not Covered	I	XXX	N	N	N	N	N	-	-
S8424		Not Covered	I	XXX	N	N	N	N	N	-	-
S8425		Not Covered	I	XXX	N	N	N	N	N	-	-
S8426		Not Covered	I	XXX	N	N	N	N	N	-	-
S8427		Not Covered	I	XXX	N	N	N	N	N	-	-
S8428		Not Covered	I	XXX	N	N	N	N	N	-	-
S8429		Not Covered	I	XXX	N	N	N	N	N	-	-
S8430		Not Covered	I	XXX	N	N	N	N	N	-	-
S8431		Not Covered	I	XXX	N	N	N	N	N	-	-
S8450		Not Covered	I	XXX	N	N	N	N	N	-	-
S8451		Not Covered	I	XXX	N	N	N	N	N	-	-
S8452		Not Covered	I	XXX	N	N	N	N	N	-	-
S8460		Not Covered	I	XXX	N	N	N	N	N	-	-
S8490		Not Covered	I	XXX	N	N	N	N	N	-	-
S8930		Not Covered	I	XXX	N	N	N	N	N	-	-
S8940		Not Covered	I	XXX	N	N	N	N	N	-	-
S8948		Not Covered	I	XXX	N	N	N	N	N	-	-
S8950		Not Covered	I	XXX	N	N	N	N	N	-	-
S8990		Not Covered	I	XXX	N	N	N	N	N	-	-
S8999		Not Covered	I	XXX	N	N	N	N	N	-	-
S9001		Not Covered	I	XXX	N	N	N	N	N	-	-
S9007		Not Covered	I	XXX	N	N	N	N	N	-	-
S9024		Not Covered	I	XXX	N	N	N	N	N	-	-
S9025		Not Covered	I	XXX	N	N	N	N	N	-	-
S9034		Not Covered	I	XXX	N	N	N	N	N	-	-
S9055		Not Covered	I	XXX	N	N	N	N	N	-	-
S9056		Not Covered	I	XXX	N	N	N	N	N	-	-
S9061		Not Covered	I	XXX	N	N	N	N	N	-	-
S9083		Not Covered	I	XXX	N	N	N	N	N	-	-
S9088		Not Covered	I	XXX	N	N	N	N	N	-	-
S9090		Not Covered	I	XXX	N	N	N	N	N	-	-
S9097		Not Covered	I	XXX	N	N	N	N	N	-	-
S9098		Not Covered	I	XXX	N	N	N	N	N	-	-
S9110		Not Covered	I	XXX	N	N	N	N	N	-	-
S9117		Not Covered	I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
S9122		Not Covered	I	XXX	N	N	N	N	N	-	-
S9123		Not Covered	I	XXX	N	N	N	N	N	-	-
S9124		Not Covered	I	XXX	N	N	N	N	N	-	-
S9125		Not Covered	I	XXX	N	N	N	N	N	-	-
S9126		Not Covered	I	XXX	N	N	N	N	N	-	-
S9127		Not Covered	I	XXX	N	N	N	N	N	-	-
S9128		Not Covered	I	XXX	N	N	N	N	N	-	-
S9129		Not Covered	I	XXX	N	N	N	N	N	-	-
S9131		Not Covered	I	XXX	N	N	N	N	N	-	-
S9140		Not Covered	I	XXX	N	N	N	N	N	-	-
S9141		Not Covered	I	XXX	N	N	N	N	N	-	-
S9145		Not Covered	I	XXX	N	N	N	N	N	-	-
S9150		Not Covered	I	XXX	N	N	N	N	N	-	-
S9152		Not Covered	I	XXX	N	N	N	N	N	-	-
S9208		Not Covered	I	XXX	N	N	N	N	N	-	-
S9209		Not Covered	I	XXX	N	N	N	N	N	-	-
S9211		Not Covered	I	XXX	N	N	N	N	N	-	-
S9212		Not Covered	I	XXX	N	N	N	N	N	-	-
S9213		Not Covered	I	XXX	N	N	N	N	N	-	-
S9214		Not Covered	I	XXX	N	N	N	N	N	-	-
S9325		Not Covered	I	XXX	N	N	N	N	N	-	-
S9326		Not Covered	I	XXX	N	N	N	N	N	-	-
S9327		Not Covered	I	XXX	N	N	N	N	N	-	-
S9328		Not Covered	I	XXX	N	N	N	N	N	-	-
S9329		Not Covered	I	XXX	N	N	N	N	N	-	-
S9330		Not Covered	I	XXX	N	N	N	N	N	-	-
S9331		Not Covered	I	XXX	N	N	N	N	N	-	-
S9335		Not Covered	I	XXX	N	N	N	N	N	-	-
S9336		Not Covered	I	XXX	N	N	N	N	N	-	-
S9338		Not Covered	I	XXX	N	N	N	N	N	-	-
S9339		Not Covered	I	XXX	N	N	N	N	N	-	-
S9340		Not Covered	I	XXX	N	N	N	N	N	-	-
S9341		Not Covered	I	XXX	N	N	N	N	N	-	-
S9342		Not Covered	I	XXX	N	N	N	N	N	-	-
S9343		Not Covered	I	XXX	N	N	N	N	N	-	-
S9345		Not Covered	I	XXX	N	N	N	N	N	-	-
S9346		Not Covered	I	XXX	N	N	N	N	N	-	-
S9347		Not Covered	I	XXX	N	N	N	N	N	-	-
S9348		Not Covered	I	XXX	N	N	N	N	N	-	-
S9349		Not Covered	I	XXX	N	N	N	N	N	-	-
S9351		Not Covered	I	XXX	N	N	N	N	N	-	-
S9353		Not Covered	I	XXX	N	N	N	N	N	-	-
S9355		Not Covered	I	XXX	N	N	N	N	N	-	-
S9357		Not Covered	I	XXX	N	N	N	N	N	-	-
S9359		Not Covered	I	XXX	N	N	N	N	N	-	-
S9361		Not Covered	I	XXX	N	N	N	N	N	-	-
S9363		Not Covered	I	XXX	N	N	N	N	N	-	-
S9364		Not Covered	I	XXX	N	N	N	N	N	-	-
S9365		Not Covered	I	XXX	N	N	N	N	N	-	-
S9366		Not Covered	I	XXX	N	N	N	N	N	-	-
S9367		Not Covered	I	XXX	N	N	N	N	N	-	-
S9368		Not Covered	I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
S9370		Not Covered	I	XXX	N	N	N	N	N	-	-
S9372		Not Covered	I	XXX	N	N	N	N	N	-	-
S9373		Not Covered	I	XXX	N	N	N	N	N	-	-
S9374		Not Covered	I	XXX	N	N	N	N	N	-	-
S9375		Not Covered	I	XXX	N	N	N	N	N	-	-
S9376		Not Covered	I	XXX	N	N	N	N	N	-	-
S9377		Not Covered	I	XXX	N	N	N	N	N	-	-
S9379		Not Covered	I	XXX	N	N	N	N	N	-	-
S9381		Not Covered	I	XXX	N	N	N	N	N	-	-
S9401		Not Covered	I	XXX	N	N	N	N	N	-	-
S9430		Not Covered	I	XXX	N	N	N	N	N	-	-
S9433		Not Covered	I	XXX	N	N	N	N	N	-	-
S9434		Not Covered	I	XXX	N	N	N	N	N	-	-
S9435	C		I	XXX	N	N	N	N	N	-	-
S9436		Not Covered	I	XXX	N	N	N	N	N	-	-
S9437		Not Covered	I	XXX	N	N	N	N	N	-	-
S9438		Not Covered	I	XXX	N	N	N	N	N	-	-
S9439		Not Covered	I	XXX	N	N	N	N	N	-	-
S9441		Not Covered	I	XXX	N	N	N	N	N	-	-
S9442	C		I	XXX	N	N	N	N	N	-	-
S9443		Not Covered	I	XXX	N	N	N	N	N	-	-
S9444	C		I	XXX	N	N	N	N	N	-	-
S9445	C		I	XXX	N	N	N	N	N	-	-
S9446		Not Covered	I	XXX	N	N	N	N	N	-	-
S9447		Not Covered	I	XXX	N	N	N	N	N	-	-
S9449	C		I	XXX	N	N	N	N	N	-	-
S9451	C		I	XXX	N	N	N	N	N	-	-
S9452	C		I	XXX	N	N	N	N	N	-	-
S9453		Not Covered	I	XXX	N	N	N	N	N	-	-
S9454		Not Covered	I	XXX	N	N	N	N	N	-	-
S9455		Not Covered	I	XXX	N	N	N	N	N	-	-
S9460		Not Covered	I	XXX	N	N	N	N	N	-	-
S9465		Not Covered	I	XXX	N	N	N	N	N	-	-
S9470		Not Covered	I	XXX	N	N	N	N	N	-	-
S9472		Not Covered	I	XXX	N	N	N	N	N	-	-
S9473		Not Covered	I	XXX	N	N	N	N	N	-	-
S9474		Not Covered	I	XXX	N	N	N	N	N	-	-
S9475		Not Covered	I	XXX	N	N	N	N	N	-	-
S9476		Not Covered	I	XXX	N	N	N	N	N	-	-
S9480		Not Covered	I	XXX	N	N	N	N	N	-	-
S9482		Not Covered	I	XXX	N	N	N	N	N	-	-
S9484		Not Covered	I	XXX	N	N	N	N	N	-	-
S9485		Not Covered	I	XXX	N	N	N	N	N	-	-
S9490		Not Covered	I	XXX	N	N	N	N	N	-	-
S9494		Not Covered	I	XXX	N	N	N	N	N	-	-
S9497		Not Covered	I	XXX	N	N	N	N	N	-	-
S9500		Not Covered	I	XXX	N	N	N	N	N	-	-
S9501		Not Covered	I	XXX	N	N	N	N	N	-	-
S9502		Not Covered	I	XXX	N	N	N	N	N	-	-
S9503		Not Covered	I	XXX	N	N	N	N	N	-	-
S9504		Not Covered	I	XXX	N	N	N	N	N	-	-
S9529	C		I	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
S9537		Not Covered	I	XXX	N	N	N	N	N	-	-
S9538		Not Covered	I	XXX	N	N	N	N	N	-	-
S9542		Not Covered	I	XXX	N	N	N	N	N	-	-
S9558		Not Covered	I	XXX	N	N	N	N	N	-	-
S9559		Not Covered	I	XXX	N	N	N	N	N	-	-
S9560		Not Covered	I	XXX	N	N	N	N	N	-	-
S9562		Not Covered	I	XXX	N	N	N	N	N	-	-
S9590		Not Covered	I	XXX	N	N	N	N	N	-	-
S9810		Not Covered	I	XXX	N	N	N	N	N	-	-
S9900		Not Covered	I	XXX	N	N	N	N	N	-	-
S9901		Not Covered	I	XXX	N	N	N	N	N	-	-
S9960		Not Covered	I	XXX	N	N	N	N	N	-	-
S9961		Not Covered	I	XXX	N	N	N	N	N	-	-
S9970		Not Covered	I	XXX	N	N	N	N	N	-	-
S9975		Not Covered	I	XXX	N	N	N	N	N	-	-
S9976		Not Covered	I	XXX	N	N	N	N	N	-	-
S9977		Not Covered	I	XXX	N	N	N	N	N	-	-
S9981		Not Covered	I	XXX	N	N	N	N	N	-	-
S9982		Not Covered	I	XXX	N	N	N	N	N	-	-
S9986		Not Covered	I	XXX	N	N	N	N	N	-	-
S9988		Not Covered	I	XXX	N	N	N	N	N	-	-
S9989		Not Covered	I	XXX	N	N	N	N	N	-	-
S9990		Not Covered	I	XXX	N	N	N	N	N	-	-
S9991		Not Covered	I	XXX	N	N	N	N	N	-	-
S9992		Not Covered	I	XXX	N	N	N	N	N	-	-
S9994		Not Covered	I	XXX	N	N	N	N	N	-	-
S9996		Not Covered	I	XXX	N	N	N	N	N	-	-
S9999		Not Covered	I	XXX	N	N	N	N	N	-	-
T4545		Not Covered	N	XXX	N	N	N	N	N	-	-
V2020		C	X	XXX	N	N	N	N	N	-	-
V2025		Not Covered	N	XXX	N	N	N	N	N	-	-
V2100		C	X	XXX	N	N	N	N	N	-	-
V2101		C	X	XXX	N	N	N	N	N	-	-
V2102		C	X	XXX	N	N	N	N	N	-	-
V2103		C	X	XXX	N	N	N	N	N	-	-
V2104		C	X	XXX	N	N	N	N	N	-	-
V2105		C	X	XXX	N	N	N	N	N	-	-
V2106		C	X	XXX	N	N	N	N	N	-	-
V2107		C	X	XXX	N	N	N	N	N	-	-
V2108		C	X	XXX	N	N	N	N	N	-	-
V2109		C	X	XXX	N	N	N	N	N	-	-
V2110		C	X	XXX	N	N	N	N	N	-	-
V2111		C	X	XXX	N	N	N	N	N	-	-
V2112		C	X	XXX	N	N	N	N	N	-	-
V2113		C	X	XXX	N	N	N	N	N	-	-
V2114		C	X	XXX	N	N	N	N	N	-	-
V2115		C	X	XXX	N	N	N	N	N	-	-
V2118		C	X	XXX	N	N	N	N	N	-	-
V2121		C	X	XXX	N	N	N	N	N	-	-
V2199		Unlstd/Manual	X	XXX	N	N	N	N	N	-	-
V2200		C	X	XXX	N	N	N	N	N	-	-
V2201		C	X	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
V2202		C	X	XXX	N	N	N	N	N	-	-
V2203		C	X	XXX	N	N	N	N	N	-	-
V2204		C	X	XXX	N	N	N	N	N	-	-
V2205		C	X	XXX	N	N	N	N	N	-	-
V2206		C	X	XXX	N	N	N	N	N	-	-
V2207		C	X	XXX	N	N	N	N	N	-	-
V2208		C	X	XXX	N	N	N	N	N	-	-
V2209		C	X	XXX	N	N	N	N	N	-	-
V2210		C	X	XXX	N	N	N	N	N	-	-
V2211		C	X	XXX	N	N	N	N	N	-	-
V2212		C	X	XXX	N	N	N	N	N	-	-
V2213		C	X	XXX	N	N	N	N	N	-	-
V2214		C	X	XXX	N	N	N	N	N	-	-
V2215		C	X	XXX	N	N	N	N	N	-	-
V2218		C	X	XXX	N	N	N	N	N	-	-
V2219		C	X	XXX	N	N	N	N	N	-	-
V2220		C	X	XXX	N	N	N	N	N	-	-
V2221		C	X	XXX	N	N	N	N	N	-	-
V2299		C	X	XXX	N	N	N	N	N	-	-
V2300		C	X	XXX	N	N	N	N	N	-	-
V2301		C	X	XXX	N	N	N	N	N	-	-
V2302		C	X	XXX	N	N	N	N	N	-	-
V2303		C	X	XXX	N	N	N	N	N	-	-
V2304		C	X	XXX	N	N	N	N	N	-	-
V2305		C	X	XXX	N	N	N	N	N	-	-
V2306		C	X	XXX	N	N	N	N	N	-	-
V2307		C	X	XXX	N	N	N	N	N	-	-
V2308		C	X	XXX	N	N	N	N	N	-	-
V2309		C	X	XXX	N	N	N	N	N	-	-
V2310		C	X	XXX	N	N	N	N	N	-	-
V2311		C	X	XXX	N	N	N	N	N	-	-
V2312		C	X	XXX	N	N	N	N	N	-	-
V2313		C	X	XXX	N	N	N	N	N	-	-
V2314		C	X	XXX	N	N	N	N	N	-	-
V2315		C	X	XXX	N	N	N	N	N	-	-
V2318		C	X	XXX	N	N	N	N	N	-	-
V2319		C	X	XXX	N	N	N	N	N	-	-
V2320		C	X	XXX	N	N	N	N	N	-	-
V2321		C	X	XXX	N	N	N	N	N	-	-
V2399		C	X	XXX	N	N	N	N	N	-	-
V2410		C	X	XXX	N	N	N	N	N	-	-
V2430		C	X	XXX	N	N	N	N	N	-	-
V2499		C	X	XXX	N	N	N	N	N	-	-
V2500		C	X	XXX	N	N	N	N	N	-	-
V2501		C	X	XXX	N	N	N	N	N	-	-
V2502		C	X	XXX	N	N	N	N	N	-	-
V2503		C	X	XXX	N	N	N	N	N	-	-
V2510		C	X	XXX	N	N	N	N	N	-	-
V2511		C	X	XXX	N	N	N	N	N	-	-
V2512		C	X	XXX	N	N	N	N	N	-	-
V2513		C	X	XXX	N	N	N	N	N	-	-
V2520		C	P	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
V2521		C	X	XXX	N	N	N	N	N	-	-
V2522		C	X	XXX	N	N	N	N	N	-	-
V2523		C	X	XXX	N	N	N	N	N	-	-
V2530		C	X	XXX	N	N	N	N	N	-	-
V2531		Not Covered	X	XXX	N	N	N	N	N	-	-
V2599		C	X	XXX	N	N	N	N	N	-	-
V2600		C	X	XXX	N	N	N	N	N	-	-
V2610		C	X	XXX	N	N	N	N	N	-	-
V2615		C	X	XXX	N	N	N	N	N	-	-
V2623		C	X	XXX	N	N	N	N	N	-	-
V2624		C	X	XXX	N	N	N	N	N	-	-
V2625		C	X	XXX	N	N	N	N	N	-	-
V2626		C	X	XXX	N	N	N	N	N	-	-
V2627		C	X	XXX	N	N	N	N	N	-	-
V2628		C	X	XXX	N	N	N	N	N	-	-
V2629		C	X	XXX	N	N	N	N	N	-	-
V2630		Not Covered	X	XXX	N	N	N	N	N	-	-
V2631		Not Covered	X	XXX	N	N	N	N	N	-	-
V2632		Not Covered	X	XXX	N	N	N	N	N	-	-
V2700		C	X	XXX	N	N	N	N	N	-	-
V2702		Not Covered	N	XXX	N	N	N	N	N	-	-
V2710		C	X	XXX	N	N	N	N	N	-	-
V2715		C	X	XXX	N	N	N	N	N	-	-
V2718		C	X	XXX	N	N	N	N	N	-	-
V2730		C	X	XXX	N	N	N	N	N	-	-
V2744		C	X	XXX	N	N	N	N	N	-	-
V2745		Not Covered	X	XXX	N	N	N	N	N	-	-
V2750		C	X	XXX	N	N	N	N	N	-	-
V2755		C	X	XXX	N	N	N	N	N	-	-
V2756		Not Covered	X	XXX	N	N	N	N	N	-	-
V2760		Not Covered	X	XXX	N	N	N	N	N	-	-
V2761		Not Covered	X	XXX	N	N	N	N	N	-	-
V2762		Not Covered	X	XXX	N	N	N	N	N	-	-
V2770		C	X	XXX	N	N	N	N	N	-	-
V2780		C	X	XXX	N	N	N	N	N	-	-
V2781		Not Covered	X	XXX	N	N	N	N	N	-	-
V2782		Not Covered	X	XXX	N	N	N	N	N	-	-
V2783		Not Covered	X	XXX	N	N	N	N	N	-	-
V2784		Not Covered	X	XXX	N	N	N	N	N	-	-
V2785		C	X	XXX	N	N	N	N	N	-	-
V2786		Not Covered	X	XXX	N	N	N	N	N	-	-
V2787		Not Covered	N	XXX	N	N	N	N	N	-	-
V2788		Not Covered	N	XXX	N	N	N	N	N	-	-
V2790		C	X	XXX	N	N	N	N	N	-	-
V2797		Not Covered	X	XXX	N	N	N	N	N	-	-
V2799		Unlstd/Manual	X	XXX	N	N	N	N	N	-	-
V5008		C	N	XXX	N	N	N	N	N	-	-
V5010		Not Covered	N	XXX	N	N	N	N	N	-	-
V5011		Not Covered	N	XXX	N	N	N	N	N	-	-
V5014		C	N	XXX	N	N	N	N	N	-	-
V5020		Not Covered	N	XXX	N	N	N	N	N	-	-
V5030		C	N	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
V5040		C	N	XXX	N	N	N	N	N	-	-
V5050		C	N	XXX	N	N	N	N	N	-	-
V5060		C	N	XXX	N	N	N	N	N	-	-
V5070		Not Covered	N	XXX	N	N	N	N	N	-	-
V5080		Not Covered	N	XXX	N	N	N	N	N	-	-
V5090		Not Covered	N	XXX	N	N	N	N	N	-	-
V5095		Not Covered	N	XXX	N	N	N	N	N	-	-
V5100		Not Covered	N	XXX	N	N	N	N	N	-	-
V5110		Not Covered	N	XXX	N	N	N	N	N	-	-
V5120		C	N	XXX	N	N	N	N	N	-	-
V5130		C	N	XXX	N	N	N	N	N	-	-
V5140		C	N	XXX	N	N	N	N	N	-	-
V5150		Not Covered	N	XXX	N	N	N	N	N	-	-
V5160		Not Covered	N	XXX	N	N	N	N	N	-	-
V5171		A	N	XXX	N	N	N	N	N	-	-
V5172		A	N	XXX	N	N	N	N	N	-	-
V5181		A	N	XXX	N	N	N	N	N	-	-
V5190		Not Covered	N	XXX	N	N	N	N	N	-	-
V5200		Not Covered	N	XXX	N	N	N	N	N	-	-
V5211		A	N	XXX	N	N	N	N	N	-	-
V5212		A	N	XXX	N	N	N	N	N	-	-
V5213		A	N	XXX	N	N	N	N	N	-	-
V5214		A	N	XXX	N	N	N	N	N	-	-
V5215		A	N	XXX	N	N	N	N	N	-	-
V5221		A	N	XXX	N	N	N	N	N	-	-
V5230		Not Covered	N	XXX	N	N	N	N	N	-	-
V5240		Not Covered	N	XXX	N	N	N	N	N	-	-
V5241		Not Covered	N	XXX	N	N	N	N	N	-	-
V5242		Not Covered	N	XXX	N	N	N	N	N	-	-
V5243		Not Covered	N	XXX	N	N	N	N	N	-	-
V5244		Not Covered	N	XXX	N	N	N	N	N	-	-
V5245		Not Covered	N	XXX	N	N	N	N	N	-	-
V5246		C	N	XXX	N	N	N	N	N	-	-
V5247		C	N	XXX	N	N	N	N	N	-	-
V5248		Not Covered	N	XXX	N	N	N	N	N	-	-
V5249		Not Covered	N	XXX	N	N	N	N	N	-	-
V5250		Not Covered	N	XXX	N	N	N	N	N	-	-
V5251		Not Covered	N	XXX	N	N	N	N	N	-	-
V5252		C	N	XXX	N	N	N	N	N	-	-
V5253		C	N	XXX	N	N	N	N	N	-	-
V5254		Not Covered	N	XXX	N	N	N	N	N	-	-
V5255		Not Covered	N	XXX	N	N	N	N	N	-	-
V5256		C	N	XXX	N	N	N	N	N	-	-
V5257		C	N	XXX	N	N	N	N	N	-	-
V5258		Not Covered	N	XXX	N	N	N	N	N	-	-
V5259		Not Covered	N	XXX	N	N	N	N	N	-	-
V5260		C	N	XXX	N	N	N	N	N	-	-
V5261		C	N	XXX	N	N	N	N	N	-	-
V5262		Not Covered	N	XXX	N	N	N	N	N	-	-
V5263		Not Covered	N	XXX	N	N	N	N	N	-	-
V5264		C	N	XXX	N	N	N	N	N	-	-
V5265		Not Covered	N	XXX	N	N	N	N	N	-	-

2019 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

Dental codes (D codes) are copyright 2018/19 American Dental Association. All Rights Reserved.

Status Codes:

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

RELEASED 11/06/2018

HCPCS	Modifier	Molina	CMS	Glob	Mult	Bilat	Asst	Co-	Team	Conversion Factors	
		2019	2019							25.96	Statewide
		Status	Status	Days	Proc	Surg	Surg	Surg	Surg	37.02	OB/GYN
		Code	Code							Facility	Non-Facility
V5266		C	N	XXX	N	N	N	N	N	-	-
V5267		Not Covered	N	XXX	N	N	N	N	N	-	-
V5268		Not Covered	N	XXX	N	N	N	N	N	-	-
V5269		Not Covered	N	XXX	N	N	N	N	N	-	-
V5270		Not Covered	N	XXX	N	N	N	N	N	-	-
V5271		Not Covered	N	XXX	N	N	N	N	N	-	-
V5272		Not Covered	N	XXX	N	N	N	N	N	-	-
V5273		Not Covered	N	XXX	N	N	N	N	N	-	-
V5274		Not Covered	N	XXX	N	N	N	N	N	-	-
V5275		C	N	XXX	N	N	N	N	N	-	-
V5281		Not Covered	N	XXX	N	N	N	N	N	-	-
V5282		Not Covered	N	XXX	N	N	N	N	N	-	-
V5283		Not Covered	N	XXX	N	N	N	N	N	-	-
V5284		Not Covered	N	XXX	N	N	N	N	N	-	-
V5285		Not Covered	N	XXX	N	N	N	N	N	-	-
V5286		Not Covered	N	XXX	N	N	N	N	N	-	-
V5287		Not Covered	N	XXX	N	N	N	N	N	-	-
V5288		Not Covered	N	XXX	N	N	N	N	N	-	-
V5289		Not Covered	N	XXX	N	N	N	N	N	-	-
V5290		Not Covered	N	XXX	N	N	N	N	N	-	-
V5298		C	N	XXX	N	N	N	N	N	-	-
V5299		C	R	XXX	N	N	D	N	N	-	-
V5336		C	N	XXX	N	N	N	N	N	-	-
V5362		Not Covered	N	XXX	N	N	N	N	N	-	-
V5363		Not Covered	N	XXX	N	N	N	N	N	-	-
V5364		Not Covered	N	XXX	N	N	N	N	N	-	-