2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
10004		Fna bx w/c	A	ZZZ	N	N	D	N	N	$ 29.40	$ 34.70	
10005		Fna bx w/u	A	XXX	Y	N	D	N	N	$ 49.89	$ 88.69	
10006		Fna bx w/u	A	ZZZ	N	N	D	N	N	$ 34.70	$ 40.73	
10007		Fna bx w/f	A	XXX	Y	N	D	N	N	$ 62.90	$ 195.21	
10008		Fna bx w/f	A	ZZZ	N	N	D	N	N	$ 40.01	$ 104.35	
10009		Fna bx w/c	A	XXX	Y	N	D	N	N	$ 76.64	$ 297.15	
10010		Fna bx w/c	A	ZZZ	N	N	D	N	N	$ 55.67	$ 176.89	
10011		Fna bx w/r	C	XXX	Y	N	D	N	N	$ -	$ -	
10012		Fna bx w/r	C	ZZZ	N	N	D	N	N	$ -	$ -	
10021		Fna bx w/c	A	XXX	Y	N	D	N	N	$ 38.08	$ 67.24	
10030		Guide cath	A	000	Y	N	D	N	N	$ 93.27	$ 415.24	
10035		Perq dev s	A	000	Y	Y	D	N	N	$ 57.84	$ 267.03	
10036		Perq dev s	A	ZZZ	N	N	D	N	N	$ 29.64	$ 226.54	
10040		Acne surge	A	010	Y	N	N	N	N	$ 35.43	$ 74.71	
10060		Drainage o	A	010	Y	N	N	N	N	$ 67.48	$ 80.25	
10061		Drainage o	A	010	Y	N	N	N	N	$ 121.22	$ 139.30	
10080		Drainage o	A	010	Y	N	N	N	N	$ 69.17	$ 155.45	
10081		Drainage o	A	010	Y	N	N	N	N	$ 116.40	$ 218.59	
10120		Remove fo	A	010	Y	N	N	N	N	$ 68.20	$ 98.33	
10121		Remove fo	A	010	Y	N	N	N	N	$ 124.36	$ 177.62	
10140		Drainage o	A	010	Y	N	N	N	N	$ 78.57	$ 111.58	
10160		Puncture d	A	010	Y	N	N	N	N	$ 62.90	$ 84.59	
10180		Complex d	A	010	Y	N	N	N	N	$ 119.78	$ 172.56	
11000		Debride in	A	000	Y	N	N	N	N	$ 19.28	$ 37.36	
11001		Debride in	A	ZZZ	N	N	N	N	N	$ 10.12	$ 16.63	
11004		Debride ge	A	000	Y	N	N	N	N	$ 399.10	$ 399.10	
11005		Debride ab	A	000	N	N	D	N	N	$ 547.55	$ 547.55	
11006		Debride ge	A	000	Y	N	N	N	N	$ 491.88	$ 491.88	
11008		Remove m	A	ZZZ	N	N	D	N	N	$ 192.56	$ 192.56	
11010		Debride sk	A	010	Y	B	N	N	N	$ 186.29	$ 307.52	
11011		Debride sk	A	000	Y	B	N	N	N	$ 205.57	$ 343.18	
11012		Deb skin b	A	000	Y	B	N	N	N	$ 286.07	$ 441.99	
11042		Deb subq t	A	000	Y	N	N	N	N	$ 40.97	$ 83.63	
11043		Deb musc/	A	000	Y	N	N	N	N	$ 106.04	$ 155.20	
11044		Deb bone	A	000	Y	N	N	N	N	$ 155.20	$ 208.71	
11045		Deb subq t	A	ZZZ	N	N	D	N	N	$ 18.32	$ 27.47	
11046		Deb musc/	A	ZZZ	N	N	D	N	N	$ 38.80	$ 50.13	
11047		Deb bone a	A	ZZZ	N	N	D	N	N	$ 67.96	$ 83.15	
11055		Trim skin l	A	000	Y	N	N	N	N	$ 11.33	$ 43.86	
11056		Trim skin l	A	000	Y	N	N	N	N	$ 15.42	$ 50.61	
11057		Trim skin l	A	000	Y	N	N	N	N	$ 20.00	$ 55.91	
11102		Tangntl bx	A	000	Y	N	N	N	N	$ 25.31	$ 65.79	
11103		Tangntl bx	A	ZZZ	N	N	N	N	N	$ 14.94	$ 33.74	
11104		Punch bx s	A	000	Y	N	N	N	N	$ 32.05	$ 82.66	
11105		Punch bx s	A	ZZZ	N	N	N	N	N	$ 17.35	$ 39.04	
11106		Incal bx sk	A	000	Y	N	N	N	N	$ 39.04	$ 100.98	
11107		Incal bx sk	A	ZZZ	N	N	N	N	N	$ 20.97	$ 46.51	
11200		Removal o	A	010	Y	N	N	N	N	$ 48.68	$ 58.08	
11201		Remove sk	A	ZZZ	N	N	N	N	N	$ 11.33	$ 12.53	
11300		Shave skin	A	000	Y	N	D	N	N	$ 22.65	$ 65.07	
11301		Shave skin	A	000	Y	N	D	N	N	$ 34.70	$ 79.53	
11302		Shave skin	A	000	Y	N	D	N	N	$ 40.73	$ 90.86	
11303		Shave skin	A	000	Y	N	D	N	N	$ 48.20	$ 100.50	
11305		Shave skin	A	000	Y	N	D	N	N	$ 26.03	$ 68.93	
11306		Shave skin	A	000	Y	N	D	N	N	$ 33.74	$ 80.25	
11307		Shave skin	A	000	Y	N	D	N	N	$ 43.14	$ 93.03	
11308		Shave skin	A	000	Y	N	D	N	N	$ 49.65	$ 99.53	
11310		Shave skin	A	000	Y	N	D	N	N	$ 31.09	$ 75.67	
11311		Shave skin	A	000	Y	N	D	N	N	$ 42.90	$ 90.13	
11312		Shave skin	A	000	Y	N	D	N	N	$ 50.61	$ 102.91	
11313		Shave skin	A	000	Y	N	D	N	N	$ 64.83	$ 119.78	
11400		Exc tr-ext l	A	010	Y	N	N	N	N	$ 53.98	$ 82.42	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
11401		Exc tr-ext l	A	010	Y	N	N	N	N	$ 68.69	$ 100.98	
11402		Exc tr-ext l	A	010	Y	N	N	N	N	$ 76.16	$ 111.82	
11403		Exc tr-ext l	A	010	Y	N	N	N	N	$ 97.61	$ 129.42	
11404		Exc tr-ext l	A	010	Y	N	N	N	N	$ 108.45	$ 147.73	
11406		Exc tr-ext l	A	010	Y	N	N	N	N	$ 167.01	$ 212.56	
11420		Exc h-f-nk	A	010	Y	N	N	N	N	$ 53.74	$ 82.90	
11421		Exc h-f-nk	A	010	Y	N	N	N	N	$ 71.82	$ 104.11	
11422		Exc h-f-nk	A	010	Y	N	N	N	N	$ 88.69	$ 117.61	
11423		Exc h-f-nk	A	010	Y	N	N	N	N	$ 102.67	$ 134.48	
11424		Exc h-f-nk	A	010	Y	N	N	N	N	$ 118.09	$ 155.20	
11426		Exc h-f-nk	A	010	Y	N	N	N	N	$ 184.85	$ 224.85	
11440		Exc face-n	A	010	Y	N	N	N	N	$ 67.00	$ 92.06	
11441		Exc face-n	A	010	Y	N	N	N	N	$ 85.80	$ 113.03	
11442		Exc face-n	A	010	Y	N	N	N	N	$ 95.20	$ 125.80	
11443		Exc face-n	A	010	Y	N	N	N	N	$ 117.61	$ 150.14	
11444		Exc face-n	A	010	Y	N	N	N	N	$ 150.63	$ 188.46	
11446		Exc face-n	A	010	Y	N	N	N	N	$ 215.45	$ 258.83	
11450		Removal s	A	090	Y	Y	N	N	N	$ 174.00	$ 281.01	
11451		Removal s	A	090	Y	Y	D	N	N	$ 222.44	$ 347.04	
11462		Removal s	A	090	Y	Y	D	N	N	$ 164.60	$ 271.13	
11463		Removal s	A	090	Y	Y	D	N	N	$ 223.17	$ 350.17	
11470		Removal s	A	090	Y	N	N	N	N	$ 190.87	$ 296.91	
11471		Removal s	A	090	Y	N	D	N	N	$ 236.42	$ 359.81	
11600		Exc tr-ext	A	010	Y	N	N	N	N	$ 80.98	$ 129.66	
11601		Exc tr-ext	A	010	Y	N	N	N	N	$ 98.33	$ 149.90	
11602		Exc tr-ext	A	010	Y	N	N	N	N	$ 106.52	$ 160.27	
11603		Exc tr-ext	A	010	Y	N	N	N	N	$ 127.73	$ 182.92	
11604		Exc tr-ext	A	010	Y	N	N	N	N	$ 142.19	$ 204.85	
11606		Exc tr-ext	A	010	Y	N	N	N	N	$ 214.25	$ 296.19	
11620		Exc h-f-nk	A	010	Y	N	N	N	N	$ 81.22	$ 130.14	
11621		Exc s/n/h/f	A	010	Y	N	N	N	N	$ 98.57	$ 150.38	
11622		Exc s/n/h/f	A	010	Y	N	N	N	N	$ 111.34	$ 165.33	
11623		Exc s/n/h/f	A	010	Y	N	N	N	N	$ 139.54	$ 195.21	
11624		Exc s/n/h/f	A	010	Y	N	N	N	N	$ 159.06	$ 222.44	
11626		Exc s/n/h/f	A	010	Y	N	N	N	N	$ 198.10	$ 270.88	
11640		Exc f/e/e/n	A	010	Y	N	N	N	N	$ 83.39	$ 133.03	
11641		Exc f/e/e/n	A	010	Y	N	N	N	N	$ 102.67	$ 155.20	
11642		Exc f/e/e/n	A	010	Y	N	N	N	N	$ 120.50	$ 175.93	
11643		Exc f/e/e/n	A	010	Y	N	N	N	N	$ 152.07	$ 208.47	
11644		Exc f/e/e/n	A	010	Y	N	N	N	N	$ 189.91	$ 257.87	
11646		Exc f/e/e/n	A	010	Y	N	N	N	N	$ 264.62	$ 338.12	
11719		Trim nail(s	A	000	Y	N	N	N	N	$ 5.06	$ 9.16	
11720		Debride na	A	000	N	N	N	N	N	$ 10.36	$ 21.45	
11721		Debride na	A	000	N	N	N	N	N	$ 16.63	$ 29.16	
11730		Removal o	A	000	Y	N	N	N	N	$ 36.87	$ 75.19	
11732		Remove na	A	ZZZ	N	N	N	N	N	$ 12.29	$ 22.41	
11740		Drain bloo	A	000	Y	N	N	N	N	$ 20.49	$ 35.67	
11750		Removal o	A	010	Y	N	N	N	N	$ 67.72	$ 105.32	
11755		Biopsy nai	A	000	Y	N	D	N	N	$ 41.93	$ 82.18	
11760		Repair of r	A	010	Y	N	N	N	N	$ 75.92	$ 126.04	
11762		Reconstruc	A	010	Y	N	N	N	N	$ 127.73	$ 193.28	
11765		Excision o	A	010	Y	N	N	N	N	$ 60.73	$ 108.21	
11770		Remove pi	A	010	Y	N	N	N	N	$ 127.49	$ 227.99	
11771		Remove pi	A	090	Y	N	N	N	N	$ 303.42	$ 416.45	
11772		Remove pi	A	090	Y	N	N	N	N	$ 395.96	$ 512.61	
11900		Inject skin	A	000	Y	N	N	N	N	$ 20.24	$ 36.39	
11901		Inject skin	A	000	Y	N	N	N	N	$ 31.33	$ 46.03	
11920		Correct ski	Not Covered	000	Y	N	D	N	N	$ 74.23	$ 125.32	
11921		Correct ski	Not Covered	000	Y	N	D	N	N	$ 88.21	$ 143.15	
11922		Correct ski	Not Covered	ZZZ	N	N	D	N	N	$ 20.24	$ 39.04	
11950		Tx contour	Not Covered	000	Y	N	D	N	N	$ 35.67	$ 52.78	
11951		Tx contour	Not Covered	000	Y	N	D	N	N	$ 49.89	$ 70.61	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
11952		Tx contourNot Covered		000	Y	N	D	N	N	$ 70.61	$ 95.20	
11954		Tx contourNot Covered		000	Y	N	D	N	N	$ 77.60	$ 104.84	
11960		Insert tissu	A	090	Y	N	N	N	N	$ 675.28	$ 675.28	
11970		Rplcmt tiss	A	090	Y	Y	N	N	N	$ 377.65	$ 377.65	
11971		Rmvl tis xp	A	090	Y	Y	D	N	N	$ 366.56	$ 366.56	
11976		Remove cc	A	000	Y	N	D	N	N	$ 64.59	$ 96.40	
11980		Implant ho	A	000	Y	N	N	N	N	$ 38.56	$ 62.42	
11981		Insert drug	A	000	Y	N	D	N	N	$ 44.34	$ 68.69	
11982		Remove dr	A	000	Y	N	D	N	N	$ 52.06	$ 77.84	
11983		Remove/in	A	000	Y	N	D	N	N	$ 71.82	$ 97.12	
12001		Rpr s/n/ax/	A	000	Y	N	N	N	N	$ 31.09	$ 61.21	
12002		Rpr s/n/ax/	A	000	Y	N	N	N	N	$ 41.21	$ 74.71	
12004		Rpr s/n/ax/	A	000	Y	N	N	N	N	$ 51.33	$ 87.24	
12005		Rpr s/n/a/g	A	000	Y	N	N	N	N	$ 67.96	$ 117.37	
12006		Rpr s/n/a/g	A	000	Y	N	N	N	N	$ 82.90	$ 137.13	
12007		Rpr s/n/ax/	A	000	Y	N	N	D	N	$ 103.15	$ 157.13	
12011		Rpr f/e/e/n	A	000	Y	N	N	N	N	$ 39.04	$ 74.47	
12013		Rpr f/e/e/n	A	000	Y	N	N	N	N	$ 41.45	$ 77.84	
12014		Rpr f/e/e/n	A	000	Y	N	N	N	N	$ 53.26	$ 95.44	
12015		Rpr f/e/e/n	A	000	Y	N	N	N	N	$ 67.48	$ 115.44	
12016		Rpr fe/e/er	A	000	Y	N	N	N	N	$ 91.58	$ 147.49	
12017		Rpr fe/e/er	A	000	Y	N	D	N	N	$ 108.93	$ 108.93	
12018		Rpr f/e/e/n	A	000	Y	N	Y	N	N	$ 123.63	$ 123.63	
12020		Closure of	A	010	Y	N	N	N	N	$ 127.01	$ 197.14	
12021		Closure of	A	010	Y	N	N	N	N	$ 93.75	$ 115.68	
12031		Intmd rpr s	A	010	Y	N	N	N	N	$ 99.77	$ 169.91	
12032		Intmd rpr s	A	010	Y	N	N	N	N	$ 124.36	$ 198.10	
12034		Intmd rpr s	A	010	Y	N	N	N	N	$ 137.13	$ 218.35	
12035		Intmd rpr s	A	010	Y	N	N	N	N	$ 163.40	$ 259.56	
12036		Intmd rpr s	A	010	Y	N	N	N	N	$ 192.80	$ 288.72	
12037		Intmd rpr s	A	010	Y	N	D	D	N	$ 224.61	$ 324.63	
12041		Intmd rpr n	A	010	Y	N	N	N	N	$ 96.64	$ 170.87	
12042		Intmd rpr n	A	010	Y	N	N	N	N	$ 129.42	$ 201.24	
12044		Intmd rpr n	A	010	Y	N	N	N	N	$ 143.15	$ 248.71	
12045		Intmd rpr n	A	010	Y	N	N	N	N	$ 180.99	$ 267.99	
12046		Intmd rpr n	A	010	Y	N	D	N	N	$ 216.18	$ 333.79	
12047		Intmd rpr n	A	010	Y	N	Y	D	N	$ 241.72	$ 366.32	
12051		Intmd rpr f	A	010	Y	N	N	N	N	$ 111.58	$ 183.40	
12052		Intmd rpr f	A	010	Y	N	N	N	N	$ 132.31	$ 205.09	
12053		Intmd rpr f	A	010	Y	N	N	N	N	$ 143.88	$ 239.55	
12054		Intmd rpr f	A	010	Y	N	N	N	N	$ 147.97	$ 254.01	
12055		Intmd rpr f	A	010	Y	N	N	N	N	$ 202.20	$ 332.34	
12056		Intmd rpr f	A	010	Y	N	D	N	N	$ 259.08	$ 383.43	
12057		Intmd rpr f	A	010	Y	N	Y	D	N	$ 284.62	$ 408.01	
13100		Cmplx rpr	A	010	Y	N	N	N	N	$ 134.24	$ 224.85	
13101		Cmplx rpr	A	010	Y	N	N	N	N	$ 165.57	$ 262.21	
13102		Cmplx rpr	A	ZZZ	N	N	N	N	N	$ 49.41	$ 78.57	
13120		Cmplx rpr	A	010	Y	N	N	N	N	$ 154.96	$ 234.01	
13121		Cmplx rpr	A	010	Y	N	N	N	N	$ 172.56	$ 281.49	
13122		Cmplx rpr	A	ZZZ	N	N	N	N	N	$ 56.64	$ 85.56	
13131		Cmplx rpr	A	010	Y	N	N	N	N	$ 162.43	$ 256.67	
13132		Cmplx rpr	A	010	Y	N	N	N	N	$ 202.20	$ 311.61	
13133		Cmplx rpr	A	ZZZ	N	N	N	N	N	$ 85.56	$ 113.51	
13151		Cmplx rpr	A	010	Y	N	N	N	N	$ 186.78	$ 280.28	
13152		Cmplx rpr	A	010	Y	N	N	N	N	$ 225.58	$ 330.89	
13153		Cmplx rpr	A	ZZZ	N	N	N	N	N	$ 93.75	$ 125.08	
13160		Late closur	A	090	Y	N	N	N	N	$ 542.01	$ 542.01	
14000		Tis trnfr tr	A	090	Y	N	N	N	N	$ 331.13	$ 414.04	
14001		Tis trnfr tr	A	090	Y	N	N	N	N	$ 434.28	$ 531.65	
14020		Tis trnfr s/	A	090	Y	N	N	N	N	$ 370.66	$ 455.97	
14021		Tis trnfr s/	A	090	Y	N	N	N	N	$ 467.78	$ 565.87	
14040		Tis trnfr f/	A	090	Y	N	N	N	N	$ 410.91	$ 495.50	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
14041		Tis trnfr f/(	A	090	Y	N	N	N	N	$ 503.45	$ 603.95	
14060		Tis trnfr e/	A	090	Y	N	N	N	N	$ 437.17	$ 503.21	
14061		Tis trnfr e/	A	090	Y	N	N	N	N	$ 540.08	$ 649.98	
14301		Tis trnfr ar	A	090	Y	N	Y	N	N	$ 581.77	$ 717.22	
14302		Tis trnfr ac	A	ZZZ	N	N	Y	N	N	$ 148.94	$ 148.94	
14350		Filleted fin	A	090	Y	N	D	N	N	$ 457.42	$ 457.42	
15002		Wound pre	A	000	N	N	D	N	N	$ 151.35	$ 234.01	
15003		Wound pre	A	ZZZ	N	N	D	N	N	$ 31.57	$ 47.96	
15004		Wound pre	A	000	N	N	D	N	N	$ 179.30	$ 265.58	
15005		Wnd prep :	A	ZZZ	N	N	D	N	N	$ 63.14	$ 81.22	
15040		Harvest cu	A	000	N	N	N	N	N	$ 85.31	$ 176.17	
15050		Skin pinch	A	090	Y	N	N	N	N	$ 306.79	$ 391.63	
15100		Skin splt g	A	090	Y	N	N	N	N	$ 482.24	$ 580.33	
15101		Skin splt g	A	ZZZ	N	N	N	N	N	$ 76.88	$ 126.04	
15110		Epidrm aut	A	090	Y	N	N	N	N	$ 479.11	$ 555.51	
15111		Epidrm aut	A	ZZZ	N	N	N	N	N	$ 71.34	$ 78.08	
15115		Epidrm a-g	A	090	Y	N	N	N	N	$ 471.64	$ 545.62	
15116		Epidrm a-g	A	ZZZ	N	N	N	D	N	$ 103.39	$ 112.31	
15120		Skn splt a-	A	090	Y	N	N	N	N	$ 464.41	$ 564.18	
15121		Skn splt a-	A	ZZZ	N	N	N	D	N	$ 92.54	$ 141.47	
15130		Derm autog	A	090	Y	N	N	N	N	$ 398.13	$ 479.59	
15131		Derm autog	A	ZZZ	N	N	N	D	N	$ 61.94	$ 66.52	
15135		Derm autog	A	090	Y	N	N	N	N	$ 505.14	$ 582.50	
15136		Derm autog	A	ZZZ	N	N	N	D	N	$ 61.94	$ 65.79	
15150		Cult skin g	A	090	Y	N	N	N	N	$ 441.27	$ 485.62	
15151		Cult skin g	A	ZZZ	N	N	N	N	N	$ 77.36	$ 83.39	
15152		Cult skin g	A	ZZZ	N	N	N	N	N	$ 97.36	$ 102.91	
15155		Cult skin g	A	090	Y	N	N	N	N	$ 492.36	$ 536.71	
15156		Cult skin g	A	ZZZ	N	N	N	D	N	$ 107.00	$ 112.79	
15157		Cult epider	A	ZZZ	N	N	N	D	N	$ 116.89	$ 125.08	
15200		Skin full gı	A	090	Y	N	N	N	N	$ 448.74	$ 554.30	
15201		Skin full gı	A	ZZZ	N	N	N	N	N	$ 53.50	$ 96.40	
15220		Skin full gı	A	090	Y	N	N	N	N	$ 403.19	$ 504.17	
15221		Skin full gı	A	ZZZ	N	N	N	N	N	$ 47.96	$ 88.45	
15240		Skin full gı	A	090	Y	N	N	N	N	$ 523.69	$ 609.73	
15241		Skin full gı	A	ZZZ	N	N	N	N	N	$ 72.30	$ 116.89	
15260		Skin full gı	A	090	Y	N	N	N	N	$ 555.99	$ 653.11	
15261		Skin full gı	A	ZZZ	N	N	N	N	N	$ 92.54	$ 137.37	
15271		Skin sub gı	A	000	Y	N	N	N	N	$ 57.60	$ 100.98	
15272		Skin sub gı	A	ZZZ	N	N	N	N	N	$ 11.81	$ 16.87	
15273		Skin sub gı	A	000	Y	N	N	N	N	$ 137.37	$ 210.88	
15274		Skn sub gr	A	ZZZ	N	N	N	N	N	$ 31.33	$ 54.47	
15275		Skin sub gı	A	000	Y	N	N	N	N	$ 64.59	$ 105.08	
15276		Skin sub gı	A	ZZZ	N	N	N	N	N	$ 17.35	$ 21.93	
15277		Skn sub gr	A	000	Y	N	N	D	N	$ 155.69	$ 230.88	
15278		Skn sub gr	A	ZZZ	N	N	N	D	N	$ 39.28	$ 64.11	
15570		Skin pedic	A	090	Y	N	N	N	N	$ 493.09	$ 606.60	
15572		Skin pedic	A	090	Y	N	N	N	N	$ 491.88	$ 582.02	
15574		Pedcle fh/c	A	090	Y	N	N	N	N	$ 492.85	$ 582.74	
15576		Pedicle e/n	A	090	Y	N	N	N	N	$ 436.45	$ 522.25	
15600		Delay flap	A	090	Y	N	D	N	N	$ 136.89	$ 216.90	
15610		Delay flap	A	090	Y	N	D	N	N	$ 158.82	$ 237.14	
15620		Delay flap	A	090	Y	N	N	N	N	$ 213.53	$ 289.44	
15630		Delay flap	A	090	Y	N	N	N	N	$ 223.65	$ 298.60	
15650		Transfer sk	A	090	Y	N	D	N	N	$ 250.16	$ 330.17	
15730		Mdfc flap '	A	090	Y	N	N	D	N	$ 610.94	$ 965.21	
15731		Forehead f	A	090	Y	N	D	N	N	$ 667.81	$ 746.86	
15733		Musc myo(	A	090	Y	N	N	D	N	$ 698.42	$ 698.42	
15734		Muscle-ski	A	090	Y	N	Y	D	N	########	$ 1,030.76	
15736		Muscle-ski	A	090	Y	N	N	D	N	$ 824.22	$ 824.22	
15738		Muscle-ski	A	090	Y	N	Y	D	N	$ 873.14	$ 873.14	
15740		Island pedi	A	090	Y	N	N	N	N	$ 557.43	$ 662.03	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
15750		Neurovasc	A	090	Y	N	Y	N	N	$ 626.12	$ 626.12	
15756		Free myo/s	A	090	Y	N	Y	Y	N	########	$ 1,555.17	
15757		Free skin f	A	090	Y	N	Y	Y	N	########	$ 1,547.70	
15758		Free fascia	A	090	Y	N	Y	Y	N	########	$ 1,552.28	
15760		Composite	A	090	Y	N	N	N	N	$ 466.34	$ 557.92	
15769		Grfg autol	A	090	Y	N	N	N	N	$ 323.18	$ 323.18	
15770		Derma-fat-	A	090	Y	N	Y	D	N	$ 445.13	$ 445.13	
15771		Grfg autol	A	090	Y	N	N	N	N	$ 321.25	$ 381.02	
15772		Grfg autol	A	ZZZ	N	N	N	N	N	$ 96.64	$ 121.22	
15773		Grfg autol	Not Covered	090	Y	N	N	N	N	$ 324.39	$ 384.15	
15774		Gfrg autol	Not Covered	ZZZ	N	N	N	N	N	$ 92.79	$ 117.37	
15775		Hair trnspl	Not Covered	000	Y	N	D	N	N	$ 174.00	$ 249.92	
15776		Hair trnspl	Not Covered	000	Y	N	D	N	N	$ 239.07	$ 340.05	
15777		Acellular d	A	ZZZ	N	Y	N	N	N	$ 148.22	$ 148.22	
15780		Dermabras	Not Covered	090	Y	N	D	N	N	$ 435.97	$ 560.33	
15781		Dermabras	Not Covered	090	Y	N	N	N	N	$ 282.93	$ 357.16	
15782		Dermabras	Not Covered	090	Y	N	D	N	N	$ 247.03	$ 330.17	
15783		Dermabras	Not Covered	090	Y	N	D	N	N	$ 231.60	$ 295.47	
15786		Abrasion l	Not Covered	010	Y	N	N	N	N	$ 88.69	$ 154.24	
15787		Abrasion l	Not Covered	ZZZ	N	N	N	N	N	$ 11.57	$ 23.14	
15788		Chemical p	Not Covered	090	Y	N	N	N	N	$ 142.19	$ 261.97	
15789		Chemical p	Not Covered	090	Y	N	N	N	N	$ 266.06	$ 346.56	
15792		Chemical p	Not Covered	090	Y	N	D	N	N	$ 140.26	$ 228.95	
15793		Chemical p	Not Covered	090	Y	N	D	N	N	$ 229.43	$ 307.52	
15819		Plastic sur	A	090	Y	N	D	N	N	$ 535.02	$ 535.02	
15820		Revision o	Not Covered	090	Y	Y	D	N	N	$ 334.03	$ 373.31	
15821		Revision o	Not Covered	090	Y	Y	D	N	N	$ 358.37	$ 401.27	
15822		Revision o	Not Covered	090	Y	Y	N	N	N	$ 259.56	$ 298.60	
15823		Revision o	A	090	Y	Y	N	N	N	$ 359.09	$ 402.71	
15824		Removal o	Not Covered	000	Y	Y	D	N	N	$ -	$ -	
15825		Removal o	Not Covered	000	Y	Y	D	N	N	$ -	$ -	
15826		Removal o	Not Covered	000	Y	Y	D	N	N	$ -	$ -	
15828		Removal o	Not Covered	000	Y	Y	D	N	N	$ -	$ -	
15829		Removal o	Not Covered	000	Y	Y	D	N	N	$ -	$ -	
15830		Exc skin al	A	090	Y	N	Y	D	N	$ 796.51	$ 796.51	
15832		Excise exc	Not Covered	090	Y	Y	Y	D	N	$ 619.37	$ 619.37	
15833		Excise exc	Not Covered	090	Y	Y	D	N	N	$ 588.76	$ 588.76	
15834		Excise exc	Not Covered	090	Y	Y	D	N	N	$ 599.61	$ 599.61	
15835		Excise exc	Not Covered	090	Y	N	D	N	N	$ 627.32	$ 627.32	
15836		Excise exc	Not Covered	090	Y	Y	D	N	N	$ 513.09	$ 513.09	
15837		Excise exc	Not Covered	090	Y	N	D	N	N	$ 481.04	$ 575.27	
15838		Excise exc	Not Covered	090	Y	N	D	N	N	$ 431.87	$ 431.87	
15839		Excise exc	Not Covered	090	Y	N	D	N	N	$ 499.35	$ 594.79	
15840		Nerve pals	A	090	Y	N	N	N	N	$ 680.34	$ 680.34	
15841		Nerve pals	A	090	Y	N	Y	D	N	########	$ 1,205.72	
15842		Nerve pals	A	090	Y	N	Y	D	N	########	$ 1,838.59	
15845		Skin and m	A	090	Y	N	Y	N	N	$ 667.33	$ 667.33	
15847		Exc skin al	Not Covered	YYY	N	N	Y	D	N	$ -	$ -	
15850		Remove su	B	XXX	N	N	N	N	N	$ 26.51	$ 59.53	
15851		Remove su	A	000	Y	N	N	N	N	$ 31.33	$ 69.41	
15852		Dressing c	A	000	Y	N	N	N	N	$ 32.29	$ 32.29	
15860		Test for bl	A	000	Y	N	D	N	N	$ 73.99	$ 73.99	
15876		Suction lip	Not Covered	000	Y	N	D	N	N	$ -	$ -	
15877		Suction lip	Not Covered	000	Y	N	D	N	N	$ -	$ -	
15878		Suction lip	Not Covered	000	Y	Y	D	N	N	$ -	$ -	
15879		Suction lip	Not Covered	000	Y	Y	D	N	N	$ -	$ -	
15920		Removal o	A	090	Y	N	D	N	N	$ 426.33	$ 426.33	
15922		Removal o	A	090	Y	N	Y	D	N	$ 532.61	$ 532.61	
15931		Remove sa	A	090	Y	N	N	N	N	$ 482.72	$ 482.72	
15933		Remove sa	A	090	Y	N	D	N	N	$ 588.52	$ 588.52	
15934		Remove sa	A	090	Y	N	N	N	N	$ 645.88	$ 645.88	
15935		Remove sa	A	090	Y	N	Y	D	N	$ 776.74	$ 776.74	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 Facility	Conversion Factors Statewide 31.83 OB/GYN Non-Facility	Notes
15936		Remove sa	A	090	Y	N	N	D	N	$ 617.68	$ 617.68	
15937		Remove sa	A	090	Y	N	N	D	N	$ 710.95	$ 710.95	
15940		Remove hi	A	090	Y	N	N	N	N	$ 481.04	$ 481.04	
15941		Remove hi	A	090	Y	N	D	N	N	$ 625.88	$ 625.88	
15944		Remove hi	A	090	Y	N	D	N	N	$ 620.33	$ 620.33	
15945		Remove hi	A	090	Y	N	D	N	N	$ 684.44	$ 684.44	
15946		Remove hi	A	090	Y	N	N	D	N	########	$ 1,103.78	
15950		Remove th	A	090	Y	N	N	N	N	$ 414.52	$ 414.52	
15951		Remove th	A	090	Y	N	D	D	N	$ 601.30	$ 601.30	
15952		Remove th	A	090	Y	N	Y	D	N	$ 615.03	$ 615.03	
15953		Remove th	A	090	Y	N	N	D	N	$ 677.45	$ 677.45	
15956		Remove th	A	090	Y	N	N	D	N	$ 794.82	$ 794.82	
15958		Remove th	A	090	Y	N	N	D	N	$ 803.98	$ 803.98	
15999		Removal o	Unlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
16000		Initial treat	A	000	Y	N	N	N	N	$ 31.57	$ 49.41	
16020		Dress/debr	A	000	Y	N	N	N	N	$ 36.87	$ 55.19	
16025		Dress/debr	A	000	Y	N	N	N	N	$ 74.71	$ 102.67	
16030		Dress/debr	A	000	Y	N	N	N	N	$ 89.17	$ 128.45	
16035		Incision of	A	000	Y	N	N	N	N	$ 134.48	$ 134.48	
16036		Escharotor	A	ZZZ	N	N	N	N	N	$ 54.71	$ 54.71	
17000		Destruct pı	A	010	Y	N	N	N	N	$ 34.70	$ 42.42	
17003		Destruct pı	A	ZZZ	N	N	N	N	N	$ 1.45	$ 4.10	
17004		Destroy pr	A	010	N	N	N	N	N	$ 64.59	$ 106.04	
17106		Destructioı	A	090	Y	N	N	N	N	$ 180.27	$ 222.68	
17107		Destructioı	A	090	Y	N	N	N	N	$ 234.98	$ 291.61	
17108		Destructioı	A	090	Y	N	D	N	N	$ 347.28	$ 415.97	
17110		Destruct b	A	010	Y	N	N	N	N	$ 42.42	$ 71.82	
17111		Destruct le	A	010	Y	N	N	N	N	$ 52.78	$ 84.83	
17250		Chem caut	A	000	Y	N	N	N	N	$ 24.10	$ 56.64	
17260		Destructioı	A	010	Y	N	N	N	N	$ 46.27	$ 64.11	
17261		Destructioı	A	010	Y	N	N	N	N	$ 57.36	$ 95.20	
17262		Destructioı	A	010	Y	N	N	N	N	$ 72.54	$ 114.96	
17263		Destructioı	A	010	Y	N	N	N	N	$ 80.49	$ 124.60	
17264		Destructioı	A	010	Y	N	N	N	N	$ 86.52	$ 134.00	
17266		Destructioı	A	010	Y	N	N	N	N	$ 101.94	$ 153.04	
17270		Destructioı	A	010	Y	N	N	N	N	$ 62.66	$ 96.64	
17271		Destructioı	A	010	Y	N	N	N	N	$ 69.41	$ 107.25	
17272		Destructioı	A	010	Y	N	N	N	N	$ 80.01	$ 121.95	
17273		Destructioı	A	010	Y	N	N	N	N	$ 91.10	$ 135.92	
17274		Destructioı	A	010	Y	N	N	N	N	$ 111.34	$ 159.78	
17276		Destructioı	A	010	Y	N	N	N	N	$ 134.48	$ 186.05	
17280		Destructioı	A	010	Y	N	N	N	N	$ 57.36	$ 90.86	
17281		Destructioı	A	010	Y	N	N	N	N	$ 77.84	$ 116.16	
17282		Destructioı	A	010	Y	N	N	N	N	$ 90.62	$ 133.76	
17283		Destructioı	A	010	Y	N	N	N	N	$ 113.51	$ 159.06	
17284		Destructioı	A	010	Y	N	N	N	N	$ 132.79	$ 181.71	
17286		Destructioı	A	010	Y	N	N	N	N	$ 181.23	$ 234.98	
17311		Mohs 1 sta	A	000	Y	N	N	N	N	$ 240.28	$ 435.25	
17312		Mohs addl	A	ZZZ	N	N	N	N	N	$ 127.49	$ 262.45	
17313		Mohs 1 sta	A	000	Y	N	N	N	N	$ 215.21	$ 407.29	
17314		Mohs addl	A	ZZZ	N	N	N	N	N	$ 118.33	$ 250.64	
17315		Mohs surg	A	ZZZ	N	N	N	N	N	$ 33.98	$ 50.61	
17340		Cryotherap	A	010	Y	N	N	N	N	$ 33.02	$ 34.95	
17360		Skin peel t	A	010	Y	N	N	N	N	$ 61.46	$ 80.98	
17380		Hair remov	Not Covered	000	Y	N	D	N	N	$ -	$ -	
17999		Skin tissue	Unlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
19000		Drainage o	A	000	Y	N	N	N	N	$ 29.88	$ 69.17	
19001		Drain brea	A	ZZZ	N	N	N	N	N	$ 14.70	$ 18.08	
19020		Incision of	A	090	Y	Y	N	N	N	$ 210.15	$ 314.99	
19030		Injection f	A	000	Y	Y	N	N	N	$ 52.06	$ 109.41	
19081		Bx breast 1	A	000	Y	Y	D	N	N	$ 113.03	$ 362.71	
19082		Bx breast a	A	ZZZ	N	N	D	N	N	$ 56.64	$ 286.31	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
19083		Bx breast 1	A	000	Y	Y	D	N	N	$ 107.00	$ 362.46	
19084		Bx breast a	A	ZZZ	N	N	D	N	N	$ 53.26	$ 281.01	
19085		Bx breast 1	A	000	Y	Y	D	N	N	$ 123.63	$ 551.41	
19086		Bx breast a	A	ZZZ	N	N	D	N	N	$ 61.94	$ 432.60	
19100		Bx breast p	A	000	Y	Y	N	N	N	$ 49.16	$ 103.63	
19101		Biopsy of b	A	010	Y	Y	N	N	N	$ 153.76	$ 227.26	
19105		Cryosurg a	A	000	Y	Y	N	N	N	$ 148.70	$ 1,674.23	
19110		Nipple exp	A	090	Y	Y	N	N	N	$ 239.07	$ 331.62	
19112		Excise brea	A	090	Y	Y	D	N	N	$ 216.42	$ 310.41	
19120		Removal o	A	090	Y	Y	N	N	N	$ 286.07	$ 348.73	
19125		Excision b	A	090	Y	Y	N	D	N	$ 317.88	$ 385.36	
19126		Excision a	A	ZZZ	N	N	N	D	N	$ 113.75	$ 113.75	
19281		Perq devic	A	000	Y	Y	D	N	N	$ 67.72	$ 157.86	
19282		Perq devic	A	ZZZ	N	N	D	N	N	$ 34.22	$ 111.10	
19283		Perq dev b	A	000	Y	Y	D	N	N	$ 68.93	$ 174.00	
19284		Perq dev b	A	ZZZ	N	N	D	N	N	$ 35.43	$ 130.86	
19285		Perq dev b	A	000	Y	Y	D	N	N	$ 58.08	$ 269.20	
19286		Perq dev b	A	ZZZ	N	N	D	N	N	$ 29.64	$ 225.09	
19287		Perq dev b	A	000	Y	Y	D	N	N	$ 86.52	$ 460.79	
19288		Perq dev b	A	ZZZ	N	N	D	N	N	$ 43.38	$ 361.02	
19294		Prep tum c	Not Covered	ZZZ	N	N	D	N	N	$ 116.40	$ 116.40	
19296		Place po br	A	000	Y	Y	D	N	N	$ 147.01	$ 2,573.40	
19297		Place breas	A	ZZZ	N	N	D	N	N	$ 67.48	$ 67.48	
19298		Place breas	A	000	Y	Y	D	N	N	$ 217.62	$ 634.07	
19300		Removal o	A	090	Y	Y	N	N	N	$ 288.96	$ 382.95	
19301		Partial mas	A	090	Y	Y	D	N	N	$ 457.42	$ 457.42	
19302		P-mastecto	A	090	Y	Y	Y	D	N	$ 629.49	$ 629.49	
19303		Mast simpl	A	090	Y	Y	Y	D	N	$ 666.61	$ 666.61	
19305		Mast radic	A	090	Y	Y	Y	D	N	$ 793.85	$ 793.85	
19306		Mast rad u	A	090	Y	Y	Y	D	N	$ 843.74	$ 843.74	
19307		Mast mod	A	090	Y	Y	Y	D	N	$ 821.09	$ 821.09	
19316		Suspensior	A	090	Y	Y	Y	D	N	$ 535.98	$ 535.98	
19318		Breast redu	A	090	Y	Y	Y	D	N	$ 743.00	$ 743.00	
19325		Breast aug	A	090	Y	Y	D	N	N	$ 412.35	$ 412.35	
19328		Rmvl intac	A	090	Y	Y	N	N	N	$ 373.07	$ 373.07	
19330		Rmvl ruptu	A	090	Y	Y	N	N	N	$ 436.45	$ 436.45	
19340		Insj breast	A	090	Y	Y	N	D	N	$ 511.40	$ 511.40	
19342		Insj/rplcmt	A	090	Y	Y	D	D	N	$ 513.57	$ 513.57	
19350		Breast rec	A	090	Y	Y	N	N	N	$ 452.36	$ 551.17	
19355		Correct inv	A	090	Y	Y	D	N	N	$ 416.21	$ 503.69	
19357		Tiss xpndr	A	090	Y	Y	Y	D	N	$ 779.88	$ 779.88	
19361		Brst rcnstj	A	090	Y	Y	Y	D	N	########	$ 1,062.33	
19364		Brst rcnstj	A	090	Y	Y	Y	D	N	########	$ 1,865.58	
19367		Brst rcnstj	A	090	Y	Y	Y	D	N	########	$ 1,207.65	
19368		Brst rcnstj	A	090	Y	Y	Y	D	N	########	$ 1,487.69	
19369		Brst rcnstj	A	090	Y	Y	Y	D	N	########	$ 1,381.41	
19370		Revj peri-i	A	090	Y	Y	N	N	N	$ 451.39	$ 451.39	
19371		Peri-implt	A	090	Y	Y	N	N	N	$ 481.28	$ 481.28	
19380		Revj recon	A	090	Y	Y	N	N	N	$ 544.42	$ 544.42	
19396		Design cus	Not Covered	000	Y	Y	D	N	N	$ 97.61	$ 186.78	
19499		Breast surg	Unlstd/Manua	YYY	Y	Y	D	D	D	$ -	$ -	
20100		Explore wo	A	010	Y	Y	Y	N	N	$ 418.62	$ 418.62	
20101		Explore wo	A	010	Y	N	N	N	N	$ 145.81	$ 389.22	
20102		Explore wo	A	010	Y	N	N	N	N	$ 176.65	$ 407.05	
20103		Explore wo	A	010	Y	N	D	N	N	$ 235.94	$ 380.78	
20150		Excise epi	A	090	Y	Y	Y	D	N	$ 686.13	$ 686.13	
20200		Muscle bio	A	000	Y	N	N	N	N	$ 64.83	$ 146.29	
20205		Deep musc	A	000	Y	N	N	N	N	$ 107.00	$ 204.13	
20206		Needle bio	A	000	Y	N	N	N	N	$ 38.56	$ 151.35	
20220		Bone biops	A	000	Y	N	N	N	N	$ 59.53	$ 159.54	
20225		Bone biops	A	000	Y	N	N	N	N	$ 88.21	$ 261.49	
20240		Bone biops	A	000	Y	N	N	N	N	$ 97.61	$ 97.61	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
20245		Bone biops	A	000	Y	N	N	N	N	$ 239.55	$ 239.55	
20250		Open bone	A	010	Y	N	N	N	N	$ 267.75	$ 267.75	
20251		Open bone	A	010	Y	N	Y	N	N	$ 292.57	$ 292.57	
20500		Injection o	A	010	Y	N	N	N	N	$ 58.32	$ 77.84	
20501		Inject sinus	A	000	Y	N	N	N	N	$ 25.31	$ 91.82	
20520		Removal o	A	010	Y	N	N	N	N	$ 97.85	$ 141.23	
20525		Removal o	A	010	Y	N	N	N	N	$ 167.25	$ 311.85	
20526		Ther inject	A	000	Y	Y	N	N	N	$ 39.04	$ 53.50	
20527		Inj dupuytr	Not Covered	000	Y	Y	N	N	N	$ 44.10	$ 57.36	
20550		Inj tendon	A	000	Y	Y	N	N	N	$ 26.99	$ 37.36	
20551		Inj tendon	A	000	Y	N	N	N	N	$ 27.23	$ 38.08	
20552		Inj trigger	A	000	Y	N	N	N	N	$ 26.03	$ 35.91	
20553		Inject trigg	A	000	Y	N	N	N	N	$ 29.16	$ 40.97	
20555		Place ndl i	A	000	Y	N	D	N	N	$ 224.85	$ 224.85	
20560		Ndl insj w/	Not Covered	XXX	N	N	N	N	N	$ 11.33	$ 17.35	
20561		Ndl insj w/	Not Covered	XXX	N	N	N	N	N	$ 16.63	$ 25.06	
20600		Drain/inj jo	A	000	Y	Y	N	N	N	$ 24.82	$ 34.46	
20604		Drain/inj jo	A	000	Y	Y	N	N	N	$ 31.81	$ 52.78	
20605		Drain/inj jo	A	000	Y	Y	N	N	N	$ 25.55	$ 35.67	
20606		Drain/inj jo	A	000	Y	Y	N	N	N	$ 36.63	$ 58.32	
20610		Drain/inj jo	A	000	Y	Y	N	N	N	$ 31.57	$ 42.66	
20611		Drain/inj jo	A	000	Y	Y	N	N	N	$ 41.45	$ 65.07	
20612		Aspirate/in	A	000	Y	N	N	N	N	$ 28.20	$ 41.69	
20615		Treatment	A	010	Y	N	N	N	N	$ 107.49	$ 165.81	
20650		Insert and	A	010	Y	N	N	D	N	$ 106.28	$ 143.40	
20660		Apply rem	A	000	Y	N	N	N	N	$ 170.87	$ 170.87	
20661		Application	A	090	Y	N	N	N	N	$ 341.98	$ 341.98	
20662		Application	A	090	Y	N	D	N	N	$ 348.73	$ 348.73	
20663		Application	A	090	Y	Y	D	N	N	$ 320.29	$ 320.29	
20664		Application	A	090	Y	N	N	N	N	$ 602.02	$ 602.02	
20665		Removal o	A	010	Y	N	D	N	N	$ 62.66	$ 74.47	
20670		Removal o	A	010	Y	N	N	N	N	$ 96.16	$ 240.04	
20680		Removal o	A	090	Y	N	D	N	N	$ 283.90	$ 405.12	
20690		Apply bon	A	090	Y	N	N	N	N	$ 407.05	$ 407.05	
20692		Apply bon	A	090	Y	N	Y	D	N	$ 758.67	$ 758.67	
20693		Adjust bon	A	090	Y	N	N	N	N	$ 298.36	$ 298.36	
20694		Remove bo	A	090	Y	N	N	N	N	$ 227.26	$ 284.38	
20696		Comp mul	Not Covered	090	Y	N	Y	D	N	$ 810.72	$ 810.72	
20697		Comp ext	Not Covered	000	N	N	Y	D	N	########	$ 1,266.21	
20700		Mnl prep&	A	ZZZ	N	N	D	N	N	$ 57.60	$ 57.60	
20701		Rmvl deep	A	ZZZ	N	N	D	N	N	$ 43.86	$ 43.86	
20702		Mnl prep&	A	ZZZ	N	N	D	N	N	$ 96.88	$ 96.88	
20703		Rmvl imed	A	ZZZ	N	N	D	N	N	$ 69.41	$ 69.41	
20704		Mnl prep&	A	ZZZ	N	N	D	N	N	$ 100.74	$ 100.74	
20705		Rmvl i-arti	A	ZZZ	N	N	D	N	N	$ 83.39	$ 83.39	
20802		Replantatio	A	090	Y	Y	Y	D	N	########	$ 1,886.79	
20805		Replant for	A	090	Y	Y	Y	D	N	########	$ 2,245.88	
20808		Replantatio	A	090	Y	Y	Y	D	N	########	$ 2,717.76	
20816		Replantatio	A	090	Y	N	Y	D	N	########	$ 1,412.74	
20822		Replantatio	A	090	Y	N	Y	D	N	########	$ 1,213.44	
20824		Replantatio	A	090	Y	Y	Y	D	N	########	$ 1,414.91	
20827		Replantatio	A	090	Y	Y	Y	D	N	########	$ 1,247.18	
20838		Replantatio	A	090	Y	Y	Y	D	N	########	$ 1,912.82	
20900		Removal o	A	000	Y	N	Y	D	N	$ 125.32	$ 264.86	
20902		Removal o	A	000	Y	N	Y	D	N	$ 192.08	$ 192.08	
20910		Remove ca	A	090	Y	N	D	N	N	$ 316.67	$ 316.67	
20912		Remove ca	A	090	Y	N	D	N	N	$ 319.33	$ 319.33	
20920		Removal o	A	090	Y	N	N	D	N	$ 262.69	$ 262.69	
20922		Removal o	A	090	Y	N	Y	D	N	$ 330.17	$ 401.75	
20924		Removal o	A	090	Y	N	Y	D	N	$ 341.50	$ 341.50	
20930		Sp bone all	B	XXX	N	N	N	N	N	$ -	$ -	
20931		Sp bone all	A	ZZZ	N	N	N	D	N	$ 77.84	$ 77.84	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
20932		Osteoart al	A	ZZZ	N	N	Y	D	N	$ 526.10	$ 526.10	
20933		Hemicrt in	A	ZZZ	N	N	Y	D	N	$ 482.72	$ 482.72	
20934		Intercalary	A	ZZZ	N	N	Y	D	N	$ 525.86	$ 525.86	
20936		Sp bone ag	B	XXX	N	N	N	N	N	$ -	$ -	
20937		Sp bone ag	A	ZZZ	N	N	Y	D	N	$ 116.64	$ 116.64	
20938		Sp bone ag	A	ZZZ	N	N	Y	D	N	$ 129.90	$ 129.90	
20939		Bone marr	Not Covered	ZZZ	N	Y	D	N	N	$ 48.92	$ 48.92	
20950		Fluid press	A	000	Y	N	D	N	N	$ 59.29	$ 173.04	
20955		Fibula bon	A	090	Y	N	Y	D	N	########	$ 1,679.05	
20956		Iliac bone	A	090	Y	N	Y	D	N	########	$ 1,815.69	
20957		Mt bone gr	A	090	Y	N	Y	D	N	########	$ 1,889.20	
20962		Other bone	A	090	Y	N	Y	D	N	########	$ 1,817.62	
20969		Bone/skin	A	090	Y	N	Y	D	N	########	$ 1,845.10	
20970		Bone/skin	A	090	Y	N	Y	D	N	########	$ 1,959.33	
20972		Bone/skin	A	090	Y	N	Y	N	N	########	$ 1,954.51	
20973		Bone/skin	A	090	Y	Y	Y	D	N	########	$ 2,065.61	
20974		Electrical b	A	000	N	N	N	N	N	$ 33.98	$ 52.78	
20975		Electrical b	A	000	N	N	Y	D	N	$ 121.46	$ 121.46	
20979		Us bone sti	A	000	N	N	N	N	N	$ 22.17	$ 35.91	
20982		Ablate bon	A	000	Y	Y	N	N	N	$ 252.09	$ 2,414.10	
20983		Ablate bon	A	000	Y	Y	N	N	N	$ 234.98	$ 3,535.71	
20985		Cptr-asst d	Not Covered	ZZZ	N	N	D	N	N	$ 100.74	$ 100.74	
20999		Musculosk	nlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
21010		Incision of	A	090	Y	Y	D	N	N	$ 496.22	$ 496.22	
21011		Exc face le	A	090	Y	N	Y	N	N	$ 170.39	$ 241.48	
21012		Exc face le	A	090	Y	N	Y	N	N	$ 227.75	$ 227.75	
21013		Exc face tu	A	090	Y	N	Y	N	N	$ 269.68	$ 354.99	
21014		Exc face tu	A	090	Y	N	Y	N	N	$ 352.82	$ 352.82	
21015		Resect face	A	090	Y	N	N	N	N	$ 473.32	$ 473.32	
21016		Resect face	A	090	Y	N	Y	N	N	$ 684.20	$ 684.20	
21025		Excision o	A	090	Y	N	N	N	N	$ 446.09	$ 528.03	
21026		Excision o	A	090	Y	N	N	N	N	$ 286.55	$ 355.48	
21029		Contour of	A	090	Y	N	D	N	N	$ 412.83	$ 506.10	
21030		Excise max	A	090	Y	Y	N	N	N	$ 245.34	$ 311.13	
21031		Remove ex	A	090	Y	Y	N	N	N	$ 179.79	$ 251.36	
21032		Remove ex	A	090	Y	N	N	N	N	$ 175.69	$ 249.68	
21034		Excise max	A	090	Y	N	Y	D	N	$ 763.49	$ 870.97	
21040		Excise mar	A	090	Y	N	N	N	N	$ 247.03	$ 315.23	
21044		Removal o	A	090	Y	N	Y	D	N	$ 579.36	$ 579.36	
21045		Extensive j	A	090	Y	N	Y	D	N	$ 806.63	$ 806.63	
21046		Remove m	A	090	Y	N	D	D	N	$ 675.28	$ 675.28	
21047		Excise lwr	A	090	Y	N	Y	D	N	$ 851.94	$ 851.94	
21048		Remove m	A	090	Y	N	D	D	N	$ 685.65	$ 685.65	
21049		Excis uppr	A	090	Y	N	Y	D	N	$ 818.68	$ 818.68	
21050		Removal o	A	090	Y	Y	D	N	N	$ 578.40	$ 578.40	
21060		Remove ja	A	090	Y	Y	Y	D	N	$ 526.10	$ 526.10	
21070		Remove co	A	090	Y	Y	D	N	N	$ 413.07	$ 413.07	
21073		Mnpj of tm	Not Covered	090	Y	Y	D	N	N	$ 164.12	$ 244.13	
21076		Prepare fac	A	010	Y	N	D	N	N	$ 489.71	$ 583.46	
21077		Prepare fac	A	090	Y	Y	D	N	N	########	$ 1,429.13	
21079		Prepare fac	A	090	Y	N	N	N	N	$ 808.56	$ 973.88	
21080		Prepare fac	A	090	Y	N	N	N	N	$ 920.38	$ 1,123.06	
21081		Prepare fac	A	090	Y	N	D	N	N	$ 841.33	$ 1,032.93	
21082		Prepare fac	A	090	Y	N	D	N	N	$ 764.45	$ 944.48	
21083		Prepare fac	A	090	Y	N	D	N	N	$ 709.02	$ 898.21	
21084		Prepare fac	A	090	Y	N	D	N	N	$ 821.81	$ 1,028.83	
21085		Prepare fac	A	010	Y	N	D	N	N	$ 332.34	$ 447.54	
21086		Prepare fac	A	090	Y	Y	D	N	N	$ 888.33	$ 1,064.02	
21087		Prepare fac	A	090	Y	N	D	N	N	$ 888.33	$ 1,064.02	
21088		Prepare fac	Not Covered	090	N	N	D	N	N	$ -	$ -	
21089		Prepare fac	nlstd/Manua	YYY	N	N	N	D	D	$ -	$ -	
21100		Maxillofac	A	090	Y	N	D	N	N	$ 235.46	$ 413.07	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
21110		Interdental	A	090	Y	N	N	N	N	$ 465.61	$ 556.47	
21116		Injection ja	A	000	Y	Y	N	N	N	$ 31.33	$ 136.17	
21120		Reconstruc	A	090	Y	N	N	D	N	$ 344.87	$ 443.44	
21121		Reconstruc	A	090	Y	N	Y	N	N	$ 364.15	$ 430.67	
21122		Reconstruc	A	090	Y	N	Y	N	N	$ 511.16	$ 511.16	
21123		Reconstruc	A	090	Y	N	Y	D	N	$ 577.44	$ 577.44	
21125		Augmentat	A	090	Y	N	Y	N	N	$ 454.77	$ 1,768.70	
21127		Augmentat	A	090	Y	N	Y	D	N	$ 521.04	$ 2,608.34	
21137		Reduction	A	090	Y	N	Y	N	N	$ 506.34	$ 506.34	
21138		Reduction	A	090	Y	N	Y	D	N	$ 618.65	$ 618.65	
21139		Reduction	A	090	Y	N	Y	D	N	$ 744.93	$ 744.93	
21141		Lefort i-1 p	A	090	Y	N	Y	D	N	$ 890.50	$ 890.50	
21142		Lefort i-2 p	A	090	Y	N	Y	D	N	$ 915.32	$ 915.32	
21143		Lefort i-3/3	A	090	Y	N	Y	D	N	$ 947.13	$ 947.13	
21145		Lefort i-1 p	A	090	Y	N	Y	N	N	########	$ 1,041.36	
21146		Lefort i-2 p	A	090	Y	N	Y	D	N	########	$ 1,086.43	
21147		Lefort i-3/3	A	090	Y	N	Y	N	N	########	$ 1,145.47	
21150		Lefort ii ar	A	090	Y	N	Y	N	N	########	$ 1,115.35	
21151		Lefort ii w/	A	090	Y	N	Y	N	N	########	$ 1,229.10	
21154		Lefort iii w	A	090	Y	N	Y	D	N	########	$ 1,322.37	
21155		Lefort iii w	A	090	Y	N	Y	N	N	########	$ 1,467.45	
21159		Lefort iii w	A	090	Y	N	Y	D	N	########	$ 1,762.19	
21160		Lefort iii w	A	090	Y	N	Y	N	N	########	$ 1,911.85	
21172		Reconstruc	A	090	Y	N	Y	D	N	########	$ 1,471.06	
21175		Reconstruc	A	090	Y	N	Y	N	N	########	$ 1,510.11	
21179		Reconstruc	A	090	Y	N	Y	N	N	########	$ 1,035.82	
21180		Reconstruc	A	090	Y	N	Y	D	N	########	$ 1,158.49	
21181		Contour cr	A	090	Y	N	D	N	N	$ 500.32	$ 500.32	
21182		Reconstruc	A	090	Y	N	Y	D	N	########	$ 1,445.52	
21183		Reconstruc	A	090	Y	N	Y	D	N	########	$ 1,574.45	
21184		Reconstruc	A	090	Y	N	Y	N	N	########	$ 1,694.95	
21188		Reconstruc	A	090	Y	N	Y	N	N	########	$ 1,072.21	
21193		Reconst lw	A	090	Y	B	Y	D	N	$ 827.35	$ 827.35	
21194		Reconst lw	A	090	Y	B	Y	N	N	$ 956.29	$ 956.29	
21195		Reconst lw	A	090	Y	B	Y	N	N	$ 909.53	$ 909.53	
21196		Reconst lw	A	090	Y	B	Y	D	N	$ 939.66	$ 939.66	
21198		Reconstr lv	A	090	Y	N	Y	D	N	$ 721.07	$ 721.07	
21199		Reconstr lv	A	090	Y	N	Y	D	N	$ 689.74	$ 689.74	
21206		Reconstruc	A	090	Y	N	Y	D	N	$ 670.70	$ 670.70	
21208		Augmentat	A	090	Y	N	D	N	N	$ 499.11	$ 1,093.66	
21209		Reduction	A	090	Y	N	Y	N	N	$ 400.06	$ 519.36	
21210		Face bone	A	090	Y	N	N	N	N	$ 512.61	$ 1,213.44	
21215		Lower jaw	A	090	Y	N	N	D	N	$ 532.13	$ 2,652.69	
21230		Rib cartila	A	090	Y	N	D	N	N	$ 506.10	$ 506.10	
21235		Ear cartila	A	090	Y	N	N	N	N	$ 374.27	$ 477.18	
21240		Reconstruc	A	090	Y	Y	Y	D	N	$ 706.13	$ 706.13	
21242		Reconstruc	A	090	Y	Y	Y	D	N	$ 674.08	$ 674.08	
21243		Reconstruc	A	090	Y	Y	Y	D	N	########	$ 1,077.51	
21244		Reconstruc	A	090	Y	N	Y	D	N	$ 676.97	$ 676.97	
21245		Reconstruc	A	090	Y	N	Y	N	N	$ 636.72	$ 817.47	
21246		Reconstruc	A	090	Y	N	Y	N	N	$ 570.21	$ 570.21	
21247		Reconstruc	A	090	Y	Y	Y	D	N	########	$ 1,062.09	
21248		Reconstruc	A	090	Y	N	N	N	N	$ 540.56	$ 665.40	
21249		Reconstruc	A	090	Y	N	D	N	N	$ 762.28	$ 908.33	
21255		Reconstruc	A	090	Y	Y	Y	D	N	$ 903.75	$ 903.75	
21256		Reconstruc	A	090	Y	Y	Y	D	N	$ 838.20	$ 838.20	
21260		Revise eye	A	090	Y	N	Y	D	N	$ 932.67	$ 932.67	
21261		Revise eye	A	090	Y	N	Y	D	N	########	$ 1,658.56	
21263		Revise eye	A	090	Y	N	Y	D	N	########	$ 1,532.04	
21267		Revise eye	A	090	Y	Y	Y	D	N	########	$ 1,090.04	
21268		Revise eye	A	090	Y	Y	Y	D	N	########	$ 1,369.36	
21270		Augmentat	A	090	Y	Y	Y	D	N	$ 506.34	$ 669.74	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
21275		Revision o	A	090	Y	N	Y	D	N	$ 570.69	$ 570.69	
21280		Revision o	A	090	Y	Y	D	N	N	$ 379.58	$ 379.58	
21282		Revision o	A	090	Y	Y	N	N	N	$ 255.94	$ 255.94	
21295		Revision o	A	090	Y	Y	D	N	N	$ 124.36	$ 124.36	
21296		Revision o	A	090	Y	Y	D	N	N	$ 270.16	$ 270.16	
21299		Cranio/ma	nlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
21310		Closed tx r	A	000	Y	N	N	N	N	$ 20.00	$ 84.35	
21315		Closed tx r	A	010	Y	N	N	N	N	$ 101.46	$ 182.92	
21320		Closed tx r	A	010	Y	N	N	N	N	$ 89.41	$ 168.70	
21325		Open tx nc	A	090	Y	N	D	N	N	$ 290.89	$ 290.89	
21330		Open tx nc	A	090	Y	N	D	N	N	$ 351.86	$ 351.86	
21335		Open tx nc	A	090	Y	N	N	N	N	$ 478.14	$ 478.14	
21336		Open tx se	A	090	Y	N	D	N	N	$ 426.57	$ 426.57	
21337		Closed tx s	A	090	Y	N	D	N	N	$ 195.21	$ 271.37	
21338		Open naso	A	090	Y	N	D	N	N	$ 440.55	$ 440.55	
21339		Open naso	A	090	Y	N	Y	D	N	$ 500.56	$ 500.56	
21340		Perq tx nas	A	090	Y	N	D	N	N	$ 502.49	$ 502.49	
21343		Open tx dp	A	090	Y	N	Y	D	N	$ 723.00	$ 723.00	
21344		Open tx co	A	090	Y	N	Y	Y	N	$ 939.42	$ 939.42	
21345		Closed tx r	A	090	Y	N	D	N	N	$ 422.47	$ 522.25	
21346		Opn tx nas	A	090	Y	N	N	D	N	$ 668.29	$ 668.29	
21347		Opn tx nas	A	090	Y	N	Y	D	N	$ 688.06	$ 688.06	
21348		Opn tx nas	A	090	Y	N	Y	Y	N	$ 735.53	$ 735.53	
21355		Perq tx ma	A	010	Y	Y	D	N	N	$ 216.18	$ 288.96	
21356		Opn tx dpr	A	010	Y	Y	D	N	N	$ 250.88	$ 331.86	
21360		Opn tx dpr	A	090	Y	Y	Y	N	N	$ 344.87	$ 344.87	
21365		Opn tx cor	A	090	Y	Y	Y	D	N	$ 737.22	$ 737.22	
21366		Opn tx cor	A	090	Y	Y	Y	Y	N	$ 866.40	$ 866.40	
21385		Opn tx orb	A	090	Y	Y	Y	D	N	$ 499.59	$ 499.59	
21386		Opn tx orb	A	090	Y	Y	Y	N	N	$ 466.82	$ 466.82	
21387		Opn tx orb	A	090	Y	Y	Y	N	N	$ 522.01	$ 522.01	
21390		Opn tx orb	A	090	Y	Y	Y	D	N	$ 536.23	$ 536.23	
21395		Opn tx orb	A	090	Y	Y	Y	D	N	$ 685.89	$ 685.89	
21400		Closed tx c	A	090	Y	Y	D	N	N	$ 106.28	$ 134.00	
21401		Closed tx c	A	090	Y	Y	Y	N	N	$ 215.21	$ 334.75	
21406		Opn tx orb	A	090	Y	Y	Y	D	N	$ 391.38	$ 391.38	
21407		Opn tx orb	A	090	Y	Y	Y	D	N	$ 429.22	$ 429.22	
21408		Opn tx orb	A	090	Y	Y	Y	Y	N	$ 611.42	$ 611.42	
21421		Treat mout	A	090	Y	N	D	N	N	$ 366.56	$ 431.87	
21422		Treat mout	A	090	Y	N	Y	D	N	$ 428.74	$ 428.74	
21423		Treat mout	A	090	Y	N	Y	Y	N	$ 546.11	$ 546.11	
21431		Treat crani	A	090	Y	N	Y	N	N	$ 460.79	$ 460.79	
21432		Treat crani	A	090	Y	N	Y	N	N	$ 484.41	$ 484.41	
21433		Treat crani	A	090	Y	N	Y	D	N	########	$ 1,182.11	
21435		Treat crani	A	090	Y	N	Y	N	N	$ 952.67	$ 952.67	
21436		Treat crani	A	090	Y	N	Y	Y	N	########	$ 1,385.03	
21440		Treat denta	A	090	Y	N	D	N	N	$ 345.59	$ 427.05	
21445		Treat denta	A	090	Y	N	Y	N	N	$ 419.82	$ 515.26	
21450		Treat lowe	A	090	Y	N	D	N	N	$ 312.82	$ 382.71	
21451		Treat lowe	A	090	Y	N	D	N	N	$ 420.55	$ 500.32	
21452		Treat lowe	A	090	Y	N	D	N	N	$ 294.98	$ 480.55	
21453		Treat lowe	A	090	Y	N	D	N	N	$ 597.20	$ 697.45	
21454		Treat lowe	A	090	Y	N	D	D	N	$ 327.04	$ 327.04	
21461		Treat lowe	A	090	Y	N	N	D	N	$ 685.89	$ 1,248.14	
21462		Treat lowe	A	090	Y	N	Y	D	N	$ 768.55	$ 1,366.71	
21465		Treat lowe	A	090	Y	Y	Y	D	N	$ 539.60	$ 539.60	
21470		Treat lowe	A	090	Y	N	Y	D	N	$ 780.60	$ 780.60	
21480		Reset dislo	A	000	Y	Y	N	N	N	$ 22.41	$ 87.00	
21485		Reset dislo	A	090	Y	Y	D	N	N	$ 507.31	$ 618.17	
21490		Repair disl	A	090	Y	Y	Y	D	N	$ 531.65	$ 531.65	
21497		Interdental	A	090	Y	N	D	N	N	$ 384.15	$ 457.90	
21499		Head surg	nlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
21501		Drain neck	A	090	Y	N	N	N	N	$ 219.79	$ 316.67	
21502		Drain ches	A	090	Y	N	Y	N	N	$ 350.41	$ 350.41	
21510		Drainage o	A	090	Y	N	D	N	N	$ 309.20	$ 309.20	
21550		Biopsy of r	A	010	Y	N	N	N	N	$ 103.39	$ 174.97	
21552		Exc neck le	A	090	Y	N	Y	N	N	$ 306.79	$ 306.79	
21554		Exc neck tı	A	090	Y	N	Y	N	N	$ 501.76	$ 501.76	
21555		Exc neck le	A	090	Y	N	N	N	N	$ 205.81	$ 287.03	
21556		Exc neck tı	A	090	Y	N	N	N	N	$ 360.54	$ 360.54	
21557		Resect nec	A	090	Y	N	Y	D	N	$ 654.32	$ 654.32	
21558		Resect nec	A	090	Y	N	Y	D	N	$ 927.61	$ 927.61	
21600		Partial rem	A	090	Y	N	Y	D	N	$ 377.17	$ 377.17	
21601		Exc chest v	A	090	Y	N	Y	D	N	$ 808.80	$ 808.80	
21602		Exc ch wal	A	090	Y	N	Y	D	N	########	$ 1,080.16	
21603		Exc ch wal	A	090	Y	N	Y	D	N	########	$ 1,182.59	
21610		Partial rem	A	090	Y	N	Y	N	N	$ 836.03	$ 836.03	
21615		Removal o	A	090	Y	Y	Y	D	N	$ 428.98	$ 428.98	
21616		Removal o	A	090	Y	Y	Y	N	N	$ 499.83	$ 499.83	
21620		Partial rem	A	090	Y	N	Y	D	N	$ 347.76	$ 347.76	
21627		Sternal deb	A	090	Y	N	Y	N	N	$ 368.01	$ 368.01	
21630		Extensive s	A	090	Y	N	Y	D	N	$ 824.94	$ 824.94	
21632		Extensive s	A	090	Y	N	Y	D	N	$ 841.09	$ 841.09	
21685		Hyoid myo	A	090	Y	N	Y	D	N	$ 666.85	$ 666.85	
21700		Revision o	A	090	Y	Y	Y	N	N	$ 249.68	$ 249.68	
21705		Revision o	A	090	Y	Y	Y	N	N	$ 376.68	$ 376.68	
21720		Revision o	A	090	Y	N	Y	N	N	$ 360.05	$ 360.05	
21725		Revision o	A	090	Y	N	Y	D	N	$ 368.01	$ 368.01	
21740		Reconstruc	A	090	Y	N	Y	D	N	$ 716.98	$ 716.98	
21742		Repair ster	C	090	Y	N	Y	D	N	$ -	$ -	
21743		Repair ster	C	090	Y	N	Y	D	N	$ -	$ -	
21750		Repair of s	A	090	Y	N	Y	D	N	$ 472.12	$ 472.12	
21811		Optx of rib	Not Covered	000	Y	Y	Y	N	N	$ 417.41	$ 417.41	
21812		Treatment v	Not Covered	000	Y	Y	Y	N	N	$ 504.65	$ 504.65	
21813		Treatment v	Not Covered	000	Y	Y	Y	N	N	$ 695.53	$ 695.53	
21820		Treat stern	A	090	Y	N	N	N	N	$ 95.92	$ 97.36	
21825		Treat stern	A	090	Y	N	Y	D	N	$ 373.31	$ 373.31	
21899		Neck/chest	Unlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
21920		Biopsy sof	A	010	Y	N	N	N	N	$ 103.87	$ 170.63	
21925		Biopsy sof	A	090	Y	N	N	N	N	$ 248.71	$ 320.77	
21930		Exc back le	A	090	Y	N	N	N	N	$ 247.03	$ 333.54	
21931		Exc back le	A	090	Y	N	Y	N	N	$ 323.42	$ 323.42	
21932		Exc back tı	A	090	Y	N	Y	N	N	$ 455.73	$ 455.73	
21933		Exc back tı	A	090	Y	N	Y	N	N	$ 509.72	$ 509.72	
21935		Resect bac	A	090	Y	N	N	D	N	$ 707.34	$ 707.34	
21936		Resect bac	A	090	Y	N	Y	D	N	$ 979.42	$ 979.42	
22010		I&d p-spin	A	090	Y	N	D	N	N	$ 664.68	$ 664.68	
22015		I&d absces	A	090	Y	N	N	N	N	$ 649.50	$ 649.50	
22100		Remove pa	A	090	Y	N	Y	D	N	$ 589.25	$ 589.25	
22101		Remove pa	A	090	Y	N	Y	D	N	$ 592.38	$ 592.38	
22102		Remove pa	A	090	Y	N	Y	D	N	$ 564.18	$ 564.18	
22103		Remove ex	A	ZZZ	N	N	Y	D	N	$ 99.29	$ 99.29	
22110		Remove pa	A	090	Y	N	Y	D	N	$ 721.55	$ 721.55	
22112		Remove pa	A	090	Y	N	Y	D	N	$ 779.64	$ 779.64	
22114		Remove pa	A	090	Y	N	Y	D	N	$ 779.64	$ 779.64	
22116		Remove ex	A	ZZZ	N	N	Y	D	N	$ 99.77	$ 99.77	
22206		Incis spine	A	090	Y	N	Y	D	N	########	$ 1,704.59	
22207		Incis spine	A	090	Y	N	Y	D	N	########	$ 1,665.79	
22208		Incis spine	A	ZZZ	N	N	Y	D	N	$ 413.32	$ 413.32	
22210		Incis 1 vert	A	090	Y	N	Y	D	N	########	$ 1,242.11	
22212		Incis 1 vert	A	090	Y	N	Y	D	N	########	$ 1,036.78	
22214		Incis 1 vert	A	090	Y	N	Y	D	N	########	$ 1,039.19	
22216		Incis addl s	A	ZZZ	N	N	Y	D	N	$ 255.22	$ 255.22	
22220		Incis w/dis	A	090	Y	N	Y	D	N	########	$ 1,120.41	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
22222		Incis w/dis	A	090	Y	N	Y	D	N	########	$ 1,217.77	
22224		Incis w/dis	A	090	Y	N	Y	D	N	########	$ 1,093.90	
22226		Revise extı	A	ZZZ	N	N	Y	D	N	$ 253.77	$ 253.77	
22310		Closed tx v	A	090	Y	N	N	N	N	$ 198.34	$ 206.54	
22315		Closed tx v	A	090	Y	N	N	N	N	$ 524.18	$ 593.34	
22318		Treat odon	A	090	Y	N	Y	Y	N	########	$ 1,143.30	
22319		Treat odon	A	090	Y	N	Y	Y	N	########	$ 1,278.75	
22325		Treat spine	A	090	Y	N	Y	D	N	########	$ 1,012.20	
22326		Treat neck	A	090	Y	N	Y	D	N	########	$ 1,043.29	
22327		Treat thora	A	090	Y	N	Y	D	N	########	$ 1,055.82	
22328		Treat each	A	ZZZ	N	N	Y	D	N	$ 199.07	$ 199.07	
22505		Manipulati	A	010	Y	N	N	N	N	$ 89.17	$ 89.17	
22510		Perq cervic	A	010	Y	N	N	N	N	$ 294.98	$ 1,200.90	
22511		Perq lumbo	A	010	Y	N	N	N	N	$ 277.15	$ 1,194.64	
22512		Vertebropl	A	ZZZ	N	N	N	N	N	$ 143.40	$ 523.93	
22513		Perq vertel	A	010	Y	N	N	N	N	$ 352.10	$ 4,080.85	
22514		Perq vertel	A	010	Y	N	N	N	N	$ 328.72	$ 4,063.02	
22515		Perq vertel	A	ZZZ	N	N	N	N	N	$ 152.55	$ 2,189.73	
22526		Idet single	Not Covered	010	N	N	N	N	N	$ 220.52	$ 1,391.05	
22527		Idet 1 or m	Not Covered	ZZZ	N	N	N	N	N	$ 104.35	$ 1,152.22	
22532		Lat thorax	A	090	Y	N	Y	Y	N	########	$ 1,249.34	
22533		Lat lumbar	A	090	Y	N	Y	Y	N	########	$ 1,143.79	
22534		Lat thor/lu	A	ZZZ	N	N	Y	Y	N	$ 252.33	$ 252.33	
22548		Neck spine	A	090	Y	N	Y	Y	N	########	$ 1,370.57	
22551		Neck spine	A	090	Y	N	Y	Y	N	########	$ 1,186.68	
22552		Addl neck	A	ZZZ	N	N	Y	Y	N	$ 278.84	$ 278.84	
22554		Neck spine	A	090	Y	N	Y	Y	N	$ 871.46	$ 871.46	
22556		Thorax spi	A	090	Y	N	Y	Y	N	########	$ 1,156.08	
22558		Lumbar sp	A	090	Y	N	Y	Y	N	########	$ 1,063.05	
22585		Additional	A	ZZZ	N	N	Y	Y	N	$ 229.67	$ 229.67	
22586		Prescrl fus	A	090	Y	N	Y	Y	N	########	$ 1,419.25	
22590		Spine & sk	A	090	Y	N	Y	Y	N	########	$ 1,099.44	
22595		Neck spina	A	090	Y	N	Y	Y	N	########	$ 1,047.63	
22600		Neck spine	A	090	Y	N	Y	Y	N	$ 895.80	$ 895.80	
22610		Thorax spi	A	090	Y	N	Y	Y	N	$ 879.65	$ 879.65	
22612		Lumbar sp	A	090	Y	N	Y	Y	N	########	$ 1,100.41	
22614		Spine fusic	A	ZZZ	N	N	Y	Y	N	$ 275.22	$ 275.22	
22630		Lumbar sp	A	090	Y	N	Y	Y	N	########	$ 1,097.27	
22632		Spine fusic	A	ZZZ	N	N	Y	Y	N	$ 225.82	$ 225.82	
22633		Lumbar sp	A	090	Y	N	Y	Y	N	########	$ 1,289.35	
22634		Spine fusic	A	ZZZ	N	N	Y	Y	N	$ 348.73	$ 348.73	
22800		Post fusior	A	090	Y	N	Y	D	N	$ 935.32	$ 935.32	
22802		Post fusior	A	090	Y	N	Y	D	N	########	$ 1,468.41	
22804		Post fusior	A	090	Y	N	Y	D	N	########	$ 1,691.34	
22808		Ant fusion	A	090	Y	N	Y	D	N	########	$ 1,265.49	
22810		Ant fusion	A	090	Y	N	Y	D	N	########	$ 1,453.23	
22812		Ant fusion	A	090	Y	N	Y	D	N	########	$ 1,514.93	
22818		Kyphecton	A	090	Y	N	Y	Y	Y	########	$ 1,486.25	
22819		Kyphecton	A	090	Y	N	Y	Y	Y	########	$ 1,709.65	
22830		Exploratio	A	090	Y	N	Y	D	N	$ 564.90	$ 564.90	
22840		Insert spin	A	ZZZ	N	N	Y	D	N	$ 533.57	$ 533.57	
22841		Insert spin	B	XXX	N	N	N	N	N	$ -	$ -	
22842		Insert spin	A	ZZZ	N	N	Y	Y	N	$ 536.23	$ 536.23	
22843		Insert spin	A	ZZZ	N	N	Y	Y	N	$ 573.58	$ 573.58	
22844		Insert spin	A	ZZZ	N	N	Y	Y	N	$ 692.39	$ 692.39	
22845		Insert spin	A	ZZZ	N	N	Y	Y	N	$ 512.85	$ 512.85	
22846		Insert spin	A	ZZZ	N	N	Y	Y	N	$ 532.85	$ 532.85	
22847		Insert spin	A	ZZZ	N	N	Y	Y	N	$ 557.43	$ 557.43	
22848		Insert pelv	A	ZZZ	N	N	Y	Y	N	$ 252.09	$ 252.09	
22849		Reinsert sp	A	090	Y	N	Y	D	N	$ 907.85	$ 907.85	
22850		Remove sp	A	090	Y	N	Y	D	N	$ 504.17	$ 504.17	
22852		Remove sp	A	090	Y	N	Y	D	N	$ 484.17	$ 484.17	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
22853		Insj biome	A	ZZZ	N	N	Y	Y	N	$ 181.96	$ 181.96	
22854		Insj biome	A	ZZZ	N	N	Y	Y	N	$ 235.70	$ 235.70	
22855		Remove sp	A	090	Y	N	Y	D	N	$ 769.27	$ 769.27	
22856		Cerv artifi	Not Covered	090	Y	N	Y	Y	N	########	$ 1,135.59	
22857		Lumbar art	Not Covered	090	Y	N	Y	Y	N	########	$ 1,214.16	
22858		Second lev	Not Covered	ZZZ	N	N	Y	Y	N	$ 356.68	$ 356.68	
22859		Insj biome	A	ZZZ	N	N	Y	Y	N	$ 234.49	$ 234.49	
22861		Revise cer	Not Covered	090	Y	N	Y	Y	N	########	$ 1,626.99	
22862		Revise lum	Not Covered	090	Y	N	Y	Y	Y	########	$ 1,620.97	
22864		Remove ce	Not Covered	090	Y	N	Y	Y	N	########	$ 1,449.86	
22865		Remove lu	Not Covered	090	Y	N	Y	Y	Y	########	$ 1,581.44	
22867		Insj stablj	Not Covered	090	Y	N	Y	N	N	$ 680.10	$ 680.10	
22868		Insj stablj	Not Covered	ZZZ	N	N	Y	Y	N	$ 173.04	$ 173.04	
22869		Insj stablj	Not Covered	090	Y	N	Y	N	N	$ 296.19	$ 296.19	
22870		Insj stablj	Not Covered	ZZZ	N	N	Y	Y	N	$ 82.90	$ 82.90	
22899		Spine surg	Unlstd/Manua	YYY	Y	N	Y	D	D	$ -	$ -	
22900		Exc abdl tu	A	090	Y	N	Y	D	N	$ 388.97	$ 388.97	
22901		Exc abdl tu	A	090	Y	N	Y	D	N	$ 461.03	$ 461.03	
22902		Exc abd les	A	090	Y	N	Y	D	N	$ 227.02	$ 313.78	
22903		Exc abd les	A	090	Y	N	Y	D	N	$ 302.70	$ 302.70	
22904		Radical res	A	090	Y	N	Y	D	D	$ 722.76	$ 722.76	
22905		Rad resect	A	090	Y	N	Y	D	D	$ 917.49	$ 917.49	
22999		Abdomen	Unlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
23000		Removal o	A	090	Y	Y	Y	D	N	$ 241.24	$ 372.35	
23020		Release sh	A	090	Y	Y	Y	N	N	$ 468.26	$ 468.26	
23030		Drain shou	A	010	Y	N	N	N	N	$ 172.80	$ 293.78	
23031		Drain shou	A	010	Y	Y	N	N	N	$ 145.81	$ 278.84	
23035		Drain shou	A	090	Y	Y	Y	N	N	$ 463.44	$ 463.44	
23040		Explorator	A	090	Y	Y	Y	D	N	$ 487.54	$ 487.54	
23044		Explorator	A	090	Y	Y	N	D	N	$ 383.43	$ 383.43	
23065		Biopsy sho	A	010	Y	Y	N	N	N	$ 108.69	$ 149.18	
23066		Biopsy sho	A	090	Y	Y	N	N	N	$ 245.58	$ 378.61	
23071		Exc should	A	090	Y	Y	Y	N	N	$ 288.24	$ 288.24	
23073		Exc should	A	090	Y	Y	Y	N	N	$ 478.63	$ 478.63	
23075		Exc should	A	090	Y	Y	N	N	N	$ 221.48	$ 339.81	
23076		Exc should	A	090	Y	Y	N	N	N	$ 368.97	$ 368.97	
23077		Resect sho	A	090	Y	Y	Y	D	N	$ 783.73	$ 783.73	
23078		Resect sho	A	090	Y	Y	Y	D	N	$ 990.99	$ 990.99	
23100		Biopsy of s	A	090	Y	Y	Y	D	N	$ 341.26	$ 341.26	
23101		Shoulder j	A	090	Y	Y	N	D	N	$ 309.20	$ 309.20	
23105		Remove sh	A	090	Y	Y	Y	D	N	$ 435.25	$ 435.25	
23106		Incision of	A	090	Y	Y	N	D	N	$ 339.09	$ 339.09	
23107		Explore tre	A	090	Y	Y	Y	D	N	$ 449.22	$ 449.22	
23120		Partial rem	A	090	Y	Y	Y	D	N	$ 396.45	$ 396.45	
23125		Removal o	A	090	Y	Y	Y	D	N	$ 482.96	$ 482.96	
23130		Remove sh	A	090	Y	Y	N	D	N	$ 417.17	$ 417.17	
23140		Removal o	A	090	Y	Y	N	N	N	$ 376.44	$ 376.44	
23145		Removal o	A	090	Y	Y	Y	D	N	$ 473.57	$ 473.57	
23146		Removal o	A	090	Y	Y	D	N	N	$ 422.71	$ 422.71	
23150		Removal o	A	090	Y	Y	Y	D	N	$ 447.54	$ 447.54	
23155		Removal o	A	090	Y	Y	Y	D	N	$ 542.25	$ 542.25	
23156		Removal o	A	090	Y	Y	Y	N	N	$ 461.76	$ 461.76	
23170		Remove cc	A	090	Y	Y	N	N	N	$ 382.23	$ 382.23	
23172		Remove sh	A	090	Y	Y	Y	N	N	$ 385.84	$ 385.84	
23174		Remove hu	A	090	Y	Y	Y	D	N	$ 516.70	$ 516.70	
23180		Remove cc	A	090	Y	Y	N	D	N	$ 450.91	$ 450.91	
23182		Remove sh	A	090	Y	Y	Y	N	N	$ 454.04	$ 454.04	
23184		Remove hu	A	090	Y	Y	Y	D	N	$ 501.76	$ 501.76	
23190		Partial rem	A	090	Y	Y	Y	D	N	$ 389.94	$ 389.94	
23195		Removal o	A	090	Y	Y	Y	D	N	$ 508.03	$ 508.03	
23200		Resect clav	A	090	Y	Y	Y	D	N	########	$ 1,032.69	
23210		Resect scap	A	090	Y	Y	Y	D	N	########	$ 1,215.60	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
23220		Resect pro	A	090	Y	Y	Y	D	N	########	$ 1,330.80	
23330		Remove sh	A	010	Y	Y	D	N	N	$ 111.58	$ 195.69	
23333		Remove sh	A	090	Y	Y	D	N	N	$ 320.05	$ 320.05	
23334		Shoulder p	A	090	Y	Y	N	D	N	$ 726.62	$ 726.62	
23335		Shoulder p	A	090	Y	Y	N	D	N	$ 867.12	$ 867.12	
23350		Injection f	A	000	Y	Y	N	N	N	$ 34.46	$ 105.32	
23395		Muscle tra	A	090	Y	N	Y	D	N	$ 874.11	$ 874.11	
23397		Muscle tra	A	090	Y	N	Y	D	N	$ 773.85	$ 773.85	
23400		Fixation of	A	090	Y	Y	Y	D	N	$ 663.96	$ 663.96	
23405		Incision of	A	090	Y	N	Y	D	N	$ 420.30	$ 420.30	
23406		Incise tend	A	090	Y	N	Y	N	N	$ 516.70	$ 516.70	
23410		Repair rota	A	090	Y	Y	Y	D	N	$ 557.92	$ 557.92	
23412		Repair rota	A	090	Y	Y	Y	D	N	$ 580.09	$ 580.09	
23415		Release of	A	090	Y	Y	N	D	N	$ 473.08	$ 473.08	
23420		Repair of s	A	090	Y	Y	Y	D	N	$ 662.51	$ 662.51	
23430		Repair bice	A	090	Y	Y	Y	D	N	$ 505.38	$ 505.38	
23440		Remove/tra	A	090	Y	Y	Y	D	N	$ 515.98	$ 515.98	
23450		Repair sho	A	090	Y	Y	Y	D	N	$ 647.57	$ 647.57	
23455		Repair sho	A	090	Y	Y	Y	D	N	$ 679.38	$ 679.38	
23460		Repair sho	A	090	Y	Y	Y	D	N	$ 744.93	$ 744.93	
23462		Repair sho	A	090	Y	Y	Y	D	N	$ 730.71	$ 730.71	
23465		Repair sho	A	090	Y	Y	Y	D	N	$ 765.42	$ 765.42	
23466		Repair sho	A	090	Y	Y	Y	D	N	$ 760.60	$ 760.60	
23470		Reconstruc	A	090	Y	Y	Y	D	N	$ 821.09	$ 821.09	
23472		Reconstruc	A	090	Y	Y	Y	D	N	$ 992.92	$ 992.92	
23473		Revis reco	A	090	Y	Y	Y	D	N	########	$ 1,109.56	
23474		Revis reco	A	090	Y	Y	Y	D	N	########	$ 1,196.81	
23480		Revision o	A	090	Y	Y	N	D	N	$ 559.60	$ 559.60	
23485		Revision o	A	090	Y	Y	Y	D	N	$ 649.25	$ 649.25	
23490		Reinforce	A	090	Y	Y	Y	N	N	$ 587.56	$ 587.56	
23491		Reinforce	A	090	Y	Y	Y	D	N	$ 693.60	$ 693.60	
23500		Treat clavi	A	090	Y	Y	N	N	N	$ 150.38	$ 147.73	
23505		Treat clavi	A	090	Y	Y	N	N	N	$ 223.65	$ 239.07	
23515		Treat clavi	A	090	Y	Y	Y	D	N	$ 488.51	$ 488.51	
23520		Treat clavi	A	090	Y	Y	D	N	N	$ 157.61	$ 159.30	
23525		Treat clavi	A	090	Y	Y	D	N	N	$ 241.00	$ 261.24	
23530		Treat clavi	A	090	Y	Y	Y	N	N	$ 390.42	$ 390.42	
23532		Treat clavi	A	090	Y	Y	Y	N	N	$ 424.64	$ 424.64	
23540		Treat clavi	A	090	Y	Y	N	N	N	$ 155.20	$ 156.89	
23545		Treat clavi	A	090	Y	Y	D	N	N	$ 209.19	$ 230.64	
23550		Treat clavi	A	090	Y	Y	Y	D	N	$ 388.25	$ 388.25	
23552		Treat clavi	A	090	Y	Y	Y	D	N	$ 444.16	$ 444.16	
23570		Treat shou	A	090	Y	Y	N	N	N	$ 160.27	$ 155.93	
23575		Treat shou	A	090	Y	Y	D	N	N	$ 253.77	$ 272.57	
23585		Treat scapu	A	090	Y	Y	Y	D	N	$ 666.61	$ 666.61	
23600		Treat hume	A	090	Y	Y	N	N	N	$ 208.47	$ 220.03	
23605		Treat hume	A	090	Y	Y	N	N	N	$ 288.48	$ 315.23	
23615		Treat hume	A	090	Y	Y	Y	D	N	$ 601.54	$ 601.54	
23616		Treat hume	A	090	Y	Y	Y	Y	N	$ 845.43	$ 845.43	
23620		Treat hume	A	090	Y	Y	N	N	N	$ 171.83	$ 178.58	
23625		Treat hume	A	090	Y	Y	N	N	N	$ 235.46	$ 254.74	
23630		Treat hume	A	090	Y	Y	Y	D	N	$ 529.24	$ 529.24	
23650		Treat shou	A	090	Y	Y	N	N	N	$ 197.86	$ 216.42	
23655		Treat shou	A	090	Y	Y	N	N	N	$ 274.02	$ 274.02	
23660		Treat shou	A	090	Y	Y	Y	D	N	$ 396.45	$ 396.45	
23665		Treat dislo	A	090	Y	Y	N	N	N	$ 267.75	$ 288.48	
23670		Treat dislo	A	090	Y	Y	Y	D	N	$ 593.34	$ 593.34	
23675		Treat dislo	A	090	Y	Y	N	N	N	$ 337.64	$ 369.21	
23680		Treat dislo	A	090	Y	Y	Y	D	N	$ 631.66	$ 631.66	
23700		Fixation of	A	010	Y	Y	N	N	N	$ 132.07	$ 132.07	
23800		Fusion of s	A	090	Y	Y	Y	D	N	$ 700.83	$ 700.83	
23802		Fusion of s	A	090	Y	Y	Y	D	N	$ 875.07	$ 875.07	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
23900		Amputatio	A	090	Y	N	Y	N	N	$ 949.30	$ 949.30	
23920		Amputatio	A	090	Y	Y	Y	D	N	$ 767.34	$ 767.34	
23921		Amputatio	A	090	Y	Y	N	N	N	$ 317.40	$ 317.40	
23929		Shoulder s	nlstd/Manua	YYY	Y	N	Y	D	D	$ -	$ -	
23930		Drainage o	A	010	Y	Y	N	N	N	$ 147.25	$ 242.45	
23931		Drainage o	A	010	Y	Y	N	N	N	$ 106.52	$ 198.58	
23935		Drain arm/	A	090	Y	Y	D	N	N	$ 345.35	$ 345.35	
24000		Explorator	A	090	Y	Y	D	D	N	$ 322.22	$ 322.22	
24006		Release elb	A	090	Y	Y	Y	Y	N	$ 483.21	$ 483.21	
24065		Biopsy arn	A	010	Y	Y	N	N	N	$ 108.69	$ 170.39	
24066		Biopsy arn	A	090	Y	Y	N	N	N	$ 283.66	$ 415.48	
24071		Exc arm/el	A	090	Y	Y	Y	N	N	$ 277.63	$ 277.63	
24073		Ex arm/elb	A	090	Y	Y	Y	N	N	$ 476.22	$ 476.22	
24075		Exc arm/el	A	090	Y	Y	N	N	N	$ 222.44	$ 351.62	
24076		Ex arm/elb	A	090	Y	Y	N	N	N	$ 369.94	$ 369.94	
24077		Resect arm	A	090	Y	Y	N	D	N	$ 707.58	$ 707.58	
24079		Resect arm	A	090	Y	Y	Y	D	N	$ 912.43	$ 912.43	
24100		Biopsy elb	A	090	Y	Y	Y	D	N	$ 282.93	$ 282.93	
24101		Explore/tre	A	090	Y	Y	Y	N	N	$ 339.81	$ 339.81	
24102		Remove el	A	090	Y	Y	Y	D	N	$ 419.34	$ 419.34	
24105		Removal o	A	090	Y	Y	N	N	N	$ 238.59	$ 238.59	
24110		Remove hu	A	090	Y	Y	N	D	N	$ 393.55	$ 393.55	
24115		Remove/gr	A	090	Y	Y	Y	D	N	$ 502.00	$ 502.00	
24116		Remove/gr	A	090	Y	Y	Y	N	N	$ 587.32	$ 587.32	
24120		Remove el	A	090	Y	Y	D	N	N	$ 360.30	$ 360.30	
24125		Remove/gr	A	090	Y	Y	Y	D	N	$ 422.47	$ 422.47	
24126		Remove/gr	A	090	Y	Y	Y	N	N	$ 441.75	$ 441.75	
24130		Removal o	A	090	Y	Y	N	D	N	$ 344.39	$ 344.39	
24134		Removal o	A	090	Y	Y	Y	N	N	$ 508.75	$ 508.75	
24136		Remove ra	A	090	Y	Y	N	N	N	$ 429.70	$ 429.70	
24138		Remove el	A	090	Y	Y	Y	N	N	$ 462.24	$ 462.24	
24140		Partial rem	A	090	Y	Y	Y	N	N	$ 477.66	$ 477.66	
24145		Partial rem	A	090	Y	Y	N	D	N	$ 403.92	$ 403.92	
24147		Partial rem	A	090	Y	Y	N	D	N	$ 424.16	$ 424.16	
24149		Radical res	A	090	Y	Y	Y	D	N	$ 797.95	$ 797.95	
24150		Resect dist	A	090	Y	Y	Y	D	N	########	$ 1,060.88	
24152		Resect radi	A	090	Y	Y	Y	D	N	$ 920.86	$ 920.86	
24155		Removal o	A	090	Y	Y	Y	D	N	$ 582.26	$ 582.26	
24160		Remove el	A	090	Y	Y	N	D	N	$ 858.92	$ 858.92	
24164		Remove ra	A	090	Y	Y	N	D	N	$ 489.47	$ 489.47	
24200		Removal o	A	010	Y	Y	D	N	N	$ 94.71	$ 144.36	
24201		Removal o	A	090	Y	Y	N	N	N	$ 247.03	$ 365.60	
24220		Injection f	A	000	Y	Y	D	N	N	$ 46.51	$ 124.12	
24300		Manipulate	A	090	Y	Y	N	N	N	$ 284.14	$ 284.14	
24301		Muscle/ten	A	090	Y	N	Y	D	N	$ 510.92	$ 510.92	
24305		Arm tendo	A	090	Y	N	D	N	N	$ 392.11	$ 392.11	
24310		Revision o	A	090	Y	N	D	N	N	$ 321.01	$ 321.01	
24320		Repair of a	A	090	Y	N	Y	D	N	$ 532.13	$ 532.13	
24330		Revision o	A	090	Y	Y	Y	N	N	$ 488.27	$ 488.27	
24331		Revision o	A	090	Y	Y	Y	N	N	$ 536.47	$ 536.47	
24332		Tenolysis t	A	090	Y	Y	N	N	N	$ 416.45	$ 416.45	
24340		Repair of t	A	090	Y	Y	Y	D	N	$ 419.10	$ 419.10	
24341		Repair arm	A	090	Y	Y	Y	D	N	$ 502.73	$ 502.73	
24342		Repair of r	A	090	Y	Y	Y	D	N	$ 528.27	$ 528.27	
24343		Repr elbov	A	090	Y	Y	Y	D	N	$ 481.28	$ 481.28	
24344		Reconstruc	A	090	Y	Y	Y	D	N	$ 742.76	$ 742.76	
24345		Repr elbw	A	090	Y	Y	Y	D	N	$ 478.63	$ 478.63	
24346		Reconstruc	A	090	Y	Y	Y	D	N	$ 750.23	$ 750.23	
24357		Repair elb	A	090	Y	Y	D	N	N	$ 279.56	$ 279.56	
24358		Repair elb	A	090	Y	Y	D	N	N	$ 356.20	$ 356.20	
24359		Repair elb	A	090	Y	Y	D	N	N	$ 449.22	$ 449.22	
24360		Reconstruc	A	090	Y	Y	Y	D	N	$ 615.51	$ 615.51	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
24361		Reconstruc	A	090	Y	Y	Y	D	N	$ 688.06	$ 688.06	
24362		Reconstruc	A	090	Y	Y	Y	N	N	$ 725.17	$ 725.17	
24363		Replace ell	A	090	Y	Y	Y	N	N	$ 992.20	$ 992.20	
24365		Reconstruc	A	090	Y	Y	Y	D	N	$ 436.45	$ 436.45	
24366		Reconstruc	A	090	Y	Y	Y	D	N	$ 463.20	$ 463.20	
24370		Revise rec	A	090	Y	Y	Y	N	N	########	$ 1,052.93	
24371		Revise rec	A	090	Y	Y	Y	N	N	########	$ 1,214.16	
24400		Revision o	A	090	Y	Y	Y	D	N	$ 561.29	$ 561.29	
24410		Revision o	A	090	Y	Y	Y	D	N	$ 722.28	$ 722.28	
24420		Revision o	A	090	Y	Y	Y	D	N	$ 713.60	$ 713.60	
24430		Repair of h	A	090	Y	Y	Y	D	N	$ 720.59	$ 720.59	
24435		Repair hun	A	090	Y	Y	Y	D	N	$ 734.57	$ 734.57	
24470		Revision o	A	090	Y	Y	Y	N	N	$ 456.21	$ 456.21	
24495		Decompres	A	090	Y	Y	D	N	N	$ 510.20	$ 510.20	
24498		Reinforce l	A	090	Y	Y	Y	D	N	$ 590.93	$ 590.93	
24500		Treat hume	A	090	Y	Y	N	N	N	$ 221.00	$ 238.83	
24505		Treat hume	A	090	Y	Y	N	N	N	$ 304.62	$ 336.20	
24515		Treat hume	A	090	Y	Y	Y	D	N	$ 598.40	$ 598.40	
24516		Treat hume	A	090	Y	Y	Y	Y	N	$ 586.59	$ 586.59	
24530		Treat hume	A	090	Y	Y	N	N	N	$ 233.29	$ 253.29	
24535		Treat hume	A	090	Y	Y	N	N	N	$ 386.32	$ 417.65	
24538		Treat hume	A	090	Y	Y	N	N	N	$ 527.07	$ 527.07	
24545		Treat hume	A	090	Y	Y	Y	D	N	$ 632.38	$ 632.38	
24546		Treat hume	A	090	Y	Y	Y	Y	N	$ 707.34	$ 707.34	
24560		Treat hume	A	090	Y	Y	N	N	N	$ 196.66	$ 220.03	
24565		Treat hume	A	090	Y	Y	N	N	N	$ 332.10	$ 361.26	
24566		Treat hume	A	090	Y	Y	N	N	N	$ 487.06	$ 487.06	
24575		Treat hume	A	090	Y	Y	Y	D	N	$ 495.74	$ 495.74	
24576		Treat hume	A	090	Y	Y	N	N	N	$ 207.02	$ 230.88	
24577		Treat hume	A	090	Y	Y	N	N	N	$ 341.74	$ 372.10	
24579		Treat hume	A	090	Y	Y	Y	D	N	$ 566.11	$ 566.11	
24582		Treat hume	A	090	Y	Y	N	N	N	$ 549.24	$ 549.24	
24586		Treat elbov	A	090	Y	Y	Y	D	N	$ 742.28	$ 742.28	
24587		Treat elbov	A	090	Y	Y	Y	D	N	$ 743.49	$ 743.49	
24600		Treat elbov	A	090	Y	Y	N	N	N	$ 228.95	$ 250.40	
24605		Treat elbov	A	090	Y	Y	N	N	N	$ 321.25	$ 321.25	
24615		Treat elbov	A	090	Y	Y	Y	D	N	$ 485.13	$ 485.13	
24620		Treat elbov	A	090	Y	Y	D	N	N	$ 381.02	$ 381.02	
24635		Treat elbov	A	090	Y	Y	Y	D	N	$ 457.42	$ 457.42	
24640		Treat elbov	A	010	Y	Y	D	N	N	$ 53.26	$ 67.96	
24650		Treat radiu	A	090	Y	Y	N	N	N	$ 162.19	$ 174.00	
24655		Treat radiu	A	090	Y	Y	N	N	N	$ 269.44	$ 295.95	
24665		Treat radiu	A	090	Y	Y	Y	D	N	$ 444.16	$ 444.16	
24666		Treat radiu	A	090	Y	Y	Y	D	N	$ 497.42	$ 497.42	
24670		Treat ulnar	A	090	Y	Y	N	N	N	$ 177.38	$ 193.04	
24675		Treat ulnar	A	090	Y	Y	N	N	N	$ 279.80	$ 306.55	
24685		Treat ulnar	A	090	Y	Y	Y	D	N	$ 442.24	$ 442.24	
24800		Fusion of e	A	090	Y	Y	Y	D	N	$ 566.83	$ 566.83	
24802		Fusion/gra	A	090	Y	Y	Y	N	N	$ 684.68	$ 684.68	
24900		Amputatio	A	090	Y	Y	Y	D	N	$ 501.76	$ 501.76	
24920		Amputatio	A	090	Y	Y	Y	D	N	$ 499.35	$ 499.35	
24925		Amputatio	A	090	Y	Y	Y	N	N	$ 385.36	$ 385.36	
24930		Amputatio	A	090	Y	Y	Y	N	N	$ 528.03	$ 528.03	
24931		Amputate r	A	090	Y	Y	Y	N	N	$ 636.72	$ 636.72	
24935		Revision o	A	090	Y	Y	D	N	N	$ 823.98	$ 823.98	
24940		Revision o	C	090	Y	Y	Y	N	N	$ -	$ -	
24999		Upper arm	nlstd/Manua	YYY	Y	Y	D	D	D	$ -	$ -	
25000		Incision of	A	090	Y	Y	N	N	N	$ 227.50	$ 227.50	
25001		Incise flex	A	090	Y	Y	N	N	N	$ 229.19	$ 229.19	
25020		Decompres	A	090	Y	Y	N	N	N	$ 467.06	$ 467.06	
25023		Decompres	A	090	Y	Y	D	N	N	$ 857.72	$ 857.72	
25024		Decompres	A	090	Y	Y	N	N	N	$ 531.16	$ 531.16	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
25025		Decompres	A	090	Y	Y	D	N	N	$ 814.10	$ 814.10	
25028		Drainage o	A	090	Y	Y	N	N	N	$ 433.80	$ 433.80	
25031		Drainage o	A	090	Y	Y	D	N	N	$ 246.78	$ 246.78	
25035		Treat forea	A	090	Y	Y	D	N	N	$ 396.20	$ 396.20	
25040		Explore/tre	A	090	Y	Y	D	N	N	$ 379.33	$ 379.33	
25065		Biopsy for	A	010	Y	Y	N	N	N	$ 105.08	$ 167.98	
25066		Biopsy for	A	090	Y	Y	N	N	N	$ 241.96	$ 241.96	
25071		Exc forearı	A	090	Y	Y	Y	N	N	$ 289.20	$ 289.20	
25073		Exc forearı	A	090	Y	Y	Y	N	N	$ 362.95	$ 362.95	
25075		Exc forearı	A	090	Y	Y	N	N	N	$ 212.32	$ 341.98	
25076		Exc forearı	A	090	Y	Y	N	N	N	$ 348.97	$ 348.97	
25077		Resect fore	A	090	Y	Y	N	N	N	$ 607.56	$ 607.56	
25078		Resect fora	A	090	Y	Y	Y	N	N	$ 799.64	$ 799.64	
25085		Incision of	A	090	Y	Y	Y	N	N	$ 302.70	$ 302.70	
25100		Biopsy of '	A	090	Y	Y	D	N	N	$ 234.25	$ 234.25	
25101		Explore/tre	A	090	Y	Y	D	N	N	$ 271.61	$ 271.61	
25105		Remove w	A	090	Y	Y	D	D	N	$ 327.52	$ 327.52	
25107		Remove w	A	090	Y	Y	Y	D	N	$ 415.24	$ 415.24	
25109		Excise tenc	A	090	Y	Y	N	N	N	$ 360.54	$ 360.54	
25110		Remove w	A	090	Y	Y	N	N	N	$ 230.64	$ 230.64	
25111		Remove w	A	090	Y	Y	N	N	N	$ 215.45	$ 215.45	
25112		Reremove	A	090	Y	Y	N	N	N	$ 261.00	$ 261.00	
25115		Remove w	A	090	Y	Y	N	N	N	$ 510.92	$ 510.92	
25116		Remove w	A	090	Y	Y	D	D	N	$ 405.60	$ 405.60	
25118		Excise wris	A	090	Y	Y	N	N	N	$ 255.70	$ 255.70	
25119		Partial rem	A	090	Y	Y	Y	D	N	$ 335.95	$ 335.95	
25120		Removal o	A	090	Y	Y	D	D	N	$ 337.88	$ 337.88	
25125		Remove/gr	A	090	Y	Y	D	N	N	$ 403.19	$ 403.19	
25126		Remove/gr	A	090	Y	Y	Y	N	N	$ 406.57	$ 406.57	
25130		Removal o	A	090	Y	Y	D	N	N	$ 302.21	$ 302.21	
25135		Remove &	A	090	Y	Y	Y	D	N	$ 379.82	$ 379.82	
25136		Remove &	A	090	Y	Y	Y	D	N	$ 336.68	$ 336.68	
25145		Remove fo	A	090	Y	Y	Y	N	N	$ 352.34	$ 352.34	
25150		Partial rem	A	090	Y	Y	N	D	N	$ 383.91	$ 383.91	
25151		Partial rem	A	090	Y	Y	Y	D	N	$ 396.20	$ 396.20	
25170		Resect radi	A	090	Y	Y	Y	D	N	########	$ 1,007.62	
25210		Removal o	A	090	Y	N	D	D	N	$ 331.38	$ 331.38	
25215		Removal o	A	090	Y	Y	Y	D	N	$ 418.14	$ 418.14	
25230		Partial rem	A	090	Y	Y	N	D	N	$ 290.89	$ 290.89	
25240		Partial rem	A	090	Y	Y	D	D	N	$ 288.96	$ 288.96	
25246		Injection fo	A	000	Y	Y	N	N	N	$ 50.85	$ 127.49	
25248		Remove fo	A	090	Y	Y	N	N	N	$ 283.90	$ 283.90	
25250		Removal o	A	090	Y	Y	Y	N	N	$ 361.74	$ 361.74	
25251		Removal o	A	090	Y	Y	Y	N	N	$ 489.23	$ 489.23	
25259		Manipulate	A	090	Y	Y	N	N	N	$ 280.52	$ 280.52	
25260		Repair fore	A	090	Y	N	N	N	N	$ 426.33	$ 426.33	
25263		Repair fore	A	090	Y	N	Y	N	N	$ 428.74	$ 428.74	
25265		Repair fore	A	090	Y	N	Y	N	N	$ 511.16	$ 511.16	
25270		Repair fore	A	090	Y	N	D	N	N	$ 332.58	$ 332.58	
25272		Repair fore	A	090	Y	N	D	N	N	$ 379.82	$ 379.82	
25274		Repair fore	A	090	Y	N	D	D	N	$ 450.43	$ 450.43	
25275		Repair fore	A	090	Y	Y	D	D	N	$ 454.29	$ 454.29	
25280		Revise wris	A	090	Y	N	D	D	N	$ 382.95	$ 382.95	
25290		Incise wris	A	090	Y	N	N	N	N	$ 293.30	$ 293.30	
25295		Release wr	A	090	Y	N	N	N	N	$ 355.23	$ 355.23	
25300		Fusion of t	A	090	Y	Y	Y	N	N	$ 468.02	$ 468.02	
25301		Fusion of t	A	090	Y	Y	Y	N	N	$ 435.97	$ 435.97	
25310		Transplant	A	090	Y	N	Y	D	N	$ 419.10	$ 419.10	
25312		Transplant	A	090	Y	N	Y	D	N	$ 484.17	$ 484.17	
25315		Revise pals	A	090	Y	Y	Y	N	N	$ 524.66	$ 524.66	
25316		Revise pals	A	090	Y	Y	Y	N	N	$ 625.15	$ 625.15	
25320		Repair/revi	A	090	Y	Y	Y	N	N	$ 662.03	$ 662.03	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
25332		Revise wri	A	090	Y	Y	Y	N	N	$ 573.82	$ 573.82	
25335		Realignme	A	090	Y	Y	Y	N	N	$ 644.68	$ 644.68	
25337		Reconstruc	A	090	Y	Y	N	N	N	$ 598.64	$ 598.64	
25350		Revision o	A	090	Y	Y	Y	N	N	$ 456.70	$ 456.70	
25355		Revision o	A	090	Y	Y	Y	N	N	$ 521.52	$ 521.52	
25360		Revision o	A	090	Y	Y	Y	D	N	$ 442.96	$ 442.96	
25365		Revise rad	A	090	Y	Y	Y	N	N	$ 625.64	$ 625.64	
25370		Revise rad	A	090	Y	Y	Y	N	N	$ 689.02	$ 689.02	
25375		Revise rad	A	090	Y	Y	Y	D	N	$ 651.66	$ 651.66	
25390		Shorten ra	A	090	Y	Y	Y	D	N	$ 522.25	$ 522.25	
25391		Lengthen r	A	090	Y	Y	Y	D	N	$ 680.83	$ 680.83	
25392		Shorten ra	A	090	Y	Y	Y	N	N	$ 693.12	$ 693.12	
25393		Lengthen r	A	090	Y	Y	Y	N	N	$ 773.61	$ 773.61	
25394		Repair carp	A	090	Y	Y	Y	D	N	$ 534.30	$ 534.30	
25400		Repair radi	A	090	Y	Y	Y	D	N	$ 546.35	$ 546.35	
25405		Repair/gra	A	090	Y	Y	Y	D	N	$ 706.13	$ 706.13	
25415		Repair radi	A	090	Y	Y	Y	D	N	$ 661.55	$ 661.55	
25420		Repair/gra	A	090	Y	Y	Y	D	N	$ 798.67	$ 798.67	
25425		Repair/gra	A	090	Y	Y	Y	D	N	$ 658.41	$ 658.41	
25426		Repair/gra	A	090	Y	Y	Y	D	N	$ 768.79	$ 768.79	
25430		Vasc graft	A	090	Y	Y	N	N	N	$ 495.98	$ 495.98	
25431		Repair non	A	090	Y	Y	Y	D	N	$ 536.95	$ 536.95	
25440		Repair/gra	A	090	Y	Y	Y	D	N	$ 521.52	$ 521.52	
25441		Reconstruc	A	090	Y	Y	Y	D	N	$ 640.34	$ 640.34	
25442		Reconstruc	A	090	Y	Y	Y	D	N	$ 547.55	$ 547.55	
25443		Reconstruc	A	090	Y	Y	Y	D	N	$ 533.82	$ 533.82	
25444		Reconstruc	A	090	Y	Y	Y	N	N	$ 562.01	$ 562.01	
25445		Reconstruc	A	090	Y	Y	N	D	N	$ 488.99	$ 488.99	
25446		Wrist repla	A	090	Y	Y	Y	D	N	$ 798.67	$ 798.67	
25447		Repair wris	A	090	Y	Y	Y	D	N	$ 560.81	$ 560.81	
25449		Remove w	A	090	Y	Y	Y	D	N	$ 703.00	$ 703.00	
25450		Revision o	A	090	Y	Y	N	N	N	$ 419.10	$ 419.10	
25455		Revision o	A	090	Y	Y	N	N	N	$ 495.74	$ 495.74	
25490		Reinforce	A	090	Y	Y	Y	N	N	$ 488.75	$ 488.75	
25491		Reinforce	A	090	Y	Y	Y	N	N	$ 502.97	$ 502.97	
25492		Reinforce	A	090	Y	Y	Y	N	N	$ 617.92	$ 617.92	
25500		Treat fracti	A	090	Y	Y	N	N	N	$ 170.39	$ 187.02	
25505		Treat fracti	A	090	Y	Y	N	N	N	$ 308.24	$ 336.68	
25515		Treat fracti	A	090	Y	Y	Y	D	N	$ 453.08	$ 453.08	
25520		Treat fracti	A	090	Y	Y	N	N	N	$ 366.80	$ 387.29	
25525		Treat fracti	A	090	Y	Y	Y	Y	N	$ 533.57	$ 533.57	
25526		Treat fracti	A	090	Y	Y	Y	Y	N	$ 649.98	$ 649.98	
25530		Treat fracti	A	090	Y	Y	N	N	N	$ 160.27	$ 174.00	
25535		Treat fracti	A	090	Y	Y	N	N	N	$ 307.76	$ 331.86	
25545		Treat fracti	A	090	Y	Y	Y	D	N	$ 421.03	$ 421.03	
25560		Treat fracti	A	090	Y	Y	N	N	N	$ 171.11	$ 190.39	
25565		Treat fracti	A	090	Y	Y	N	N	N	$ 314.51	$ 347.52	
25574		Treat fracti	A	090	Y	Y	Y	Y	N	$ 456.70	$ 456.70	
25575		Treat fracti	A	090	Y	Y	Y	D	N	$ 613.35	$ 613.35	
25600		Treat fracti	A	090	Y	Y	N	N	N	$ 210.88	$ 220.76	
25605		Treat fracti	A	090	Y	Y	N	N	N	$ 345.35	$ 364.15	
25606		Treat fx di	A	090	Y	Y	N	N	N	$ 448.98	$ 448.98	
25607		Treat fx ra	A	090	Y	Y	Y	N	N	$ 498.63	$ 498.63	
25608		Treat fx ra	A	090	Y	Y	Y	N	N	$ 559.84	$ 559.84	
25609		Treat fx ra	A	090	Y	Y	Y	N	N	$ 711.67	$ 711.67	
25622		Treat wrist	A	090	Y	Y	N	N	N	$ 187.50	$ 202.20	
25624		Treat wrist	A	090	Y	Y	D	N	N	$ 296.43	$ 325.11	
25628		Treat wrist	A	090	Y	Y	Y	N	N	$ 487.78	$ 487.78	
25630		Treat wrist	A	090	Y	Y	N	N	N	$ 189.43	$ 203.16	
25635		Treat wrist	A	090	Y	Y	D	N	N	$ 282.69	$ 309.44	
25645		Treat wrist	A	090	Y	Y	Y	N	N	$ 387.53	$ 387.53	
25650		Treat wrist	A	090	Y	Y	N	N	N	$ 203.65	$ 218.83	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
25651		Pin ulnar s	A	090	Y	Y	D	N	N	$ 328.72	$ 328.72	
25652		Treat fracti	A	090	Y	Y	N	D	N	$ 420.55	$ 420.55	
25660		Treat wrist	A	090	Y	Y	D	N	N	$ 299.56	$ 299.56	
25670		Treat wrist	A	090	Y	Y	Y	D	N	$ 413.56	$ 413.56	
25671		Pin radioul	A	090	Y	Y	N	N	N	$ 358.61	$ 358.61	
25675		Treat wrist	A	090	Y	Y	D	N	N	$ 271.61	$ 298.36	
25676		Treat wrist	A	090	Y	Y	Y	N	N	$ 427.53	$ 427.53	
25680		Treat wrist	A	090	Y	Y	D	N	N	$ 355.72	$ 355.72	
25685		Treat wrist	A	090	Y	Y	Y	N	N	$ 500.32	$ 500.32	
25690		Treat wrist	A	090	Y	Y	D	N	N	$ 329.69	$ 329.69	
25695		Treat wrist	A	090	Y	Y	Y	D	N	$ 432.35	$ 432.35	
25800		Fusion of v	A	090	Y	Y	Y	D	N	$ 496.94	$ 496.94	
25805		Fusion/gra	A	090	Y	Y	Y	D	N	$ 577.20	$ 577.20	
25810		Fusion/gra	A	090	Y	Y	Y	D	N	$ 586.84	$ 586.84	
25820		Fusion of h	A	090	Y	Y	Y	D	N	$ 433.32	$ 433.32	
25825		Fuse hand	A	090	Y	Y	Y	D	N	$ 530.20	$ 530.20	
25830		Fusion radi	A	090	Y	Y	Y	D	N	$ 674.08	$ 674.08	
25900		Amputatio	A	090	Y	Y	D	N	N	$ 486.10	$ 486.10	
25905		Amputatio	A	090	Y	Y	Y	N	N	$ 478.14	$ 478.14	
25907		Amputatio	A	090	Y	Y	Y	N	N	$ 417.65	$ 417.65	
25909		Amputatio	A	090	Y	Y	Y	N	N	$ 466.34	$ 466.34	
25915		Amputatio	A	090	Y	Y	Y	N	N	$ 800.84	$ 800.84	
25920		Amputate h	A	090	Y	Y	D	N	N	$ 491.16	$ 491.16	
25922		Amputate h	A	090	Y	Y	Y	N	N	$ 432.84	$ 432.84	
25924		Amputatio	A	090	Y	Y	Y	N	N	$ 479.83	$ 479.83	
25927		Amputatio	A	090	Y	Y	D	N	N	$ 576.47	$ 576.47	
25929		Amputatio	A	090	Y	Y	Y	N	N	$ 406.33	$ 406.33	
25931		Amputatio	A	090	Y	Y	N	N	N	$ 531.65	$ 531.65	
25999		Forearm or	nlstd/Manua	YYY	Y	Y	D	D	D	$ -	$ -	
26010		Drainage o	A	010	Y	N	N	N	N	$ 92.79	$ 214.01	
26011		Drainage o	A	010	Y	N	N	N	N	$ 124.36	$ 305.35	
26020		Drain hand	A	090	Y	N	N	N	N	$ 373.55	$ 373.55	
26025		Drainage o	A	090	Y	Y	D	N	N	$ 283.66	$ 283.66	
26030		Drainage o	A	090	Y	Y	D	N	N	$ 330.41	$ 330.41	
26034		Treat hand	A	090	Y	N	N	N	N	$ 368.73	$ 368.73	
26035		Decompres	A	090	Y	N	D	N	N	$ 583.46	$ 583.46	
26037		Decompres	A	090	Y	Y	D	N	N	$ 381.99	$ 381.99	
26040		Release pa	A	090	Y	Y	N	N	N	$ 210.15	$ 210.15	
26045		Release pa	A	090	Y	Y	N	N	N	$ 317.40	$ 317.40	
26055		Incise finge	A	090	Y	N	N	N	N	$ 193.52	$ 376.92	
26060		Incision of	A	090	Y	N	D	N	N	$ 170.87	$ 170.87	
26070		Explore/tre	A	090	Y	Y	N	N	N	$ 216.18	$ 216.18	
26075		Explore/tre	A	090	Y	Y	N	N	N	$ 225.82	$ 225.82	
26080		Explore/tre	A	090	Y	N	N	N	N	$ 265.10	$ 265.10	
26100		Biopsy har	A	090	Y	Y	D	N	N	$ 226.78	$ 226.78	
26105		Biopsy finş	A	090	Y	Y	D	N	N	$ 228.23	$ 228.23	
26110		Biopsy finş	A	090	Y	N	N	N	N	$ 216.42	$ 216.42	
26111		Exc hand l	A	090	Y	N	Y	N	N	$ 280.77	$ 280.77	
26113		Exc hand t	A	090	Y	N	Y	N	N	$ 368.49	$ 368.49	
26115		Exc hand l	A	090	Y	N	N	N	N	$ 221.48	$ 359.33	
26116		Exc hand t	A	090	Y	N	N	N	N	$ 353.79	$ 353.79	
26117		Rad resect	A	090	Y	N	N	N	N	$ 501.28	$ 501.28	
26118		Rad resect	A	090	Y	N	Y	N	N	$ 715.53	$ 715.53	
26121		Release pa	A	090	Y	Y	N	N	N	$ 404.64	$ 404.64	
26123		Release pa	A	090	Y	Y	N	N	N	$ 562.74	$ 562.74	
26125		Release pa	A	ZZZ	N	N	N	N	N	$ 186.29	$ 186.29	
26130		Remove w	A	090	Y	Y	N	N	N	$ 315.47	$ 315.47	
26135		Revise finş	A	090	Y	N	D	N	N	$ 373.55	$ 373.55	
26140		Revise finş	A	090	Y	N	N	N	N	$ 341.50	$ 341.50	
26145		Tendon ex	A	090	Y	N	N	N	N	$ 346.80	$ 346.80	
26160		Remove te	A	090	Y	N	N	N	N	$ 210.63	$ 393.55	
26170		Removal o	A	090	Y	N	D	N	N	$ 273.54	$ 273.54	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
26180		Removal o	A	090	Y	N	D	N	N	$ 300.77	$ 300.77	
26185		Remove fi	A	090	Y	Y	Y	D	N	$ 373.31	$ 373.31	
26200		Remove ha	A	090	Y	N	D	N	N	$ 303.66	$ 303.66	
26205		Remove/gr	A	090	Y	N	N	N	N	$ 411.15	$ 411.15	
26210		Removal o	A	090	Y	N	N	N	N	$ 299.32	$ 299.32	
26215		Remove/gr	A	090	Y	N	N	N	N	$ 384.64	$ 384.64	
26230		Partial rem	A	090	Y	N	D	N	N	$ 337.64	$ 337.64	
26235		Partial rem	A	090	Y	N	D	N	N	$ 332.58	$ 332.58	
26236		Partial rem	A	090	Y	N	N	N	N	$ 297.15	$ 297.15	
26250		Extensive l	A	090	Y	N	D	N	N	$ 726.86	$ 726.86	
26260		Resect pro	A	090	Y	N	Y	N	N	$ 543.46	$ 543.46	
26262		Resect dist	A	090	Y	N	Y	N	N	$ 427.05	$ 427.05	
26320		Removal o	A	090	Y	N	N	N	N	$ 234.25	$ 234.25	
26340		Manipulate	A	090	Y	Y	N	N	N	$ 226.30	$ 226.30	
26341		Manipulat	Not Covered	010	Y	Y	N	N	N	$ 51.57	$ 73.51	
26350		Repair fing	A	090	Y	N	N	N	N	$ 491.40	$ 491.40	
26352		Repair/gra	A	090	Y	N	Y	D	N	$ 555.51	$ 555.51	
26356		Repair fing	A	090	Y	N	N	N	N	$ 534.30	$ 534.30	
26357		Repair fing	A	090	Y	N	Y	N	N	$ 602.98	$ 602.98	
26358		Repair/gra	A	090	Y	N	Y	N	N	$ 667.81	$ 667.81	
26370		Repair fing	A	090	Y	N	D	N	N	$ 523.21	$ 523.21	
26372		Repair/gra	A	090	Y	N	Y	N	N	$ 613.59	$ 613.59	
26373		Repair fing	A	090	Y	N	Y	N	N	$ 589.00	$ 589.00	
26390		Revise han	A	090	Y	N	Y	D	N	$ 587.80	$ 587.80	
26392		Repair/gra	A	090	Y	N	Y	D	N	$ 674.08	$ 674.08	
26410		Repair han	A	090	Y	N	N	N	N	$ 394.52	$ 394.52	
26412		Repair/gra	A	090	Y	N	D	N	N	$ 474.77	$ 474.77	
26415		Excision h	A	090	Y	N	D	N	N	$ 569.72	$ 569.72	
26416		Graft hand	A	090	Y	N	N	N	N	$ 616.96	$ 616.96	
26418		Repair fing	A	090	Y	N	N	N	N	$ 404.88	$ 404.88	
26420		Repair/gra	A	090	Y	N	Y	N	N	$ 493.33	$ 493.33	
26426		Repair fing	A	090	Y	N	N	N	N	$ 339.33	$ 339.33	
26428		Repair/gra	A	090	Y	N	D	N	N	$ 529.48	$ 529.48	
26432		Repair fing	A	090	Y	N	N	N	N	$ 354.03	$ 354.03	
26433		Repair fing	A	090	Y	N	N	N	N	$ 375.24	$ 375.24	
26434		Repair/gra	A	090	Y	N	Y	N	N	$ 459.35	$ 459.35	
26437		Realignme	A	090	Y	N	N	N	N	$ 439.10	$ 439.10	
26440		Release pa	A	090	Y	N	N	N	N	$ 429.46	$ 429.46	
26442		Release pa	A	090	Y	N	N	N	N	$ 656.73	$ 656.73	
26445		Release ha	A	090	Y	N	N	N	N	$ 399.34	$ 399.34	
26449		Release fo	A	090	Y	N	D	N	N	$ 467.78	$ 467.78	
26450		Incision of	A	090	Y	N	D	N	N	$ 297.88	$ 297.88	
26455		Incision of	A	090	Y	N	D	N	N	$ 295.47	$ 295.47	
26460		Incise hanc	A	090	Y	N	N	N	N	$ 290.16	$ 290.16	
26471		Fusion of f	A	090	Y	N	D	N	N	$ 434.04	$ 434.04	
26474		Fusion of f	A	090	Y	N	Y	N	N	$ 428.26	$ 428.26	
26476		Tendon ler	A	090	Y	N	N	N	N	$ 422.47	$ 422.47	
26477		Tendon sh	A	090	Y	N	N	D	N	$ 410.18	$ 410.18	
26478		Lengthenir	A	090	Y	N	D	N	N	$ 436.93	$ 436.93	
26479		Shortening	A	090	Y	N	Y	N	N	$ 445.13	$ 445.13	
26480		Transplant	A	090	Y	N	D	N	N	$ 520.32	$ 520.32	
26483		Transplant	A	090	Y	N	Y	D	N	$ 580.81	$ 580.81	
26485		Transplant	A	090	Y	N	Y	D	N	$ 557.19	$ 557.19	
26489		Transplant	A	090	Y	N	D	N	N	$ 647.09	$ 647.09	
26490		Revise thu	A	090	Y	N	D	N	N	$ 559.36	$ 559.36	
26492		Tendon tra	A	090	Y	N	Y	D	N	$ 618.89	$ 618.89	
26494		Hand tend	A	090	Y	N	Y	D	N	$ 561.77	$ 561.77	
26496		Revise thu	A	090	Y	N	D	N	N	$ 606.60	$ 606.60	
26497		Finger tenc	A	090	Y	N	Y	N	N	$ 605.87	$ 605.87	
26498		Finger tenc	A	090	Y	N	Y	D	N	$ 796.02	$ 796.02	
26499		Revision o	A	090	Y	N	Y	D	N	$ 582.50	$ 582.50	
26500		Hand tend	A	090	Y	N	D	N	N	$ 436.93	$ 436.93	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
26502		Hand tend	A	090	Y	N	Y	N	N	$ 501.76	$ 501.76	
26508		Release th	A	090	Y	Y	D	N	N	$ 445.13	$ 445.13	
26510		Thumb ten	A	090	Y	N	D	N	N	$ 421.75	$ 421.75	
26516		Fusion of h	A	090	Y	Y	D	N	N	$ 493.33	$ 493.33	
26517		Fusion of h	A	090	Y	Y	Y	N	N	$ 578.88	$ 578.88	
26518		Fusion of h	A	090	Y	Y	Y	D	N	$ 586.11	$ 586.11	
26520		Release kn	A	090	Y	N	N	N	N	$ 450.19	$ 450.19	
26525		Release fir	A	090	Y	N	N	D	N	$ 451.15	$ 451.15	
26530		Revise knu	A	090	Y	N	Y	N	N	$ 364.39	$ 364.39	
26531		Revise knu	A	090	Y	N	Y	D	N	$ 424.88	$ 424.88	
26535		Revise fing	A	090	Y	N	N	N	N	$ 293.78	$ 293.78	
26536		Revise/imp	A	090	Y	N	D	N	N	$ 495.26	$ 495.26	
26540		Repair han	A	090	Y	N	D	D	N	$ 462.48	$ 462.48	
26541		Repair han	A	090	Y	N	Y	D	N	$ 555.99	$ 555.99	
26542		Repair han	A	090	Y	N	D	N	N	$ 478.39	$ 478.39	
26545		Reconstruc	A	090	Y	N	D	N	N	$ 485.62	$ 485.62	
26546		Repair non	A	090	Y	Y	Y	N	N	$ 685.40	$ 685.40	
26548		Reconstruc	A	090	Y	N	D	N	N	$ 531.16	$ 531.16	
26550		Construct t	A	090	Y	Y	Y	N	N	########	$ 1,130.29	
26551		Great toe-h	A	090	Y	Y	Y	N	N	########	$ 2,265.88	
26553		Single tran	A	090	Y	Y	Y	D	N	########	$ 2,250.46	
26554		Double tra	A	090	Y	Y	Y	D	N	########	$ 2,623.53	
26555		Positional	A	090	Y	N	Y	N	N	$ 944.24	$ 944.24	
26556		Toe joint t	A	090	Y	N	Y	D	N	########	$ 2,337.46	
26560		Repair of v	A	090	Y	N	Y	N	N	$ 419.10	$ 419.10	
26561		Repair of v	A	090	Y	N	Y	D	N	$ 660.58	$ 660.58	
26562		Repair of v	A	090	Y	N	Y	N	N	$ 927.61	$ 927.61	
26565		Correct me	A	090	Y	N	Y	N	N	$ 486.34	$ 486.34	
26567		Correct fin	A	090	Y	N	D	N	N	$ 477.42	$ 477.42	
26568		Lengthen r	A	090	Y	N	Y	N	N	$ 623.71	$ 623.71	
26580		Repair han	A	090	Y	Y	Y	N	N	########	$ 1,045.22	
26587		Reconstruc	A	090	Y	N	Y	N	N	$ 709.99	$ 709.99	
26590		Repair fing	A	090	Y	N	Y	N	N	$ 974.60	$ 974.60	
26591		Repair mus	A	090	Y	N	D	N	N	$ 314.99	$ 314.99	
26593		Release mu	A	090	Y	N	N	N	N	$ 423.68	$ 423.68	
26596		Excision c	A	090	Y	N	Y	N	N	$ 543.70	$ 543.70	
26600		Treat meta	A	090	Y	N	N	N	N	$ 187.74	$ 197.14	
26605		Treat meta	A	090	Y	N	N	N	N	$ 197.14	$ 217.38	
26607		Treat meta	A	090	Y	N	D	N	N	$ 337.40	$ 337.40	
26608		Treat meta	A	090	Y	N	D	N	N	$ 322.94	$ 322.94	
26615		Treat meta	A	090	Y	N	N	N	N	$ 387.29	$ 387.29	
26641		Treat thum	A	090	Y	Y	D	N	N	$ 254.74	$ 278.11	
26645		Treat thum	A	090	Y	Y	D	N	N	$ 266.06	$ 290.41	
26650		Treat thum	A	090	Y	Y	N	N	N	$ 322.22	$ 322.22	
26665		Treat thum	A	090	Y	Y	N	D	N	$ 421.99	$ 421.99	
26670		Treat hand	A	090	Y	N	D	N	N	$ 210.63	$ 233.29	
26675		Treat hand	A	090	Y	N	D	N	N	$ 283.42	$ 308.48	
26676		Pin hand d	A	090	Y	N	N	N	N	$ 340.29	$ 340.29	
26685		Treat hand	A	090	Y	N	N	D	N	$ 387.05	$ 387.05	
26686		Treat hand	A	090	Y	N	Y	N	N	$ 423.68	$ 423.68	
26700		Treat knuc	A	090	Y	N	N	N	N	$ 209.19	$ 225.09	
26705		Treat knuc	A	090	Y	N	D	N	N	$ 257.63	$ 281.97	
26706		Pin knuckl	A	090	Y	N	N	N	N	$ 299.56	$ 299.56	
26715		Treat knuc	A	090	Y	N	D	N	N	$ 385.12	$ 385.12	
26720		Treat finge	A	090	Y	N	N	N	N	$ 123.63	$ 131.35	
26725		Treat finge	A	090	Y	N	N	N	N	$ 203.65	$ 227.02	
26727		Treat finge	A	090	Y	N	N	N	N	$ 317.64	$ 317.64	
26735		Treat finge	A	090	Y	N	N	N	N	$ 400.54	$ 400.54	
26740		Treat finge	A	090	Y	N	N	N	N	$ 144.84	$ 152.55	
26742		Treat finge	A	090	Y	N	N	N	N	$ 226.78	$ 250.64	
26746		Treat finge	A	090	Y	N	N	N	N	$ 501.76	$ 501.76	
26750		Treat finge	A	090	Y	N	N	N	N	$ 124.12	$ 123.63	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
26755		Treat finge	A	090	Y	N	N	N	N	$ 185.33	$ 213.04	
26756		Pin finger	A	090	Y	N	D	N	N	$ 281.97	$ 281.97	
26765		Treat finge	A	090	Y	N	N	N	N	$ 335.47	$ 335.47	
26770		Treat finge	A	090	Y	N	N	N	N	$ 174.73	$ 190.39	
26775		Treat finge	A	090	Y	N	N	N	N	$ 234.73	$ 260.04	
26776		Pin finger	A	090	Y	N	N	N	N	$ 300.29	$ 300.29	
26785		Treat finge	A	090	Y	N	N	N	N	$ 366.80	$ 366.80	
26820		Thumb fus	A	090	Y	Y	Y	D	N	$ 552.85	$ 552.85	
26841		Fusion of t	A	090	Y	Y	D	D	N	$ 510.68	$ 510.68	
26842		Thumb fus	A	090	Y	Y	Y	D	N	$ 554.78	$ 554.78	
26843		Fusion of l	A	090	Y	N	Y	D	N	$ 521.04	$ 521.04	
26844		Fusion/gra	A	090	Y	N	Y	D	N	$ 574.54	$ 574.54	
26850		Fusion of l	A	090	Y	N	D	N	N	$ 486.10	$ 486.10	
26852		Fusion of l	A	090	Y	N	Y	D	N	$ 554.06	$ 554.06	
26860		Fusion of f	A	090	Y	N	N	N	N	$ 398.61	$ 398.61	
26861		Fusion of f	A	ZZZ	N	N	N	N	N	$ 70.85	$ 70.85	
26862		Fusion/gra	A	090	Y	N	Y	D	N	$ 507.31	$ 507.31	
26863		Fuse/graft	A	ZZZ	N	N	Y	N	N	$ 156.89	$ 156.89	
26910		Amputate	A	090	Y	N	N	N	N	$ 506.10	$ 506.10	
26951		Amputatio	A	090	Y	N	N	N	N	$ 457.66	$ 457.66	
26952		Amputatio	A	090	Y	N	N	N	N	$ 450.91	$ 450.91	
26989		Hand/finge	nlstd/Manua	YYY	Y	N	N	D	D	$ -	$ -	
26990		Drainage o	A	090	Y	N	N	N	N	$ 453.32	$ 453.32	
26991		Drainage o	A	090	Y	N	D	N	N	$ 357.16	$ 477.18	
26992		Drainage o	A	090	Y	N	D	N	N	$ 682.51	$ 682.51	
27000		Incision of	A	090	Y	Y	N	D	N	$ 273.29	$ 273.29	
27001		Incision of	A	090	Y	Y	Y	D	N	$ 368.25	$ 368.25	
27003		Incision of	A	090	Y	Y	Y	D	N	$ 406.09	$ 406.09	
27005		Incision of	A	090	Y	Y	Y	D	N	$ 489.23	$ 489.23	
27006		Incision of	A	090	Y	Y	Y	D	N	$ 486.82	$ 486.82	
27025		Incision of	A	090	Y	Y	D	D	N	$ 627.81	$ 627.81	
27027		Buttock fa	A	090	Y	Y	D	N	N	$ 602.50	$ 602.50	
27030		Drainage o	A	090	Y	Y	Y	D	N	$ 641.30	$ 641.30	
27033		Exploratio	A	090	Y	Y	Y	D	N	$ 665.40	$ 665.40	
27035		Denervatic	A	090	Y	Y	Y	D	N	$ 763.01	$ 763.01	
27036		Excision o	A	090	Y	Y	Y	D	N	$ 692.15	$ 692.15	
27040		Biopsy of	A	010	Y	Y	N	N	N	$ 134.48	$ 227.50	
27041		Biopsy of	A	090	Y	Y	N	N	N	$ 479.83	$ 479.83	
27043		Exc hip pe	A	090	Y	Y	N	N	N	$ 322.46	$ 322.46	
27045		Exc hip/pe	A	090	Y	Y	Y	D	N	$ 506.10	$ 506.10	
27047		Exc hip/pe	A	090	Y	Y	N	N	N	$ 244.37	$ 328.24	
27048		Exc hip/pe	A	090	Y	Y	Y	D	N	$ 419.58	$ 419.58	
27049		Resect hip	A	090	Y	Y	Y	D	N	$ 933.63	$ 933.63	
27050		Biopsy of	A	090	Y	Y	D	D	N	$ 271.85	$ 271.85	
27052		Biopsy of l	A	090	Y	Y	Y	D	N	$ 390.90	$ 390.90	
27054		Removal o	A	090	Y	Y	Y	D	N	$ 467.06	$ 467.06	
27057		Buttock fa	A	090	Y	Y	D	N	N	$ 692.63	$ 692.63	
27059		Resect hip	A	090	Y	Y	Y	D	N	########	$ 1,249.34	
27060		Removal o	A	090	Y	Y	N	N	N	$ 314.99	$ 314.99	
27062		Remove fe	A	090	Y	Y	N	D	N	$ 307.52	$ 307.52	
27065		Remove hi	A	090	Y	Y	Y	D	N	$ 354.99	$ 354.99	
27066		Remove hi	A	090	Y	Y	Y	D	N	$ 555.75	$ 555.75	
27067		Remove/gr	A	090	Y	Y	Y	N	N	$ 706.13	$ 706.13	
27070		Part remov	A	090	Y	Y	Y	D	N	$ 599.85	$ 599.85	
27071		Part remov	A	090	Y	Y	Y	D	N	$ 654.07	$ 654.07	
27075		Resect hip	A	090	Y	N	Y	D	N	########	$ 1,434.43	
27076		Resect hip	A	090	Y	N	Y	D	N	########	$ 1,738.82	
27077		Resect hip	A	090	Y	N	Y	D	N	########	$ 1,941.01	
27078		Rsect hip t	A	090	Y	Y	Y	D	N	########	$ 1,414.91	
27080		Removal o	A	090	Y	N	Y	D	N	$ 348.73	$ 348.73	
27086		Remove hi	A	010	Y	Y	D	N	N	$ 112.55	$ 204.13	
27087		Remove hi	A	090	Y	Y	Y	D	N	$ 420.55	$ 420.55	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
27090		Removal o	A	090	Y	Y	Y	D	N	$ 565.15	$ 565.15	
27091		Removal o	A	090	Y	Y	Y	D	N	########	$ 1,093.18	
27093		Injection f	A	000	Y	Y	N	N	N	$ 47.24	$ 151.11	
27095		Injection f	A	000	Y	Y	N	N	N	$ 57.12	$ 203.89	
27096		Inject sacr	A	000	Y	Y	N	N	N	$ 56.39	$ 107.25	
27097		Revision o	A	090	Y	Y	Y	N	N	$ 464.41	$ 464.41	
27098		Transfer te	A	090	Y	Y	Y	N	N	$ 472.12	$ 472.12	
27100		Transfer of	A	090	Y	Y	Y	D	N	$ 564.42	$ 564.42	
27105		Transfer of	A	090	Y	Y	Y	N	N	$ 592.62	$ 592.62	
27110		Transfer of	A	090	Y	Y	Y	D	N	$ 662.27	$ 662.27	
27111		Transfer of	A	090	Y	Y	Y	D	N	$ 615.76	$ 615.76	
27120		Reconstruc	A	090	Y	Y	Y	D	N	$ 889.53	$ 889.53	
27122		Reconstruc	A	090	Y	Y	Y	D	N	$ 753.85	$ 753.85	
27125		Partial hip	A	090	Y	Y	Y	D	N	$ 773.85	$ 773.85	
27130		Total hip a	A	090	Y	Y	Y	D	N	$ 882.78	$ 882.78	
27132		Total hip a	A	090	Y	Y	Y	D	N	########	$ 1,147.88	
27134		Revise hip	A	090	Y	Y	Y	D	N	########	$ 1,313.93	
27137		Revise hip	A	090	Y	Y	Y	D	N	########	$ 1,008.34	
27138		Revise hip	A	090	Y	Y	Y	D	N	########	$ 1,048.11	
27140		Transplant	A	090	Y	Y	Y	D	N	$ 609.01	$ 609.01	
27146		Incision of	A	090	Y	Y	Y	D	N	$ 875.79	$ 875.79	
27147		Revision o	A	090	Y	Y	Y	D	N	########	$ 1,003.04	
27151		Incision of	A	090	Y	Y	Y	D	N	########	$ 1,085.95	
27156		Revision o	A	090	Y	Y	Y	D	N	########	$ 1,170.78	
27158		Revision o	A	090	Y	B	Y	N	N	$ 959.90	$ 959.90	
27161		Incision of	A	090	Y	Y	Y	D	N	$ 832.17	$ 832.17	
27165		Incision/fi	A	090	Y	Y	Y	D	N	$ 943.03	$ 943.03	
27170		Repair/gra	A	090	Y	Y	Y	D	N	$ 803.25	$ 803.25	
27175		Treat slipp	A	090	Y	Y	D	N	N	$ 454.53	$ 454.53	
27176		Treat slipp	A	090	Y	Y	Y	D	N	$ 628.53	$ 628.53	
27177		Treat slipp	A	090	Y	Y	Y	D	N	$ 762.04	$ 762.04	
27178		Treat slipp	A	090	Y	Y	Y	D	N	$ 628.53	$ 628.53	
27179		Revise hea	A	090	Y	Y	Y	N	N	$ 668.05	$ 668.05	
27181		Treat slipp	A	090	Y	Y	Y	N	N	$ 765.18	$ 765.18	
27185		Revision o	A	090	Y	Y	N	D	N	$ 488.27	$ 488.27	
27187		Reinforce l	A	090	Y	Y	Y	D	N	$ 679.38	$ 679.38	
27197		Clsd tx pel	A	000	Y	N	N	N	N	$ 88.45	$ 88.45	
27198		Clsd tx pel	A	000	Y	N	D	Y	N	$ 216.66	$ 216.66	
27200		Treat tail b	A	090	Y	N	N	N	N	$ 124.12	$ 123.15	
27202		Treat tail b	A	090	Y	N	Y	N	N	$ 360.30	$ 360.30	
27215		Treat pelvi	A	090	N	N	N	N	N	$ 407.29	$ 407.29	
27216		Treat pelvi	A	090	N	N	N	N	N	$ 604.43	$ 604.43	
27217		Treat pelvi	A	090	N	N	N	N	N	$ 567.80	$ 567.80	
27218		Treat pelvi	A	090	N	N	N	N	N	$ 783.25	$ 783.25	
27220		Treat hip s	A	090	Y	Y	N	N	N	$ 280.28	$ 283.90	
27222		Treat hip s	A	090	Y	Y	N	N	N	$ 667.81	$ 667.81	
27226		Treat hip w	A	090	Y	Y	Y	Y	N	$ 723.00	$ 723.00	
27227		Treat hip fi	A	090	Y	Y	Y	Y	N	########	$ 1,134.63	
27228		Treat hip fi	A	090	Y	Y	Y	Y	N	########	$ 1,291.04	
27230		Treat thigh	A	090	Y	Y	N	N	N	$ 321.49	$ 326.80	
27232		Treat thigh	A	090	Y	Y	N	N	N	$ 511.40	$ 511.40	
27235		Treat thigh	A	090	Y	Y	N	D	N	$ 618.89	$ 618.89	
27236		Treat thigh	A	090	Y	Y	Y	D	N	$ 816.27	$ 816.27	
27238		Treat thigh	A	090	Y	Y	N	N	N	$ 314.99	$ 314.99	
27240		Treat thigh	A	090	Y	Y	N	N	N	$ 655.52	$ 655.52	
27244		Treat thigh	A	090	Y	Y	Y	D	N	$ 840.37	$ 840.37	
27245		Treat thigh	A	090	Y	Y	Y	Y	N	$ 839.40	$ 839.40	
27246		Treat thigh	A	090	Y	Y	N	N	N	$ 261.00	$ 263.65	
27248		Treat thigh	A	090	Y	Y	Y	D	N	$ 509.47	$ 509.47	
27250		Treat hip d	A	000	Y	Y	N	N	N	$ 128.94	$ 128.94	
27252		Treat hip d	A	090	Y	Y	N	N	N	$ 518.15	$ 518.15	
27253		Treat hip d	A	090	Y	Y	Y	D	N	$ 643.71	$ 643.71	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
27254		Treat hip d	A	090	Y	Y	Y	D	N	$ 871.94	$ 871.94	
27256		Treat hip d	A	010	Y	Y	D	N	N	$ 166.05	$ 207.50	
27257		Treat hip d	A	010	Y	Y	D	N	N	$ 247.99	$ 247.99	
27258		Treat hip d	A	090	Y	Y	Y	D	N	$ 760.36	$ 760.36	
27259		Treat hip d	A	090	Y	Y	Y	N	N	########	$ 1,057.51	
27265		Treat hip d	A	090	Y	Y	N	N	N	$ 274.74	$ 274.74	
27266		Treat hip d	A	090	Y	Y	N	N	N	$ 396.69	$ 396.69	
27267		Cltx thigh	A	090	Y	Y	Y	D	N	$ 294.98	$ 294.98	
27268		Cltx thigh	A	090	Y	Y	Y	D	N	$ 369.21	$ 369.21	
27269		Optx thigh	A	090	Y	Y	Y	D	N	$ 852.18	$ 852.18	
27275		Manipulati	A	010	Y	N	N	N	N	$ 124.12	$ 124.12	
27279		Arthrodesi	A	090	Y	Y	Y	D	N	$ 592.62	$ 592.62	
27280		Fusion of s	A	090	Y	Y	Y	D	N	$ 942.55	$ 942.55	
27282		Fusion of p	A	090	Y	N	Y	D	N	$ 584.67	$ 584.67	
27284		Fusion of h	A	090	Y	Y	Y	D	N	########	$ 1,104.74	
27286		Fusion of h	A	090	Y	Y	Y	D	N	########	$ 1,128.12	
27290		Amputatio	A	090	Y	N	Y	D	N	########	$ 1,114.38	
27295		Amputatio	A	090	Y	Y	Y	D	N	$ 861.09	$ 861.09	
27299		Pelvis/hip j	nlstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
27301		Drain thigh	A	090	Y	Y	N	N	N	$ 344.39	$ 453.56	
27303		Drainage o	A	090	Y	Y	Y	D	N	$ 437.66	$ 437.66	
27305		Incise thigh	A	090	Y	Y	Y	D	N	$ 326.07	$ 326.07	
27306		Incision of	A	090	Y	Y	Y	N	N	$ 224.13	$ 224.13	
27307		Incision of	A	090	Y	Y	D	D	N	$ 324.87	$ 324.87	
27310		Exploratio	A	090	Y	Y	Y	D	N	$ 497.67	$ 497.67	
27323		Biopsy thig	A	010	Y	Y	N	N	N	$ 116.64	$ 180.27	
27324		Biopsy thig	A	090	Y	Y	N	N	N	$ 275.95	$ 275.95	
27325		Neurectom	A	090	Y	Y	Y	N	N	$ 382.23	$ 382.23	
27326		Neurectom	A	090	Y	Y	Y	D	N	$ 352.58	$ 352.58	
27327		Exc thigh/l	A	090	Y	Y	N	N	N	$ 210.88	$ 329.45	
27328		Exc thigh/l	A	090	Y	Y	N	N	N	$ 425.85	$ 425.85	
27329		Resect thig	A	090	Y	Y	Y	D	N	$ 715.29	$ 715.29	
27330		Biopsy kne	A	090	Y	Y	N	D	N	$ 282.45	$ 282.45	
27331		Explore/tre	A	090	Y	Y	Y	D	N	$ 322.22	$ 322.22	
27332		Removal o	A	090	Y	Y	Y	D	N	$ 437.66	$ 437.66	
27333		Removal o	A	090	Y	Y	Y	D	N	$ 398.61	$ 398.61	
27334		Remove kn	A	090	Y	Y	Y	D	N	$ 465.61	$ 465.61	
27335		Remove kn	A	090	Y	Y	Y	D	N	$ 521.77	$ 521.77	
27337		Exc thigh/l	A	090	Y	Y	Y	N	N	$ 287.51	$ 287.51	
27339		Exc thigh/l	A	090	Y	Y	Y	N	N	$ 517.67	$ 517.67	
27340		Removal o	A	090	Y	Y	N	N	N	$ 250.64	$ 250.64	
27345		Removal o	A	090	Y	Y	Y	D	N	$ 327.52	$ 327.52	
27347		Remove kn	A	090	Y	Y	Y	D	N	$ 357.16	$ 357.16	
27350		Removal o	A	090	Y	Y	Y	D	N	$ 443.68	$ 443.68	
27355		Remove fe	A	090	Y	Y	Y	D	N	$ 411.15	$ 411.15	
27356		Remove fe	A	090	Y	Y	Y	D	N	$ 502.97	$ 502.97	
27357		Remove fe	A	090	Y	Y	Y	D	N	$ 555.99	$ 555.99	
27358		Remove fe	A	ZZZ	N	N	Y	N	N	$ 191.60	$ 191.60	
27360		Partial rem	A	090	Y	Y	Y	D	N	$ 606.60	$ 606.60	
27364		Resect thig	A	090	Y	Y	Y	D	N	########	$ 1,077.75	
27365		Resect fem	A	090	Y	Y	Y	D	N	########	$ 1,414.67	
27369		Njx cntrst	A	000	Y	Y	N	N	N	$ 27.72	$ 108.69	
27372		Removal o	A	090	Y	Y	D	N	N	$ 271.37	$ 395.96	
27380		Repair of k	A	090	Y	Y	Y	D	N	$ 417.65	$ 417.65	
27381		Repair/gra	A	090	Y	Y	Y	D	N	$ 555.99	$ 555.99	
27385		Repair of t	A	090	Y	Y	Y	D	N	$ 404.64	$ 404.64	
27386		Repair/gra	A	090	Y	Y	Y	D	N	$ 581.05	$ 581.05	
27390		Incision of	A	090	Y	Y	Y	N	N	$ 303.42	$ 303.42	
27391		Incision of	A	090	Y	N	D	D	N	$ 373.07	$ 373.07	
27392		Incision of	A	090	Y	B	Y	D	N	$ 484.89	$ 484.89	
27393		Lengthenir	A	090	Y	Y	Y	D	N	$ 341.02	$ 341.02	
27394		Lengthenir	A	090	Y	N	Y	N	N	$ 445.61	$ 445.61	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
27395		Lengthenir	A	090	Y	B	Y	D	N	$ 600.57	$ 600.57	
27396		Transplant	A	090	Y	Y	Y	D	N	$ 419.58	$ 419.58	
27397		Transplant	A	090	Y	Y	Y	N	N	$ 622.50	$ 622.50	
27400		Revise thig	A	090	Y	Y	Y	D	N	$ 473.32	$ 473.32	
27403		Repair of k	A	090	Y	Y	Y	D	N	$ 438.14	$ 438.14	
27405		Repair of k	A	090	Y	Y	Y	D	N	$ 459.11	$ 459.11	
27407		Repair of k	A	090	Y	Y	Y	D	N	$ 541.77	$ 541.77	
27409		Repair of k	A	090	Y	Y	Y	D	N	$ 660.34	$ 660.34	
27412		Autochond	Not Covered	090	Y	Y	Y	D	N	########	$ 1,128.84	
27415		Osteochon	Not Covered	090	Y	Y	Y	D	N	$ 937.97	$ 937.97	
27416		Osteochon	A	090	Y	Y	D	N	N	$ 669.26	$ 669.26	
27418		Repair deg	A	090	Y	Y	Y	D	N	$ 565.63	$ 565.63	
27420		Revision o	A	090	Y	Y	Y	D	N	$ 505.62	$ 505.62	
27422		Revision o	A	090	Y	Y	Y	D	N	$ 505.86	$ 505.86	
27424		Revision/re	A	090	Y	Y	Y	D	N	$ 509.23	$ 509.23	
27425		Lat retinac	A	090	Y	Y	N	D	N	$ 304.62	$ 304.62	
27427		Reconstruc	A	090	Y	Y	Y	D	N	$ 484.65	$ 484.65	
27428		Reconstruc	A	090	Y	Y	Y	D	N	$ 759.87	$ 759.87	
27429		Reconstruc	A	090	Y	Y	Y	D	N	$ 855.31	$ 855.31	
27430		Revision o	A	090	Y	Y	Y	D	N	$ 505.14	$ 505.14	
27435		Incision of	A	090	Y	Y	Y	D	N	$ 550.20	$ 550.20	
27437		Revise kne	A	090	Y	Y	N	D	N	$ 449.47	$ 449.47	
27438		Revise kne	A	090	Y	Y	Y	D	N	$ 572.86	$ 572.86	
27440		Revision o	A	090	Y	Y	Y	D	N	$ 543.94	$ 543.94	
27441		Revision o	A	090	Y	Y	Y	D	N	$ 561.53	$ 561.53	
27442		Revision o	A	090	Y	Y	Y	D	N	$ 594.07	$ 594.07	
27443		Revision o	A	090	Y	Y	Y	D	N	$ 556.71	$ 556.71	
27445		Revision o	A	090	Y	Y	Y	D	N	$ 859.17	$ 859.17	
27446		Revision o	A	090	Y	Y	Y	D	N	$ 791.69	$ 791.69	
27447		Total knee	A	090	Y	Y	Y	D	N	$ 881.58	$ 881.58	
27448		Incision of	A	090	Y	Y	Y	D	N	$ 551.41	$ 551.41	
27450		Incision of	A	090	Y	Y	Y	D	N	$ 694.32	$ 694.32	
27454		Realignme	A	090	Y	Y	Y	D	N	$ 886.16	$ 886.16	
27455		Realignme	A	090	Y	Y	Y	D	N	$ 653.11	$ 653.11	
27457		Realignme	A	090	Y	Y	Y	D	N	$ 657.69	$ 657.69	
27465		Shortening	A	090	Y	Y	Y	D	N	$ 856.03	$ 856.03	
27466		Lengthenir	A	090	Y	Y	Y	D	N	$ 809.76	$ 809.76	
27468		Shorten/le	A	090	Y	Y	Y	D	N	$ 919.17	$ 919.17	
27470		Repair of t	A	090	Y	Y	Y	D	N	$ 805.66	$ 805.66	
27472		Repair/gra	A	090	Y	Y	Y	D	N	$ 865.43	$ 865.43	
27475		Surgery to	A	090	Y	Y	N	D	N	$ 450.67	$ 450.67	
27477		Surgery to	A	090	Y	Y	N	D	N	$ 499.59	$ 499.59	
27479		Surgery to	A	090	Y	Y	Y	N	N	$ 627.81	$ 627.81	
27485		Surgery to	A	090	Y	Y	N	N	N	$ 457.42	$ 457.42	
27486		Revise/rep	A	090	Y	Y	Y	D	N	$ 963.04	$ 963.04	
27487		Revise/rep	A	090	Y	Y	Y	D	N	########	$ 1,205.48	
27488		Removal o	A	090	Y	Y	Y	D	N	$ 820.61	$ 820.61	
27495		Reinforce t	A	090	Y	Y	Y	D	N	$ 772.65	$ 772.65	
27496		Decompres	A	090	Y	Y	N	N	N	$ 369.69	$ 369.69	
27497		Decompres	A	090	Y	Y	D	Y	N	$ 395.24	$ 395.24	
27498		Decompres	A	090	Y	Y	Y	Y	N	$ 445.61	$ 445.61	
27499		Decompres	A	090	Y	Y	Y	Y	N	$ 476.94	$ 476.94	
27500		Treatment	A	090	Y	Y	N	N	N	$ 326.56	$ 352.58	
27501		Treatment	A	090	Y	Y	D	N	N	$ 336.92	$ 343.18	
27502		Treatment	A	090	Y	Y	N	N	N	$ 519.11	$ 519.11	
27503		Treatment	A	090	Y	Y	D	N	N	$ 547.55	$ 547.55	
27506		Treatment	A	090	Y	Y	Y	D	N	$ 914.35	$ 914.35	
27507		Treatment	A	090	Y	Y	Y	Y	N	$ 664.20	$ 664.20	
27508		Treatment	A	090	Y	Y	N	N	N	$ 336.44	$ 353.79	
27509		Treatment	A	090	Y	Y	D	N	N	$ 452.84	$ 452.84	
27510		Treatment	A	090	Y	Y	N	N	N	$ 465.61	$ 465.61	
27511		Treatment	A	090	Y	Y	Y	Y	N	$ 684.44	$ 684.44	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
27513		Treatment	A	090	Y	Y	Y	Y	N	$ 851.94	$ 851.94	
27514		Treatment	A	090	Y	Y	Y	D	N	$ 663.71	$ 663.71	
27516		Treat thigh	A	090	Y	Y	N	N	N	$ 324.63	$ 345.59	
27517		Treat thigh	A	090	Y	Y	D	N	N	$ 467.30	$ 467.30	
27519		Treat thigh	A	090	Y	Y	Y	D	N	$ 611.18	$ 611.18	
27520		Treat knee	A	090	Y	Y	N	N	N	$ 199.55	$ 215.21	
27524		Treat knee	A	090	Y	Y	Y	D	N	$ 512.37	$ 512.37	
27530		Treat knee	A	090	Y	Y	N	N	N	$ 189.91	$ 201.72	
27532		Treat knee	A	090	Y	Y	N	N	N	$ 391.38	$ 416.93	
27535		Treat knee	A	090	Y	Y	Y	Y	N	$ 615.51	$ 615.51	
27536		Treat knee	A	090	Y	Y	Y	D	N	$ 810.00	$ 810.00	
27538		Treat knee	A	090	Y	Y	D	N	N	$ 300.53	$ 321.98	
27540		Treat knee	A	090	Y	Y	Y	D	N	$ 554.06	$ 554.06	
27550		Treat knee	A	090	Y	Y	D	N	N	$ 328.48	$ 353.55	
27552		Treat knee	A	090	Y	Y	D	N	N	$ 428.98	$ 428.98	
27556		Treat knee	A	090	Y	Y	Y	D	N	$ 601.30	$ 601.30	
27557		Treat knee	A	090	Y	Y	Y	D	N	$ 718.42	$ 718.42	
27558		Treat knee	A	090	Y	Y	Y	Y	N	$ 819.88	$ 819.88	
27560		Treat knee	A	090	Y	Y	N	N	N	$ 231.36	$ 250.88	
27562		Treat knee	A	090	Y	Y	D	N	N	$ 329.93	$ 329.93	
27566		Treat knee	A	090	Y	Y	Y	D	N	$ 609.49	$ 609.49	
27570		Fixation of	A	010	Y	Y	N	N	N	$ 101.22	$ 101.22	
27580		Fusion of k	A	090	Y	Y	Y	D	N	########	$ 1,002.08	
27590		Amputate l	A	090	Y	Y	Y	D	N	$ 550.93	$ 550.93	
27591		Amputate l	A	090	Y	Y	Y	D	N	$ 659.62	$ 659.62	
27592		Amputate l	A	090	Y	Y	Y	D	N	$ 466.58	$ 466.58	
27594		Amputatio	A	090	Y	Y	N	N	N	$ 347.76	$ 347.76	
27596		Amputatio	A	090	Y	Y	N	D	N	$ 494.53	$ 494.53	
27598		Amputate l	A	090	Y	Y	Y	D	N	$ 488.99	$ 488.99	
27599		Leg surger	nlstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
27600		Decompres	A	090	Y	Y	N	D	N	$ 277.15	$ 277.15	
27601		Decompres	A	090	Y	Y	N	N	N	$ 301.25	$ 301.25	
27602		Decompres	A	090	Y	Y	Y	D	N	$ 334.75	$ 334.75	
27603		Drain lowe	A	090	Y	Y	N	N	N	$ 265.10	$ 357.40	
27604		Drain lowe	A	090	Y	Y	D	N	N	$ 221.48	$ 309.93	
27605		Incision of	A	010	Y	Y	D	N	N	$ 123.63	$ 221.48	
27606		Incision of	A	010	Y	Y	N	D	N	$ 186.53	$ 186.53	
27607		Treat lowe	A	090	Y	Y	N	N	N	$ 407.53	$ 407.53	
27610		Explore/tre	A	090	Y	Y	N	N	N	$ 440.31	$ 440.31	
27612		Exploratio	A	090	Y	Y	Y	D	N	$ 376.68	$ 376.68	
27613		Biopsy low	A	010	Y	Y	N	N	N	$ 106.52	$ 165.81	
27614		Biopsy low	A	090	Y	Y	N	N	N	$ 276.91	$ 387.77	
27615		Resect leg/	A	090	Y	Y	D	D	N	$ 703.24	$ 703.24	
27616		Resect leg/	A	090	Y	Y	D	D	N	$ 875.07	$ 875.07	
27618		Exc leg/an	A	090	Y	Y	N	N	N	$ 205.09	$ 319.08	
27619		Exc leg/an	A	090	Y	Y	N	N	N	$ 312.82	$ 312.82	
27620		Explore/tre	A	090	Y	Y	Y	D	N	$ 303.42	$ 303.42	
27625		Remove ar	A	090	Y	Y	Y	D	N	$ 387.77	$ 387.77	
27626		Remove ar	A	090	Y	Y	Y	N	N	$ 408.01	$ 408.01	
27630		Removal o	A	090	Y	Y	N	N	N	$ 241.96	$ 361.98	
27632		Exc leg/an	A	090	Y	Y	Y	N	N	$ 282.45	$ 282.45	
27634		Exc leg/an	A	090	Y	Y	Y	N	N	$ 463.68	$ 463.68	
27635		Remove lo	A	090	Y	Y	N	D	N	$ 394.76	$ 394.76	
27637		Remove/gr	A	090	Y	Y	Y	D	N	$ 504.17	$ 504.17	
27638		Remove/gr	A	090	Y	Y	Y	D	N	$ 515.74	$ 515.74	
27640		Partial rem	A	090	Y	Y	N	D	N	$ 566.59	$ 566.59	
27641		Partial rem	A	090	Y	Y	N	D	N	$ 446.57	$ 446.57	
27645		Resect tibi	A	090	Y	Y	Y	D	N	########	$ 1,215.60	
27646		Resect fibu	A	090	Y	Y	Y	D	N	########	$ 1,051.97	
27647		Resect talu	A	090	Y	Y	Y	N	N	$ 686.61	$ 686.61	
27648		Injection fo	A	000	Y	Y	D	N	N	$ 36.15	$ 139.06	
27650		Repair ach	A	090	Y	Y	Y	D	N	$ 445.13	$ 445.13	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
27652		Repair/gra	A	090	Y	Y	N	D	N	$ 450.67	$ 450.67	
27654		Repair of a	A	090	Y	Y	Y	D	N	$ 481.28	$ 481.28	
27656		Repair leg	A	090	Y	Y	Y	N	N	$ 236.66	$ 365.36	
27658		Repair of l	A	090	Y	N	Y	D	N	$ 248.71	$ 248.71	
27659		Repair of l	A	090	Y	N	Y	D	N	$ 317.40	$ 317.40	
27664		Repair of l	A	090	Y	N	D	N	N	$ 242.93	$ 242.93	
27665		Repair of l	A	090	Y	N	Y	D	N	$ 282.69	$ 282.69	
27675		Repair low	A	090	Y	Y	Y	D	N	$ 331.86	$ 331.86	
27676		Repair low	A	090	Y	Y	Y	N	N	$ 405.84	$ 405.84	
27680		Release of	A	090	Y	N	N	D	N	$ 282.45	$ 282.45	
27681		Release of	A	090	Y	Y	N	D	N	$ 348.73	$ 348.73	
27685		Revision o	A	090	Y	Y	Y	D	N	$ 312.34	$ 436.93	
27686		Revise low	A	090	Y	Y	N	D	N	$ 363.19	$ 363.19	
27687		Revision o	A	090	Y	Y	Y	D	N	$ 305.83	$ 305.83	
27690		Revise low	A	090	Y	Y	Y	D	N	$ 433.56	$ 433.56	
27691		Revise low	A	090	Y	Y	Y	D	N	$ 503.69	$ 503.69	
27692		Revise add	A	ZZZ	N	N	Y	D	N	$ 71.10	$ 71.10	
27695		Repair of a	A	090	Y	Y	N	D	N	$ 320.05	$ 320.05	
27696		Repair of a	A	090	Y	Y	N	D	N	$ 374.27	$ 374.27	
27698		Repair of a	A	090	Y	Y	Y	D	N	$ 433.32	$ 433.32	
27700		Revision o	A	090	Y	Y	Y	D	N	$ 412.35	$ 412.35	
27702		Reconstruc	A	090	Y	Y	Y	D	N	$ 657.69	$ 657.69	
27703		Reconstruc	A	090	Y	Y	Y	N	N	$ 762.52	$ 762.52	
27704		Removal o	A	090	Y	Y	N	D	N	$ 386.32	$ 386.32	
27705		Incision of	A	090	Y	Y	Y	D	N	$ 515.02	$ 515.02	
27707		Incision of	A	090	Y	Y	N	D	N	$ 267.03	$ 267.03	
27709		Incision of	A	090	Y	Y	Y	D	N	$ 790.24	$ 790.24	
27712		Realignme	A	090	Y	Y	Y	D	N	$ 752.40	$ 752.40	
27715		Revision o	A	090	Y	Y	Y	D	N	$ 732.88	$ 732.88	
27720		Repair of t	A	090	Y	Y	Y	D	N	$ 595.75	$ 595.75	
27722		Repair/gra	A	090	Y	Y	Y	D	N	$ 609.25	$ 609.25	
27724		Repair/gra	A	090	Y	Y	Y	D	N	$ 863.50	$ 863.50	
27725		Repair of l	A	090	Y	Y	Y	D	N	$ 828.80	$ 828.80	
27726		Repair fibu	A	090	Y	Y	N	D	N	$ 656.24	$ 656.24	
27727		Repair of l	A	090	Y	Y	Y	D	N	$ 708.54	$ 708.54	
27730		Repair of t	A	090	Y	Y	N	D	N	$ 399.10	$ 399.10	
27732		Repair of f	A	090	Y	Y	N	N	N	$ 305.35	$ 305.35	
27734		Repair low	A	090	Y	Y	N	N	N	$ 447.30	$ 447.30	
27740		Repair of l	A	090	Y	Y	Y	N	N	$ 481.76	$ 481.76	
27742		Repair of l	A	090	Y	Y	Y	D	N	$ 529.00	$ 529.00	
27745		Reinforce t	A	090	Y	Y	Y	D	N	$ 518.15	$ 518.15	
27750		Treatment	A	090	Y	Y	N	N	N	$ 214.49	$ 230.40	
27752		Treatment	A	090	Y	Y	N	N	N	$ 333.30	$ 361.26	
27756		Treatment	A	090	Y	Y	Y	D	N	$ 390.18	$ 390.18	
27758		Treatment	A	090	Y	Y	Y	D	N	$ 610.21	$ 610.21	
27759		Treatment	A	090	Y	Y	Y	Y	N	$ 681.55	$ 681.55	
27760		Cltx media	A	090	Y	Y	N	N	N	$ 203.89	$ 220.03	
27762		Cltx med a	A	090	Y	Y	N	N	N	$ 292.33	$ 320.53	
27766		Optx medi	A	090	Y	Y	N	D	N	$ 409.22	$ 409.22	
27767		Cltx post a	A	090	Y	Y	N	N	N	$ 190.39	$ 192.08	
27768		Cltx post a	A	090	Y	Y	N	N	N	$ 299.80	$ 299.80	
27769		Optx post a	A	090	Y	Y	N	N	N	$ 497.67	$ 497.67	
27780		Treatment	A	090	Y	Y	N	N	N	$ 188.46	$ 203.65	
27781		Treatment	A	090	Y	Y	N	N	N	$ 267.75	$ 289.44	
27784		Treatment	A	090	Y	Y	N	D	N	$ 478.63	$ 478.63	
27786		Treatment	A	090	Y	Y	N	N	N	$ 191.35	$ 207.98	
27788		Treatment	A	090	Y	Y	N	N	N	$ 259.08	$ 283.90	
27792		Treatment	A	090	Y	Y	N	D	N	$ 437.42	$ 437.42	
27808		Treatment	A	090	Y	Y	N	N	N	$ 202.44	$ 221.24	
27810		Treatment	A	090	Y	Y	N	N	N	$ 287.03	$ 315.95	
27814		Treatment	A	090	Y	Y	Y	D	N	$ 520.08	$ 520.08	
27816		Treatment	A	090	Y	Y	N	N	N	$ 195.21	$ 217.86	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
27818		Treatment	A	090	Y	Y	N	N	N	$ 296.19	$ 328.48	
27822		Treatment	A	090	Y	Y	Y	D	N	$ 590.93	$ 590.93	
27823		Treatment	A	090	Y	Y	Y	D	N	$ 667.81	$ 667.81	
27824		Treat lowe	A	090	Y	Y	N	N	N	$ 204.13	$ 212.32	
27825		Treat lowe	A	090	Y	Y	D	N	N	$ 334.27	$ 367.04	
27826		Treat lowe	A	090	Y	Y	Y	Y	N	$ 575.99	$ 575.99	
27827		Treat lowe	A	090	Y	Y	Y	Y	N	$ 757.70	$ 757.70	
27828		Treat lowe	A	090	Y	Y	Y	Y	N	$ 903.27	$ 903.27	
27829		Treat lowe	A	090	Y	Y	Y	Y	N	$ 477.18	$ 477.18	
27830		Treat lowe	A	090	Y	Y	D	N	N	$ 240.28	$ 259.32	
27831		Treat lowe	A	090	Y	Y	D	N	N	$ 274.02	$ 274.02	
27832		Treat lowe	A	090	Y	Y	Y	D	N	$ 514.29	$ 514.29	
27840		Treat ankle	A	090	Y	Y	N	N	N	$ 255.94	$ 255.94	
27842		Treat ankle	A	090	Y	Y	N	N	N	$ 335.23	$ 335.23	
27846		Treat ankle	A	090	Y	Y	Y	D	N	$ 486.82	$ 486.82	
27848		Treat ankle	A	090	Y	Y	Y	D	N	$ 543.94	$ 543.94	
27860		Fixation of	A	010	Y	Y	D	N	N	$ 113.27	$ 113.27	
27870		Fusion of a	A	090	Y	Y	Y	D	N	$ 691.91	$ 691.91	
27871		Fusion of t	A	090	Y	Y	Y	D	N	$ 467.54	$ 467.54	
27880		Amputatio	A	090	Y	Y	Y	D	N	$ 630.46	$ 630.46	
27881		Amputatio	A	090	Y	Y	Y	D	N	$ 590.21	$ 590.21	
27882		Amputatio	A	090	Y	Y	D	D	N	$ 411.87	$ 411.87	
27884		Amputatio	A	090	Y	Y	N	N	N	$ 395.24	$ 395.24	
27886		Amputatio	A	090	Y	Y	N	D	N	$ 450.19	$ 450.19	
27888		Amputatio	A	090	Y	Y	Y	D	N	$ 448.98	$ 448.98	
27889		Amputatio	A	090	Y	Y	N	D	N	$ 442.48	$ 442.48	
27892		Decompres	A	090	Y	Y	D	N	N	$ 366.56	$ 366.56	
27893		Decompres	A	090	Y	Y	D	N	N	$ 415.00	$ 415.00	
27894		Decompres	A	090	Y	Y	Y	N	N	$ 569.48	$ 569.48	
27899		Leg/ankle	nlstd/Manua	YYY	Y	Y	D	D	D	$ -	$ -	
28001		Drainage o	A	010	Y	N	N	N	N	$ 112.79	$ 179.55	
28002		Treatment	A	010	Y	N	N	N	N	$ 213.53	$ 289.20	
28003		Treatment	A	090	Y	N	N	N	N	$ 378.61	$ 466.82	
28005		Treat foot	A	090	Y	N	N	N	N	$ 386.32	$ 386.32	
28008		Incision of	A	090	Y	Y	N	N	N	$ 197.86	$ 285.10	
28010		Incision of	A	090	Y	N	N	N	N	$ 136.89	$ 152.79	
28011		Incision of	A	090	Y	N	N	N	N	$ 187.02	$ 208.95	
28020		Exploratio	A	090	Y	N	N	D	N	$ 245.58	$ 360.78	
28022		Exploratio	A	090	Y	N	N	N	N	$ 217.62	$ 320.77	
28024		Exploratio	A	090	Y	N	N	N	N	$ 202.20	$ 299.80	
28035		Decompres	A	090	Y	Y	N	D	N	$ 238.83	$ 348.25	
28039		Exc foot/to	A	090	Y	Y	Y	N	N	$ 234.73	$ 329.21	
28041		Exc foot/to	A	090	Y	Y	D	N	N	$ 303.18	$ 303.18	
28043		Exc foot/to	A	090	Y	Y	N	N	N	$ 173.76	$ 255.70	
28045		Exc foot/to	A	090	Y	Y	D	N	N	$ 231.84	$ 320.05	
28046		Resect foo	A	090	Y	Y	N	D	N	$ 485.86	$ 485.86	
28047		Resect foo	A	090	Y	Y	Y	D	N	$ 706.61	$ 706.61	
28050		Biopsy of	A	090	Y	Y	N	D	N	$ 185.33	$ 274.50	
28052		Biopsy of	A	090	Y	Y	N	D	N	$ 188.94	$ 291.13	
28054		Biopsy of t	A	090	Y	Y	D	N	N	$ 154.96	$ 241.48	
28055		Neurectom	A	090	Y	Y	D	N	N	$ 260.04	$ 260.04	
28060		Partial rem	A	090	Y	Y	N	N	N	$ 241.24	$ 344.15	
28062		Removal o	A	090	Y	Y	N	D	N	$ 273.05	$ 382.95	
28070		Removal o	A	090	Y	N	N	N	N	$ 236.18	$ 345.84	
28072		Removal o	A	090	Y	N	N	N	N	$ 214.01	$ 319.57	
28080		Removal o	A	090	Y	N	D	N	N	$ 245.58	$ 345.84	
28086		Excise foo	A	090	Y	Y	Y	D	N	$ 238.11	$ 354.75	
28088		Excise foo	A	090	Y	Y	D	N	N	$ 187.74	$ 291.61	
28090		Removal o	A	090	Y	Y	N	N	N	$ 204.37	$ 305.35	
28092		Removal o	A	090	Y	N	N	N	N	$ 177.86	$ 274.26	
28100		Removal o	A	090	Y	Y	Y	D	N	$ 279.08	$ 404.88	
28102		Remove/gr	A	090	Y	Y	Y	N	N	$ 413.32	$ 413.32	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
28103		Remove/gr	A	090	Y	Y	Y	N	N	$ 260.76	$ 260.76	
28104		Removal o	A	090	Y	N	Y	D	N	$ 237.39	$ 347.76	
28106		Remove/gr	A	090	Y	N	Y	D	N	$ 287.03	$ 287.03	
28107		Remove/gr	A	090	Y	N	Y	N	N	$ 255.70	$ 374.27	
28108		Removal o	A	090	Y	N	N	N	N	$ 191.11	$ 285.83	
28110		Part remov	A	090	Y	Y	N	D	N	$ 193.04	$ 301.73	
28111		Part remov	A	090	Y	Y	N	D	N	$ 216.90	$ 320.29	
28112		Part remov	A	090	Y	Y	N	D	N	$ 207.74	$ 317.88	
28113		Part remov	A	090	Y	Y	D	N	N	$ 281.97	$ 385.60	
28114		Removal o	A	090	Y	Y	Y	D	N	$ 558.88	$ 706.13	
28116		Revision o	A	090	Y	Y	N	N	N	$ 390.42	$ 509.23	
28118		Removal o	A	090	Y	Y	Y	D	N	$ 281.25	$ 398.13	
28119		Removal o	A	090	Y	Y	N	D	N	$ 241.72	$ 344.63	
28120		Part remov	A	090	Y	Y	N	D	N	$ 334.27	$ 447.78	
28122		Partial rem	A	090	Y	Y	Y	D	N	$ 293.06	$ 392.35	
28124		Partial rem	A	090	Y	Y	N	N	N	$ 221.48	$ 313.54	
28126		Partial rem	A	090	Y	N	N	N	N	$ 163.88	$ 255.22	
28130		Removal o	A	090	Y	Y	Y	D	N	$ 418.86	$ 418.86	
28140		Removal o	A	090	Y	N	N	D	N	$ 293.30	$ 388.01	
28150		Removal o	A	090	Y	N	N	N	N	$ 186.05	$ 276.67	
28153		Partial rem	A	090	Y	N	N	N	N	$ 175.21	$ 267.51	
28160		Partial rem	A	090	Y	N	N	N	N	$ 177.14	$ 270.16	
28171		Resect tars	A	090	Y	N	Y	N	N	$ 758.67	$ 758.67	
28173		Resect met	A	090	Y	N	N	D	N	$ 496.70	$ 496.70	
28175		Resect pha	A	090	Y	N	N	D	N	$ 316.67	$ 316.67	
28190		Removal o	A	010	Y	Y	N	N	N	$ 88.93	$ 162.43	
28192		Removal o	A	090	Y	Y	N	N	N	$ 207.98	$ 305.35	
28193		Removal o	A	090	Y	Y	N	N	N	$ 246.06	$ 347.04	
28200		Repair of f	A	090	Y	N	N	D	N	$ 216.66	$ 324.15	
28202		Repair/gra	A	090	Y	N	Y	D	N	$ 289.20	$ 397.17	
28208		Repair of f	A	090	Y	N	N	D	N	$ 211.84	$ 317.40	
28210		Repair/gra	A	090	Y	N	Y	N	N	$ 286.07	$ 395.96	
28220		Release of	A	090	Y	Y	N	N	N	$ 202.44	$ 296.19	
28222		Release of	A	090	Y	Y	N	N	N	$ 240.76	$ 343.67	
28225		Release of	A	090	Y	Y	N	D	N	$ 176.41	$ 273.78	
28226		Release of	A	090	Y	Y	N	N	N	$ 266.31	$ 408.25	
28230		Incision of	A	090	Y	Y	N	N	N	$ 189.91	$ 285.83	
28232		Incision of	A	090	Y	N	N	N	N	$ 159.78	$ 249.44	
28234		Incision of	A	090	Y	N	N	N	N	$ 175.69	$ 267.51	
28238		Revision o	A	090	Y	Y	Y	D	N	$ 326.56	$ 441.27	
28240		Release of	A	090	Y	Y	N	N	N	$ 196.66	$ 294.26	
28250		Revision o	A	090	Y	Y	Y	D	N	$ 270.40	$ 381.74	
28260		Release of	A	090	Y	Y	Y	D	N	$ 351.38	$ 466.58	
28261		Revision o	A	090	Y	Y	D	N	N	$ 638.41	$ 807.11	
28262		Revision o	A	090	Y	Y	Y	D	N	$ 764.21	$ 935.32	
28264		Release of	A	090	Y	Y	Y	N	N	$ 471.64	$ 607.08	
28270		Release of	A	090	Y	Y	N	N	N	$ 222.44	$ 321.49	
28272		Release of	A	090	Y	Y	N	N	N	$ 166.77	$ 253.29	
28280		Fusion of t	A	090	Y	Y	D	N	N	$ 231.60	$ 335.71	
28285		Repair of h	A	090	Y	Y	N	D	N	$ 254.01	$ 352.82	
28286		Repair of h	A	090	Y	Y	N	N	N	$ 197.62	$ 291.13	
28288		Partial rem	A	090	Y	N	N	N	N	$ 288.00	$ 399.10	
28289		Corrj halu	A	090	Y	Y	Y	D	N	$ 306.31	$ 460.55	
28291		Corrj halu	A	090	Y	Y	Y	D	N	$ 331.13	$ 478.87	
28292		Correction	A	090	Y	Y	Y	D	N	$ 321.49	$ 465.61	
28295		Correction	A	090	Y	Y	Y	D	N	$ 415.48	$ 727.58	
28296		Correction	A	090	Y	Y	Y	D	N	$ 343.18	$ 589.49	
28297		Correction	A	090	Y	Y	Y	D	N	$ 405.36	$ 686.85	
28298		Correction	A	090	Y	Y	Y	D	N	$ 335.71	$ 551.89	
28299		Correction	A	090	Y	Y	Y	D	N	$ 393.55	$ 663.96	
28300		Incision of	A	090	Y	Y	Y	D	N	$ 441.03	$ 441.03	
28302		Incision of	A	090	Y	Y	Y	D	N	$ 486.58	$ 486.58	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
28304		Incision of	A	090	Y	Y	Y	D	N	$ 410.91	$ 548.76	
28305		Incise/graf	A	090	Y	Y	Y	D	N	$ 459.35	$ 459.35	
28306		Incision of	A	090	Y	Y	Y	D	N	$ 268.47	$ 397.41	
28307		Incision of	A	090	Y	Y	D	N	N	$ 276.91	$ 403.92	
28308		Incision of	A	090	Y	Y	Y	D	N	$ 256.18	$ 375.48	
28309		Incision of	A	090	Y	Y	D	N	N	$ 603.95	$ 603.95	
28310		Revision o	A	090	Y	Y	N	D	N	$ 242.45	$ 360.78	
28312		Revision o	A	090	Y	N	N	D	N	$ 214.25	$ 333.30	
28313		Repair defo	A	090	Y	N	N	N	N	$ 240.52	$ 349.21	
28315		Removal o	A	090	Y	Y	N	D	N	$ 218.83	$ 317.64	
28320		Repair of f	A	090	Y	Y	Y	D	N	$ 417.89	$ 417.89	
28322		Repair of r	A	090	Y	N	Y	D	N	$ 389.46	$ 522.97	
28340		Resect enla	A	090	Y	N	N	N	N	$ 275.46	$ 376.44	
28341		Resect enla	A	090	Y	N	N	N	N	$ 329.21	$ 437.90	
28344		Repair extı	A	090	Y	Y	N	D	N	$ 185.81	$ 276.43	
28345		Repair wel	A	090	Y	N	D	N	N	$ 242.93	$ 339.57	
28360		Reconstruc	A	090	Y	Y	Y	N	N	$ 745.17	$ 745.17	
28400		Treatment	A	090	Y	Y	N	N	N	$ 149.90	$ 161.47	
28405		Treatment	A	090	Y	Y	D	N	N	$ 238.35	$ 262.21	
28406		Treatment	A	090	Y	Y	D	N	N	$ 371.86	$ 371.86	
28415		Treat heel	A	090	Y	Y	Y	D	N	$ 762.04	$ 762.04	
28420		Treat/graft	A	090	Y	Y	Y	D	N	$ 880.86	$ 880.86	
28430		Treatment	A	090	Y	Y	N	N	N	$ 139.06	$ 157.37	
28435		Treatment	A	090	Y	Y	D	N	N	$ 196.90	$ 220.52	
28436		Treatment	A	090	Y	Y	N	N	N	$ 323.42	$ 323.42	
28445		Treat ankle	A	090	Y	Y	Y	D	N	$ 699.14	$ 699.14	
28446		Osteochon	A	090	Y	Y	Y	D	N	$ 836.51	$ 836.51	
28450		Treat midfo	A	090	Y	N	N	N	N	$ 125.08	$ 137.85	
28455		Treat midfo	A	090	Y	N	D	N	N	$ 170.87	$ 190.63	
28456		Treat midfo	A	090	Y	N	N	N	N	$ 235.70	$ 235.70	
28465		Treat midfo	A	090	Y	N	N	N	N	$ 423.20	$ 423.20	
28470		Treat meta	A	090	Y	N	N	N	N	$ 134.00	$ 142.67	
28475		Treat meta	A	090	Y	N	N	N	N	$ 150.63	$ 169.42	
28476		Treat meta	A	090	Y	N	D	N	N	$ 251.36	$ 251.36	
28485		Treat meta	A	090	Y	N	N	D	N	$ 373.07	$ 373.07	
28490		Treat big to	A	090	Y	Y	N	N	N	$ 80.01	$ 91.10	
28495		Treat big to	A	090	Y	Y	N	N	N	$ 96.40	$ 114.96	
28496		Treat big to	A	090	Y	Y	N	N	N	$ 160.27	$ 294.26	
28505		Treat big to	A	090	Y	Y	N	N	N	$ 333.79	$ 438.14	
28510		Treatment	A	090	Y	N	N	N	N	$ 77.60	$ 78.81	
28515		Treatment	A	090	Y	N	N	N	N	$ 92.30	$ 105.32	
28525		Treat toe fi	A	090	Y	N	D	N	N	$ 269.20	$ 375.96	
28530		Treat sesar	A	090	Y	Y	D	N	N	$ 64.83	$ 73.99	
28531		Treat sesar	A	090	Y	Y	N	Y	N	$ 119.54	$ 215.94	
28540		Treat foot	A	090	Y	Y	D	N	N	$ 113.99	$ 126.28	
28545		Treat foot	A	090	Y	Y	D	N	N	$ 177.62	$ 201.24	
28546		Treat foot	A	090	Y	Y	D	N	N	$ 230.40	$ 384.15	
28555		Repair foo	A	090	Y	Y	Y	D	N	$ 442.72	$ 572.86	
28570		Treat foot	A	090	Y	Y	D	N	N	$ 127.97	$ 151.83	
28575		Treat foot	A	090	Y	Y	D	N	N	$ 224.13	$ 248.47	
28576		Treat foot	A	090	Y	Y	D	N	N	$ 259.08	$ 259.08	
28585		Repair foo	A	090	Y	Y	Y	D	N	$ 463.68	$ 581.53	
28600		Treat foot	A	090	Y	N	D	N	N	$ 121.46	$ 141.47	
28605		Treat foot	A	090	Y	N	D	N	N	$ 200.03	$ 223.17	
28606		Treat foot	A	090	Y	N	N	N	N	$ 255.46	$ 255.46	
28615		Repair foo	A	090	Y	N	Y	D	N	$ 552.13	$ 552.13	
28630		Treat toe d	A	010	Y	N	D	N	N	$ 74.95	$ 102.43	
28635		Treat toe d	A	010	Y	N	D	N	N	$ 90.13	$ 117.37	
28636		Treat toe d	A	010	Y	N	N	Y	N	$ 133.51	$ 204.85	
28645		Repair toe	A	090	Y	N	N	D	N	$ 326.31	$ 434.04	
28660		Treat toe d	A	010	Y	N	N	N	N	$ 62.18	$ 80.01	
28665		Treat toe d	A	010	Y	N	D	N	N	$ 84.35	$ 98.81	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
28666		Treat toe d	A	010	Y	N	N	Y	N	$ 115.92	$ 115.92	
28675		Repair of t	A	090	Y	N	N	N	N	$ 270.16	$ 375.72	
28705		Fusion of f	A	090	Y	Y	Y	D	N	$ 834.82	$ 834.82	
28715		Fusion of f	A	090	Y	Y	Y	D	N	$ 637.45	$ 637.45	
28725		Fusion of f	A	090	Y	Y	Y	D	N	$ 526.10	$ 526.10	
28730		Fusion of f	A	090	Y	Y	Y	D	N	$ 496.22	$ 496.22	
28735		Fusion of f	A	090	Y	Y	Y	D	N	$ 529.72	$ 529.72	
28737		Revision o	A	090	Y	Y	Y	D	N	$ 462.96	$ 462.96	
28740		Fusion of f	A	090	Y	Y	Y	D	N	$ 416.69	$ 553.34	
28750		Fusion of t	A	090	Y	Y	D	N	N	$ 391.38	$ 525.62	
28755		Fusion of t	A	090	Y	Y	N	D	N	$ 222.93	$ 334.75	
28760		Fusion of t	A	090	Y	Y	Y	D	N	$ 382.71	$ 509.23	
28800		Amputatio	A	090	Y	Y	Y	D	N	$ 360.54	$ 360.54	
28805		Amputatio	A	090	Y	Y	D	N	N	$ 488.75	$ 488.75	
28810		Amputatio	A	090	Y	N	D	N	N	$ 288.72	$ 288.72	
28820		Amputatio	A	000	Y	N	N	N	N	$ 125.08	$ 204.13	
28825		Partial amp	A	000	Y	N	N	N	N	$ 121.22	$ 199.55	
28890		Hi enrgy e	Not Covered	090	Y	Y	N	D	N	$ 145.56	$ 204.13	
28899		Foot/toes s	nlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
29000		Applicatio	A	000	Y	N	D	N	N	$ 132.55	$ 224.13	
29010		Applicatio	A	000	Y	N	D	N	N	$ 107.49	$ 173.76	
29015		Applicatio	A	000	Y	N	D	N	N	$ 120.98	$ 187.50	
29035		Applicatio	A	000	Y	N	D	N	N	$ 95.20	$ 161.71	
29040		Applicatio	A	000	Y	N	D	N	N	$ 115.44	$ 186.05	
29044		Applicatio	A	000	Y	N	D	N	N	$ 111.58	$ 182.20	
29046		Applicatio	A	000	Y	N	D	N	N	$ 125.08	$ 199.55	
29049		Applicatio	A	000	Y	N	D	N	N	$ 46.03	$ 63.62	
29055		Applicatio	A	000	Y	N	D	N	N	$ 90.38	$ 139.06	
29058		Applicatio	A	000	Y	N	D	N	N	$ 63.38	$ 80.98	
29065		Applicatio	A	000	Y	Y	N	N	N	$ 45.31	$ 61.70	
29075		Applicatio	A	000	Y	Y	N	N	N	$ 41.45	$ 56.39	
29085		Apply hanc	A	000	Y	Y	N	N	N	$ 44.59	$ 61.46	
29086		Apply fing	A	000	Y	Y	N	N	N	$ 31.57	$ 47.00	
29105		Apply long	A	000	Y	Y	N	N	N	$ 29.64	$ 53.50	
29125		Apply fore	A	000	Y	Y	N	N	N	$ 26.51	$ 41.69	
29126		Apply fore	A	000	Y	Y	N	N	N	$ 32.29	$ 48.92	
29130		Applicatio	A	000	Y	Y	N	N	N	$ 20.00	$ 27.23	
29131		Applicatio	A	000	Y	Y	N	N	N	$ 23.38	$ 34.22	
29200		Strapping c	A	000	Y	N	N	N	N	$ 12.53	$ 21.45	
29240		Strapping c	A	000	Y	Y	N	N	N	$ 12.53	$ 20.00	
29260		Strapping c	A	000	Y	Y	N	N	N	$ 13.50	$ 20.00	
29280		Strapping c	A	000	Y	Y	N	N	N	$ 13.50	$ 19.52	
29305		Applicatio	A	000	Y	N	D	N	N	$ 105.80	$ 158.58	
29325		Applicatio	A	000	Y	N	D	N	N	$ 118.33	$ 175.21	
29345		Applicatio	A	000	Y	Y	N	N	N	$ 67.00	$ 88.21	
29355		Applicatio	A	000	Y	Y	N	N	N	$ 72.54	$ 93.99	
29358		Apply long	A	000	Y	Y	N	N	N	$ 69.65	$ 103.15	
29365		Applicatio	A	000	Y	Y	N	N	N	$ 58.08	$ 79.05	
29405		Apply shor	A	000	Y	Y	N	N	N	$ 39.28	$ 52.06	
29425		Apply shor	A	000	Y	Y	N	N	N	$ 36.39	$ 49.16	
29435		Apply shor	A	000	Y	Y	N	N	N	$ 54.71	$ 74.23	
29440		Addition o	A	000	Y	Y	N	N	N	$ 19.28	$ 27.96	
29445		Apply rigic	A	000	Y	Y	N	N	N	$ 68.44	$ 85.80	
29450		Applicatio	A	000	Y	Y	N	N	N	$ 76.88	$ 95.44	
29505		Applicatio	A	000	Y	Y	N	N	N	$ 34.70	$ 56.15	
29515		Applicatio	A	000	Y	Y	N	N	N	$ 33.02	$ 46.03	
29520		Strapping c	A	000	Y	Y	D	N	N	$ 12.53	$ 23.14	
29530		Strapping c	A	000	Y	Y	N	N	N	$ 12.29	$ 19.76	
29540		Strapping c	A	000	Y	Y	N	N	N	$ 12.53	$ 18.56	
29550		Strapping c	A	000	Y	Y	N	N	N	$ 7.71	$ 12.29	
29580		Applicatio	A	000	Y	Y	N	N	N	$ 18.32	$ 40.97	
29581		Apply mult	A	000	Y	Y	D	N	N	$ 18.56	$ 56.88	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
29584		Appl multl	A	000	Y	Y	D	N	N	$ 10.85	$ 52.54	
29700		Removal/r	A	000	Y	N	N	N	N	$ 22.90	$ 40.01	
29705		Removal/r	A	000	Y	Y	N	N	N	$ 31.57	$ 42.42	
29710		Removal/r	A	000	Y	Y	D	N	N	$ 56.64	$ 80.01	
29720		Repair of l	A	000	Y	N	N	N	N	$ 29.88	$ 54.71	
29730		Windowin	A	000	Y	N	N	N	N	$ 30.37	$ 41.69	
29740		Wedging o	A	000	Y	N	N	N	N	$ 47.48	$ 65.07	
29750		Wedging o	A	000	Y	Y	D	N	N	$ 53.26	$ 71.10	
29799		Casting/str	nlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
29800		Jaw arthros	A	090	Y	Y	D	N	N	$ 358.85	$ 358.85	
29804		Jaw arthros	A	090	Y	Y	Y	D	N	$ 405.12	$ 405.12	
29805		Sho arthrs	A	090	Y	Y	N	D	N	$ 318.12	$ 318.12	
29806		Sho arthrs	A	090	Y	Y	N	D	N	$ 720.83	$ 720.83	
29807		Sho arthrs	A	090	Y	Y	N	D	N	$ 703.72	$ 703.72	
29819		Sho arthrs	A	090	Y	Y	N	D	N	$ 398.86	$ 398.86	
29820		Sho arthrs	A	090	Y	Y	Y	D	N	$ 365.60	$ 365.60	
29821		Sho arthrs	A	090	Y	Y	Y	D	N	$ 403.43	$ 403.43	
29822		Sho arthrs	A	090	Y	Y	Y	N	N	$ 367.04	$ 367.04	
29823		Sho arthrs	A	090	Y	Y	Y	D	N	$ 402.23	$ 402.23	
29824		Sho arthrs	A	090	Y	Y	Y	D	N	$ 458.38	$ 458.38	
29825		Sho arthrs	A	090	Y	Y	Y	D	N	$ 398.61	$ 398.61	
29826		Sho arthrs	A	ZZZ	N	Y	Y	D	N	$ 120.74	$ 120.74	
29827		Sho arthrs	A	090	Y	Y	Y	D	N	$ 729.99	$ 729.99	
29828		Sho arthrs	A	090	Y	Y	Y	D	N	$ 625.40	$ 625.40	
29830		Elbow arth	A	090	Y	Y	N	N	N	$ 305.11	$ 305.11	
29834		Elbow arth	A	090	Y	Y	Y	D	N	$ 334.27	$ 334.27	
29835		Elbow arth	A	090	Y	Y	Y	D	N	$ 345.84	$ 345.84	
29836		Elbow arth	A	090	Y	Y	Y	D	N	$ 395.00	$ 395.00	
29837		Elbow arth	A	090	Y	Y	Y	D	N	$ 358.37	$ 358.37	
29838		Elbow arth	A	090	Y	Y	D	N	N	$ 402.23	$ 402.23	
29840		Wrist arthr	A	090	Y	Y	D	N	N	$ 303.90	$ 303.90	
29843		Wrist arthr	A	090	Y	Y	Y	D	N	$ 329.21	$ 329.21	
29844		Wrist arthr	A	090	Y	Y	Y	N	N	$ 337.40	$ 337.40	
29845		Wrist arthr	A	090	Y	Y	Y	D	N	$ 395.48	$ 395.48	
29846		Wrist arthr	A	090	Y	Y	D	N	N	$ 353.55	$ 353.55	
29847		Wrist arthr	A	090	Y	Y	Y	N	N	$ 369.69	$ 369.69	
29848		Wrist endo	A	090	Y	Y	N	N	N	$ 343.18	$ 343.18	
29850		Knee arthr	A	090	Y	Y	D	Y	N	$ 422.71	$ 422.71	
29851		Knee arthr	A	090	Y	Y	Y	Y	N	$ 634.31	$ 634.31	
29855		Tibial arthı	A	090	Y	Y	Y	Y	N	$ 531.16	$ 531.16	
29856		Tibial arthı	A	090	Y	Y	Y	Y	N	$ 673.84	$ 673.84	
29860		Hip arthros	A	090	Y	Y	Y	D	N	$ 436.93	$ 436.93	
29861		Hip arthro	A	090	Y	Y	Y	D	N	$ 492.12	$ 492.12	
29862		Hip arthr0	A	090	Y	Y	Y	D	N	$ 552.37	$ 552.37	
29863		Hip arthr0	A	090	Y	Y	Y	D	N	$ 551.89	$ 551.89	
29866		Autgrft imp	Not Covered	090	Y	Y	D	N	N	$ 715.29	$ 715.29	
29867		Allgrft imp	Not Covered	090	Y	Y	D	N	N	$ 872.90	$ 872.90	
29868		Meniscal tı	Not Covered	090	Y	Y	D	N	N	########	$ 1,143.55	
29870		Knee arthr	A	090	Y	Y	N	D	N	$ 274.02	$ 371.86	
29871		Knee arthr	A	090	Y	Y	N	N	N	$ 348.25	$ 348.25	
29873		Knee arthr	A	090	Y	Y	N	D	N	$ 359.09	$ 359.09	
29874		Knee arthr	A	090	Y	Y	D	N	N	$ 364.87	$ 364.87	
29875		Knee arthr	A	090	Y	Y	D	N	N	$ 336.20	$ 336.20	
29876		Knee arthr	A	090	Y	Y	N	N	N	$ 443.68	$ 443.68	
29877		Knee arthr	A	090	Y	Y	D	N	N	$ 421.51	$ 421.51	
29879		Knee arthr	A	090	Y	Y	D	N	N	$ 449.47	$ 449.47	
29880		Knee arthr	A	090	Y	Y	D	D	N	$ 381.02	$ 381.02	
29881		Knee arthr	A	090	Y	Y	D	N	N	$ 367.28	$ 367.28	
29882		Knee arthr	A	090	Y	Y	N	N	N	$ 469.95	$ 469.95	
29883		Knee arthr	A	090	Y	Y	D	N	N	$ 570.69	$ 570.69	
29884		Knee arthr	A	090	Y	Y	Y	D	N	$ 420.06	$ 420.06	
29885		Knee arthr	A	090	Y	Y	Y	D	N	$ 513.09	$ 513.09	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
29886		Knee arthr	A	090	Y	Y	N	N	N	$ 431.63	$ 431.63	
29887		Knee arthr	A	090	Y	Y	Y	D	N	$ 511.16	$ 511.16	
29888		Knee arthr	A	090	Y	Y	Y	D	N	$ 667.33	$ 667.33	
29889		Knee arthr	A	090	Y	Y	Y	D	N	$ 834.34	$ 834.34	
29891		Ankle arth	A	090	Y	Y	Y	N	N	$ 454.04	$ 454.04	
29892		Ankle arth	A	090	Y	Y	Y	N	N	$ 437.42	$ 437.42	
29893		Scope plan	A	090	Y	Y	N	D	N	$ 285.83	$ 427.78	
29894		Ankle arth	A	090	Y	Y	Y	D	N	$ 337.64	$ 337.64	
29895		Ankle arth	A	090	Y	Y	Y	D	N	$ 316.67	$ 316.67	
29897		Ankle arth	A	090	Y	Y	Y	N	N	$ 336.92	$ 336.92	
29898		Ankle arth	A	090	Y	Y	Y	D	N	$ 380.30	$ 380.30	
29899		Ankle arth	A	090	Y	Y	Y	D	N	$ 698.18	$ 698.18	
29900		Mcp joint a	A	090	Y	Y	D	N	N	$ 336.44	$ 336.44	
29901		Mcp joint a	A	090	Y	Y	D	N	N	$ 363.91	$ 363.91	
29902		Mcp joint a	A	090	Y	Y	D	N	N	$ 386.81	$ 386.81	
29904		Subtalar ar	A	090	Y	Y	Y	N	N	$ 433.80	$ 433.80	
29905		Subtalar ar	A	090	Y	Y	Y	N	N	$ 347.28	$ 347.28	
29906		Subtalar ar	A	090	Y	Y	Y	N	N	$ 445.61	$ 445.61	
29907		Subtalar ar	A	090	Y	Y	Y	N	N	$ 596.72	$ 596.72	
29914		Hip arthro	A	090	Y	Y	Y	D	N	$ 681.07	$ 681.07	
29915		Hip arthro	A	090	Y	Y	Y	D	N	$ 698.18	$ 698.18	
29916		Hip arthro	A	090	Y	Y	Y	D	N	$ 698.18	$ 698.18	
29999		Arthroscop	nlstd/Manua	YYY	Y	Y	D	D	D	$ -	$ -	
30000		Drainage o	A	010	Y	N	D	N	N	$ 78.81	$ 169.91	
30020		Drainage o	A	010	Y	N	N	N	N	$ 79.05	$ 171.35	
30100		Intranasal l	A	000	Y	N	N	N	N	$ 44.83	$ 92.79	
30110		Removal o	A	010	Y	Y	N	N	N	$ 86.28	$ 158.82	
30115		Removal o	A	090	Y	Y	N	N	N	$ 304.14	$ 304.14	
30117		Removal o	A	090	Y	N	N	N	N	$ 217.62	$ 619.37	
30118		Removal o	A	090	Y	N	N	D	N	$ 526.83	$ 526.83	
30120		Revision o	A	090	Y	N	N	N	N	$ 281.49	$ 337.40	
30124		Removal o	A	090	Y	N	N	N	N	$ 197.86	$ 197.86	
30125		Removal o	A	090	Y	N	Y	N	N	$ 430.91	$ 430.91	
30130		Excise infe	A	090	Y	Y	N	N	N	$ 269.44	$ 269.44	
30140		Resect infe	A	000	Y	Y	N	N	N	$ 120.98	$ 194.01	
30150		Partial rem	A	090	Y	N	N	D	N	$ 534.06	$ 534.06	
30160		Removal o	A	090	Y	N	Y	D	N	$ 541.05	$ 541.05	
30200		Injection tr	A	000	Y	N	N	N	N	$ 38.56	$ 72.30	
30210		Nasal sinus	A	010	Y	N	N	N	N	$ 65.79	$ 97.12	
30220		Insert nasa	A	010	Y	N	N	N	N	$ 82.90	$ 198.58	
30300		Remove na	A	010	Y	N	N	N	N	$ 78.08	$ 130.38	
30310		Remove na	A	010	Y	N	D	N	N	$ 135.68	$ 135.68	
30320		Remove na	A	090	Y	N	D	N	N	$ 317.40	$ 317.40	
30400		Reconstruc	A	090	Y	N	D	N	N	$ 814.82	$ 814.82	
30410		Reconstruc	A	090	Y	N	Y	N	N	$ 944.24	$ 944.24	
30420		Reconstruc	A	090	Y	N	N	N	N	$ 963.04	$ 963.04	
30430		Revision o	A	090	Y	N	Y	N	N	$ 707.09	$ 707.09	
30435		Revision o	A	090	Y	N	Y	N	N	$ 892.42	$ 892.42	
30450		Revision o	A	090	Y	N	Y	N	N	########	$ 1,178.01	
30460		Revision o	A	090	Y	N	Y	Y	N	$ 561.77	$ 561.77	
30462		Revision o	A	090	Y	N	Y	Y	N	########	$ 1,083.78	
30465		Repair nasa	A	090	Y	N	D	N	N	$ 681.79	$ 681.79	
30468		Rpr nsl vlv	A	000	Y	Y	N	N	N	$ 113.51	$ 1,747.73	2021 New Procedure Code
30520		Repair of n	A	090	Y	N	N	N	N	$ 440.79	$ 440.79	
30540		Repair nasa	A	090	Y	N	Y	N	N	$ 485.13	$ 485.13	
30545		Repair nasa	A	090	Y	N	Y	N	N	$ 662.51	$ 662.51	
30560		Release of	A	010	Y	N	N	N	N	$ 95.68	$ 200.99	
30580		Repair upp	A	090	Y	N	N	N	N	$ 308.96	$ 405.36	
30600		Repair mou	A	090	Y	N	D	N	N	$ 285.59	$ 392.83	
30620		Intranasal s	A	090	Y	N	N	N	N	$ 438.86	$ 438.86	
30630		Repair nasa	A	090	Y	N	D	N	N	$ 440.79	$ 440.79	
30801		Ablate inf t	A	010	Y	B	N	N	N	$ 97.85	$ 142.91	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
30802		Ablate inf	A	010	Y	B	N	N	N	$ 133.03	$ 182.92	
30901		Control of	A	000	Y	Y	N	N	N	$ 39.04	$ 100.74	
30903		Control of	A	000	Y	Y	N	N	N	$ 54.23	$ 158.10	
30905		Control of	A	000	Y	B	N	N	N	$ 73.51	$ 228.71	
30906		Repeat cor	A	000	Y	B	N	N	N	$ 93.03	$ 237.63	
30915		Ligation na	A	090	Y	N	N	N	N	$ 399.58	$ 399.58	
30920		Ligation up	A	090	Y	N	N	N	N	$ 581.29	$ 581.29	
30930		Ther fx nas	A	010	Y	B	N	N	N	$ 76.64	$ 76.64	
30999		Nasal surg	Unlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
31000		Irrigation r	A	010	Y	Y	N	N	N	$ 69.89	$ 117.85	
31002		Irrigation s	A	010	Y	Y	D	N	N	$ 127.49	$ 127.49	
31020		Exploratio	A	090	Y	Y	N	N	N	$ 251.36	$ 314.26	
31030		Exploratio	A	090	Y	Y	N	N	N	$ 338.85	$ 419.34	
31032		Explore sir	A	090	Y	Y	N	N	N	$ 391.63	$ 391.63	
31040		Exploratio	A	090	Y	Y	N	D	N	$ 536.23	$ 536.23	
31050		Exploratio	A	090	Y	Y	N	N	N	$ 338.85	$ 338.85	
31051		Sphenoid s	A	090	Y	Y	N	N	N	$ 455.49	$ 455.49	
31070		Exploratio	A	090	Y	Y	N	N	N	$ 309.20	$ 309.20	
31075		Exploratio	A	090	Y	Y	Y	D	N	$ 546.35	$ 546.35	
31080		Removal o	A	090	Y	Y	Y	N	N	$ 720.11	$ 720.11	
31081		Removal o	A	090	Y	Y	Y	D	N	$ 773.13	$ 773.13	
31084		Removal o	A	090	Y	Y	Y	D	N	$ 802.53	$ 802.53	
31085		Removal o	A	090	Y	Y	Y	D	N	$ 827.35	$ 827.35	
31086		Removal o	A	090	Y	Y	Y	N	N	$ 779.88	$ 779.88	
31087		Removal o	A	090	Y	Y	Y	D	N	$ 744.93	$ 744.93	
31090		Exploratio	A	090	Y	Y	N	N	N	$ 727.58	$ 727.58	
31200		Removal o	A	090	Y	Y	N	N	N	$ 403.19	$ 403.19	
31201		Removal o	A	090	Y	Y	N	N	N	$ 525.86	$ 525.86	
31205		Removal o	A	090	Y	Y	Y	D	N	$ 618.89	$ 618.89	
31225		Removal o	A	090	Y	Y	Y	D	N	########	$ 1,226.93	
31230		Removal o	A	090	Y	Y	Y	D	N	########	$ 1,365.75	
31231		Nasal endc	A	000	Y	B	N	N	N	$ 43.38	$ 124.84	
31233		Nsl/sins nd	A	000	Y	Y	D	N	N	$ 90.62	$ 175.21	
31235		Nsl/sins nd	A	000	Y	Y	D	N	N	$ 105.80	$ 199.07	
31237		Nasal/sinu	A	000	Y	Y	N	N	N	$ 107.25	$ 167.25	
31238		Nasal/sinu	A	000	Y	Y	D	N	N	$ 112.55	$ 165.09	
31239		Nasal/sinu	A	010	Y	Y	D	N	N	$ 405.84	$ 405.84	
31240		Nasal/sinu	A	000	Y	Y	D	N	N	$ 106.76	$ 106.76	
31241		Nsl/sins nd	A	000	Y	Y	D	N	N	$ 302.70	$ 302.70	
31253		Nsl/sins nd	A	000	Y	Y	N	N	N	$ 341.26	$ 341.26	
31254		Nsl/sins nd	A	000	Y	Y	N	N	N	$ 165.33	$ 286.07	
31255		Nsl/sins nd	A	000	Y	Y	N	N	N	$ 219.79	$ 219.79	
31256		Exploratio	A	000	Y	Y	N	N	N	$ 122.19	$ 122.19	
31257		Nsl/sins nd	A	000	Y	Y	N	N	N	$ 303.90	$ 303.90	
31259		Nsl/sins nd	A	000	Y	Y	N	N	N	$ 321.74	$ 321.74	
31267		Endoscopy	A	000	Y	Y	N	N	N	$ 180.03	$ 180.03	
31276		Nsl/sins nd	A	000	Y	Y	N	N	N	$ 257.15	$ 257.15	
31287		Nasal/sinu	A	000	Y	Y	D	N	N	$ 136.41	$ 136.41	
31288		Nasal/sinu	A	000	Y	Y	D	N	N	$ 159.06	$ 159.06	
31290		Nasal/sinu	A	010	Y	Y	D	N	N	$ 776.02	$ 776.02	
31291		Nasal/sinu	A	010	Y	Y	D	N	N	$ 823.50	$ 823.50	
31292		Nsl/sins nd	A	010	Y	Y	D	N	N	$ 671.91	$ 671.91	
31293		Nsl/sins nd	A	010	Y	Y	D	N	N	$ 728.06	$ 728.06	
31294		Nsl/sins nd	A	010	Y	Y	D	N	N	$ 833.14	$ 833.14	
31295		Nsl/sins nd	A	000	Y	Y	Y	N	N	$ 106.76	$ 1,157.04	
31296		Nsl/sins nd	A	000	Y	Y	Y	N	N	$ 121.71	$ 1,174.63	
31297		Nsl/sins nd	A	000	Y	Y	D	N	N	$ 97.12	$ 1,147.40	
31298		Nsl/sins nd	A	000	Y	Y	D	N	N	$ 173.76	$ 2,191.90	
31299		Sinus surg	Unlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
31300		Removal o	A	090	Y	N	Y	D	N	$ 843.26	$ 843.26	
31360		Removal o	A	090	Y	N	Y	D	N	########	$ 1,389.85	
31365		Removal o	A	090	Y	N	Y	D	N	########	$ 1,721.70	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
31367		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,469.38	
31368		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,628.92	
31370		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,377.32	
31375		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,307.67	
31380		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,288.87	
31382		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,414.91	
31390		Removal o	A	090	Y	N	Y	D	N	########	$ 1,904.86	
31395		Reconstruc	A	090	Y	N	Y	D	N	########	$ 2,003.43	
31400		Revision o	A	090	Y	N	Y	N	N	$ 664.92	$ 664.92	
31420		Removal o	A	090	Y	N	Y	D	N	$ 556.23	$ 556.23	
31500		Insert emei	A	000	N	N	N	N	N	$ 99.77	$ 99.77	
31502		Change of	A	000	Y	N	N	N	N	$ 24.10	$ 24.10	
31505		Diagnostic	A	000	Y	N	N	N	N	$ 32.05	$ 58.32	
31510		Laryngosc	A	000	Y	N	D	N	N	$ 80.74	$ 140.02	
31511		Remove fo	A	000	Y	N	N	N	N	$ 89.41	$ 139.54	
31512		Removal o	A	000	Y	N	D	N	N	$ 86.04	$ 139.54	
31513		Injection ir	A	000	Y	N	D	N	N	$ 87.97	$ 87.97	
31515		Laryngosc	A	000	Y	N	N	N	N	$ 74.71	$ 139.54	
31520		Dx laryngc	A	000	Y	N	D	N	N	$ 104.35	$ 104.35	
31525		Dx laryngc	A	000	Y	N	N	N	N	$ 107.25	$ 165.09	
31526		Dx laryngc	A	000	Y	N	N	N	N	$ 105.32	$ 105.32	
31527		Laryngosc	A	000	Y	N	D	N	N	$ 130.86	$ 130.86	
31528		Laryngosc	A	000	Y	N	D	N	N	$ 96.64	$ 96.64	
31529		Laryngosc	A	000	Y	N	D	N	N	$ 108.21	$ 108.21	
31530		Laryngosc	A	000	Y	N	N	N	N	$ 134.00	$ 134.00	
31531		Laryngosc	A	000	Y	N	D	N	N	$ 141.71	$ 141.71	
31535		Laryngosc	A	000	Y	N	N	N	N	$ 127.49	$ 127.49	
31536		Laryngosc	A	000	Y	N	N	N	N	$ 141.23	$ 141.23	
31540		Laryngosc	A	000	Y	N	N	N	N	$ 162.68	$ 162.68	
31541		Larynscop	A	000	Y	N	N	N	N	$ 177.38	$ 177.38	
31545		Remove vc	A	000	Y	Y	N	N	N	$ 244.37	$ 244.37	
31546		Remove vc	A	000	Y	Y	N	N	N	$ 372.10	$ 372.10	
31551		Laryngopla	A	090	Y	N	D	D	N	########	$ 1,028.83	
31552		Laryngopla	A	090	Y	N	D	D	N	$ 992.20	$ 992.20	
31553		Laryngopla	A	090	Y	N	D	D	N	########	$ 1,125.95	
31554		Laryngopla	A	090	Y	N	D	D	N	########	$ 1,126.43	
31560		Laryngosc	A	000	Y	N	D	N	N	$ 210.88	$ 210.88	
31561		Larynscop	A	000	Y	N	D	N	N	$ 230.16	$ 230.16	
31570		Laryngosc	A	000	Y	N	N	N	N	$ 154.72	$ 226.30	
31571		Laryngosc	A	000	Y	N	N	N	N	$ 167.74	$ 167.74	
31572		Largsc w/la	A	000	Y	Y	D	N	N	$ 121.71	$ 341.98	
31573		Largsc w/tl	A	000	Y	Y	D	N	N	$ 99.77	$ 183.40	
31574		Largsc w/n	A	000	Y	Y	D	N	N	$ 100.02	$ 634.31	
31575		Diagnostic	A	000	Y	N	N	N	N	$ 44.59	$ 82.18	
31576		Laryngosc	A	000	Y	N	N	N	N	$ 79.29	$ 173.52	
31577		Largsc w/r	A	000	Y	N	D	N	N	$ 89.89	$ 181.23	
31578		Largsc w/r	A	000	Y	N	D	N	N	$ 98.57	$ 195.45	
31579		Laryngosc	A	000	Y	N	N	N	N	$ 79.53	$ 127.97	
31580		Laryngopla	A	090	Y	N	D	D	N	$ 850.73	$ 850.73	
31584		Laryngopla	A	090	Y	N	D	D	N	$ 944.96	$ 944.96	
31587		Laryngopla	A	090	Y	N	D	D	N	$ 798.19	$ 798.19	
31590		Reinnervat	A	090	Y	N	Y	D	N	$ 593.82	$ 593.82	
31591		Laryngopla	Not Covered	090	Y	N	D	D	N	$ 725.41	$ 725.41	
31592		Cricotrach	Not Covered	090	Y	N	D	D	N	########	$ 1,159.45	
31599		Larynx sur	nlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
31600		Incision of	A	000	Y	N	N	N	N	$ 212.80	$ 212.80	
31601		Incision of	A	000	Y	N	Y	D	N	$ 305.83	$ 305.83	
31603		Incision of	A	000	Y	N	N	N	N	$ 222.68	$ 222.68	
31605		Incision of	A	000	Y	N	N	N	N	$ 233.53	$ 233.53	
31610		Incision of	A	090	Y	N	N	N	N	$ 643.23	$ 643.23	
31611		Surgery/sp	A	090	Y	N	Y	D	N	$ 354.51	$ 354.51	
31612		Puncture/c	A	000	Y	N	D	N	N	$ 33.50	$ 60.25	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
31613		Repair win	A	090	Y	N	N	N	N	$ 289.20	$ 289.20	
31614		Repair win	A	090	Y	N	N	N	N	$ 483.21	$ 483.21	
31615		Visualizati	A	000	Y	N	N	N	N	$ 77.12	$ 113.99	
31622		Dx bronch	A	000	Y	N	N	N	N	$ 89.89	$ 161.95	
31623		Dx bronch	A	000	Y	N	N	N	N	$ 90.38	$ 180.27	
31624		Dx bronch	A	000	Y	N	N	N	N	$ 91.10	$ 167.74	
31625		Bronchosc	A	000	Y	N	N	N	N	$ 106.52	$ 230.40	
31626		Bronchosc	Not Covered	000	Y	N	D	N	N	$ 136.17	$ 541.29	
31627		Navigation	Not Covered	ZZZ	N	N	D	N	N	$ 66.76	$ 783.73	
31628		Bronchosc	A	000	Y	N	N	N	N	$ 120.02	$ 245.34	
31629		Bronchosc	A	000	Y	N	N	N	N	$ 127.49	$ 301.49	
31630		Bronchosc	A	000	Y	N	N	N	N	$ 136.17	$ 136.17	
31631		Bronchosc	A	000	Y	N	N	N	N	$ 155.93	$ 155.93	
31632		Bronchosc	A	ZZZ	N	N	N	N	N	$ 33.98	$ 43.38	
31633		Bronchosc	A	ZZZ	N	N	N	N	N	$ 43.62	$ 54.23	
31634		Bronch w/l	A	000	Y	N	Y	N	N	$ 130.14	$ 1,075.82	
31635		Bronchosc	A	000	Y	N	N	N	N	$ 120.02	$ 192.32	
31636		Bronchosc	A	000	Y	N	N	N	N	$ 150.14	$ 150.14	
31637		Bronchosc	A	ZZZ	N	N	N	N	N	$ 53.26	$ 53.26	
31638		Bronchosc	A	000	Y	N	N	N	N	$ 170.39	$ 170.39	
31640		Bronchosc	A	000	Y	N	N	N	N	$ 170.63	$ 170.63	
31641		Bronchosc	A	000	Y	N	N	N	N	$ 174.97	$ 174.97	
31643		Diag bronc	A	000	Y	N	N	N	N	$ 118.57	$ 118.57	
31645		Brnchsc w/	A	000	Y	N	N	N	N	$ 100.26	$ 178.10	
31646		Brnchsc w/	A	000	Y	N	N	N	N	$ 96.88	$ 96.88	
31647		Bronchial '	A	000	Y	N	N	N	N	$ 142.67	$ 142.67	
31648		Bronchial '	A	000	Y	N	N	N	N	$ 136.65	$ 136.65	
31649		Bronchial '	A	ZZZ	N	N	N	N	N	$ 46.27	$ 46.27	
31651		Bronchial '	A	ZZZ	N	N	N	N	N	$ 52.54	$ 52.54	
31652		Bronch ebu	A	000	Y	N	N	N	N	$ 152.31	$ 790.48	
31653		Bronch ebu	A	000	Y	N	N	N	N	$ 168.46	$ 821.81	
31654		Bronch ebu	A	ZZZ	N	N	N	N	N	$ 46.03	$ 80.74	
31660		Bronch the	Not Covered	000	Y	N	N	N	N	$ 134.00	$ 134.00	
31661		Bronch the	Not Covered	000	Y	N	N	N	N	$ 141.47	$ 141.47	
31717		Bronchial l	A	000	Y	N	N	N	N	$ 72.30	$ 186.53	
31720		Clearance	A	000	Y	N	N	N	N	$ 37.36	$ 37.36	
31725		Clearance	A	000	Y	N	N	N	N	$ 54.23	$ 54.23	
31730		Intro wind	A	000	Y	N	N	N	N	$ 104.84	$ 753.37	
31750		Repair of v	A	090	Y	N	Y	D	N	$ 911.94	$ 911.94	
31755		Repair of v	A	090	Y	N	Y	D	N	########	$ 1,148.12	
31760		Repair of v	A	090	Y	N	Y	D	N	$ 956.29	$ 956.29	
31766		Reconstruc	A	090	Y	N	Y	D	N	########	$ 1,242.11	
31770		Repair/gra	A	090	Y	N	Y	D	N	$ 928.33	$ 928.33	
31775		Reconstruc	A	090	Y	N	Y	N	N	$ 976.53	$ 976.53	
31780		Reconstruc	A	090	Y	N	Y	D	N	$ 808.31	$ 808.31	
31781		Reconstruc	A	090	Y	N	Y	D	N	$ 969.54	$ 969.54	
31785		Remove w	A	090	Y	N	Y	D	N	$ 729.03	$ 729.03	
31786		Remove w	A	090	Y	N	Y	D	N	########	$ 1,006.66	
31800		Repair of v	A	090	Y	N	D	N	N	$ 475.98	$ 475.98	
31805		Repair of v	A	090	Y	N	Y	D	N	$ 566.35	$ 566.35	
31820		Closure of	A	090	Y	N	D	N	N	$ 220.27	$ 292.57	
31825		Repair of v	A	090	Y	N	D	N	N	$ 322.22	$ 402.95	
31830		Revise win	A	090	Y	N	D	N	N	$ 239.07	$ 317.64	
31899		Airways su	nlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
32035		Thoracostc	A	090	Y	Y	Y	D	N	$ 504.41	$ 504.41	
32036		Thoracostc	A	090	Y	Y	Y	D	N	$ 544.42	$ 544.42	
32096		Open wedg	A	090	Y	N	Y	D	N	$ 557.67	$ 557.67	
32097		Open wedg	A	090	Y	N	Y	D	N	$ 556.71	$ 556.71	
32098		Open biops	A	090	Y	N	Y	D	N	$ 527.07	$ 527.07	
32100		Exploratio	A	090	Y	N	Y	D	N	$ 560.33	$ 560.33	
32110		Explore/re	A	090	Y	N	Y	D	N	########	$ 1,023.05	
32120		Re-explora	A	090	Y	N	Y	D	N	$ 604.91	$ 604.91	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
32124		Explore ch	A	090	Y	N	Y	D	N	$ 642.02	$ 642.02	
32140		Removal o	A	090	Y	N	Y	D	N	$ 687.57	$ 687.57	
32141		Remove/tr	A	090	Y	N	Y	D	N	########	$ 1,064.98	
32150		Removal o	A	090	Y	N	Y	D	N	$ 697.21	$ 697.21	
32151		Remove lu	A	090	Y	N	Y	D	N	$ 698.18	$ 698.18	
32160		Open chest	A	090	Y	N	Y	D	N	$ 550.44	$ 550.44	
32200		Drain oper	A	090	Y	N	Y	D	N	$ 787.83	$ 787.83	
32215		Treat chest	A	090	Y	Y	Y	D	N	$ 555.02	$ 555.02	
32220		Release of	A	090	Y	Y	Y	D	N	########	$ 1,104.74	
32225		Partial rele	A	090	Y	Y	Y	D	N	$ 689.74	$ 689.74	
32310		Removal o	A	090	Y	N	Y	D	N	$ 636.72	$ 636.72	
32320		Free/remov	A	090	Y	N	Y	D	N	########	$ 1,114.14	
32400		Needle bio	A	000	Y	N	N	N	N	$ 58.08	$ 106.52	
32408		Core ndl b	A	000	Y	N	N	N	N	$ 104.84	$ 585.87	2021 New Procedure Code
32440		Remove lu	A	090	Y	N	Y	D	N	########	$ 1,094.14	
32442		Sleeve pne	A	090	Y	N	Y	D	N	########	$ 2,145.38	
32445		Removal o	A	090	Y	N	Y	D	N	########	$ 2,470.25	
32480		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,031.72	
32482		Bilobecton	A	090	Y	N	Y	D	N	########	$ 1,104.02	
32484		Segmentec	A	090	Y	N	Y	D	N	########	$ 1,001.60	
32486		Sleeve lobe	A	090	Y	N	Y	D	N	########	$ 1,642.90	
32488		Completion	A	090	Y	N	Y	D	N	########	$ 1,672.54	
32491		Lung volur	A	090	Y	Y	Y	D	N	########	$ 1,024.01	
32501		Repair bro	A	ZZZ	N	N	Y	D	N	$ 172.32	$ 172.32	
32503		Resect apic	A	090	Y	N	Y	D	N	########	$ 1,253.44	
32504		Resect apic	A	090	Y	N	Y	D	N	########	$ 1,429.61	
32505		Wedge res	A	090	Y	N	Y	D	N	$ 646.84	$ 646.84	
32506		Wedge res	A	ZZZ	N	N	Y	D	N	$ 110.62	$ 110.62	
32507		Wedge res	A	ZZZ	N	N	Y	D	N	$ 110.62	$ 110.62	
32540		Removal o	A	090	Y	N	Y	D	N	########	$ 1,204.04	
32550		Insert pleu	A	000	N	N	N	N	N	$ 141.47	$ 526.83	
32551		Insertion o	A	000	Y	Y	N	N	N	$ 109.17	$ 109.17	
32552		Remove lu	A	010	Y	N	D	N	N	$ 107.25	$ 123.39	
32553		Ins mark th	A	000	Y	N	Y	N	N	$ 120.74	$ 343.18	
32554		Aspirate pl	A	000	Y	Y	N	N	N	$ 61.70	$ 154.24	
32555		Aspirate pl	A	000	Y	Y	N	N	N	$ 75.92	$ 208.22	
32556		Insert cath	A	000	Y	Y	N	N	N	$ 85.56	$ 468.26	
32557		Insert cath	A	000	Y	Y	N	N	N	$ 102.91	$ 422.71	
32560		Treat pleur	A	000	Y	N	N	N	N	$ 53.74	$ 171.35	
32561		Lyse chest	A	000	Y	N	Y	N	N	$ 47.00	$ 63.14	
32562		Lyse chest	A	000	Y	N	Y	N	N	$ 41.93	$ 56.64	
32601		Thoracosc	A	000	Y	N	D	N	N	$ 214.97	$ 214.97	
32604		Thoracosc	A	000	Y	N	D	N	N	$ 334.99	$ 334.99	
32606		Thoracosc	A	000	Y	N	D	N	N	$ 322.94	$ 322.94	
32607		Thoracosc	A	000	Y	N	D	N	N	$ 214.73	$ 214.73	
32608		Thoracosc	A	000	Y	N	D	N	N	$ 265.10	$ 265.10	
32609		Thoracosc	A	000	Y	N	D	N	N	$ 178.34	$ 178.34	
32650		Thoracosc	A	090	Y	Y	Y	D	N	$ 460.31	$ 460.31	
32651		Thoracosc	A	090	Y	Y	Y	D	N	$ 761.80	$ 761.80	
32652		Thoracosc	A	090	Y	Y	Y	D	N	########	$ 1,158.49	
32653		Thoracosc	A	090	Y	N	Y	D	N	$ 736.98	$ 736.98	
32654		Thoracosc	A	090	Y	Y	Y	D	N	$ 801.81	$ 801.81	
32655		Thoracosc	A	090	Y	Y	Y	D	N	$ 664.68	$ 664.68	
32656		Thoracosc	A	090	Y	Y	Y	D	N	$ 556.23	$ 556.23	
32658		Thoracosc	A	090	Y	N	Y	D	N	$ 494.29	$ 494.29	
32659		Thoracosc	A	090	Y	N	Y	D	N	$ 506.34	$ 506.34	
32661		Thoracosc	A	090	Y	N	Y	D	N	$ 553.82	$ 553.82	
32662		Thoracosc	A	090	Y	N	Y	D	N	$ 619.61	$ 619.61	
32663		Thoracosc	A	090	Y	N	Y	D	N	$ 976.77	$ 976.77	
32664		Thoracosc	A	090	Y	Y	Y	D	N	$ 588.76	$ 588.76	
32665		Thoracosc	A	090	Y	N	Y	D	N	$ 857.96	$ 857.96	
32666		Thoracosc	A	090	Y	Y	Y	D	N	$ 603.22	$ 603.22	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
32667		Thoracosc	A	ZZZ	N	N	Y	D	N	$ 110.62	$ 110.62	
32668		Thoracosc	A	ZZZ	N	N	Y	D	N	$ 110.62	$ 110.62	
32669		Thoracosc	A	090	Y	N	Y	D	N	$ 936.53	$ 936.53	
32670		Thoracosc	A	090	Y	N	Y	D	N	########	$ 1,120.17	
32671		Thoracosc	A	090	Y	N	Y	D	N	########	$ 1,240.91	
32672		Thoracosc	A	090	Y	N	Y	D	N	########	$ 1,064.02	
32673		Thoracosc	A	090	Y	N	Y	D	N	$ 846.39	$ 846.39	
32674		Thoracosc	A	ZZZ	N	N	Y	D	N	$ 152.07	$ 152.07	
32701		Thorax ste	A	XXX	N	N	D	D	N	$ 148.94	$ 148.94	
32800		Repair lun	A	090	Y	N	Y	D	N	$ 656.73	$ 656.73	
32810		Close ches	A	090	Y	N	Y	N	N	$ 624.19	$ 624.19	
32815		Close bron	A	090	Y	N	Y	D	N	########	$ 1,961.02	
32820		Reconstruc	A	090	Y	N	Y	D	N	$ 924.48	$ 924.48	
32850		Donor pne	C	XXX	N	N	N	N	N	$ -	$ -	
32851		Lung trans	A	090	Y	N	Y	D	Y	########	$ 2,292.15	
32852		Lung trans	A	090	Y	N	Y	D	Y	########	$ 2,508.57	
32853		Lung trans	A	090	Y	B	Y	D	Y	########	$ 3,206.99	
32854		Lung trans	A	090	Y	B	Y	D	Y	########	$ 3,404.13	
32855		Prepare do	Not Covered	XXX	Y	N	Y	D	N	$ -	$ -	
32856		Prepare do	Not Covered	XXX	Y	N	Y	D	N	$ -	$ -	
32900		Removal o	A	090	Y	N	Y	D	N	$ 989.79	$ 989.79	
32905		Revise & r	A	090	Y	N	Y	D	N	$ 930.26	$ 930.26	
32906		Revise & r	A	090	Y	N	Y	D	N	########	$ 1,151.26	
32940		Revision o	A	090	Y	N	Y	D	N	$ 858.68	$ 858.68	
32960		Therapeuti	A	000	Y	N	N	N	N	$ 62.42	$ 84.59	
32994		Ablate pul	A	000	Y	Y	Y	N	N	$ 300.05	$ 3,390.15	
32997		Total lung	A	000	Y	Y	N	N	N	$ 234.25	$ 234.25	
32998		Ablate pul	A	000	Y	Y	Y	N	N	$ 299.56	$ 2,159.60	
32999		Chest surg	Unlstd/Manua	YYY	Y	N	N	D	D	$ -	$ -	
33016		Pericardio	A	000	Y	N	N	N	N	$ 165.33	$ 165.33	
33017		Prcrd drg (	A	000	Y	N	N	N	N	$ 170.87	$ 170.87	
33018		Prcrd drg (	A	000	Y	N	N	N	N	$ 194.49	$ 194.49	
33019		Perq prcrd	A	000	Y	N	N	N	N	$ 157.86	$ 157.86	
33020		Incision of	A	090	Y	N	Y	D	N	$ 575.99	$ 575.99	
33025		Incision of	A	090	Y	N	Y	D	N	$ 535.50	$ 535.50	
33030		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,399.01	
33031		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,734.72	
33050		Resect hea	A	090	Y	N	Y	D	N	$ 698.42	$ 698.42	
33120		Removal o	A	090	Y	N	Y	D	N	########	$ 1,467.69	
33130		Removal o	A	090	Y	N	Y	D	N	$ 953.64	$ 953.64	
33140		Heart reva	A	090	Y	N	Y	N	N	########	$ 1,090.77	
33141		Heart tmr	A	ZZZ	N	N	Y	D	N	$ 93.51	$ 93.51	
33202		Insert epic	A	090	Y	N	N	N	N	$ 536.47	$ 536.47	
33203		Insert epic	A	090	Y	N	N	N	N	$ 562.98	$ 562.98	
33206		Insert hear	A	090	Y	N	N	Y	N	$ 314.75	$ 314.75	
33207		Insert hear	A	090	Y	N	N	Y	N	$ 332.34	$ 332.34	
33208		Insrt heart	A	090	Y	N	N	Y	N	$ 361.50	$ 361.50	
33210		Insert elect	A	000	Y	N	N	N	N	$ 113.75	$ 113.75	
33211		Insert card	A	000	Y	N	N	N	N	$ 119.30	$ 119.30	
33212		Insert puls	A	090	Y	N	N	N	N	$ 222.68	$ 222.68	
33213		Insert puls	A	090	Y	N	N	N	N	$ 232.08	$ 232.08	
33214		Upgrade o	A	090	Y	N	D	Y	N	$ 331.62	$ 331.62	
33215		Reposition	A	090	Y	N	N	N	N	$ 214.25	$ 214.25	
33216		Insert 1 ele	A	090	Y	N	N	N	N	$ 256.18	$ 256.18	
33217		Insert 2 ele	A	090	Y	N	N	N	N	$ 253.77	$ 253.77	
33218		Repair leac	A	090	Y	N	N	N	N	$ 267.51	$ 267.51	
33220		Repair leac	A	090	Y	N	N	N	N	$ 260.28	$ 260.28	
33221		Insert puls	A	090	Y	N	N	N	N	$ 249.68	$ 249.68	
33222		Relocation	A	090	Y	N	N	N	N	$ 234.01	$ 234.01	
33223		Relocate p	A	090	Y	N	D	N	N	$ 283.42	$ 283.42	
33224		Insert paci	A	000	Y	N	N	N	N	$ 359.57	$ 359.57	
33225		L ventric p	A	ZZZ	N	N	N	N	N	$ 327.52	$ 327.52	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
33226		Reposition	A	000	Y	N	N	N	N	$ 344.39	$ 344.39	
33227		Remove&r	A	090	Y	N	N	N	N	$ 233.77	$ 233.77	
33228		Remv&rep	A	090	Y	N	N	N	N	$ 245.34	$ 245.34	
33229		Remv&rep	A	090	Y	N	N	N	N	$ 259.08	$ 259.08	
33230		Insrt pulse	A	090	Y	N	N	N	N	$ 265.58	$ 265.58	
33231		Insrt pulse	A	090	Y	N	N	N	N	$ 277.63	$ 277.63	
33233		Removal o	A	090	Y	N	N	N	N	$ 158.34	$ 158.34	
33234		Removal o	A	090	Y	N	N	N	N	$ 336.44	$ 336.44	
33235		Removal p	A	090	Y	N	N	N	N	$ 440.31	$ 440.31	
33236		Remove el	A	090	Y	N	D	Y	N	$ 540.56	$ 540.56	
33237		Remove el	A	090	Y	N	D	Y	N	$ 580.57	$ 580.57	
33238		Remove el	A	090	Y	N	D	Y	N	$ 653.59	$ 653.59	
33240		Insrt pulse	A	090	Y	N	N	N	N	$ 252.81	$ 252.81	
33241		Remove pu	A	090	Y	N	N	N	N	$ 147.25	$ 147.25	
33243		Remove el	A	090	Y	N	Y	D	N	$ 953.64	$ 953.64	
33244		Remove el	A	090	Y	N	N	D	N	$ 599.85	$ 599.85	
33249		Insj/rplcmt	A	090	Y	N	N	D	N	$ 636.48	$ 636.48	
33250		Ablate hea	A	090	Y	N	Y	D	N	########	$ 1,016.54	
33251		Ablate hea	A	090	Y	N	Y	D	N	########	$ 1,137.04	
33254		Ablate atri	A	090	Y	N	Y	D	N	$ 945.20	$ 945.20	
33255		Ablate atri	A	090	Y	N	Y	D	N	########	$ 1,135.83	
33256		Ablate atri	A	090	Y	N	Y	D	N	########	$ 1,357.79	
33257		Ablate atri	A	ZZZ	N	N	Y	N	N	$ 403.19	$ 403.19	
33258		Ablate atri	A	ZZZ	N	N	Y	N	N	$ 451.15	$ 451.15	
33259		Ablate atri	A	ZZZ	N	N	Y	N	N	$ 585.15	$ 585.15	
33261		Ablate hea	A	090	Y	N	Y	D	N	########	$ 1,125.95	
33262		Rmvl& rep	A	090	Y	N	N	N	N	$ 258.35	$ 258.35	
33263		Rmvl & rp	A	090	Y	N	N	N	N	$ 268.72	$ 268.72	
33264		Rmvl & rp	A	090	Y	N	N	N	N	$ 281.01	$ 281.01	
33265		Ablate atri	A	090	Y	N	Y	D	N	$ 948.09	$ 948.09	
33266		Ablate atri	A	090	Y	N	Y	D	N	########	$ 1,289.11	
33270		Ins/rep sub	A	090	Y	N	N	N	N	$ 390.66	$ 390.66	
33271		Insj subq i	A	090	Y	N	N	N	N	$ 314.75	$ 314.75	
33272		Rmvl of su	A	090	Y	N	N	N	N	$ 239.31	$ 239.31	
33273		Repos prev	A	090	Y	N	N	N	N	$ 276.43	$ 276.43	
33274		Tcat insj/rp	Not Covered	090	Y	N	N	Y	N	$ 334.99	$ 334.99	
33275		Tcat rmvl p	Not Covered	090	Y	N	N	N	N	$ 363.91	$ 363.91	
33285		Insj subq c	A	000	Y	N	N	N	N	$ 61.46	$ 3,089.62	
33286		Rmvl subq	A	000	Y	N	N	N	N	$ 60.73	$ 91.58	
33289		Tcat impl v	Not Covered	000	Y	N	D	N	N	$ 233.05	$ 233.05	
33300		Repair of h	A	090	Y	N	Y	D	N	########	$ 1,715.20	
33305		Repair of h	A	090	Y	N	Y	D	N	########	$ 2,876.34	
33310		Explorator	A	090	Y	N	Y	D	N	$ 813.38	$ 813.38	
33315		Explorator	A	090	Y	N	Y	D	N	########	$ 1,341.65	
33320		Repair maj	A	090	Y	N	Y	D	N	$ 737.22	$ 737.22	
33321		Repair maj	A	090	Y	N	Y	D	N	$ 827.35	$ 827.35	
33322		Repair maj	A	090	Y	N	Y	D	N	$ 969.54	$ 969.54	
33330		Insert majc	A	090	Y	N	Y	D	N	$ 993.64	$ 993.64	
33335		Insert majc	A	090	Y	N	Y	D	N	########	$ 1,307.18	
33340		Perq clsr tc	Not Covered	000	Y	N	D	Y	D	$ 549.96	$ 549.96	
33361		Replace ao	A	000	Y	N	D	Y	D	$ 849.04	$ 849.04	
33362		Replace ao	A	000	Y	N	D	Y	D	$ 925.20	$ 925.20	
33363		Replace ao	A	000	Y	N	D	Y	D	$ 959.90	$ 959.90	
33364		Replace ao	A	000	Y	N	D	Y	D	$ 963.04	$ 963.04	
33365		Replace ao	A	000	Y	N	D	Y	D	########	$ 1,000.39	
33366		Trcath repl	A	000	Y	N	D	Y	D	########	$ 1,103.78	
33367		Replace ao	A	ZZZ	N	N	D	N	D	$ 442.48	$ 442.48	
33368		Replace ao	A	ZZZ	N	N	D	N	D	$ 523.93	$ 523.93	
33369		Replace ao	A	ZZZ	N	N	D	N	D	$ 691.91	$ 691.91	
33390		Valvuloplas	Not Covered	090	Y	N	Y	D	N	########	$ 1,346.23	
33391		Valvuloplas	Not Covered	090	Y	N	Y	D	N	########	$ 1,604.10	
33404		Prepare he	A	090	Y	N	Y	D	N	########	$ 1,221.87	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
33405		Replaceme	A	090	Y	N	Y	D	N	########	$ 1,590.12	
33406		Replaceme	A	090	Y	N	Y	D	N	########	$ 2,017.65	
33410		Replaceme	A	090	Y	N	Y	D	N	########	$ 1,780.75	
33411		Replaceme	A	090	Y	N	Y	N	N	########	$ 2,353.61	
33412		Replaceme	A	090	Y	N	Y	D	N	########	$ 2,212.86	
33413		Replaceme	A	090	Y	N	Y	D	N	########	$ 2,262.75	
33414		Repair of a	A	090	Y	N	Y	D	N	########	$ 1,506.25	
33415		Revision st	A	090	Y	N	Y	D	N	########	$ 1,416.36	
33416		Revise ven	A	090	Y	N	Y	D	N	########	$ 1,413.95	
33417		Repair of a	A	090	Y	N	Y	D	N	########	$ 1,163.79	
33418		Repair tcat	Not Covered	090	Y	N	Y	D	N	########	$ 1,254.89	
33419		Repair tcat	Not Covered	ZZZ	N	N	Y	D	N	$ 298.12	$ 298.12	
33420		Revision o	A	090	Y	N	N	D	N	########	$ 1,012.44	
33422		Revision o	A	090	Y	N	Y	D	N	########	$ 1,161.86	
33425		Repair of r	A	090	Y	N	Y	D	N	########	$ 1,914.50	
33426		Repair of r	A	090	Y	N	Y	D	N	########	$ 1,666.03	
33427		Repair of r	A	090	Y	N	Y	D	N	########	$ 1,707.73	
33430		Replaceme	A	090	Y	N	Y	D	N	########	$ 1,960.78	
33440		Rplcmt a-v	A	090	Y	N	Y	D	N	########	$ 2,298.42	
33460		Revision o	A	090	Y	N	Y	D	N	########	$ 1,686.52	
33463		Valvulopla	A	090	Y	N	Y	D	N	########	$ 2,146.59	
33464		Valvulopla	A	090	Y	N	Y	D	N	########	$ 1,706.52	
33465		Replace tri	A	090	Y	N	Y	D	N	########	$ 1,928.24	
33468		Revision o	A	090	Y	N	Y	D	N	########	$ 1,719.54	
33470		Revision o	A	090	Y	N	Y	N	N	$ 862.78	$ 862.78	
33471		Valvotomy	A	090	Y	N	Y	D	N	$ 922.31	$ 922.31	
33474		Revision o	A	090	Y	N	Y	D	N	########	$ 1,525.77	
33475		Replaceme	A	090	Y	N	Y	D	N	########	$ 1,625.55	
33476		Revision o	A	090	Y	N	Y	D	N	########	$ 1,062.09	
33477		Implant tca	A	000	Y	N	D	D	D	$ 950.26	$ 950.26	
33478		Revision o	A	090	Y	N	Y	D	N	########	$ 1,097.51	
33496		Repair pro	A	090	Y	N	Y	D	N	########	$ 1,163.55	
33500		Repair hea	A	090	Y	N	Y	D	N	########	$ 1,090.53	
33501		Repair hea	A	090	Y	N	Y	Y	N	$ 777.71	$ 777.71	
33502		Coronary a	A	090	Y	N	Y	D	N	$ 888.09	$ 888.09	
33503		Coronary a	A	090	Y	N	D	D	N	$ 922.31	$ 922.31	
33504		Coronary a	A	090	Y	N	Y	D	N	########	$ 1,021.84	
33505		Repair arte	A	090	Y	N	Y	D	N	########	$ 1,448.65	
33506		Repair arte	A	090	Y	N	Y	D	N	########	$ 1,440.46	
33507		Repair art	A	090	Y	N	Y	D	N	########	$ 1,206.93	
33508		Endoscopi	A	ZZZ	N	N	Y	D	N	$ 11.09	$ 11.09	
33510		Cabg vein	A	090	Y	N	Y	N	N	########	$ 1,352.73	
33511		Cabg vein	A	090	Y	N	Y	N	N	########	$ 1,485.77	
33512		Cabg vein	A	090	Y	N	Y	N	N	########	$ 1,695.44	
33513		Cabg vein	A	090	Y	N	Y	N	N	########	$ 1,742.91	
33514		Cabg vein	A	090	Y	N	Y	N	N	########	$ 1,837.87	
33516		Cabg vein	A	090	Y	N	Y	N	N	########	$ 1,894.74	
33517		Cabg arter	A	ZZZ	N	N	Y	N	N	$ 131.83	$ 131.83	
33518		Cabg arter	A	ZZZ	N	N	Y	N	N	$ 290.41	$ 290.41	
33519		Cabg arter	A	ZZZ	N	N	Y	N	N	$ 383.67	$ 383.67	
33521		Cabg arter	A	ZZZ	N	N	Y	N	N	$ 460.79	$ 460.79	
33522		Cabg arter	A	ZZZ	N	N	Y	N	N	$ 517.43	$ 517.43	
33523		Cabg art-v	A	ZZZ	N	N	Y	N	N	$ 587.08	$ 587.08	
33530		Coronary a	A	ZZZ	N	N	Y	N	N	$ 370.18	$ 370.18	
33533		Cabg arteri	A	090	Y	N	Y	N	N	########	$ 1,309.59	
33534		Cabg arteri	A	090	Y	N	Y	N	N	########	$ 1,538.30	
33535		Cabg arteri	A	090	Y	N	Y	N	N	########	$ 1,715.68	
33536		Cabg arteri	A	090	Y	N	Y	N	N	########	$ 1,846.78	
33542		Removal o	A	090	Y	N	Y	D	N	########	$ 1,842.45	
33545		Repair of h	A	090	Y	N	Y	D	N	########	$ 2,154.06	
33548		Restore/re	A	090	Y	N	Y	D	N	########	$ 2,076.46	
33572		Open coro	A	ZZZ	N	N	Y	N	N	$ 162.68	$ 162.68	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
33600		Closure of	A	090	Y	N	Y	D	N	########	$ 1,200.18	
33602		Closure of	A	090	Y	N	Y	D	N	########	$ 1,164.03	
33606		Anastomos	A	090	Y	N	Y	D	N	########	$ 1,242.11	
33608		Repair ano	A	090	Y	N	Y	D	N	########	$ 1,257.54	
33610		Repair by	A	090	Y	N	Y	D	N	########	$ 1,239.70	
33611		Repair dou	A	090	Y	N	Y	D	N	########	$ 1,366.23	
33612		Repair dou	A	090	Y	N	Y	D	N	########	$ 1,403.34	
33615		Repair mo	A	090	Y	N	Y	D	N	########	$ 1,397.56	
33617		Repair sing	A	090	Y	N	Y	D	N	########	$ 1,514.44	
33619		Repair sing	A	090	Y	N	Y	D	N	########	$ 1,916.19	
33620		Apply r&l	A	090	Y	N	Y	D	N	########	$ 1,155.11	
33621		Transthor	A	090	Y	N	Y	D	N	$ 648.53	$ 648.53	
33622		Redo comp	A	090	Y	N	Y	D	N	########	$ 2,410.96	
33641		Repair hea	A	090	Y	N	Y	D	N	########	$ 1,146.92	
33645		Revision o	A	090	Y	N	Y	D	N	########	$ 1,211.75	
33647		Repair hea	A	090	Y	N	Y	D	N	########	$ 1,272.48	
33660		Repair of h	A	090	Y	N	Y	D	N	########	$ 1,229.58	
33665		Repair of h	A	090	Y	N	Y	D	N	########	$ 1,340.20	
33670		Repair of h	A	090	Y	N	Y	D	N	########	$ 1,385.51	
33675		Close mult	A	090	Y	N	Y	D	N	########	$ 1,381.17	
33676		Close mult	A	090	Y	N	Y	D	N	########	$ 1,418.04	
33677		Cl mult vs	A	090	Y	N	Y	D	N	########	$ 1,472.51	
33681		Repair hea	A	090	Y	N	Y	D	N	########	$ 1,285.98	
33684		Repair hea	A	090	Y	N	Y	D	N	########	$ 1,322.85	
33688		Repair hea	A	090	Y	N	Y	D	N	########	$ 1,321.89	
33690		Reinforce	A	090	Y	N	Y	D	N	$ 834.34	$ 834.34	
33692		Repair of h	A	090	Y	N	Y	D	N	########	$ 1,373.46	
33694		Repair of h	A	090	Y	N	Y	D	N	########	$ 1,366.23	
33697		Repair of h	A	090	Y	N	Y	D	N	########	$ 1,439.73	
33702		Repair of h	A	090	Y	N	Y	D	N	########	$ 1,080.16	
33710		Repair of h	A	090	Y	N	Y	N	N	########	$ 1,437.32	
33720		Repair of h	A	090	Y	N	Y	D	N	########	$ 1,081.13	
33722		Repair of h	A	090	Y	N	Y	D	N	########	$ 1,138.48	
33724		Repair ven	A	090	Y	N	Y	D	N	########	$ 1,076.31	
33726		Repair pul	A	090	Y	N	Y	D	N	########	$ 1,424.55	
33730		Repair hea	A	090	Y	N	Y	D	N	########	$ 1,403.83	
33732		Repair hea	A	090	Y	N	Y	D	N	########	$ 1,150.29	
33735		Revision o	A	090	Y	N	Y	N	N	$ 902.55	$ 902.55	
33736		Revision o	A	090	Y	N	Y	D	N	$ 979.91	$ 979.91	
33737		Revision o	A	090	Y	N	Y	D	N	$ 904.96	$ 904.96	
33741		Tas conger	A	000	Y	N	Y	N	N	$ 530.44	$ 530.44	2021 New Procedure Code
33745		Tis cgen ca	A	000	Y	N	Y	N	N	$ 745.90	$ 745.90	2021 New Procedure Code
33746		Tis cgen ca	A	ZZZ	N	N	Y	N	N	$ 294.26	$ 294.26	2021 New Procedure Code
33750		Major vess	A	090	Y	N	Y	D	N	$ 882.54	$ 882.54	
33755		Major vess	A	090	Y	N	Y	D	N	$ 916.76	$ 916.76	
33762		Major vess	A	090	Y	N	Y	D	N	$ 896.04	$ 896.04	
33764		Major vess	A	090	Y	N	Y	D	N	$ 916.76	$ 916.76	
33766		Major vess	A	090	Y	N	Y	D	N	$ 931.47	$ 931.47	
33767		Major vess	A	090	Y	N	Y	D	N	$ 994.85	$ 994.85	
33768		Cavopulmo	A	ZZZ	N	N	Y	Y	N	$ 293.54	$ 293.54	
33770		Repair grea	A	090	Y	N	Y	D	N	########	$ 1,485.04	
33771		Repair grea	A	090	Y	N	Y	D	N	########	$ 1,531.07	
33774		Repair grea	A	090	Y	N	Y	D	N	########	$ 1,256.33	
33775		Repair grea	A	090	Y	N	Y	N	N	########	$ 1,295.62	
33776		Repair grea	A	090	Y	N	Y	D	N	########	$ 1,368.88	
33777		Repair grea	A	090	Y	N	Y	N	N	########	$ 1,325.26	
33778		Repair grea	A	090	Y	N	Y	D	N	########	$ 1,646.51	
33779		Repair grea	A	090	Y	N	Y	D	N	########	$ 1,633.74	
33780		Repair grea	A	090	Y	N	Y	D	N	########	$ 1,662.90	
33781		Repair grea	A	090	Y	N	Y	N	N	########	$ 1,625.55	
33782		Nikaidoh p	A	090	Y	N	Y	D	N	########	$ 2,267.09	
33783		Nikaidoh p	A	090	Y	N	Y	D	N	########	$ 2,450.49	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
33786		Repair arte	A	090	Y	N	Y	D	N	########	$ 1,598.55	
33788		Revision o	A	090	Y	N	Y	D	N	########	$ 1,073.66	
33800		Aortic susp	A	090	Y	N	Y	Y	N	$ 688.78	$ 688.78	
33802		Repair ves	A	090	Y	N	Y	D	N	$ 754.57	$ 754.57	
33803		Repair ves	A	090	Y	N	Y	D	N	$ 804.94	$ 804.94	
33813		Repair sep	A	090	Y	N	Y	D	N	$ 863.99	$ 863.99	
33814		Repair sep	A	090	Y	N	Y	D	N	########	$ 1,063.05	
33820		Revise maj	A	090	Y	N	Y	N	N	$ 673.84	$ 673.84	
33822		Revise maj	A	090	Y	N	Y	D	N	$ 710.95	$ 710.95	
33824		Revise maj	A	090	Y	N	Y	D	N	$ 821.09	$ 821.09	
33840		Remove ac	A	090	Y	N	Y	D	N	$ 863.02	$ 863.02	
33845		Remove ac	A	090	Y	N	Y	D	N	$ 928.57	$ 928.57	
33851		Remove ac	A	090	Y	N	Y	D	N	$ 886.64	$ 886.64	
33852		Repair sep	A	090	Y	N	Y	N	N	$ 976.29	$ 976.29	
33853		Repair sep	A	090	Y	N	Y	D	N	########	$ 1,280.92	
33858		As-aort grf	A	090	Y	N	Y	D	N	########	$ 2,383.49	
33859		As-aort grf	A	090	Y	N	Y	D	N	########	$ 1,710.86	
33863		Ascending	A	090	Y	N	Y	D	N	########	$ 2,211.42	
33864		Ascending	A	090	Y	N	Y	D	N	########	$ 2,258.89	
33866		Aortic hem	A	ZZZ	N	N	D	N	D	$ 650.94	$ 650.94	
33871		Transvrs a	A	090	Y	N	Y	D	N	########	$ 2,289.50	
33875		Thoracic a	A	090	Y	N	Y	Y	N	########	$ 1,917.88	
33877		Thoracoab	A	090	Y	N	Y	Y	N	########	$ 2,544.00	
33880		Endovasc t	A	090	Y	B	Y	Y	N	########	$ 1,260.91	
33881		Endovasc t	A	090	Y	B	Y	Y	N	########	$ 1,080.64	
33883		Insert endc	A	090	Y	N	Y	Y	N	$ 782.05	$ 782.05	
33884		Endovasc p	A	ZZZ	N	N	Y	Y	N	$ 281.25	$ 281.25	
33886		Endovasc p	A	090	Y	N	Y	Y	N	$ 670.70	$ 670.70	
33889		Artery tran	A	000	Y	Y	Y	Y	N	$ 559.12	$ 559.12	
33891		Car-car bp	A	000	Y	Y	Y	Y	N	$ 686.61	$ 686.61	
33910		Remove lu	A	090	Y	N	Y	D	N	########	$ 1,835.70	
33915		Remove lu	A	090	Y	N	Y	D	N	$ 964.48	$ 964.48	
33916		Surgery of	A	090	Y	N	Y	D	N	########	$ 2,955.87	
33917		Repair pul	A	090	Y	N	Y	D	N	########	$ 1,015.57	
33920		Repair pul	A	090	Y	N	Y	D	N	########	$ 1,268.62	
33922		Transect p	A	090	Y	N	Y	D	N	$ 969.06	$ 969.06	
33924		Remove pu	A	ZZZ	N	N	Y	D	N	$ 201.24	$ 201.24	
33925		Rpr pul art	A	090	Y	N	Y	D	N	########	$ 1,202.83	
33926		Repr pul a	A	090	Y	N	Y	D	N	########	$ 1,695.92	
33927		Implj tot r	Not Covered	XXX	Y	N	Y	N	N	########	$ 1,798.10	
33928		Rmvl & rp	Not Covered	XXX	Y	N	Y	N	N	$ -	$ -	
33929		Rmvl rplcr	Not Covered	ZZZ	N	N	Y	N	N	$ -	$ -	
33930		Removal o	C	XXX	N	N	N	N	N	$ -	$ -	
33933		Prepare do	Not Covered	XXX	Y	N	Y	D	N	$ -	$ -	
33935		Transplant	A	090	Y	N	Y	D	Y	########	$ 3,461.48	
33940		Removal o	C	XXX	N	N	N	N	N	$ -	$ -	
33944		Prepare do	Not Covered	XXX	Y	N	Y	D	N	$ -	$ -	
33945		Transplant	A	090	Y	N	Y	D	Y	########	$ 3,403.40	
33946		Ecmo/ecls	A	XXX	N	N	N	N	N	$ 217.14	$ 217.14	
33947		Ecmo/ecls	A	XXX	N	N	N	N	N	$ 241.96	$ 241.96	
33948		Ecmo/ecls	A	XXX	N	N	N	N	N	$ 166.53	$ 166.53	
33949		Ecmo/ecls	A	XXX	N	N	N	N	N	$ 161.47	$ 161.47	
33951		Ecmo/ecls	A	000	Y	N	D	N	N	$ 298.12	$ 298.12	
33952		Ecmo/ecls	A	000	Y	N	D	N	N	$ 300.29	$ 300.29	
33953		Ecmo/ecls	A	000	Y	N	D	N	N	$ 333.79	$ 333.79	
33954		Ecmo/ecls	A	000	Y	N	D	N	N	$ 334.99	$ 334.99	
33955		Ecmo/ecls	A	000	Y	N	D	D	D	$ 584.18	$ 584.18	
33956		Ecmo/ecls	A	000	Y	N	D	D	D	$ 588.28	$ 588.28	
33957		Ecmo/ecls	A	000	Y	N	D	N	N	$ 129.42	$ 129.42	
33958		Ecmo/ecls	A	000	Y	N	D	N	N	$ 129.42	$ 129.42	
33959		Ecmo/ecls	A	000	Y	N	D	N	N	$ 165.09	$ 165.09	
33962		Ecmo/ecls	A	000	Y	N	D	N	N	$ 165.09	$ 165.09	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
33963		Ecmo/ecls	A	000	Y	N	D	D	D	$ 329.45	$ 329.45	
33964		Ecmo/ecls	A	000	Y	N	D	D	D	$ 347.28	$ 347.28	
33965		Ecmo/ecls	A	000	Y	N	D	N	N	$ 129.42	$ 129.42	
33966		Ecmo/ecls	A	000	Y	N	D	N	N	$ 166.29	$ 166.29	
33967		Insert i-aor	A	000	Y	N	D	N	N	$ 182.44	$ 182.44	
33968		Remove ac	A	000	N	N	N	N	N	$ 23.86	$ 23.86	
33969		Ecmo/ecls	A	000	Y	N	D	N	N	$ 192.08	$ 192.08	
33970		Aortic circ	A	000	Y	N	Y	D	N	$ 248.23	$ 248.23	
33971		Aortic circ	A	090	Y	N	N	N	N	$ 487.54	$ 487.54	
33973		Insert ballo	A	000	Y	N	Y	D	N	$ 355.23	$ 355.23	
33974		Remove in	A	090	Y	N	N	N	N	$ 617.92	$ 617.92	
33975		Implant ve	A	XXX	Y	N	Y	N	N	$ 916.28	$ 916.28	
33976		Implant ve	A	XXX	Y	B	Y	N	N	########	$ 1,118.96	
33977		Remove ve	A	XXX	Y	N	Y	N	N	$ 785.18	$ 785.18	
33978		Remove ve	A	XXX	Y	B	Y	N	N	$ 934.60	$ 934.60	
33979		Insert intra	A	XXX	Y	N	Y	N	N	########	$ 1,371.53	
33980		Remove in	A	XXX	Y	N	Y	N	N	########	$ 1,248.62	
33981		Replace va	A	XXX	Y	N	Y	N	N	$ 585.87	$ 585.87	
33982		Replace va	A	XXX	Y	N	Y	N	N	########	$ 1,377.56	
33983		Replace va	A	XXX	Y	N	Y	N	N	########	$ 1,629.64	
33984		Ecmo/ecls	A	000	Y	N	D	N	N	$ 200.51	$ 200.51	
33985		Ecmo/ecls	A	000	Y	N	D	D	D	$ 361.98	$ 361.98	
33986		Ecmo/ecls	A	000	Y	N	D	D	D	$ 368.73	$ 368.73	
33987		Artery exp	A	ZZZ	N	N	D	D	D	$ 147.49	$ 147.49	
33988		Insertion o	A	000	Y	N	D	D	D	$ 548.52	$ 548.52	
33989		Removal o	A	000	Y	N	D	D	D	$ 347.28	$ 347.28	
33990		Insj perq v	A	000	Y	N	Y	N	N	$ 253.77	$ 253.77	
33991		Insj perq v	A	000	Y	N	Y	N	N	$ 331.13	$ 331.13	
33992		Rmvl perq	A	000	Y	N	Y	N	N	$ 132.07	$ 132.07	
33993		Reposg pe	A	000	Y	N	Y	N	N	$ 115.92	$ 115.92	
33995		Insj perq v	A	000	Y	N	Y	N	N	$ 254.01	$ 254.01	2021 New Procedure Code
33997		Rmvl perq	A	000	Y	N	Y	N	N	$ 113.03	$ 113.03	2021 New Procedure Code
33999		Cardiac su	nlstd/Manua	YYY	Y	N	Y	D	D	$ -	$ -	
34001		Removal o	A	090	Y	Y	Y	D	N	$ 646.60	$ 646.60	
34051		Removal o	A	090	Y	Y	Y	D	N	$ 690.22	$ 690.22	
34101		Removal o	A	090	Y	Y	Y	D	N	$ 418.38	$ 418.38	
34111		Removal o	A	090	Y	Y	Y	D	N	$ 420.30	$ 420.30	
34151		Removal o	A	090	Y	Y	Y	D	N	$ 978.22	$ 978.22	
34201		Removal o	A	090	Y	Y	Y	D	N	$ 720.83	$ 720.83	
34203		Removal o	A	090	Y	Y	Y	D	N	$ 667.09	$ 667.09	
34401		Removal o	A	090	Y	Y	Y	D	N	########	$ 1,025.46	
34421		Removal o	A	090	Y	Y	Y	D	N	$ 515.02	$ 515.02	
34451		Removal o	A	090	Y	Y	Y	D	N	########	$ 1,016.54	
34471		Removal o	A	090	Y	Y	N	D	N	$ 762.52	$ 762.52	
34490		Removal o	A	090	Y	Y	N	N	N	$ 449.22	$ 449.22	
34501		Repair valv	A	090	Y	Y	Y	D	N	$ 627.56	$ 627.56	
34502		Reconstruc	A	090	Y	N	Y	N	N	########	$ 1,080.89	
34510		Transposit	A	090	Y	Y	Y	D	N	$ 721.07	$ 721.07	
34520		Cross-over	A	090	Y	Y	Y	D	N	$ 696.97	$ 696.97	
34530		Leg vein fu	A	090	Y	Y	Y	D	N	$ 662.03	$ 662.03	
34701		Evasc rpr a	A	090	Y	N	Y	Y	N	$ 873.38	$ 873.38	
34702		Evasc rpr a	A	090	Y	N	Y	Y	N	########	$ 1,306.70	
34703		Evasc rpr a	A	090	Y	N	Y	Y	N	$ 968.82	$ 968.82	
34704		Evasc rpr a	A	090	Y	N	Y	Y	N	########	$ 1,622.41	
34705		Evac rpr a-	A	090	Y	N	Y	Y	N	########	$ 1,077.75	
34706		Evasc rpr a	A	090	Y	N	Y	Y	N	########	$ 1,624.82	
34707		Evasc rpr i	A	090	Y	Y	Y	Y	N	$ 820.61	$ 820.61	
34708		Evasc rpr i	A	090	Y	Y	Y	Y	N	########	$ 1,309.59	
34709		Plmt xtn pi	A	ZZZ	N	N	Y	Y	N	$ 229.19	$ 229.19	
34710		Dlyd plmt	A	090	Y	N	Y	Y	N	$ 559.84	$ 559.84	
34711		Dlyd plmt	A	ZZZ	N	N	Y	Y	N	$ 211.60	$ 211.60	
34712		Tcat dlvr e	A	090	Y	N	Y	Y	N	$ 460.07	$ 460.07	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
34713		Perq acces	A	ZZZ	N	Y	Y	Y	N	$ 88.21	$ 88.21	
34714		Opn fem ar	A	ZZZ	N	Y	Y	Y	N	$ 190.39	$ 190.39	
34715		Opn ax/sub	A	ZZZ	N	Y	Y	Y	N	$ 213.04	$ 213.04	
34716		Opn ax/sub	A	ZZZ	N	Y	Y	Y	N	$ 261.73	$ 261.73	
34717		Evasc rpr a	A	ZZZ	N	N	Y	Y	N	$ 312.82	$ 312.82	
34718		Evasc rpr r	A	090	Y	N	Y	Y	N	$ 866.64	$ 866.64	
34808		Endovas il	A	ZZZ	N	N	Y	Y	N	$ 141.95	$ 141.95	
34812		Opn fem ar	A	ZZZ	N	Y	Y	Y	N	$ 146.29	$ 146.29	
34813		Femoral er	A	ZZZ	N	N	Y	Y	N	$ 168.46	$ 168.46	
34820		Opn iliac a	A	ZZZ	N	Y	Y	Y	N	$ 246.78	$ 246.78	
34830		Open aorti	A	090	Y	N	Y	Y	N	########	$ 1,249.34	
34831		Open aortc	A	090	Y	N	Y	Y	N	########	$ 1,361.41	
34832		Open aortc	A	090	Y	N	Y	Y	N	########	$ 1,343.09	
34833		Opn ilac ar	A	ZZZ	N	Y	Y	Y	N	$ 280.04	$ 280.04	
34834		Opn brach	A	ZZZ	N	Y	Y	Y	N	$ 92.30	$ 92.30	
34839		Plnning pt	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
34841		Endovasc	C	YYY	Y	N	Y	Y	N	$ -	$ -	
34842		Endovasc	C	YYY	Y	N	Y	Y	N	$ -	$ -	
34843		Endovasc	C	YYY	Y	N	Y	Y	N	$ -	$ -	
34844		Endovasc	C	YYY	Y	N	Y	Y	N	$ -	$ -	
34845		Visc & infi	C	YYY	Y	N	Y	Y	N	$ -	$ -	
34846		Visc & infi	C	YYY	Y	N	Y	Y	N	$ -	$ -	
34847		Visc & infi	C	YYY	Y	N	Y	Y	N	$ -	$ -	
34848		Visc & infi	C	YYY	Y	N	Y	Y	N	$ -	$ -	
35001		Repair defe	A	090	Y	Y	Y	D	N	$ 791.69	$ 791.69	
35002		Repair arte	A	090	Y	Y	Y	D	N	$ 803.98	$ 803.98	
35005		Repair defe	A	090	Y	Y	Y	D	N	$ 702.52	$ 702.52	
35011		Repair defe	A	090	Y	Y	Y	D	N	$ 707.09	$ 707.09	
35013		Repair arte	A	090	Y	Y	Y	D	N	$ 885.43	$ 885.43	
35021		Repair defe	A	090	Y	Y	Y	D	N	$ 877.96	$ 877.96	
35022		Repair arte	A	090	Y	Y	Y	D	N	########	$ 1,007.38	
35045		Repair defe	A	090	Y	Y	Y	D	N	$ 683.48	$ 683.48	
35081		Repair defe	A	090	Y	N	Y	D	N	########	$ 1,221.63	
35082		Repair arte	A	090	Y	N	Y	D	N	########	$ 1,535.41	
35091		Repair defe	A	090	Y	Y	Y	D	N	########	$ 1,269.11	
35092		Repair arte	A	090	Y	Y	Y	D	N	########	$ 1,833.05	
35102		Repair defe	A	090	Y	Y	Y	D	N	########	$ 1,327.43	
35103		Repair arte	A	090	Y	Y	Y	D	N	########	$ 1,576.62	
35111		Repair defe	A	090	Y	Y	Y	D	N	$ 940.14	$ 940.14	
35112		Repair arte	A	090	Y	Y	Y	D	N	########	$ 1,157.52	
35121		Repair defe	A	090	Y	Y	Y	N	N	########	$ 1,119.69	
35122		Repair arte	A	090	Y	Y	Y	D	N	########	$ 1,339.72	
35131		Repair defe	A	090	Y	Y	Y	D	N	$ 970.75	$ 970.75	
35132		Repair arte	A	090	Y	Y	Y	D	N	########	$ 1,157.52	
35141		Repair defe	A	090	Y	Y	Y	D	N	$ 773.85	$ 773.85	
35142		Repair arte	A	090	Y	Y	Y	D	N	$ 933.15	$ 933.15	
35151		Repair defe	A	090	Y	Y	Y	D	N	$ 870.01	$ 870.01	
35152		Repair rup	A	090	Y	Y	Y	D	N	$ 988.58	$ 988.58	
35180		Repair bloc	A	090	Y	N	Y	D	N	$ 613.83	$ 613.83	
35182		Repair bloc	A	090	Y	N	Y	D	N	########	$ 1,251.03	
35184		Repair bloc	A	090	Y	N	Y	D	N	$ 681.31	$ 681.31	
35188		Repair bloc	A	090	Y	N	Y	D	N	$ 897.97	$ 897.97	
35189		Repair bloc	A	090	Y	N	Y	D	N	########	$ 1,069.08	
35190		Repair bloc	A	090	Y	N	Y	D	N	$ 533.09	$ 533.09	
35201		Repair bloc	A	090	Y	Y	Y	D	N	$ 659.38	$ 659.38	
35206		Repair bloc	A	090	Y	Y	Y	D	N	$ 545.62	$ 545.62	
35207		Repair bloc	A	090	Y	Y	N	D	N	$ 511.16	$ 511.16	
35211		Repair bloc	A	090	Y	Y	Y	D	N	$ 973.88	$ 973.88	
35216		Repair bloc	A	090	Y	Y	Y	D	N	########	$ 1,452.75	
35221		Repair bloc	A	090	Y	Y	Y	D	N	########	$ 1,031.00	
35226		Repair bloc	A	090	Y	Y	Y	D	N	$ 583.46	$ 583.46	
35231		Repair bloc	A	090	Y	Y	Y	D	N	$ 862.78	$ 862.78	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
35236		Repair blo	A	090	Y	Y	Y	D	N	$ 702.03	$ 702.03	
35241		Repair blo	A	090	Y	Y	Y	D	N	########	$ 1,002.80	
35246		Repair blo	A	090	Y	Y	Y	D	N	########	$ 1,094.62	
35251		Repair blo	A	090	Y	Y	Y	D	N	########	$ 1,216.33	
35256		Repair blo	A	090	Y	Y	Y	D	N	$ 721.55	$ 721.55	
35261		Repair blo	A	090	Y	Y	Y	D	N	$ 690.71	$ 690.71	
35266		Repair blo	A	090	Y	Y	Y	D	N	$ 607.56	$ 607.56	
35271		Repair blo	A	090	Y	Y	Y	D	N	$ 967.37	$ 967.37	
35276		Repair blo	A	090	Y	Y	Y	D	N	########	$ 1,017.50	
35281		Repair blo	A	090	Y	Y	Y	D	N	########	$ 1,136.56	
35286		Repair blo	A	090	Y	Y	Y	D	N	$ 655.52	$ 655.52	
35301		Rechanneli	A	090	Y	Y	Y	D	N	$ 796.51	$ 796.51	
35302		Rechanneli	A	090	Y	Y	Y	D	N	$ 790.00	$ 790.00	
35303		Rechanneli	A	090	Y	Y	Y	D	N	$ 871.46	$ 871.46	
35304		Rechanneli	A	090	Y	Y	Y	D	N	$ 898.45	$ 898.45	
35305		Rechanneli	A	090	Y	Y	Y	D	N	$ 868.08	$ 868.08	
35306		Rechanneli	A	ZZZ	N	N	Y	D	N	$ 317.16	$ 317.16	
35311		Rechanneli	A	090	Y	Y	Y	D	N	########	$ 1,091.73	
35321		Rechanneli	A	090	Y	Y	Y	D	N	$ 628.05	$ 628.05	
35331		Rechanneli	A	090	Y	Y	Y	D	N	########	$ 1,022.56	
35341		Rechanneli	A	090	Y	Y	Y	D	N	$ 965.45	$ 965.45	
35351		Rechanneli	A	090	Y	Y	Y	D	N	$ 906.16	$ 906.16	
35355		Rechanneli	A	090	Y	Y	Y	D	N	$ 727.82	$ 727.82	
35361		Rechanneli	A	090	Y	Y	Y	D	N	########	$ 1,077.27	
35363		Rechanneli	A	090	Y	Y	Y	D	N	########	$ 1,150.05	
35371		Rechanneli	A	090	Y	Y	Y	D	N	$ 574.54	$ 574.54	
35372		Rechanneli	A	090	Y	Y	Y	D	N	$ 687.57	$ 687.57	
35390		Reoperatio	A	ZZZ	N	N	Y	D	N	$ 112.55	$ 112.55	
35400		Angioscop	A	ZZZ	N	N	D	D	N	$ 105.08	$ 105.08	
35500		Harvest ve	A	ZZZ	N	N	Y	D	N	$ 226.06	$ 226.06	
35501		Art byp grf	A	090	Y	Y	Y	D	N	########	$ 1,033.65	
35506		Art byp grf	A	090	Y	Y	Y	D	N	$ 901.34	$ 901.34	
35508		Art byp grf	A	090	Y	Y	Y	D	N	$ 937.97	$ 937.97	
35509		Art byp grf	A	090	Y	Y	Y	D	N	########	$ 1,000.15	
35510		Art byp grf	A	090	Y	Y	Y	D	N	$ 870.25	$ 870.25	
35511		Art byp grf	A	090	Y	Y	Y	D	N	$ 793.37	$ 793.37	
35512		Art byp grf	A	090	Y	Y	Y	D	N	$ 852.90	$ 852.90	
35515		Art byp grf	A	090	Y	Y	Y	D	N	$ 937.97	$ 937.97	
35516		Art byp grf	A	090	Y	Y	Y	D	N	$ 863.50	$ 863.50	
35518		Art byp grf	A	090	Y	Y	Y	D	N	$ 808.56	$ 808.56	
35521		Art byp grf	A	090	Y	Y	Y	D	N	$ 867.36	$ 867.36	
35522		Art byp grf	A	090	Y	Y	Y	D	N	$ 860.37	$ 860.37	
35523		Art byp grf	Not Covered	090	Y	Y	Y	D	N	$ 897.97	$ 897.97	
35525		Art byp grf	A	090	Y	Y	Y	D	N	$ 800.12	$ 800.12	
35526		Art byp grf	A	090	Y	Y	Y	D	N	########	$ 1,211.99	
35531		Art byp grf	A	090	Y	Y	Y	D	N	########	$ 1,381.89	
35533		Art byp grf	A	090	Y	Y	Y	D	N	########	$ 1,066.67	
35535		Art byp grf	A	090	Y	Y	Y	D	N	########	$ 1,349.12	
35536		Art byp grf	A	090	Y	Y	Y	D	N	########	$ 1,197.29	
35537		Art byp grf	A	090	Y	N	Y	D	N	########	$ 1,478.78	
35538		Art byp grf	A	090	Y	N	Y	D	N	########	$ 1,656.88	
35539		Art byp grf	A	090	Y	Y	Y	D	N	########	$ 1,554.21	
35540		Art byp grf	A	090	Y	Y	N	D	N	########	$ 1,733.75	
35556		Art byp grf	A	090	Y	Y	Y	D	N	$ 986.90	$ 986.90	
35558		Art byp grf	A	090	Y	Y	Y	D	N	$ 863.02	$ 863.02	
35560		Art byp grf	A	090	Y	Y	Y	D	N	########	$ 1,207.89	
35563		Art byp grf	A	090	Y	Y	Y	D	N	$ 936.29	$ 936.29	
35565		Art byp grf	A	090	Y	Y	Y	D	N	$ 925.20	$ 925.20	
35566		Art byp fer	A	090	Y	Y	Y	D	N	########	$ 1,178.49	
35570		Art byp tib	A	090	Y	Y	Y	D	N	########	$ 1,042.57	
35571		Art byp po	A	090	Y	Y	Y	D	N	$ 935.56	$ 935.56	
35572		Harvest fer	A	ZZZ	N	N	Y	N	N	$ 244.62	$ 244.62	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
35583		Vein byp g	A	090	Y	Y	Y	D	N	########	$ 1,017.74	
35585		Vein byp f	A	090	Y	Y	Y	D	N	########	$ 1,181.86	
35587		Vein byp p	A	090	Y	Y	Y	D	N	$ 958.22	$ 958.22	
35600		Harvest art	A	ZZZ	N	N	Y	D	N	$ 180.75	$ 180.75	
35601		Art byp co	A	090	Y	Y	Y	D	N	$ 986.41	$ 986.41	
35606		Art byp ca	A	090	Y	Y	Y	D	N	$ 825.67	$ 825.67	
35612		Art byp sul	A	090	Y	Y	Y	D	N	$ 737.22	$ 737.22	
35616		Art byp sul	A	090	Y	Y	Y	D	N	$ 779.15	$ 779.15	
35621		Art byp axi	A	090	Y	Y	Y	D	N	$ 773.13	$ 773.13	
35623		Art byp axi	A	090	Y	Y	Y	D	N	$ 929.54	$ 929.54	
35626		Art byp ao	A	090	Y	Y	Y	D	N	########	$ 1,117.76	
35631		Art byp ao	A	090	Y	Y	Y	D	N	########	$ 1,308.87	
35632		Art byp ilio	A	090	Y	Y	Y	D	N	########	$ 1,280.43	
35633		Art byp ilio	A	090	Y	Y	Y	D	N	########	$ 1,401.42	
35634		Art byp ilio	A	090	Y	Y	Y	D	N	########	$ 1,252.72	
35636		Art byp spe	A	090	Y	Y	Y	D	N	########	$ 1,129.09	
35637		Art byp ao	A	090	Y	N	Y	D	N	########	$ 1,174.63	
35638		Art byp ao	A	090	Y	N	Y	D	N	########	$ 1,228.38	
35642		Art byp ca	A	090	Y	Y	Y	D	N	$ 694.80	$ 694.80	
35645		Art byp sul	A	090	Y	Y	Y	D	N	$ 669.26	$ 669.26	
35646		Art byp ao	A	090	Y	N	Y	D	N	########	$ 1,208.13	
35647		Art byp ao	A	090	Y	Y	Y	D	N	########	$ 1,093.66	
35650		Art byp axi	A	090	Y	Y	Y	D	N	$ 722.76	$ 722.76	
35654		Art byp axi	A	090	Y	N	Y	D	N	$ 964.24	$ 964.24	
35656		Art byp fer	A	090	Y	Y	Y	D	N	$ 759.63	$ 759.63	
35661		Art byp fer	A	090	Y	Y	Y	D	N	$ 762.28	$ 762.28	
35663		Art byp ilio	A	090	Y	Y	Y	D	N	$ 860.61	$ 860.61	
35665		Art byp ilio	A	090	Y	Y	Y	D	N	$ 826.15	$ 826.15	
35666		Art byp fer	A	090	Y	Y	Y	D	N	$ 902.06	$ 902.06	
35671		Art byp po	A	090	Y	Y	Y	D	N	$ 793.37	$ 793.37	
35681		Composite	A	ZZZ	N	N	Y	D	N	$ 57.12	$ 57.12	
35682		Composite	A	ZZZ	N	N	D	D	N	$ 251.36	$ 251.36	
35683		Composite	A	ZZZ	N	N	D	D	N	$ 291.61	$ 291.61	
35685		Bypass gra	A	ZZZ	N	N	Y	D	N	$ 141.23	$ 141.23	
35686		Bypass gra	A	ZZZ	N	N	Y	D	N	$ 114.23	$ 114.23	
35691		Art trnspos	A	090	Y	Y	Y	D	N	$ 667.81	$ 667.81	
35693		Art trnspos	A	090	Y	Y	Y	D	N	$ 586.35	$ 586.35	
35694		Art trnspos	A	090	Y	Y	Y	D	N	$ 697.45	$ 697.45	
35695		Art trnspos	A	090	Y	Y	Y	D	N	$ 724.45	$ 724.45	
35697		Reimplant	A	ZZZ	N	N	Y	Y	N	$ 105.56	$ 105.56	
35700		Reoperatio	A	ZZZ	N	N	Y	D	N	$ 108.21	$ 108.21	
35701		Expl n/flw	A	090	Y	Y	Y	D	N	$ 301.25	$ 301.25	
35702		Expl n/flw	A	090	Y	Y	Y	D	N	$ 286.31	$ 286.31	
35703		Expl n/flw	A	090	Y	Y	Y	D	N	$ 292.82	$ 292.82	
35800		Explore ne	A	090	Y	N	Y	D	N	$ 497.67	$ 497.67	
35820		Explore ch	A	090	Y	N	Y	D	N	########	$ 1,408.89	
35840		Explore ab	A	090	Y	N	Y	D	N	$ 840.37	$ 840.37	
35860		Explore lin	A	090	Y	N	Y	D	N	$ 586.11	$ 586.11	
35870		Repair ves	A	090	Y	N	Y	D	N	$ 881.58	$ 881.58	
35875		Removal o	A	090	Y	N	N	D	N	$ 416.45	$ 416.45	
35876		Removal o	A	090	Y	N	Y	D	N	$ 665.16	$ 665.16	
35879		Revise gra	A	090	Y	Y	Y	D	N	$ 649.25	$ 649.25	
35881		Revise gra	A	090	Y	Y	Y	D	N	$ 719.63	$ 719.63	
35883		Revise gra	A	090	Y	Y	Y	D	N	$ 848.80	$ 848.80	
35884		Revise gra	A	090	Y	Y	Y	D	N	$ 877.72	$ 877.72	
35901		Excision g	A	090	Y	N	Y	D	N	$ 330.17	$ 330.17	
35903		Excision g	A	090	Y	N	Y	D	N	$ 393.55	$ 393.55	
35905		Excision g	A	090	Y	N	Y	D	N	########	$ 1,249.83	
35907		Excision g	A	090	Y	N	Y	D	N	########	$ 1,345.99	
36000		Place need	B	XXX	N	N	N	N	N	$ 6.03	$ 18.32	
36002		Pseudoane	A	000	Y	Y	N	N	N	$ 71.58	$ 101.22	
36005		Injection e	A	000	Y	Y	D	N	N	$ 33.50	$ 181.96	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
36010		Place cathe	A	XXX	Y	Y	N	N	N	$ 76.64	$ 355.72	
36011		Place cathe	A	XXX	Y	Y	N	N	N	$ 109.90	$ 555.51	
36012		Place cathe	A	XXX	Y	Y	N	N	N	$ 120.74	$ 566.11	
36013		Place cathe	A	XXX	Y	N	N	N	N	$ 85.07	$ 521.77	
36014		Place cathe	A	XXX	Y	Y	N	N	N	$ 105.32	$ 537.19	
36015		Place cathe	A	XXX	Y	Y	N	N	N	$ 117.85	$ 578.64	
36100		Establish a	A	XXX	Y	Y	N	N	N	$ 110.62	$ 382.71	
36140		Intro ndl ic	A	XXX	Y	N	N	N	N	$ 62.90	$ 328.72	
36160		Establish a	A	XXX	Y	N	N	N	N	$ 85.07	$ 366.32	
36200		Place cathe	A	000	Y	Y	N	N	N	$ 98.09	$ 395.48	
36215		Place cathe	A	000	Y	N	N	N	N	$ 146.05	$ 696.01	
36216		Place cathe	A	000	Y	N	N	N	N	$ 188.70	$ 732.88	
36217		Place cathe	A	000	Y	N	N	N	N	$ 228.71	$ 1,204.52	
36218		Place cathe	A	ZZZ	N	N	N	N	N	$ 34.95	$ 139.30	
36221		Place cath	A	000	Y	B	N	N	N	$ 141.23	$ 678.17	
36222		Place cath	A	000	Y	Y	N	N	N	$ 198.83	$ 814.82	
36223		Place cath	A	000	Y	Y	N	N	N	$ 224.37	$ 1,063.53	
36224		Place cath	A	000	Y	Y	N	N	N	$ 252.81	$ 1,347.67	
36225		Place cath	A	000	Y	Y	N	N	N	$ 223.41	$ 1,010.03	
36226		Place cath	A	000	Y	Y	N	N	N	$ 250.16	$ 1,289.35	
36227		Place cath	A	ZZZ	N	Y	N	N	N	$ 82.42	$ 161.71	
36228		Place cath	A	ZZZ	N	Y	N	N	N	$ 170.15	$ 845.91	
36245		Ins cath ab	A	XXX	Y	Y	N	N	N	$ 163.64	$ 851.94	
36246		Ins cath ab	A	000	Y	Y	N	N	N	$ 177.62	$ 565.63	
36247		Ins cath ab	A	000	Y	Y	N	N	N	$ 209.43	$ 970.99	
36248		Ins cath ab	A	ZZZ	N	N	N	N	N	$ 33.98	$ 84.35	
36251		Ins cath rei	A	000	Y	N	N	N	N	$ 179.06	$ 885.19	
36252		Ins cath rei	A	000	Y	B	N	N	N	$ 251.12	$ 963.28	
36253		Ins cath rei	A	000	Y	N	N	N	N	$ 243.65	$ 1,380.93	
36254		Ins cath rei	A	000	Y	B	N	N	N	$ 287.27	$ 1,365.02	
36260		Insertion o	A	090	Y	N	N	N	N	$ 454.04	$ 454.04	
36261		Revision o	A	090	Y	N	Y	N	N	$ 281.49	$ 281.49	
36262		Removal o	A	090	Y	N	N	N	N	$ 213.53	$ 213.53	
36299		Vessel injen	lstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
36400		Bl draw <	A	XXX	Y	N	N	N	N	$ 13.26	$ 18.32	
36405		Bl draw <3	A	XXX	Y	N	N	N	N	$ 10.12	$ 15.18	
36406		Bl draw <3	A	XXX	Y	N	N	N	N	$ 5.78	$ 11.09	
36410		Non-routin	A	XXX	Y	N	N	N	N	$ 6.27	$ 11.33	
36415		Routine ve	CLFS	XXX	N	N	N	N	N	$ -	$ -	
36416		Capillary b	B	XXX	N	N	N	N	N	$ -	$ -	
36420		Vein acces	A	XXX	Y	N	D	N	N	$ 33.98	$ 33.98	
36425		Vein acces	A	XXX	Y	N	N	N	N	$ 27.72	$ 27.72	
36430		Blood tran	A	XXX	N	N	N	N	N	$ 22.41	$ 22.41	
36440		Bl push tra	A	XXX	Y	N	D	N	N	$ 34.22	$ 34.22	
36450		Bl exchang	A	XXX	Y	N	D	N	N	$ 116.40	$ 116.40	
36455		Bl exchang	A	XXX	Y	N	N	N	N	$ 89.17	$ 89.17	
36456		Prtl exchar	Not Covered	XXX	Y	N	D	N	N	$ 66.76	$ 66.76	
36460		Transfusio	A	XXX	Y	N	Y	N	N	$ 240.04	$ 240.04	
36465		Njx noncm	A	000	Y	Y	N	N	N	$ 83.39	$ 927.61	
36466		Njx noncm	A	000	Y	Y	N	N	N	$ 107.25	$ 1,036.06	
36468		Njx sclrsnt	C	000	Y	N	D	N	N	$ -	$ -	
36470		Njx sclrsnt	Not Covered	000	Y	Y	N	N	N	$ 26.99	$ 73.51	
36471		Njx sclrsnt	Not Covered	000	Y	Y	N	N	N	$ 52.78	$ 129.66	
36473		Endovenou	Not Covered	000	Y	Y	N	N	N	$ 125.56	$ 871.94	
36474		Endovenou	Not Covered	ZZZ	N	Y	N	N	N	$ 62.90	$ 183.88	
36475		Endovenou	A	000	Y	Y	N	N	N	$ 195.21	$ 808.07	
36476		Endovenou	A	ZZZ	N	Y	N	N	N	$ 94.47	$ 198.83	
36478		Endovenou	A	000	Y	Y	N	N	N	$ 193.52	$ 682.75	
36479		Endovenou	A	ZZZ	N	Y	N	N	N	$ 94.95	$ 208.22	
36481		Insertion o	A	000	Y	N	N	N	N	$ 224.37	$ 1,195.60	
36482		Endoven tl	Not Covered	000	Y	Y	N	N	N	$ 126.04	$ 1,168.13	
36483		Endoven tl	Not Covered	ZZZ	N	Y	N	N	N	$ 62.42	$ 96.88	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
36500		Insertion o	A	000	Y	N	N	N	N	$ 126.77	$ 126.77	
36510		Insertion o	A	000	Y	N	D	N	N	$ 35.91	$ 54.95	
36511		Apheresis '	A	000	Y	N	N	N	N	$ 74.23	$ 74.23	
36512		Apheresis ı	A	000	Y	N	N	N	N	$ 72.78	$ 72.78	
36513		Apheresis ı	A	000	Y	N	N	N	N	$ 73.99	$ 73.99	
36514		Apheresis ı	A	000	Y	N	N	N	N	$ 64.35	$ 399.58	
36516		Apheresis ı	A	000	Y	N	N	N	N	$ 58.56	$ 1,217.29	
36522		Photopher	A	000	Y	N	N	N	N	$ 66.03	$ 1,054.62	
36555		Insert non-	A	000	N	N	N	N	N	$ 58.56	$ 127.25	
36556		Insert non-	A	000	N	N	N	N	N	$ 58.56	$ 143.40	
36557		Insert tunn	A	010	Y	Y	D	N	N	$ 221.72	$ 764.69	
36558		Insert tunn	A	010	Y	Y	D	N	N	$ 177.14	$ 548.76	
36560		Insert tunn	A	010	Y	Y	D	N	N	$ 265.82	$ 860.13	
36561		Insert tunn	A	010	Y	Y	D	N	N	$ 229.43	$ 686.85	
36563		Insert tunn	A	010	Y	N	D	N	N	$ 253.29	$ 779.15	
36565		Insert tunn	A	010	Y	Y	D	N	N	$ 233.29	$ 572.62	
36566		Insert tunn	A	010	Y	Y	D	N	N	$ 248.71	$ 2,882.60	
36568		Insj picc <ı	A	000	N	N	N	N	N	$ 63.87	$ 63.87	
36569		Insj picc 5	A	000	N	N	N	N	N	$ 64.35	$ 64.35	
36570		Insert picv	A	010	Y	Y	D	N	N	$ 229.91	$ 990.27	
36571		Insert picv	A	010	Y	Y	D	N	N	$ 215.70	$ 864.71	
36572		Insj picc rs	A	000	N	N	N	N	N	$ 62.18	$ 283.42	
36573		Insj picc rs	A	000	N	N	N	N	N	$ 58.08	$ 258.83	
36575		Repair tun	A	000	Y	N	D	N	N	$ 23.86	$ 102.43	
36576		Repair tun	A	010	Y	N	D	N	N	$ 126.28	$ 232.57	
36578		Replace tu	A	010	Y	N	D	N	N	$ 138.58	$ 302.46	
36580		Replace cv	A	000	N	N	N	N	N	$ 45.31	$ 134.96	
36581		Replace tu	A	010	Y	N	D	N	N	$ 124.84	$ 525.38	
36582		Replace tu	A	010	Y	N	D	N	N	$ 197.86	$ 624.19	
36583		Replace tu	A	010	Y	N	D	N	N	$ 227.99	$ 813.13	
36584		Compl rplc	A	000	N	N	N	N	N	$ 41.21	$ 223.17	
36585		Replace pi	A	010	Y	N	D	N	N	$ 186.78	$ 735.05	
36589		Removal tı	A	010	Y	N	D	N	N	$ 93.99	$ 112.79	
36590		Removal tı	A	010	Y	N	D	N	N	$ 129.66	$ 153.04	
36591		Draw bloo	Not Covered	XXX	N	N	D	N	N	$ 15.91	$ 15.91	
36592		Collect blo	Not Covered	XXX	N	N	D	N	N	$ 18.08	$ 18.08	
36593		Declot vas	A	XXX	N	N	D	N	N	$ 20.00	$ 20.00	
36595		Mech remo	A	000	Y	N	N	N	N	$ 125.08	$ 405.84	
36596		Mech remo	A	000	Y	N	N	N	N	$ 29.64	$ 76.16	
36597		Reposition	A	000	Y	N	N	N	N	$ 41.69	$ 80.49	
36598		Inj w/fluor	A	000	Y	Y	D	N	N	$ 24.58	$ 78.57	
36600		Withdrawa	A	XXX	Y	N	N	N	N	$ 11.09	$ 19.52	
36620		Insertion c	A	000	N	N	N	N	N	$ 30.85	$ 30.85	
36625		Insertion c	A	000	N	N	N	N	N	$ 73.75	$ 73.75	
36640		Insertion c	A	000	Y	N	N	N	N	$ 78.57	$ 78.57	
36660		Insertion c	A	000	Y	N	D	N	N	$ 46.75	$ 46.75	
36680		Insert need	A	000	Y	N	D	N	N	$ 41.69	$ 41.69	
36800		Insertion o	A	000	Y	N	N	N	N	$ 84.59	$ 84.59	
36810		Insertion o	A	000	Y	N	N	N	N	$ 146.53	$ 146.53	
36815		Insertion o	A	000	Y	N	N	N	N	$ 95.44	$ 95.44	
36818		Av fuse up	A	090	Y	N	Y	D	N	$ 483.21	$ 483.21	
36819		Av fuse up	A	090	Y	N	Y	D	N	$ 512.85	$ 512.85	
36820		Av fusion/	A	090	Y	Y	Y	D	N	$ 505.14	$ 505.14	
36821		Av fusion (	A	090	Y	N	Y	D	N	$ 464.17	$ 464.17	
36823		Insertion o	A	090	Y	N	N	N	N	$ 980.87	$ 980.87	
36825		Artery-vei	A	090	Y	N	Y	D	N	$ 557.19	$ 557.19	
36830		Artery-vei	A	090	Y	N	Y	D	N	$ 467.06	$ 467.06	
36831		Open thror	A	090	Y	N	Y	D	N	$ 430.43	$ 430.43	
36832		Av fistula ı	A	090	Y	N	Y	D	N	$ 529.00	$ 529.00	
36833		Av fistula ı	A	090	Y	N	Y	D	N	$ 566.83	$ 566.83	
36835		Artery to v	A	090	Y	N	N	N	N	$ 333.54	$ 333.54	
36838		Dist revas	A	090	Y	Y	Y	D	N	$ 804.70	$ 804.70	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
36860		External ca	A	000	Y	N	N	N	N	$ 77.84	$ 159.78	
36861		Cannula de	A	000	Y	N	N	N	N	$ 98.33	$ 98.33	
36901		Intro cath (	A	000	Y	N	N	N	N	$ 116.64	$ 463.93	
36902		Intro cath (	A	000	Y	N	N	N	N	$ 165.81	$ 827.59	
36903		Intro cath (	A	000	Y	N	N	N	N	$ 219.31	$ 3,082.87	
36904		Thrmbc/nf	A	000	Y	N	N	D	N	$ 254.98	$ 1,217.77	
36905		Thrmbc/nf	A	000	Y	N	N	D	N	$ 306.79	$ 1,553.49	
36906		Thrmbc/nf	A	000	Y	N	N	D	N	$ 354.27	$ 3,872.87	
36907		Balo angio	A	ZZZ	N	N	N	N	N	$ 101.94	$ 422.71	
36908		Stent plmt	A	ZZZ	N	N	N	N	N	$ 144.36	$ 1,144.51	
36909		Dialysis ci	A	ZZZ	N	N	N	N	N	$ 140.26	$ 1,296.34	
37140		Revision o	A	090	Y	N	N	D	N	########	$ 1,634.46	
37145		Revision o	A	090	Y	N	Y	N	N	########	$ 1,515.41	
37160		Revision o	A	090	Y	N	Y	D	N	########	$ 1,556.14	
37180		Revision o	A	090	Y	N	Y	D	N	########	$ 1,495.89	
37181		Splice sple	A	090	Y	N	Y	D	N	########	$ 1,634.46	
37182		Insert hepa	A	000	Y	N	D	N	N	$ 557.67	$ 557.67	
37183		Remove he	A	000	Y	N	D	N	N	$ 255.22	$ 3,938.66	
37184		Prim art m	A	000	Y	Y	N	Y	N	$ 301.25	$ 1,214.40	
37185		Prim art m	A	ZZZ	N	B	N	Y	N	$ 114.48	$ 352.10	
37186		Sec art thr	A	ZZZ	N	B	N	Y	N	$ 171.35	$ 835.79	
37187		Venous me	A	000	Y	Y	N	Y	N	$ 271.61	$ 1,206.21	
37188		Ven mechr	A	000	N	Y	N	Y	N	$ 192.32	$ 1,028.83	
37191		Ins endova	A	000	Y	N	N	N	N	$ 153.52	$ 1,447.93	
37192		Redo endo	A	000	Y	N	N	N	N	$ 245.58	$ 874.11	
37193		Rem endov	A	000	Y	N	N	N	N	$ 240.28	$ 1,016.78	
37195		Thrombol	C	XXX	N	N	D	N	N	$ -	$ -	Priced on UCR, eff. 1/1/12
37197		Remove in	A	000	Y	N	N	N	N	$ 208.47	$ 1,042.08	
37200		Transcathe	A	000	Y	N	N	N	N	$ 148.22	$ 148.22	
37211		Thrombol	A	000	Y	Y	N	N	N	$ 269.44	$ 269.44	
37212		Thrombol	A	000	Y	Y	N	N	N	$ 234.98	$ 234.98	
37213		Thromblyt	A	000	Y	N	N	N	N	$ 161.71	$ 161.71	
37214		Cessj thera	A	000	Y	N	N	N	N	$ 85.56	$ 85.56	
37215		Transcath	A	090	Y	Y	D	N	N	$ 696.49	$ 696.49	
37216		Transcath	A	090	N	N	N	N	N	$ 662.51	$ 662.51	
37217		Stent place	A	090	Y	Y	D	N	N	$ 756.98	$ 756.98	
37218		Stent place	A	090	Y	Y	D	N	N	$ 571.65	$ 571.65	
37220		Iliac revasc	A	000	Y	Y	N	N	N	$ 281.97	$ 1,774.72	
37221		Iliac revasc	A	000	Y	Y	D	N	N	$ 348.00	$ 2,298.42	
37222		Iliac revasc	A	ZZZ	N	Y	D	N	N	$ 130.62	$ 447.06	
37223		Iliac revasc	A	ZZZ	N	Y	D	N	N	$ 150.38	$ 1,040.40	
37224		Fem/popl r	A	000	Y	Y	D	N	N	$ 313.06	$ 2,095.25	
37225		Fem/popl r	A	000	Y	Y	D	N	N	$ 423.20	$ 6,554.24	
37226		Fem/popl r	A	000	Y	Y	D	N	N	$ 366.56	$ 5,961.38	
37227		Fem/popl r	A	000	Y	Y	D	N	N	$ 507.55	$ 8,396.44	
37228		Tib/per rev	A	000	Y	Y	D	N	N	$ 381.26	$ 2,990.57	
37229		Tib/per rev	A	000	Y	Y	D	N	N	$ 489.95	$ 6,601.71	
37230		Tib/per rev	A	000	Y	Y	D	N	N	$ 489.47	$ 6,284.08	
37231		Tib/per rev	A	000	Y	Y	D	N	N	$ 525.38	$ 8,424.64	
37232		Tib/per rev	A	ZZZ	N	Y	D	N	N	$ 140.26	$ 606.36	
37233		Tibper reva	A	ZZZ	N	Y	D	N	N	$ 228.95	$ 756.50	
37234		Revsc opn/	A	ZZZ	N	Y	D	N	N	$ 200.03	$ 2,476.76	
37235		Tib/per rev	A	ZZZ	N	Y	D	N	N	$ 275.22	$ 2,640.16	
37236		Open/perq	A	000	Y	Y	D	N	N	$ 311.13	$ 2,010.90	
37237		Open/perq	A	ZZZ	N	Y	D	N	N	$ 148.70	$ 1,024.25	
37238		Open/perq	A	000	Y	Y	D	N	N	$ 214.97	$ 2,387.11	
37239		Open/perq	A	ZZZ	N	Y	D	N	N	$ 106.52	$ 1,194.64	
37241		Vasc embc	A	000	Y	N	N	N	N	$ 300.29	$ 3,098.06	
37242		Vasc embc	A	000	Y	N	N	N	N	$ 330.17	$ 4,827.23	
37243		Vasc embc	A	000	Y	N	N	N	N	$ 382.47	$ 5,935.35	
37244		Vasc embc	A	000	Y	N	N	N	N	$ 453.32	$ 4,469.10	
37246		Trluml bal	A	000	Y	Y	N	N	N	$ 242.21	$ 1,265.25	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
37247		Trluml bal	A	ZZZ	N	Y	N	N	N	$ 119.78	$ 401.02	
37248		Trluml bal	A	000	Y	Y	N	N	N	$ 205.33	$ 939.66	
37249		Trluml bal	Not Covered	ZZZ	N	Y	N	N	N	$ 101.22	$ 319.81	
37252		Intrvasc us	A	ZZZ	N	N	D	D	N	$ 63.14	$ 691.43	
37253		Intrvasc us	A	ZZZ	N	N	D	D	N	$ 49.89	$ 117.85	
37500		Endoscopy	A	090	Y	Y	N	D	N	$ 443.20	$ 443.20	
37501		Vascular e	Unlstd/Manua	YYY	Y	Y	N	D	D	$ -	$ -	
37565		Ligation of	A	090	Y	Y	D	D	N	$ 503.93	$ 503.93	
37600		Ligation of	A	090	Y	N	Y	D	N	$ 506.82	$ 506.82	
37605		Ligation of	A	090	Y	N	Y	D	N	$ 520.56	$ 520.56	
37606		Ligation of	A	090	Y	N	Y	N	N	$ 499.83	$ 499.83	
37607		Ligation of	A	090	Y	N	N	D	N	$ 259.80	$ 259.80	
37609		Temporal a	A	010	Y	Y	N	N	N	$ 139.78	$ 210.39	
37615		Ligation of	A	090	Y	N	Y	D	N	$ 367.53	$ 367.53	
37616		Ligation of	A	090	Y	N	Y	D	N	$ 767.34	$ 767.34	
37617		Ligation of	A	090	Y	N	Y	D	N	$ 929.06	$ 929.06	
37618		Ligation of	A	090	Y	N	Y	D	N	$ 269.20	$ 269.20	
37619		Ligation of	A	090	Y	N	Y	N	N	########	$ 1,217.29	
37650		Revision o	A	090	Y	Y	N	D	N	$ 322.22	$ 322.22	
37660		Revision o	A	090	Y	Y	Y	D	N	$ 924.72	$ 924.72	
37700		Revise leg	A	090	Y	Y	N	N	N	$ 168.94	$ 168.94	
37718		Ligate/strip	A	090	Y	Y	N	D	N	$ 294.98	$ 294.98	
37722		Ligate/strip	A	090	Y	Y	N	D	N	$ 328.00	$ 328.00	
37735		Removal o	A	090	Y	Y	N	D	N	$ 408.74	$ 408.74	
37760		Ligate leg	A	090	Y	Y	N	D	N	$ 436.45	$ 436.45	
37761		Ligate leg	A	090	Y	Y	Y	D	N	$ 372.83	$ 372.83	
37765		Stab phleb	A	010	Y	Y	N	D	N	$ 188.22	$ 294.50	
37766		Phleb veins	A	010	Y	Y	N	D	N	$ 230.88	$ 344.63	
37780		Revision o	A	090	Y	Y	N	D	N	$ 162.68	$ 162.68	
37785		Ligate/divi	A	090	Y	Y	N	N	N	$ 176.65	$ 241.00	
37788		Revascular	A	090	Y	N	Y	D	N	$ 862.54	$ 862.54	
37790		Penile vend	A	090	Y	N	D	N	N	$ 330.17	$ 330.17	
37799		Vascular si	Unlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
38100		Removal o	A	090	Y	N	Y	D	N	$ 807.11	$ 807.11	
38101		Removal o	A	090	Y	N	Y	D	N	$ 818.20	$ 818.20	
38102		Removal o	A	ZZZ	N	N	Y	D	N	$ 183.40	$ 183.40	
38115		Repair of r	A	090	Y	N	Y	D	N	$ 891.46	$ 891.46	
38120		Laparoscop	A	090	Y	N	Y	D	N	$ 736.50	$ 736.50	
38129		Laparoscop	Unlstd/Manua	YYY	Y	N	Y	D	D	$ -	$ -	
38200		Injection fo	A	000	Y	N	D	N	N	$ 89.41	$ 89.41	
38204		Bl donor se	B	XXX	N	N	N	N	N	$ 68.69	$ 68.69	
38205		Harvest all	A	000	Y	N	D	N	N	$ 57.12	$ 57.12	
38206		Harvest au	A	000	Y	N	D	N	N	$ 57.12	$ 57.12	
38207		Cryopreser	A	XXX	N	N	N	N	N	$ 30.13	$ 30.13	
38208		Thaw prese	A	XXX	N	N	N	N	N	$ 19.52	$ 19.52	
38209		Wash harv	A	XXX	N	N	N	N	N	$ 8.19	$ 8.19	
38210		T-cell depl	A	XXX	N	N	N	N	N	$ 54.23	$ 54.23	
38211		Tumor cell	A	XXX	N	N	N	N	N	$ 49.41	$ 49.41	
38212		Rbc deplet	A	XXX	N	N	N	N	N	$ 32.78	$ 32.78	
38213		Platelet dep	A	XXX	N	N	N	N	N	$ 8.19	$ 8.19	
38214		Volume de	A	XXX	N	N	N	N	N	$ 27.72	$ 27.72	
38215		Harvest ste	A	XXX	N	N	N	N	N	$ 32.78	$ 32.78	
38220		Dx bone m	A	XXX	Y	Y	D	N	N	$ 47.48	$ 107.49	
38221		Dx bone m	A	XXX	Y	Y	D	N	N	$ 47.24	$ 103.15	
38222		Dx bone m	A	XXX	Y	Y	D	N	N	$ 52.06	$ 113.27	
38230		Bone marr	A	000	Y	N	D	N	N	$ 141.71	$ 141.71	
38232		Bone marr	Not Covered	000	Y	N	D	N	N	$ 137.61	$ 137.61	
38240		Transplt al	A	XXX	Y	N	D	N	N	$ 159.54	$ 159.54	
38241		Transplt au	A	XXX	Y	N	D	N	N	$ 118.57	$ 118.57	
38242		Transplt al	A	000	Y	N	D	N	N	$ 85.07	$ 85.07	
38243		Transplj he	Not Covered	000	Y	N	D	N	N	$ 82.66	$ 82.66	
38300		Drainage l	A	010	Y	N	N	N	N	$ 140.26	$ 225.09	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
38305		Drainage l	A	090	Y	N	N	N	N	$ 336.92	$ 336.92	
38308		Incision of	A	090	Y	N	Y	D	N	$ 316.67	$ 316.67	
38380		Thoracic d	A	090	Y	N	Y	D	N	$ 384.88	$ 384.88	
38381		Thoracic d	A	090	Y	N	Y	D	N	$ 556.47	$ 556.47	
38382		Thoracic d	A	090	Y	N	Y	D	N	$ 471.88	$ 471.88	
38500		Biopsy/ren	A	010	Y	Y	N	N	N	$ 175.69	$ 227.75	
38505		Needle bio	A	000	Y	Y	N	N	N	$ 46.51	$ 79.29	
38510		Biopsy/ren	A	010	Y	Y	N	N	N	$ 287.03	$ 356.44	
38520		Biopsy/ren	A	090	Y	Y	N	N	N	$ 319.57	$ 319.57	
38525		Biopsy/ren	A	090	Y	Y	N	N	N	$ 303.18	$ 303.18	
38530		Biopsy/ren	A	090	Y	Y	Y	D	N	$ 385.60	$ 385.60	
38531		Open bx/e	A	090	Y	Y	D	N	N	$ 306.07	$ 306.07	
38542		Explore de	A	090	Y	Y	Y	D	N	$ 351.14	$ 351.14	
38550		Removal n	A	090	Y	N	D	N	N	$ 356.44	$ 356.44	
38555		Removal n	A	090	Y	N	Y	D	N	$ 710.47	$ 710.47	
38562		Removal p	A	090	Y	B	Y	D	N	$ 482.72	$ 482.72	
38564		Removal a	A	090	Y	N	Y	D	N	$ 489.23	$ 489.23	
38570		Laparosco	A	010	Y	N	Y	Y	N	$ 353.31	$ 353.31	
38571		Laparosco	A	010	Y	B	Y	Y	N	$ 453.80	$ 453.80	
38572		Laparosco	A	010	Y	B	Y	Y	N	$ 623.95	$ 623.95	
38573		Laps pelvi	A	010	Y	B	Y	Y	N	$ 801.33	$ 801.33	
38589		Laparosco	nlstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
38700		Removal o	A	090	Y	Y	Y	D	N	$ 542.73	$ 542.73	
38720		Removal o	A	090	Y	Y	Y	D	N	$ 911.22	$ 911.22	
38724		Removal o	A	090	Y	Y	Y	D	N	$ 982.32	$ 982.32	
38740		Remove ar	A	090	Y	Y	Y	D	N	$ 484.65	$ 484.65	
38745		Remove ar	A	090	Y	Y	Y	D	N	$ 612.14	$ 612.14	
38746		Remove th	A	ZZZ	N	N	Y	D	N	$ 151.83	$ 151.83	
38747		Remove ab	A	ZZZ	N	N	Y	D	N	$ 188.22	$ 188.22	
38760		Remove gr	A	090	Y	Y	Y	D	N	$ 580.09	$ 580.09	
38765		Remove gr	A	090	Y	Y	Y	D	N	$ 903.75	$ 903.75	
38770		Remove pe	A	090	Y	Y	Y	D	N	$ 550.93	$ 550.93	
38780		Remove ab	A	090	Y	N	Y	D	N	$ 713.12	$ 713.12	
38790		Inject for l	A	000	Y	Y	N	N	N	$ 55.43	$ 55.43	
38792		Ra tracer i	A	000	Y	Y	N	N	N	$ 23.14	$ 53.98	
38794		Access tho	A	090	Y	N	D	N	N	$ 194.97	$ 194.97	
38900		Io map of s	A	ZZZ	N	Y	Y	D	N	$ 97.12	$ 97.12	
38999		Blood/lym	nlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
39000		Exploratio	A	090	Y	N	Y	D	N	$ 340.53	$ 340.53	
39010		Exploratio	A	090	Y	N	Y	D	N	$ 546.59	$ 546.59	
39200		Resect me	A	090	Y	N	Y	D	N	$ 607.08	$ 607.08	
39220		Resect me	A	090	Y	N	Y	D	N	$ 786.14	$ 786.14	
39401		Mediastinc	A	000	Y	N	N	N	N	$ 214.73	$ 214.73	
39402		Mediastinc	A	000	Y	N	N	N	N	$ 281.73	$ 281.73	
39499		Chest proc	nlstd/Manua	YYY	Y	N	Y	D	D	$ -	$ -	
39501		Repair diaj	A	090	Y	N	Y	D	N	$ 594.79	$ 594.79	
39503		Repair of c	A	090	Y	N	Y	D	N	########	$ 4,097.24	
39540		Repair of c	A	090	Y	N	Y	D	N	$ 602.98	$ 602.98	
39541		Repair of c	A	090	Y	N	Y	D	N	$ 655.52	$ 655.52	
39545		Revision o	A	090	Y	N	Y	D	N	$ 620.58	$ 620.58	
39560		Resect diaj	A	090	Y	N	Y	D	N	$ 554.06	$ 554.06	
39561		Resect diaj	A	090	Y	N	Y	D	N	$ 862.54	$ 862.54	
39599		Diaphragm	nlstd/Manua	YYY	Y	N	Y	D	D	$ -	$ -	
40490		Biopsy of l	A	000	Y	N	N	N	N	$ 47.24	$ 81.70	
40500		Partial exc	A	090	Y	N	N	N	N	$ 241.00	$ 339.81	
40510		Partial exc	A	090	Y	N	N	N	N	$ 232.81	$ 321.74	
40520		Partial exc	A	090	Y	N	N	N	N	$ 237.14	$ 329.45	
40525		Reconstruc	A	090	Y	N	N	N	N	$ 370.90	$ 370.90	
40527		Reconstruc	A	090	Y	N	D	N	N	$ 418.38	$ 418.38	
40530		Partial rem	A	090	Y	N	N	N	N	$ 268.96	$ 364.63	
40650		Repair lip	A	090	Y	N	D	N	N	$ 206.78	$ 312.58	
40652		Repair lip	A	090	Y	N	D	N	N	$ 237.63	$ 338.85	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
40654		Repair lip	A	090	Y	N	N	N	N	$ 280.52	$ 380.30	
40700		Repair clef	A	090	Y	N	D	N	N	$ 681.07	$ 681.07	
40701		Repair clef	A	090	Y	B	Y	N	N	$ 807.35	$ 807.35	
40702		Repair clef	A	090	Y	B	Y	N	N	$ 676.49	$ 676.49	
40720		Repair clef	A	090	Y	Y	D	N	N	$ 694.56	$ 694.56	
40761		Repair clef	A	090	Y	N	N	N	N	$ 732.64	$ 732.64	
40799		Lip surgery	nlstd/Manua	YYY	Y	N	Y	D	D	$ -	$ -	
40800		Drainage o	A	010	Y	N	N	N	N	$ 78.81	$ 134.24	
40801		Drainage o	A	010	Y	N	N	N	N	$ 132.07	$ 192.32	
40804		Removal f	A	010	Y	N	D	N	N	$ 74.71	$ 125.32	
40805		Removal f	A	010	Y	N	D	N	N	$ 132.55	$ 188.94	
40806		Incision of	A	000	Y	N	D	N	N	$ 18.56	$ 63.87	
40808		Biopsy of l	A	010	Y	N	N	N	N	$ 57.36	$ 107.97	
40810		Excision o	A	010	Y	N	N	N	N	$ 79.77	$ 139.30	
40812		Excise/repa	A	010	Y	N	N	N	N	$ 123.39	$ 187.50	
40814		Excise/repa	A	090	Y	N	N	N	N	$ 189.19	$ 247.27	
40816		Excision o	A	090	Y	N	N	N	N	$ 200.03	$ 262.21	
40818		Excise oral	A	090	Y	N	D	N	N	$ 178.10	$ 243.89	
40819		Excise lip (	A	090	Y	N	D	N	N	$ 132.55	$ 178.34	
40820		Treatment	A	010	Y	N	N	N	N	$ 109.66	$ 170.15	
40830		Repair mou	A	010	Y	N	D	N	N	$ 109.17	$ 182.44	
40831		Repair mou	A	010	Y	N	D	N	N	$ 150.87	$ 231.84	
40840		Reconstruc	A	090	Y	N	Y	N	N	$ 420.79	$ 561.53	
40842		Reconstruc	A	090	Y	N	D	N	N	$ 455.49	$ 612.86	
40843		Reconstruc	A	090	Y	B	Y	N	N	$ 592.62	$ 797.23	
40844		Reconstruc	A	090	Y	N	Y	N	N	$ 797.23	$ 1,001.11	
40845		Reconstruc	A	090	Y	N	D	N	N	$ 818.68	$ 990.51	
40899		Mouth surg	nlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
41000		Drainage o	A	010	Y	N	N	N	N	$ 71.34	$ 102.67	
41005		Drainage o	A	010	Y	N	D	N	N	$ 72.54	$ 140.26	
41006		Drainage o	A	090	Y	N	D	N	N	$ 152.07	$ 220.52	
41007		Drainage o	A	090	Y	N	D	N	N	$ 146.53	$ 215.94	
41008		Drainage o	A	090	Y	N	D	N	N	$ 170.87	$ 256.42	
41009		Drainage o	A	090	Y	N	D	N	N	$ 186.53	$ 274.02	
41010		Incision of	A	010	Y	N	D	N	N	$ 71.10	$ 140.02	
41015		Drainage o	A	090	Y	N	D	N	N	$ 200.03	$ 263.17	
41016		Drainage o	A	090	Y	N	D	N	N	$ 229.91	$ 307.03	
41017		Drainage o	A	090	Y	N	D	N	N	$ 227.75	$ 304.62	
41018		Drainage o	A	090	Y	N	D	N	N	$ 264.38	$ 341.74	
41019		Place need	A	000	Y	N	D	D	D	$ 326.31	$ 326.31	
41100		Biopsy of t	A	010	Y	N	N	N	N	$ 70.85	$ 120.26	
41105		Biopsy of t	A	010	Y	N	N	N	N	$ 72.78	$ 120.74	
41108		Biopsy of l	A	010	Y	N	N	N	N	$ 60.01	$ 107.25	
41110		Excision o	A	010	Y	N	N	N	N	$ 85.56	$ 148.22	
41112		Excision o	A	090	Y	N	N	N	N	$ 159.54	$ 220.27	
41113		Excision o	A	090	Y	N	N	N	N	$ 176.17	$ 239.07	
41114		Excision o	A	090	Y	N	D	N	N	$ 410.18	$ 410.18	
41115		Excision o	A	010	Y	N	D	N	N	$ 96.40	$ 170.15	
41116		Excision o	A	090	Y	N	N	N	N	$ 141.23	$ 218.59	
41120		Partial rem	A	090	Y	N	Y	D	N	$ 707.34	$ 707.34	
41130		Partial rem	A	090	Y	N	Y	D	N	$ 877.96	$ 877.96	
41135		Tongue an	A	090	Y	N	Y	D	N	########	$ 1,456.85	
41140		Removal o	A	090	Y	N	Y	D	N	########	$ 1,464.56	
41145		Tongue rer	A	090	Y	N	Y	D	N	########	$ 1,852.57	
41150		Tongue mo	A	090	Y	N	Y	D	N	########	$ 1,473.72	
41153		Tongue mo	A	090	Y	N	Y	D	N	########	$ 1,606.51	
41155		Tongue jav	A	090	Y	N	Y	D	N	########	$ 2,024.16	
41250		Repair ton	A	010	Y	N	D	N	N	$ 103.39	$ 185.81	
41251		Repair ton	A	010	Y	N	D	N	N	$ 122.19	$ 205.33	
41252		Repair ton	A	010	Y	N	D	N	N	$ 140.99	$ 216.18	
41510		Tongue to	A	090	Y	N	D	N	N	$ 295.95	$ 295.95	
41512		Tongue su	Not Covered	090	Y	N	D	N	N	$ 441.99	$ 441.99	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
41520		Reconstruc	A	090	Y	N	D	N	N	$ 163.88	$ 237.39	
41530		Tongue ba	A	000	Y	N	D	N	N	$ 251.36	$ 619.85	
41599		Tongue an	nlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
41800		Drainage o	A	010	Y	N	N	N	N	$ 101.46	$ 193.04	
41805		Removal fo	A	010	Y	N	D	N	N	$ 130.14	$ 203.89	
41806		Removal fo	A	010	Y	N	D	N	N	$ 186.05	$ 271.61	
41820		Excision g	C	000	Y	N	D	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
41821		Excision o	C	000	Y	N	D	N	N	$ -	$ -	$248.32 Priced on UCR, eff. 1/1/93
41822		Excision o	A	010	Y	N	D	N	N	$ 132.55	$ 230.88	
41823		Excision o	A	090	Y	N	D	N	N	$ 237.39	$ 340.77	
41825		Excision o	A	010	Y	N	N	N	N	$ 78.33	$ 142.67	
41826		Excision o	A	010	Y	N	N	N	N	$ 134.00	$ 204.13	
41827		Excision o	A	090	Y	N	N	N	N	$ 192.80	$ 287.75	
41828		Excision o	A	010	Y	N	D	N	N	$ 150.14	$ 233.05	
41830		Removal o	A	010	Y	N	D	N	N	$ 209.67	$ 307.76	
41850		Treatment	C	000	Y	N	D	N	N	$ -	$ -	$37.80 Priced on UCR, eff. 6/1/93
41870		Gum graft	C	000	Y	N	D	N	N	$ -	$ -	$232.57 Priced on UCR, eff. 6/1/93
41872		Repair gun	A	090	Y	N	D	N	N	$ 196.17	$ 300.29	
41874		Repair toot	A	090	Y	N	D	N	N	$ 161.95	$ 253.53	
41899		Dental surg	nlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
42000		Drainage n	A	010	Y	N	D	N	N	$ 69.41	$ 103.39	
42100		Biopsy roo	A	010	Y	N	N	N	N	$ 71.10	$ 96.16	
42104		Excision le	A	010	Y	N	N	N	N	$ 88.69	$ 140.74	
42106		Excision le	A	010	Y	N	N	N	N	$ 109.41	$ 170.39	
42107		Excision le	A	090	Y	N	N	N	N	$ 223.89	$ 307.28	
42120		Remove pa	A	090	Y	N	Y	D	N	$ 671.43	$ 671.43	
42140		Excision o	A	090	Y	N	N	N	N	$ 103.15	$ 194.25	
42145		Repair pala	A	090	Y	N	N	N	N	$ 463.20	$ 463.20	
42160		Treatment	A	010	Y	N	D	N	N	$ 95.44	$ 153.04	
42180		Repair pala	A	010	Y	N	D	N	N	$ 123.15	$ 167.50	
42182		Repair pala	A	010	Y	N	D	N	N	$ 172.32	$ 218.59	
42200		Reconstruc	A	090	Y	N	Y	N	N	$ 631.66	$ 631.66	
42205		Reconstruc	A	090	Y	N	Y	N	N	$ 659.86	$ 659.86	
42210		Reconstruc	A	090	Y	N	Y	N	N	$ 735.05	$ 735.05	
42215		Reconstruc	A	090	Y	N	Y	N	N	$ 476.94	$ 476.94	
42220		Reconstruc	A	090	Y	N	Y	N	N	$ 391.63	$ 391.63	
42225		Reconstruc	A	090	Y	N	Y	N	N	$ 655.76	$ 655.76	
42226		Lengthenir	A	090	Y	N	Y	N	N	$ 596.23	$ 596.23	
42227		Lengthenir	A	090	Y	N	Y	N	N	$ 557.19	$ 557.19	
42235		Repair pala	A	090	Y	N	Y	N	N	$ 486.82	$ 486.82	
42260		Repair nos	A	090	Y	N	Y	N	N	$ 448.02	$ 564.42	
42280		Preparatio	A	010	Y	N	D	N	N	$ 73.02	$ 116.89	
42281		Insertion p	A	010	Y	N	D	N	N	$ 106.28	$ 148.70	
42299		Palate/uvu	nlstd/Manua	YYY	Y	N	Y	D	D	$ -	$ -	
42300		Drainage o	A	010	Y	N	N	N	N	$ 102.18	$ 140.99	
42305		Drainage o	A	090	Y	N	D	N	N	$ 285.34	$ 285.34	
42310		Drainage o	A	010	Y	N	D	N	N	$ 87.48	$ 113.27	
42320		Drainage o	A	010	Y	N	D	N	N	$ 117.85	$ 170.63	
42330		Removal o	A	010	Y	N	N	N	N	$ 109.17	$ 152.79	
42335		Removal o	A	090	Y	N	N	N	N	$ 171.59	$ 276.19	
42340		Removal o	A	090	Y	Y	D	N	N	$ 226.54	$ 340.53	
42400		Biopsy of s	A	000	Y	N	N	N	N	$ 35.19	$ 65.79	
42405		Biopsy of s	A	010	Y	N	N	N	N	$ 151.35	$ 199.31	
42408		Excision o	A	090	Y	N	D	N	N	$ 230.64	$ 353.79	
42409		Drainage o	A	090	Y	N	Y	N	N	$ 150.14	$ 250.88	
42410		Excise par	A	090	Y	Y	Y	D	N	$ 423.44	$ 423.44	
42415		Excise par	A	090	Y	Y	Y	D	N	$ 714.32	$ 714.32	
42420		Excise par	A	090	Y	Y	Y	D	N	$ 802.53	$ 802.53	
42425		Excise par	A	090	Y	Y	Y	D	N	$ 565.87	$ 565.87	
42426		Excise par	A	090	Y	Y	Y	D	N	$ 915.32	$ 915.32	
42440		Excise sub	A	090	Y	Y	Y	D	N	$ 277.39	$ 277.39	
42450		Excise sub	A	090	Y	N	D	N	N	$ 241.72	$ 308.96	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
42500		Repair sali	A	090	Y	N	D	N	N	$ 229.19	$ 294.26	
42505		Repair sali	A	090	Y	N	N	N	N	$ 305.11	$ 376.68	
42507		Parotid duc	A	090	Y	B	Y	N	N	$ 332.82	$ 332.82	
42509		Parotid duc	A	090	Y	B	D	N	N	$ 555.26	$ 555.26	
42510		Parotid duc	A	090	Y	B	Y	D	N	$ 411.15	$ 411.15	
42550		Injection fc	A	000	Y	N	N	N	N	$ 42.18	$ 102.67	
42600		Closure of	A	090	Y	N	D	N	N	$ 234.98	$ 349.45	
42650		Dilation of	A	000	Y	N	N	N	N	$ 38.32	$ 50.61	
42660		Dilation of	A	000	Y	N	D	N	N	$ 58.32	$ 78.81	
42665		Ligation of	A	090	Y	N	D	N	N	$ 139.54	$ 237.14	
42699		Salivary su	nlstd/Manua	YYY	Y	N	Y	D	D	$ -	$ -	
42700		Drainage o	A	010	Y	N	N	N	N	$ 89.17	$ 126.04	
42720		Drainage o	A	010	Y	N	D	N	N	$ 260.76	$ 301.01	
42725		Drainage o	A	090	Y	N	Y	D	N	$ 539.84	$ 539.84	
42800		Biopsy of t	A	010	Y	N	N	N	N	$ 75.43	$ 103.63	
42804		Biopsy of t	A	010	Y	N	N	N	N	$ 76.88	$ 133.27	
42806		Biopsy of t	A	010	Y	N	N	N	N	$ 89.89	$ 149.66	
42808		Excise pha	A	010	Y	N	N	N	N	$ 109.17	$ 150.87	
42809		Remove ph	A	010	Y	N	N	N	N	$ 84.11	$ 131.83	
42810		Excision o	A	090	Y	Y	Y	N	N	$ 186.05	$ 254.50	
42815		Excision o	A	090	Y	Y	Y	D	N	$ 363.43	$ 363.43	
42820		Remove to	A	090	Y	N	D	N	N	$ 193.76	$ 193.76	
42821		Remove to	A	090	Y	N	D	N	N	$ 202.20	$ 202.20	
42825		Removal o	A	090	Y	N	D	N	N	$ 175.93	$ 175.93	
42826		Removal o	A	090	Y	N	N	N	N	$ 167.98	$ 167.98	
42830		Removal o	A	090	Y	N	D	N	N	$ 138.33	$ 138.33	
42831		Removal o	A	090	Y	N	D	N	N	$ 150.14	$ 150.14	
42835		Removal o	A	090	Y	N	D	N	N	$ 128.45	$ 128.45	
42836		Removal o	A	090	Y	N	D	N	N	$ 160.99	$ 160.99	
42842		Extensive s	A	090	Y	N	D	N	N	$ 675.04	$ 675.04	
42844		Extensive s	A	090	Y	N	Y	D	N	$ 924.48	$ 924.48	
42845		Extensive s	A	090	Y	N	Y	D	N	########	$ 1,500.71	
42860		Excision o	A	090	Y	N	D	N	N	$ 125.32	$ 125.32	
42870		Excision o	A	090	Y	N	D	N	N	$ 388.73	$ 388.73	
42890		Partial rem	A	090	Y	N	Y	D	N	$ 956.53	$ 956.53	
42892		Revision o	A	090	Y	N	Y	D	N	########	$ 1,255.13	
42894		Revision o	A	090	Y	N	Y	D	N	########	$ 1,592.77	
42900		Repair thro	A	010	Y	N	D	N	N	$ 224.61	$ 224.61	
42950		Reconstruc	A	090	Y	N	Y	D	N	$ 532.13	$ 532.13	
42953		Repair thro	A	090	Y	N	Y	N	N	$ 640.82	$ 640.82	
42955		Surgical op	A	090	Y	N	Y	N	N	$ 505.14	$ 505.14	
42960		Control thr	A	010	Y	N	D	N	N	$ 108.93	$ 108.93	
42961		Control thr	A	090	Y	N	Y	N	N	$ 278.60	$ 278.60	
42962		Control thr	A	090	Y	N	N	N	N	$ 346.08	$ 346.08	
42970		Control no	A	090	Y	N	N	N	N	$ 274.98	$ 274.98	
42971		Control no	A	090	Y	N	Y	N	N	$ 304.38	$ 304.38	
42972		Control no	A	090	Y	N	Y	N	N	$ 340.53	$ 340.53	
42999		Throat sur	nlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
43020		Incision of	A	090	Y	N	Y	D	N	$ 388.97	$ 388.97	
43030		Throat mus	A	090	Y	N	Y	D	N	$ 350.66	$ 350.66	
43045		Incision of	A	090	Y	N	Y	D	N	$ 905.44	$ 905.44	
43100		Excision o	A	090	Y	N	Y	D	N	$ 425.12	$ 425.12	
43101		Excision o	A	090	Y	N	Y	D	N	$ 701.79	$ 701.79	
43107		Removal o	A	090	Y	N	Y	D	N	########	$ 2,080.31	
43108		Removal o	A	090	Y	N	Y	D	N	########	$ 3,130.35	
43112		Esphg tot v	A	090	Y	N	Y	Y	N	########	$ 2,437.72	
43113		Removal o	A	090	Y	N	Y	Y	N	########	$ 3,052.99	
43116		Partial rem	A	090	Y	N	Y	D	N	########	$ 3,501.73	
43117		Partial rem	A	090	Y	N	Y	Y	N	########	$ 2,277.21	
43118		Partial rem	A	090	Y	N	Y	Y	N	########	$ 2,549.78	
43121		Partial rem	A	090	Y	N	Y	Y	N	########	$ 2,001.99	
43122		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,780.03	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
43123		Partial rem	A	090	Y	N	Y	D	N	########	$ 3,165.54	
43124		Removal o	A	090	Y	N	Y	D	N	########	$ 2,669.56	
43130		Removal o	A	090	Y	N	Y	D	N	$ 538.88	$ 538.88	
43135		Removal o	A	090	Y	N	Y	D	N	########	$ 1,029.55	
43180		Esophagos	A	090	Y	N	N	N	N	$ 370.66	$ 370.66	
43191		Esophagos	A	000	Y	N	N	N	N	$ 104.59	$ 104.59	
43192		Esophagos	A	000	Y	N	N	N	N	$ 114.72	$ 114.72	
43193		Esophagos	A	000	Y	N	N	N	N	$ 114.23	$ 114.23	
43194		Esophagos	A	000	Y	N	N	N	N	$ 131.83	$ 131.83	
43195		Esophagos	A	000	Y	N	N	N	N	$ 124.36	$ 124.36	
43196		Esophagos	A	000	Y	N	N	N	N	$ 132.31	$ 132.31	
43197		Esophagos	A	000	Y	N	N	N	N	$ 56.88	$ 127.49	
43198		Esophagos	A	000	Y	N	N	N	N	$ 67.48	$ 140.50	
43200		Esophagos	A	000	Y	N	N	N	N	$ 59.29	$ 168.70	
43201		Esoph scop	A	000	Y	N	N	N	N	$ 69.65	$ 167.74	
43202		Esophagos	A	000	Y	N	N	N	N	$ 69.41	$ 232.57	
43204		Esoph scop	A	000	Y	N	N	N	N	$ 91.34	$ 91.34	
43205		Esophagus	A	000	Y	N	N	N	N	$ 95.20	$ 95.20	
43206		Esoph optiNot Covered		000	Y	N	N	N	N	$ 89.89	$ 197.14	
43210		Egd esoph	A	000	Y	N	N	N	N	$ 297.15	$ 297.15	
43211		Esophagos	A	000	Y	N	N	N	N	$ 159.06	$ 159.06	
43212		Esophagos	A	000	Y	N	N	N	N	$ 130.62	$ 130.62	
43213		Esophagos	A	000	Y	N	N	N	N	$ 177.38	$ 820.61	
43214		Esophagos	A	000	Y	N	N	N	N	$ 131.35	$ 131.35	
43215		Esophagos	A	000	Y	N	N	N	N	$ 96.16	$ 261.00	
43216		Esophagos	A	000	Y	N	N	N	N	$ 90.38	$ 269.92	
43217		Esophagos	A	000	Y	N	N	N	N	$ 108.45	$ 277.15	
43220		Esophagos	A	000	Y	N	N	N	N	$ 80.01	$ 633.83	
43226		Esoph end	A	000	Y	N	N	N	N	$ 89.17	$ 249.19	
43227		Esophagos	A	000	Y	N	N	N	N	$ 112.07	$ 407.77	
43229		Esophagos	A	000	Y	N	N	N	N	$ 134.00	$ 473.57	
43231		Esophagos	A	000	Y	N	N	Y	N	$ 107.73	$ 107.73	
43232		Esophagos	A	000	Y	N	N	Y	N	$ 134.96	$ 134.96	
43233		Egd balloo	A	000	Y	N	N	N	N	$ 157.13	$ 157.13	
43235		Egd diagn	A	000	Y	N	N	N	N	$ 83.15	$ 193.76	
43236		Uppr gi sc	A	000	Y	N	N	N	N	$ 93.51	$ 260.04	
43237		Endoscopi	A	000	Y	N	N	N	N	$ 132.55	$ 132.55	
43238		Egd us fine	A	000	Y	N	N	N	N	$ 157.61	$ 157.61	
43239		Egd biopsy	A	000	Y	N	N	N	N	$ 93.51	$ 247.75	
43240		Egd w/tran	A	000	Y	N	N	N	N	$ 266.31	$ 266.31	
43241		Egd tube/c	A	000	Y	N	N	N	N	$ 96.40	$ 96.40	
43242		Egd us fine	A	000	Y	N	N	N	N	$ 178.10	$ 178.10	
43243		Egd injecti	A	000	Y	N	N	N	N	$ 161.23	$ 161.23	
43244		Egd varice	A	000	Y	N	N	N	N	$ 166.05	$ 166.05	
43245		Egd dilate	A	000	Y	N	N	N	N	$ 120.26	$ 397.17	
43246		Egd place	A	000	Y	N	D	Y	N	$ 136.89	$ 136.89	
43247		Egd remov	A	000	Y	N	N	N	N	$ 120.02	$ 253.53	
43248		Egd guide	A	000	Y	N	N	N	N	$ 112.31	$ 269.20	
43249		Esoph egd	A	000	Y	N	N	N	N	$ 104.11	$ 723.96	
43250		Egd cauter	A	000	Y	N	N	N	N	$ 116.89	$ 300.05	
43251		Egd remov	A	000	Y	N	N	N	N	$ 133.03	$ 328.24	
43252		Egd opticaNot Covered		000	Y	N	N	N	N	$ 114.23	$ 223.17	
43253		Egd us tran	A	000	Y	N	N	N	N	$ 178.10	$ 178.10	
43254		Egd endo r	A	000	Y	N	N	N	N	$ 183.16	$ 183.16	
43255		Egd contrc	A	000	Y	N	N	N	N	$ 135.92	$ 430.43	
43257		Egd w/thrrNot Covered		000	Y	N	N	N	N	$ 157.86	$ 157.86	
43259		Egd us exa	A	000	Y	N	N	N	N	$ 153.28	$ 153.28	
43260		Ercp w/spe	A	000	Y	N	N	N	N	$ 219.07	$ 219.07	
43261		Endo chola	A	000	Y	N	N	N	N	$ 229.91	$ 229.91	
43262		Endo chola	A	000	Y	N	N	N	N	$ 242.93	$ 242.93	
43263		Ercp sphin	A	000	Y	N	N	N	N	$ 243.17	$ 243.17	
43264		Ercp remo	A	000	Y	N	N	N	N	$ 247.51	$ 247.51	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
43265		Ercp lithot	A	000	Y	N	N	N	N	$ 294.98	$ 294.98	
43266		Egd endos	A	000	Y	N	N	N	N	$ 148.46	$ 148.46	
43270		Egd lesion	A	000	Y	N	N	N	N	$ 152.31	$ 485.86	
43273		Endoscopi	A	ZZZ	N	N	D	N	N	$ 81.94	$ 81.94	
43274		Ercp duct s	A	000	Y	N	N	N	N	$ 314.99	$ 314.99	
43275		Ercp remo	A	000	Y	N	N	N	N	$ 255.94	$ 255.94	
43276		Ercp stent	A	000	Y	N	N	N	N	$ 328.00	$ 328.00	
43277		Ercp ea du	A	000	Y	N	N	N	N	$ 257.39	$ 257.39	
43278		Ercp lesior	A	000	Y	N	N	N	N	$ 294.26	$ 294.26	
43279		Lap myoto	A	090	Y	N	Y	D	N	$ 903.03	$ 903.03	
43280		Laparoscop	A	090	Y	N	Y	D	N	$ 756.98	$ 756.98	
43281		Lap paraes	A	090	Y	N	Y	D	N	########	$ 1,084.26	
43282		Lap paraes	A	090	Y	N	Y	D	N	########	$ 1,219.94	
43283		Lap esoph	A	ZZZ	N	N	Y	D	N	$ 112.07	$ 112.07	
43284		Laps esoph	Not Covered	090	Y	N	Y	D	N	$ 453.80	$ 453.80	
43285		Rmvl esop	Not Covered	090	Y	N	Y	D	N	$ 467.54	$ 467.54	
43286		Esphg tot v	A	090	Y	N	Y	D	N	########	$ 2,227.08	
43287		Esphg dstl	A	090	Y	N	Y	Y	N	########	$ 2,498.21	
43288		Esphg thrs	A	090	Y	N	Y	Y	N	########	$ 2,628.11	
43289		Laparoscop	Unlstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
43300		Repair of e	A	090	Y	N	Y	D	N	$ 417.17	$ 417.17	
43305		Repair eso	A	090	Y	N	Y	D	N	$ 745.17	$ 745.17	
43310		Repair of e	A	090	Y	N	Y	D	N	########	$ 1,037.75	
43312		Repair eso	A	090	Y	N	Y	D	N	########	$ 1,117.28	
43313		Esophagop	A	090	Y	N	Y	D	N	########	$ 1,911.61	
43314		Tracheo-es	A	090	Y	N	Y	D	N	########	$ 2,064.41	
43320		Fuse esoph	A	090	Y	N	Y	D	N	$ 981.59	$ 981.59	
43325		Revise eso	A	090	Y	N	Y	D	N	$ 954.12	$ 954.12	
43327		Esoph func	A	090	Y	N	Y	D	N	$ 572.38	$ 572.38	
43328		Esoph func	A	090	Y	N	Y	D	N	$ 787.11	$ 787.11	
43330		Esophagor	A	090	Y	N	Y	D	N	$ 938.94	$ 938.94	
43331		Esophagor	A	090	Y	N	Y	D	N	$ 934.36	$ 934.36	
43332		Transab es	A	090	Y	N	Y	D	N	$ 807.35	$ 807.35	
43333		Transab es	A	090	Y	N	Y	D	N	$ 885.19	$ 885.19	
43334		Transthor	A	090	Y	N	Y	D	N	$ 874.35	$ 874.35	
43335		Transthor	A	090	Y	N	Y	D	N	$ 936.77	$ 936.77	
43336		Thorabd di	A	090	Y	N	Y	D	N	########	$ 1,016.78	
43337		Thorabd di	A	090	Y	N	Y	D	N	########	$ 1,084.26	
43338		Esoph leng	A	ZZZ	N	N	Y	D	N	$ 81.70	$ 81.70	
43340		Fuse esoph	A	090	Y	N	Y	D	N	$ 969.30	$ 969.30	
43341		Fuse esoph	A	090	Y	N	Y	D	N	$ 977.26	$ 977.26	
43351		Surgical op	A	090	Y	N	Y	D	N	$ 916.28	$ 916.28	
43352		Surgical op	A	090	Y	N	Y	D	N	$ 742.04	$ 742.04	
43360		Gastrointes	A	090	Y	N	Y	D	N	########	$ 1,574.94	
43361		Gastrointes	A	090	Y	N	Y	D	N	########	$ 1,893.78	
43400		Ligate esop	A	090	Y	N	Y	D	N	########	$ 1,071.00	
43405		Ligate/stap	A	090	Y	N	Y	D	N	########	$ 1,014.37	
43410		Repair eso	A	090	Y	N	Y	D	N	$ 692.39	$ 692.39	
43415		Repair eso	A	090	Y	N	Y	D	N	########	$ 1,785.57	
43420		Repair eso	A	090	Y	N	D	D	N	$ 687.09	$ 687.09	
43425		Repair eso	A	090	Y	N	Y	D	N	########	$ 1,007.14	
43450		Dilate esop	A	000	Y	N	N	N	N	$ 53.50	$ 121.71	
43453		Dilate esop	A	000	Y	N	N	N	N	$ 57.84	$ 557.67	
43460		Pressure tr	A	000	Y	N	N	N	N	$ 144.12	$ 144.12	
43496		Free jejun	C	090	Y	N	Y	D	N	$ -	$ -	Not priced on UCR
43499		Esophagus	Unlstd/Manua	YYY	Y	N	N	D	D	$ -	$ -	
43500		Surgical op	A	090	Y	N	Y	D	N	$ 547.55	$ 547.55	
43501		Surgical re	A	090	Y	N	Y	D	N	$ 944.48	$ 944.48	
43502		Surgical re	A	090	Y	N	Y	D	N	########	$ 1,073.17	
43510		Surgical op	A	090	Y	N	Y	D	N	$ 663.96	$ 663.96	
43520		Incision of	A	090	Y	N	Y	D	N	$ 478.39	$ 478.39	
43605		Biopsy of s	A	090	Y	N	Y	D	N	$ 585.39	$ 585.39	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
43610		Excision o	A	090	Y	N	Y	D	N	$ 687.33	$ 687.33	
43611		Excision o	A	090	Y	N	Y	D	N	$ 856.51	$ 856.51	
43620		Removal o	A	090	Y	N	Y	D	N	########	$ 1,397.32	
43621		Removal o	A	090	Y	N	Y	D	N	########	$ 1,599.04	
43622		Removal o	A	090	Y	N	Y	D	N	########	$ 1,630.37	
43631		Removal o	A	090	Y	N	Y	D	N	########	$ 1,017.98	
43632		Removal o	A	090	Y	N	Y	D	N	########	$ 1,428.41	
43633		Removal o	A	090	Y	N	Y	D	N	########	$ 1,351.05	
43634		Removal o	A	090	Y	N	Y	D	N	########	$ 1,498.30	
43635		Removal o	A	ZZZ	N	N	Y	D	N	$ 79.29	$ 79.29	
43640		Vagotomy	A	090	Y	N	Y	D	N	$ 826.87	$ 826.87	
43641		Vagotomy	A	090	Y	N	Y	D	N	$ 844.95	$ 844.95	
43644		Lap gastric	A	090	Y	N	Y	D	N	########	$ 1,220.18	
43645		Lap gastr b	A	090	Y	N	Y	D	N	########	$ 1,290.80	
43647		Lap impl e	C	YYY	Y	N	Y	D	N	$ -	$ -	$285.01 UCR, eff 1/1/17
43648		Lap revise/	C	YYY	Y	N	Y	D	N	$ -	$ -	$285.01 UCR, eff 1/1/17
43651		Laparoscop	A	090	Y	N	Y	D	N	$ 456.94	$ 456.94	
43652		Laparoscop	A	090	Y	N	Y	D	N	$ 534.78	$ 534.78	
43653		Laparoscop	A	090	Y	N	Y	D	N	$ 399.82	$ 399.82	
43659		Laparoscop	Unlstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
43752		Nasal/orog	A	000	N	N	N	N	N	$ 27.96	$ 27.96	
43753		Tx gastro i	A	000	N	N	Y	N	N	$ 15.67	$ 15.67	
43754		Dx gastr in	A	000	N	N	Y	N	N	$ 24.10	$ 135.44	
43755		Dx gastr in	A	000	N	N	Y	N	N	$ 39.77	$ 125.32	
43756		Dx duod ir	A	000	N	N	Y	N	N	$ 33.98	$ 176.41	
43757		Dx duod ir	A	000	N	N	Y	N	N	$ 51.57	$ 238.59	
43761		Reposition	A	000	Y	N	N	N	N	$ 72.30	$ 84.35	
43762		Rplc gtube	A	000	Y	N	N	N	N	$ 26.75	$ 150.87	
43763		Rplc gtube	A	000	Y	N	N	N	N	$ 57.84	$ 227.75	
43770		Lap place g	A	090	Y	N	Y	D	N	$ 787.35	$ 787.35	
43771		Lap revise	A	090	Y	N	Y	D	N	$ 896.76	$ 896.76	
43772		Lap rmvl g	A	090	Y	N	Y	D	N	$ 664.20	$ 664.20	
43773		Lap replac	A	090	Y	N	Y	D	N	$ 896.76	$ 896.76	
43774		Lap rmvl g	A	090	Y	N	Y	D	N	$ 673.11	$ 673.11	
43775		Lap sleeve	A	090	Y	N	Y	D	N	$ 788.55	$ 788.55	
43800		Reconstruc	A	090	Y	N	Y	D	N	$ 652.63	$ 652.63	
43810		Fusion of s	A	090	Y	N	Y	D	N	$ 713.84	$ 713.84	
43820		Fusion of s	A	090	Y	N	Y	D	N	$ 941.83	$ 941.83	
43825		Fusion of s	A	090	Y	N	Y	D	N	$ 920.38	$ 920.38	
43830		Place gastr	A	090	Y	N	Y	D	N	$ 488.51	$ 488.51	
43831		Place gastr	A	090	Y	N	Y	D	N	$ 419.82	$ 419.82	
43832		Place gastr	A	090	Y	N	Y	D	N	$ 730.95	$ 730.95	
43840		Repair of s	A	090	Y	N	Y	D	N	$ 952.91	$ 952.91	
43842		V-band gas	A	090	N	N	N	N	N	$ 782.05	$ 782.05	
43843		Gastroplas	A	090	Y	N	Y	Y	N	$ 901.34	$ 901.34	
43845		Gastroplas	Not Covered	090	Y	N	Y	D	N	########	$ 1,363.34	
43846		Gastric byp	A	090	Y	N	Y	D	N	########	$ 1,158.97	
43847		Gastric byp	A	090	Y	N	Y	D	N	########	$ 1,270.79	
43848		Revision g	A	090	Y	N	Y	D	N	########	$ 1,356.59	
43850		Revise stor	A	090	Y	N	Y	D	N	########	$ 1,146.44	
43855		Revise stor	A	090	Y	N	Y	D	N	########	$ 1,190.06	
43860		Revise stor	A	090	Y	N	Y	D	N	########	$ 1,146.44	
43865		Revise stor	A	090	Y	N	Y	D	N	########	$ 1,204.04	
43870		Repair stor	A	090	Y	N	Y	D	N	$ 495.01	$ 495.01	
43880		Repair stor	A	090	Y	N	Y	D	N	########	$ 1,112.46	
43881		Impl/redo e	C	YYY	Y	N	Y	D	N	$ -	$ -	$633.06 UCR, eff 1/1/12
43882		Revise/rem	C	YYY	Y	N	Y	D	N	$ -	$ -	$633.06 UCR, eff 1/1/12
43886		Revise gas	Not Covered	090	Y	N	Y	D	N	$ 251.12	$ 251.12	
43887		Remove ga	Not Covered	090	Y	N	Y	D	N	$ 225.82	$ 225.82	
43888		Change ga	Not Covered	090	Y	N	Y	D	N	$ 320.77	$ 320.77	
43999		Stomach su	Unlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
44005		Freeing of	A	090	Y	N	Y	D	N	$ 765.18	$ 765.18	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
44010		Incision of	A	090	Y	N	Y	D	N	$ 594.79	$ 594.79	
44015		Insert need	A	ZZZ	N	N	Y	D	N	$ 100.50	$ 100.50	
44020		Explore sm	A	090	Y	N	Y	D	N	$ 682.99	$ 682.99	
44021		Decompres	A	090	Y	N	Y	D	N	$ 682.27	$ 682.27	
44025		Incision of	A	090	Y	N	Y	D	N	$ 683.24	$ 683.24	
44050		Reduce bo	A	090	Y	N	Y	D	N	$ 654.56	$ 654.56	
44055		Correct ma	A	090	Y	N	Y	D	N	########	$ 1,045.70	
44100		Biopsy of l	A	000	Y	N	N	N	N	$ 72.78	$ 72.78	
44110		Excise inte	A	090	Y	N	Y	D	N	$ 589.00	$ 589.00	
44111		Excision o	A	090	Y	N	Y	D	N	$ 678.17	$ 678.17	
44120		Removal o	A	090	Y	N	Y	D	N	$ 856.03	$ 856.03	
44121		Removal o	A	ZZZ	N	N	Y	D	N	$ 170.15	$ 170.15	
44125		Removal o	A	090	Y	N	Y	D	N	$ 823.02	$ 823.02	
44126		Enterecton	A	090	Y	N	Y	D	N	########	$ 1,738.57	
44127		Enterecton	A	090	Y	N	Y	D	N	########	$ 2,010.90	
44128		Enterecton	A	ZZZ	N	N	Y	D	N	$ 173.04	$ 173.04	
44130		Bowel to b	A	090	Y	N	Y	D	N	$ 918.93	$ 918.93	
44132		Enterecton	C	XXX	N	N	D	N	N	$ -	$ -	On benefit; Phys cont.
44133		Enterecton	C	XXX	N	N	D	N	N	$ -	$ -	On benefit; Phys cont.
44135		Intestine tr	C	XXX	N	N	D	N	N	$ -	$ -	On benefit; Phys cont.
44136		Intestine tr	C	XXX	N	N	D	N	N	$ -	$ -	On benefit; Phys cont.
44137		Remove in	nlstd/Manua	XXX	Y	N	Y	D	N	$ -	$ -	
44139		Mobilizatic	A	ZZZ	N	N	Y	D	N	$ 84.83	$ 84.83	
44140		Partial rem	A	090	Y	N	Y	D	N	$ 937.49	$ 937.49	
44141		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,269.11	
44143		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,159.93	
44144		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,233.44	
44145		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,148.61	
44146		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,461.18	
44147		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,351.77	
44150		Removal o	A	090	Y	N	Y	D	N	########	$ 1,289.11	
44151		Removal o	A	090	Y	N	Y	D	N	########	$ 1,511.07	
44155		Removal o	A	090	Y	N	Y	D	N	########	$ 1,431.06	
44156		Removal o	A	090	Y	N	Y	D	N	########	$ 1,617.59	
44157		Colectomy	A	090	Y	N	Y	D	N	########	$ 1,535.41	
44158		Colectomy	A	090	Y	N	Y	D	N	########	$ 1,573.25	
44160		Removal o	A	090	Y	N	Y	D	N	$ 864.95	$ 864.95	
44180		Lap entero	A	090	Y	N	Y	D	N	$ 642.99	$ 642.99	
44186		Lap jejuno	A	090	Y	N	Y	D	N	$ 454.53	$ 454.53	
44187		Lap ileo/je	A	090	Y	N	Y	D	N	$ 753.37	$ 753.37	
44188		Lap colost	A	090	Y	N	Y	D	N	$ 842.78	$ 842.78	
44202		Lap entere	A	090	Y	N	Y	D	N	$ 968.34	$ 968.34	
44203		Lap resect	A	ZZZ	N	N	Y	D	N	$ 168.94	$ 168.94	
44204		Laparo par	A	090	Y	N	Y	D	N	########	$ 1,069.08	
44205		Lap colect	A	090	Y	N	Y	D	N	$ 927.37	$ 927.37	
44206		Lap part co	A	090	Y	N	Y	D	N	########	$ 1,215.60	
44207		L colectom	A	090	Y	N	Y	D	N	########	$ 1,258.74	
44208		L colectom	A	090	Y	N	Y	D	N	########	$ 1,366.71	
44210		Laparo tota	A	090	Y	N	Y	D	N	########	$ 1,217.29	
44211		Lap colect	A	090	Y	N	Y	D	N	########	$ 1,440.70	
44212		Laparo tota	A	090	Y	N	Y	D	N	########	$ 1,396.84	
44213		Lap mobil	A	ZZZ	N	N	Y	D	N	$ 131.10	$ 131.10	
44227		Lap close e	A	090	Y	N	Y	D	N	########	$ 1,159.21	
44238		Laparoscop	nlstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
44300		Open bowe	A	090	Y	N	Y	D	N	$ 588.04	$ 588.04	
44310		Ileostomy/	A	090	Y	N	Y	D	N	$ 721.55	$ 721.55	
44312		Revision o	A	090	Y	N	D	N	N	$ 410.66	$ 410.66	
44314		Revision o	A	090	Y	N	Y	D	N	$ 695.29	$ 695.29	
44316		Devise bov	A	090	Y	N	Y	D	N	$ 993.88	$ 993.88	
44320		Colostomy	A	090	Y	N	Y	D	N	$ 835.07	$ 835.07	
44322		Colostomy	A	090	Y	N	Y	D	N	$ 694.80	$ 694.80	
44340		Revision o	A	090	Y	N	N	D	N	$ 427.53	$ 427.53	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
44345		Revision o	A	090	Y	N	Y	D	N	$ 726.86	$ 726.86	
44346		Revision o	A	090	Y	N	Y	D	N	$ 821.81	$ 821.81	
44360		Small bow	A	000	Y	N	N	N	N	$ 96.88	$ 96.88	
44361		Small bow	A	000	Y	N	N	N	N	$ 107.49	$ 107.49	
44363		Small bow	A	000	Y	N	D	N	N	$ 129.90	$ 129.90	
44364		Small bow	A	000	Y	N	D	N	N	$ 138.58	$ 138.58	
44365		Small bow	A	000	Y	N	D	N	N	$ 123.15	$ 123.15	
44366		Small bow	A	000	Y	N	N	N	N	$ 162.43	$ 162.43	
44369		Small bow	A	000	Y	N	D	N	N	$ 166.53	$ 166.53	
44370		Small bow	A	000	Y	N	D	N	N	$ 180.03	$ 180.03	
44372		Small bow	A	000	Y	N	N	N	N	$ 162.92	$ 162.92	
44373		Small bow	A	000	Y	N	N	N	N	$ 130.86	$ 130.86	
44376		Small bow	A	000	Y	N	D	N	N	$ 192.56	$ 192.56	
44377		Small bow	A	000	Y	N	D	N	N	$ 203.16	$ 203.16	
44378		Small bow	A	000	Y	N	D	N	N	$ 261.24	$ 261.24	
44379		S bowel en	A	000	Y	N	D	N	N	$ 277.15	$ 277.15	
44380		Small bow	A	000	Y	N	N	N	N	$ 37.60	$ 126.28	
44381		Small bow	A	000	Y	N	N	N	N	$ 56.39	$ 647.33	
44382		Small bow	A	000	Y	N	N	N	N	$ 49.41	$ 194.97	
44384		Small bow	A	000	Y	N	N	N	N	$ 105.56	$ 105.56	
44385		Endoscopy	A	000	Y	N	N	N	N	$ 48.44	$ 138.58	
44386		Endoscopy	A	000	Y	N	N	N	N	$ 59.77	$ 203.65	
44388		Colonosco	A	000	Y	N	N	N	N	$ 106.76	$ 208.95	
44389		Colonosco	A	000	Y	N	N	N	N	$ 117.13	$ 272.57	
44390		Colonosco	A	000	Y	N	N	N	N	$ 142.67	$ 268.47	
44391		Colonosco	A	000	Y	N	N	N	N	$ 156.41	$ 441.03	
44392		Colonosco	A	000	Y	N	N	N	N	$ 135.68	$ 255.94	
44394		Colonosco	A	000	Y	N	N	N	N	$ 153.28	$ 291.61	
44401		Colonosco	A	000	Y	N	N	N	N	$ 164.12	$ 1,718.81	
44402		Colonosco	A	000	Y	N	N	N	N	$ 177.14	$ 177.14	
44403		Colonosco	A	000	Y	N	N	N	N	$ 206.54	$ 206.54	
44404		Colonosco	A	000	Y	N	N	N	N	$ 116.64	$ 274.02	
44405		Colonosco	A	000	Y	N	N	N	N	$ 123.87	$ 372.10	
44406		Colonosco	A	000	Y	N	N	N	N	$ 155.69	$ 155.69	
44407		Colonosco	A	000	Y	N	N	N	N	$ 186.53	$ 186.53	
44408		Colonosco	A	000	Y	N	N	N	N	$ 157.13	$ 157.13	
44500		Intro gastr	A	000	N	N	D	N	N	$ 13.50	$ 13.50	
44602		Suture sma	A	090	Y	N	Y	D	N	$ 989.06	$ 989.06	
44603		Suture sma	A	090	Y	N	Y	D	N	########	$ 1,132.70	
44604		Suture larg	A	090	Y	N	Y	D	N	$ 739.39	$ 739.39	
44605		Repair of l	A	090	Y	N	Y	D	N	$ 905.44	$ 905.44	
44615		Intestinal s	A	090	Y	N	Y	D	N	$ 747.58	$ 747.58	
44620		Repair bov	A	090	Y	N	Y	D	N	$ 600.09	$ 600.09	
44625		Repair bov	A	090	Y	N	Y	D	N	$ 700.35	$ 700.35	
44626		Repair bov	A	090	Y	N	Y	D	N	########	$ 1,116.07	
44640		Repair bov	A	090	Y	N	Y	D	N	$ 975.33	$ 975.33	
44650		Repair bov	A	090	Y	N	Y	D	N	########	$ 1,004.97	
44660		Repair bov	A	090	Y	N	Y	D	N	$ 926.40	$ 926.40	
44661		Repair bov	A	090	Y	N	Y	D	N	########	$ 1,078.96	
44680		Surgical re	A	090	Y	N	Y	D	N	$ 756.98	$ 756.98	
44700		Suspend bo	A	090	Y	N	Y	D	N	$ 688.06	$ 688.06	
44701		Intraop col	A	ZZZ	N	N	Y	D	N	$ 120.02	$ 120.02	
44705		Prepare fec	A	XXX	N	N	N	N	N	$ 49.41	$ 73.75	
44715		Prepare do	Not Covered	XXX	Y	N	Y	D	N	$ -	$ -	
44720		Prep donor	Not Covered	XXX	Y	N	Y	D	N	$ 194.73	$ 194.73	
44721		Prep donor	Not Covered	XXX	Y	N	Y	D	N	$ 271.85	$ 271.85	
44799		Unlisted p	Unlstd/Manua	YYY	Y	N	N	D	D	$ -	$ -	
44800		Excision o	A	090	Y	N	Y	D	N	$ 534.54	$ 534.54	
44820		Excision o	A	090	Y	N	Y	D	N	$ 586.35	$ 586.35	
44850		Repair of r	A	090	Y	N	Y	D	N	$ 520.08	$ 520.08	
44899		Bowel surg	Unlstd/Manua	YYY	Y	N	Y	D	D	$ -	$ -	
44900		Drain appe	A	090	Y	N	Y	D	N	$ 549.00	$ 549.00	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
44950		Appendect	A	090	Y	N	Y	D	N	$ 450.19	$ 450.19	
44955		Appendect	A	ZZZ	N	N	Y	D	N	$ 58.32	$ 58.32	
44960		Appendect	A	090	Y	N	Y	D	N	$ 614.79	$ 614.79	
44970		Laparosco	A	090	Y	N	Y	Y	N	$ 419.10	$ 419.10	
44979		Laparosco	nlstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
45000		Drainage o	A	090	Y	N	N	N	N	$ 289.68	$ 289.68	
45005		Drainage o	A	010	Y	N	N	N	N	$ 110.38	$ 201.96	
45020		Drainage o	A	090	Y	N	N	N	N	$ 394.28	$ 394.28	
45100		Biopsy of r	A	090	Y	N	N	N	N	$ 203.16	$ 203.16	
45108		Removal o	A	090	Y	N	N	D	N	$ 256.42	$ 256.42	
45110		Removal o	A	090	Y	N	Y	D	N	########	$ 1,260.67	
45111		Partial rem	A	090	Y	N	Y	D	N	$ 751.68	$ 751.68	
45112		Removal o	A	090	Y	N	Y	D	N	########	$ 1,285.25	
45113		Partial pro	A	090	Y	N	Y	D	N	########	$ 1,276.34	
45114		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,278.75	
45116		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,053.89	
45119		Remove re	A	090	Y	N	Y	D	N	########	$ 1,285.49	
45120		Removal o	A	090	Y	N	Y	D	N	########	$ 1,122.10	
45121		Removal o	A	090	Y	N	Y	D	N	########	$ 1,225.97	
45123		Partial pro	A	090	Y	N	Y	D	N	$ 765.18	$ 765.18	
45126		Pelvic exe	A	090	Y	N	Y	D	N	########	$ 1,890.16	
45130		Excision o	A	090	Y	N	Y	D	N	$ 742.52	$ 742.52	
45135		Excision o	A	090	Y	N	Y	D	N	$ 879.65	$ 879.65	
45136		Excise ileo	A	090	Y	N	Y	D	N	########	$ 1,218.01	
45150		Excision o	A	090	Y	N	D	N	N	$ 290.65	$ 290.65	
45160		Excision o	A	090	Y	N	Y	D	N	$ 716.73	$ 716.73	
45171		Exc rect tu	A	090	Y	N	Y	D	N	$ 419.34	$ 419.34	
45172		Exc rect tu	A	090	Y	N	Y	D	N	$ 562.01	$ 562.01	
45190		Destructio	A	090	Y	N	N	D	N	$ 479.59	$ 479.59	
45300		Proctosign	A	000	Y	N	N	N	N	$ 33.02	$ 85.07	
45303		Proctosign	A	000	Y	N	N	N	N	$ 57.36	$ 628.29	
45305		Proctosign	A	000	Y	N	N	N	N	$ 49.65	$ 117.37	
45307		Proctosign	A	000	Y	N	D	N	N	$ 64.83	$ 132.79	
45308		Proctosign	A	000	Y	N	N	N	N	$ 58.08	$ 134.48	
45309		Proctosign	A	000	Y	N	N	N	N	$ 61.94	$ 139.06	
45315		Proctosign	A	000	Y	N	N	N	N	$ 74.23	$ 151.83	
45317		Proctosign	A	000	Y	N	N	N	N	$ 74.95	$ 144.12	
45320		Proctosign	A	000	Y	N	N	N	N	$ 73.02	$ 148.94	
45321		Proctosign	A	000	Y	N	N	N	N	$ 72.06	$ 72.06	
45327		Proctosign	A	000	Y	N	N	N	N	$ 81.22	$ 81.22	
45330		Diagnostic	A	000	Y	N	N	N	N	$ 37.11	$ 119.54	
45331		Sigmoidos	A	000	Y	N	N	N	N	$ 48.20	$ 186.78	
45332		Sigmoidos	A	000	Y	N	N	N	N	$ 70.85	$ 180.99	
45333		Sigmoidos	A	000	Y	N	N	N	N	$ 63.38	$ 215.45	
45334		Sigmoidos	A	000	Y	N	N	N	N	$ 79.05	$ 340.53	
45335		Sigmoidos	A	000	Y	N	N	N	N	$ 44.83	$ 186.53	
45337		Sigmoidos	A	000	Y	N	N	N	N	$ 78.57	$ 78.57	
45338		Sigmoidos	A	000	Y	N	N	N	N	$ 81.46	$ 196.66	
45340		Sig w/tnds	A	000	Y	N	N	N	N	$ 52.30	$ 303.18	
45341		Sigmoidos	A	000	Y	N	N	N	N	$ 83.63	$ 83.63	
45342		Sigmoidos	A	000	Y	N	N	N	N	$ 114.96	$ 114.96	
45346		Sigmoidos	A	000	Y	N	N	N	N	$ 108.69	$ 1,665.79	
45347		Sigmoidos	A	000	Y	N	N	N	N	$ 104.59	$ 104.59	
45349		Sigmoidos	A	000	Y	N	N	N	N	$ 134.72	$ 134.72	
45350		Sgmdsc w/	A	000	Y	N	N	N	N	$ 67.96	$ 432.35	
45378		Diagnostic	A	000	Y	N	N	N	N	$ 126.04	$ 226.06	
45379		Colonosco	A	000	Y	N	N	N	N	$ 162.19	$ 289.44	
45380		Colonosco	A	000	Y	N	N	N	N	$ 136.41	$ 289.20	
45381		Colonosco	A	000	Y	N	N	N	N	$ 136.41	$ 291.37	
45382		Colonosco	A	000	Y	N	N	N	N	$ 175.69	$ 459.35	
45384		Colonosco	A	000	Y	N	N	N	N	$ 155.69	$ 325.83	
45385		Colonosco	A	000	Y	N	N	N	N	$ 172.56	$ 303.18	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
45386		Colonosco	A	000	Y	N	N	N	N	$ 143.88	$ 409.22	
45388		Colonosco	A	000	Y	N	N	N	N	$ 184.61	$ 1,777.38	
45389		Colonosco	A	000	Y	N	N	N	N	$ 197.14	$ 197.14	
45390		Colonosco	A	000	Y	N	N	N	N	$ 225.82	$ 225.82	
45391		Colonosco	A	000	Y	N	N	N	N	$ 174.48	$ 174.48	
45392		Colonosco	A	000	Y	N	N	N	N	$ 207.26	$ 207.26	
45393		Colonosco	A	000	Y	N	N	N	N	$ 173.28	$ 173.28	
45395		Lap remov	A	090	Y	N	Y	D	N	########	$ 1,348.40	
45397		Lap remov	A	090	Y	N	Y	D	N	########	$ 1,459.74	
45398		Colonosco	A	000	Y	N	N	N	N	$ 160.99	$ 541.05	
45399		Unlisted pı	nlstd/Manua	YYY	Y	N	N	D	D	$ -	$ -	
45400		Laparoscoı	A	090	Y	N	Y	D	N	$ 776.74	$ 776.74	
45402		Lap procto	A	090	Y	N	Y	D	N	########	$ 1,042.33	
45499		Laparoscoı	nlstd/Manua	YYY	Y	N	Y	D	D	$ -	$ -	
45500		Repair of r	A	090	Y	N	D	N	N	$ 391.38	$ 391.38	
45505		Repair of r	A	090	Y	N	N	N	N	$ 407.53	$ 407.53	
45520		Treatment	A	000	Y	N	N	N	N	$ 26.03	$ 105.32	
45540		Correct rec	A	090	Y	N	Y	D	N	$ 726.37	$ 726.37	
45541		Correct rec	A	090	Y	N	Y	D	N	$ 650.22	$ 650.22	
45550		Repair rect	A	090	Y	N	Y	D	N	########	$ 1,009.31	
45560		Repair of r	A	090	Y	N	Y	D	N	$ 474.29	$ 474.29	
45562		Exploratio	A	090	Y	N	Y	D	N	$ 780.36	$ 780.36	
45563		Exploratio	A	090	Y	N	Y	D	N	########	$ 1,161.62	
45800		Repair rect	A	090	Y	N	Y	D	N	$ 889.53	$ 889.53	
45805		Repair fist	A	090	Y	N	Y	D	N	########	$ 1,029.55	
45820		Repair rect	A	090	Y	N	Y	D	N	$ 891.46	$ 891.46	
45825		Repair fist	A	090	Y	N	Y	D	N	########	$ 1,076.31	
45900		Reduction	A	010	Y	N	D	N	N	$ 146.77	$ 146.77	
45905		Dilation of	A	010	Y	N	N	N	N	$ 114.48	$ 114.48	
45910		Dilation of	A	010	Y	N	N	N	N	$ 130.14	$ 130.14	
45915		Remove re	A	010	Y	N	N	N	N	$ 156.65	$ 235.46	
45990		Surg dx ex	A	000	Y	N	D	D	D	$ 72.30	$ 72.30	
45999		Rectum su	nlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
46020		Placement	A	010	Y	N	N	N	N	$ 159.78	$ 189.19	
46030		Removal o	A	010	Y	N	D	N	N	$ 60.49	$ 100.26	
46040		Incision of	A	090	Y	N	N	N	N	$ 287.03	$ 372.10	
46045		Incision of	A	090	Y	N	N	N	N	$ 299.32	$ 299.32	
46050		Incision of	A	010	Y	N	N	N	N	$ 67.24	$ 151.83	
46060		Incision of	A	090	Y	N	N	N	N	$ 327.76	$ 327.76	
46070		Incision of	A	090	Y	N	D	N	N	$ 182.20	$ 182.20	
46080		Incision of	A	010	Y	N	N	N	N	$ 108.93	$ 188.70	
46083		Incise exte	A	010	Y	N	N	N	N	$ 73.75	$ 135.68	
46200		Removal o	A	090	Y	N	N	N	N	$ 222.68	$ 312.10	
46220		Excise ana	A	010	Y	N	N	N	N	$ 81.22	$ 160.51	
46221		Ligation of	A	010	Y	N	N	N	N	$ 129.18	$ 188.70	
46230		Removal o	A	010	Y	N	N	N	N	$ 117.61	$ 203.40	
46250		Remove ex	A	090	Y	N	N	N	N	$ 216.18	$ 320.05	
46255		Remove in	A	090	Y	N	N	N	N	$ 242.93	$ 350.17	
46257		Remove in	A	090	Y	N	N	N	N	$ 289.92	$ 289.92	
46258		Remove in	A	090	Y	N	D	N	N	$ 328.24	$ 328.24	
46260		Remove in	A	090	Y	N	N	N	N	$ 328.24	$ 328.24	
46261		Remove in	A	090	Y	N	N	N	N	$ 357.89	$ 357.89	
46262		Remove in	A	090	Y	N	N	N	N	$ 380.54	$ 380.54	
46270		Remove ar	A	090	Y	N	N	N	N	$ 268.96	$ 356.44	
46275		Remove ar	A	090	Y	N	N	N	N	$ 282.93	$ 375.00	
46280		Remove ar	A	090	Y	N	N	N	N	$ 323.18	$ 323.18	
46285		Remove ar	A	090	Y	N	N	N	N	$ 282.93	$ 373.31	
46288		Repair ana	A	090	Y	N	N	N	N	$ 376.68	$ 376.68	
46320		Removal o	A	010	Y	N	N	N	N	$ 76.64	$ 138.58	
46500		Injection ir	A	010	Y	N	N	N	N	$ 122.43	$ 204.85	
46505		Chemoden	A	010	Y	Y	N	N	N	$ 167.98	$ 207.74	
46600		Diagnostic	A	000	Y	N	N	N	N	$ 26.99	$ 76.40	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
46601		Diagnostic	Not Covered	000	Y	N	N	N	N	$ 64.59	$ 99.77	
46604		Anoscopy	A	000	Y	N	N	N	N	$ 44.34	$ 442.24	
46606		Anoscopy	A	000	Y	N	N	N	N	$ 51.57	$ 182.68	
46607		Diagnostic	Not Covered	000	Y	N	N	N	N	$ 87.48	$ 139.54	
46608		Anoscopy	A	000	Y	N	N	N	N	$ 58.08	$ 193.04	
46610		Anoscopy	A	000	Y	N	N	N	N	$ 54.71	$ 181.71	
46611		Anoscopy	A	000	Y	N	N	N	N	$ 54.47	$ 146.29	
46612		Anoscopy	A	000	Y	N	N	N	N	$ 66.03	$ 221.96	
46614		Anoscopy	A	000	Y	N	N	N	N	$ 43.14	$ 108.21	
46615		Anoscopy	A	000	Y	N	N	N	N	$ 61.70	$ 117.61	
46700		Repair of a	A	090	Y	N	N	N	N	$ 446.57	$ 446.57	
46705		Repair of a	A	090	Y	N	Y	D	N	$ 391.14	$ 391.14	
46706		Repr of an	A	010	Y	N	N	N	N	$ 122.43	$ 122.43	
46707		Repair ano	Not Covered	090	Y	N	D	N	N	$ 344.15	$ 344.15	
46710		Repr per/v	A	090	Y	N	Y	D	N	$ 776.02	$ 776.02	
46712		Repr per/v	A	090	Y	N	Y	D	N	########	$ 1,563.13	
46715		Rep perf ar	A	090	Y	N	Y	N	N	$ 383.19	$ 383.19	
46716		Rep perf ar	A	090	Y	N	Y	D	N	$ 849.28	$ 849.28	
46730		Constructi	A	090	Y	N	Y	D	N	########	$ 1,380.69	
46735		Constructi	A	090	Y	N	Y	D	N	########	$ 1,593.73	
46740		Constructi	A	090	Y	N	Y	D	N	########	$ 1,508.42	
46742		Repair of i	A	090	Y	N	Y	D	N	########	$ 1,748.70	
46744		Repair of c	A	090	Y	N	Y	D	N	########	$ 2,480.61	
46746		Repair of c	A	090	Y	N	Y	D	N	########	$ 2,736.31	
46748		Repair of c	A	090	Y	N	Y	D	N	########	$ 2,968.64	
46750		Repair of a	A	090	Y	N	Y	D	N	$ 515.26	$ 515.26	
46751		Repair of a	A	090	Y	N	Y	D	N	$ 461.27	$ 461.27	
46753		Reconstruc	A	090	Y	N	N	N	N	$ 429.46	$ 429.46	
46754		Removal o	A	010	Y	N	D	N	N	$ 157.37	$ 222.20	
46760		Repair of a	A	090	Y	N	Y	D	N	$ 742.52	$ 742.52	
46761		Repair of a	A	090	Y	N	Y	D	N	$ 631.90	$ 631.90	
46900		Destructio	A	010	Y	N	N	N	N	$ 90.62	$ 156.41	
46910		Destructio	A	010	Y	N	N	N	N	$ 90.62	$ 174.24	
46916		Cryosurge	A	010	Y	N	N	N	N	$ 93.03	$ 165.81	
46917		Laser surg	A	010	Y	N	N	N	N	$ 86.28	$ 279.56	
46922		Excision o	A	010	Y	N	N	N	N	$ 92.30	$ 202.68	
46924		Destructio	A	010	Y	N	N	N	N	$ 122.43	$ 358.85	
46930		Destroy int	A	090	Y	N	D	N	N	$ 100.50	$ 142.91	
46940		Treatment	A	010	Y	N	N	N	N	$ 98.81	$ 172.80	
46942		Treatment	A	010	Y	N	D	N	N	$ 87.97	$ 163.64	
46945		Int hrhc lig	A	090	Y	N	N	N	N	$ 225.82	$ 225.82	
46946		Int hrhc lig	A	090	Y	N	N	N	N	$ 255.46	$ 255.46	
46947		Hemorrhoi	A	090	Y	N	N	N	N	$ 264.62	$ 264.62	
46948		Int hrhc tra	A	090	Y	N	N	N	N	$ 302.21	$ 302.21	
46999		Anus surge	Unlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
47000		Needle bio	A	000	Y	N	N	N	N	$ 59.77	$ 199.31	
47001		Needle bio	A	ZZZ	N	N	N	D	N	$ 73.26	$ 73.26	
47010		Open drair	A	090	Y	N	Y	D	N	$ 846.63	$ 846.63	
47015		Inject/aspi	A	090	Y	N	Y	D	N	$ 816.27	$ 816.27	
47100		Wedge bio	A	090	Y	N	Y	D	N	$ 589.49	$ 589.49	
47120		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,635.91	
47122		Extensive r	A	090	Y	N	Y	D	N	########	$ 2,405.90	
47125		Partial rem	A	090	Y	N	Y	D	N	########	$ 2,161.53	
47130		Partial rem	A	090	Y	N	Y	D	N	########	$ 2,325.17	
47133		Removal o	C	XXX	N	N	N	N	N	$ -	$ -	On benefit; Phys cont.
47135		Transplant	A	090	Y	N	Y	D	Y	########	$ 3,759.36	
47140		Partial rem	A	090	Y	N	Y	D	Y	########	$ 2,497.72	
47141		Partial rem	A	090	Y	N	Y	D	Y	########	$ 2,988.88	
47142		Partial rem	A	090	Y	N	Y	D	N	########	$ 3,297.60	
47143		Prep donor	Not Covered	XXX	Y	N	Y	D	N	$ -	$ -	
47144		Prep donor	Not Covered	090	Y	N	Y	D	N	$ -	$ -	
47145		Prep donor	Not Covered	XXX	Y	N	Y	D	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
47146		Prep donor	Not Covered	XXX	Y	N	Y	D	N	$ 232.08	$ 232.08	
47147		Prep donor	Not Covered	XXX	Y	N	Y	D	N	$ 269.92	$ 269.92	
47300		Surgery fo	A	090	Y	N	Y	D	N	$ 793.13	$ 793.13	
47350		Repair live	A	090	Y	N	Y	D	N	$ 957.73	$ 957.73	
47360		Repair live	A	090	Y	N	Y	D	N	########	$ 1,319.72	
47361		Repair live	A	090	Y	N	Y	D	N	########	$ 2,123.45	
47362		Repair live	A	090	Y	N	Y	D	N	$ 996.29	$ 996.29	
47370		Laparo abl	A	090	Y	N	Y	D	N	$ 876.28	$ 876.28	
47371		Laparo abl	A	090	Y	N	Y	D	N	$ 883.27	$ 883.27	
47379		Laparoscop	nlstd/Manua	YYY	Y	N	Y	D	D	$ -	$ -	
47380		Open ablat	A	090	Y	N	Y	D	N	########	$ 1,011.48	
47381		Open ablat	A	090	Y	N	Y	D	N	########	$ 1,041.84	
47382		Percut abla	A	010	Y	N	N	N	N	$ 503.69	$ 2,638.95	
47383		Perq ablţ l	A	010	Y	N	N	N	N	$ 303.66	$ 4,114.83	
47399		Liver surge	nlstd/Manua	YYY	Y	N	N	D	D	$ -	$ -	
47400		Incision of	A	090	Y	N	Y	D	N	########	$ 1,516.37	
47420		Incision of	A	090	Y	N	Y	D	N	$ 934.84	$ 934.84	
47425		Incision of	A	090	Y	N	Y	D	N	$ 960.87	$ 960.87	
47460		Incise bile	A	090	Y	N	Y	D	N	$ 890.74	$ 890.74	
47480		Incision of	A	090	Y	N	Y	D	N	$ 610.45	$ 610.45	
47490		Incision of	A	010	Y	N	N	N	N	$ 220.76	$ 220.76	
47531		Injection fo	A	000	Y	N	N	N	N	$ 47.96	$ 267.99	
47532		Injection fo	A	000	Y	N	N	N	N	$ 145.32	$ 556.47	
47533		Plmt biliary	A	000	Y	N	N	N	N	$ 180.75	$ 795.30	
47534		Plmt biliary	A	000	Y	N	N	N	N	$ 252.09	$ 888.09	
47535		Conversion	A	000	Y	N	N	N	N	$ 133.03	$ 613.83	
47536		Exchange l	A	000	Y	N	N	N	N	$ 89.41	$ 437.42	
47537		Removal b	A	000	Y	N	N	N	N	$ 64.83	$ 311.85	
47538		Perq plmt l	A	000	Y	N	N	N	N	$ 160.51	$ 2,625.94	
47539		Perq plmt l	A	000	Y	N	N	N	N	$ 287.27	$ 2,895.62	
47540		Perq plmt l	A	000	Y	N	N	N	N	$ 299.56	$ 2,960.44	
47541		Plmt acces	A	000	Y	N	N	N	N	$ 227.02	$ 784.94	
47542		Dilate bilia	A	ZZZ	N	N	N	N	N	$ 92.79	$ 334.75	
47543		Endolumin	A	ZZZ	N	N	N	N	N	$ 98.09	$ 280.28	
47544		Removal d	A	ZZZ	N	N	N	N	N	$ 107.00	$ 597.68	
47550		Bile duct e	A	ZZZ	N	N	Y	D	N	$ 116.64	$ 116.64	
47552		Biliary end	A	000	Y	N	N	D	N	$ 189.67	$ 189.67	
47553		Biliary end	A	000	Y	N	N	N	N	$ 192.08	$ 192.08	
47554		Biliary end	A	000	Y	N	N	D	N	$ 362.95	$ 362.95	
47555		Biliary end	A	000	Y	N	N	N	N	$ 228.71	$ 228.71	
47556		Biliary end	A	000	Y	N	N	N	N	$ 258.83	$ 258.83	
47562		Laparoscop	A	090	Y	N	Y	D	N	$ 460.55	$ 460.55	
47563		Laparo cho	A	090	Y	N	Y	D	N	$ 501.28	$ 501.28	
47564		Laparo cho	A	090	Y	N	Y	D	N	$ 781.56	$ 781.56	
47570		Laparo cho	A	090	Y	N	Y	D	N	$ 543.70	$ 543.70	
47579		Laparoscop	nlstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
47600		Removal o	A	090	Y	N	Y	D	N	$ 748.06	$ 748.06	
47605		Removal o	A	090	Y	N	Y	D	N	$ 789.28	$ 789.28	
47610		Removal o	A	090	Y	N	Y	D	N	$ 879.65	$ 879.65	
47612		Removal o	A	090	Y	N	Y	D	N	$ 896.76	$ 896.76	
47620		Removal o	A	090	Y	N	Y	D	N	$ 968.82	$ 968.82	
47700		Exploratio	A	090	Y	N	Y	D	N	$ 740.59	$ 740.59	
47701		Bile duct r	A	090	Y	N	D	N	N	########	$ 1,222.11	
47711		Excision o	A	090	Y	N	Y	D	N	########	$ 1,091.97	
47712		Excision o	A	090	Y	N	Y	D	N	########	$ 1,406.72	
47715		Excision o	A	090	Y	N	Y	D	N	$ 933.88	$ 933.88	
47720		Fuse gallbl	A	090	Y	N	Y	D	N	$ 809.76	$ 809.76	
47721		Fuse upper	A	090	Y	N	Y	D	N	$ 951.47	$ 951.47	
47740		Fuse gallbl	A	090	Y	N	Y	D	N	$ 921.83	$ 921.83	
47741		Fuse gallbl	A	090	Y	N	Y	D	N	########	$ 1,037.75	
47760		Fuse bile d	A	090	Y	N	Y	D	N	########	$ 1,581.44	
47765		Fuse liver	A	090	Y	N	Y	D	N	########	$ 2,140.32	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
47780		Fuse bile d	A	090	Y	N	Y	D	N	########	$ 1,740.02	
47785		Fuse bile d	A	090	Y	N	Y	D	N	########	$ 2,277.93	
47800		Reconstruc	A	090	Y	N	Y	D	N	########	$ 1,092.94	
47801		Placement	A	090	Y	N	Y	D	N	$ 781.56	$ 781.56	
47802		Fuse liver	A	090	Y	N	Y	D	N	########	$ 1,072.45	
47900		Suture bile	A	090	Y	N	Y	D	N	$ 950.99	$ 950.99	
47999		Bile tract s	Unlstd/Manua	YYY	Y	N	N	D	D	$ -	$ -	
48000		Drainage o	A	090	Y	N	Y	D	N	########	$ 1,326.22	
48001		Placement	A	090	Y	N	Y	D	N	########	$ 1,627.23	
48020		Removal o	A	090	Y	N	Y	D	N	$ 827.11	$ 827.11	
48100		Biopsy of p	A	090	Y	N	Y	D	N	$ 615.76	$ 615.76	
48102		Needle bio	A	010	Y	N	N	N	N	$ 161.47	$ 349.93	
48105		Resect/deb	A	090	Y	N	Y	D	N	########	$ 1,994.03	
48120		Removal o	A	090	Y	N	Y	D	N	$ 776.26	$ 776.26	
48140		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,096.31	
48145		Partial rem	A	090	Y	N	Y	D	N	########	$ 1,148.85	
48146		Pancreatec	A	090	Y	N	Y	D	N	########	$ 1,323.33	
48148		Removal o	A	090	Y	N	Y	D	N	$ 877.48	$ 877.48	
48150		Partial rem	A	090	Y	N	Y	D	N	########	$ 2,188.04	
48152		Pancreatec	A	090	Y	N	Y	D	N	########	$ 2,034.76	
48153		Pancreatec	A	090	Y	N	Y	D	N	########	$ 2,182.50	
48154		Pancreatec	A	090	Y	N	Y	D	N	########	$ 2,044.16	
48155		Removal o	A	090	Y	N	Y	D	N	########	$ 1,272.48	
48160		Pancreas re	C	XXX	N	N	N	N	N	$ -	$ -	On benefit; Phys cont.
48400		Injection in	A	ZZZ	N	N	D	N	N	$ 75.67	$ 75.67	
48500		Surgery of	A	090	Y	N	Y	D	N	$ 805.42	$ 805.42	
48510		Drain panc	A	090	Y	N	Y	D	N	$ 768.07	$ 768.07	
48520		Fuse pancr	A	090	Y	N	Y	D	N	$ 773.61	$ 773.61	
48540		Fuse pancr	A	090	Y	N	Y	D	N	$ 921.58	$ 921.58	
48545		Pancreator	A	090	Y	N	Y	D	N	$ 946.65	$ 946.65	
48547		Duodenal e	A	090	Y	N	Y	D	N	########	$ 1,262.60	
48548		Fuse pancr	A	090	Y	N	Y	D	N	########	$ 1,176.56	
48550		Donor pan	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
48551		Prep donor	Not Covered	XXX	Y	N	Y	D	N	$ -	$ -	
48552		Prep donor	Not Covered	XXX	Y	N	Y	D	N	$ 166.77	$ 166.77	
48554		Transpl all	A	090	Y	N	Y	Y	Y	########	$ 1,781.23	
48556		Removal a	A	090	Y	N	Y	Y	Y	$ 888.57	$ 888.57	
48999		Pancreas s	Unlstd/Manua	YYY	Y	N	Y	D	D	$ -	$ -	
49000		Exploratio	A	090	Y	N	Y	D	N	$ 535.26	$ 535.26	
49002		Reopening	A	090	Y	N	Y	D	N	$ 730.71	$ 730.71	
49010		Exploratio	A	090	Y	N	Y	D	N	$ 646.12	$ 646.12	
49013		Prpertl pel	Not Covered	000	Y	N	N	N	N	$ 303.42	$ 303.42	
49014		Reexplorat	Not Covered	000	Y	N	N	N	N	$ 250.16	$ 250.16	
49020		Drainage a	A	090	Y	N	Y	N	N	########	$ 1,113.18	
49040		Drain oper	A	090	Y	N	Y	D	N	$ 702.27	$ 702.27	
49060		Drain oper	A	090	Y	N	N	D	N	$ 766.14	$ 766.14	
49062		Drain to pe	A	090	Y	N	Y	D	N	$ 536.71	$ 536.71	
49082		Abd parace	A	000	Y	N	N	N	N	$ 49.65	$ 139.30	
49083		Abd parace	A	000	Y	N	N	N	N	$ 71.82	$ 195.69	
49084		Peritoneal	A	000	Y	N	N	N	N	$ 75.67	$ 75.67	
49180		Biopsy abd	A	000	Y	N	N	N	N	$ 57.36	$ 113.51	
49185		Sclerotx fl	A	000	N	N	N	N	N	$ 80.98	$ 801.81	
49203		Exc abd tu	A	090	Y	N	Y	D	N	$ 830.49	$ 830.49	
49204		Exc abd tu	A	090	Y	N	Y	D	N	########	$ 1,058.23	
49205		Exc abd tu	A	090	Y	N	Y	D	N	########	$ 1,215.12	
49215		Excise sacr	A	090	Y	N	Y	D	N	########	$ 1,545.29	
49250		Excision o	A	090	Y	N	N	D	N	$ 406.57	$ 406.57	
49255		Removal o	A	090	Y	N	Y	D	N	$ 545.62	$ 545.62	
49320		Diag laparo	A	010	Y	N	Y	N	N	$ 227.75	$ 227.75	
49321		Laparoscop	A	010	Y	N	Y	Y	N	$ 238.83	$ 238.83	
49322		Laparoscop	A	010	Y	N	Y	Y	N	$ 260.76	$ 260.76	
49323		Laparo dra	A	090	Y	N	Y	Y	N	$ 440.31	$ 440.31	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
49324		Lap insert	A	010	Y	N	Y	Y	N	$ 271.85	$ 271.85	
49325		Lap revisic	A	010	Y	N	Y	Y	N	$ 290.41	$ 290.41	
49326		Lap w/ome	A	ZZZ	N	N	Y	D	N	$ 134.00	$ 134.00	
49327		Lap ins dev	A	ZZZ	N	N	Y	D	N	$ 92.79	$ 92.79	
49329		Laparo pro	nlstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
49400		Air injectic	A	000	Y	N	N	N	N	$ 62.90	$ 99.05	
49402		Remove fo	A	090	Y	N	N	D	N	$ 596.96	$ 596.96	
49405		Image cath	A	000	Y	N	N	N	N	$ 133.51	$ 581.53	
49406		Image cath	A	000	Y	N	N	N	N	$ 133.51	$ 581.77	
49407		Image cath	A	000	Y	N	N	N	N	$ 142.67	$ 487.30	
49411		Ins mark al	A	000	Y	N	D	N	N	$ 124.60	$ 319.81	
49412		Ins device	A	ZZZ	N	N	D	D	N	$ 58.32	$ 58.32	
49418		Insert tun i	A	000	Y	N	D	N	N	$ 137.85	$ 712.88	
49419		Insert tun i	A	090	Y	N	N	N	N	$ 295.95	$ 295.95	
49421		Ins tun ip c	A	000	Y	N	N	N	N	$ 160.75	$ 160.75	
49422		Remove tu	A	000	Y	N	N	N	N	$ 156.17	$ 156.17	
49423		Exchange c	A	000	Y	N	D	N	N	$ 48.44	$ 391.14	
49424		Assess cys	A	000	Y	N	D	N	N	$ 25.31	$ 116.40	
49425		Insert abdc	A	090	Y	N	Y	D	N	$ 486.58	$ 486.58	
49426		Revise abd	A	090	Y	N	N	N	N	$ 466.58	$ 466.58	
49427		Injection al	A	000	Y	N	D	N	N	$ 26.99	$ 26.99	
49428		Ligation of	A	010	Y	N	N	N	N	$ 301.25	$ 301.25	
49429		Removal o	A	010	Y	N	N	N	N	$ 321.25	$ 321.25	
49435		Insert subq	A	ZZZ	N	N	Y	D	N	$ 84.83	$ 84.83	
49436		Embedded	A	010	Y	N	Y	D	N	$ 129.66	$ 129.66	
49440		Place gastr	A	010	Y	N	D	N	N	$ 138.09	$ 578.88	
49441		Place duod	A	010	Y	N	D	N	N	$ 163.40	$ 658.41	
49442		Place ceco	A	010	Y	N	D	N	N	$ 138.82	$ 550.93	
49446		Change g-t	A	000	Y	N	D	N	N	$ 100.50	$ 554.06	
49450		Replace g/	A	000	Y	N	D	N	N	$ 45.31	$ 409.22	
49451		Replace du	A	000	Y	N	D	N	N	$ 60.73	$ 441.75	
49452		Replace g-	A	000	Y	N	D	N	N	$ 93.99	$ 539.84	
49460		Fix g/colon	A	000	Y	N	D	N	N	$ 33.50	$ 455.01	
49465		Fluoro exa	A	000	Y	N	D	N	N	$ 20.97	$ 92.79	
49491		Rpr hern p	A	090	Y	Y	Y	D	N	$ 557.19	$ 557.19	
49492		Rpr ing her	A	090	Y	Y	Y	D	N	$ 671.43	$ 671.43	
49495		Rpr ing her	A	090	Y	Y	Y	D	N	$ 284.38	$ 284.38	
49496		Rpr ing her	A	090	Y	Y	Y	D	N	$ 427.78	$ 427.78	
49500		Rpr ing her	A	090	Y	Y	Y	D	N	$ 286.55	$ 286.55	
49501		Rpr ing her	A	090	Y	Y	Y	D	N	$ 422.47	$ 422.47	
49505		Prp i/hern i	A	090	Y	Y	Y	D	N	$ 362.95	$ 362.95	
49507		Prp i/hern i	A	090	Y	Y	Y	D	N	$ 408.01	$ 408.01	
49520		Rerepair in	A	090	Y	Y	Y	D	N	$ 441.51	$ 441.51	
49521		Rerepair in	A	090	Y	Y	Y	D	N	$ 500.56	$ 500.56	
49525		Repair ing	A	090	Y	Y	Y	D	N	$ 399.34	$ 399.34	
49540		Repair lum	A	090	Y	Y	Y	D	N	$ 475.01	$ 475.01	
49550		Rpr rem he	A	090	Y	Y	Y	D	N	$ 401.99	$ 401.99	
49553		Rpr fem he	A	090	Y	Y	Y	D	N	$ 440.55	$ 440.55	
49555		Rerepair fe	A	090	Y	Y	Y	D	N	$ 420.30	$ 420.30	
49557		Rerepair fe	A	090	Y	Y	Y	D	N	$ 504.41	$ 504.41	
49560		Rpr ventra	A	090	Y	Y	Y	D	N	$ 514.78	$ 514.78	
49561		Rpr ventra	A	090	Y	Y	Y	D	N	$ 650.46	$ 650.46	
49565		Rerepair ve	A	090	Y	Y	Y	D	N	$ 535.98	$ 535.98	
49566		Rerepair ve	A	090	Y	Y	Y	D	N	$ 656.48	$ 656.48	
49568		Hernia rep	A	ZZZ	N	N	Y	D	N	$ 188.46	$ 188.46	
49570		Rpr epigas	A	090	Y	Y	Y	D	N	$ 289.92	$ 289.92	
49572		Rpr epigas	A	090	Y	Y	Y	D	N	$ 360.30	$ 360.30	
49580		Rpr umbil	A	090	Y	N	Y	D	N	$ 230.88	$ 230.88	
49582		Rpr umbil	A	090	Y	N	Y	D	N	$ 335.71	$ 335.71	
49585		Rpr umbil	A	090	Y	N	Y	D	N	$ 309.44	$ 309.44	
49587		Rpr umbil	A	090	Y	N	Y	D	N	$ 330.41	$ 330.41	
49590		Repair spig	A	090	Y	Y	Y	D	N	$ 399.82	$ 399.82	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
49600		Repair uml	A	090	Y	N	Y	D	N	$ 512.85	$ 512.85	
49605		Repair uml	A	090	Y	N	Y	D	N	########	$ 3,479.32	
49606		Repair uml	A	090	Y	N	Y	D	N	$ 797.23	$ 797.23	
49610		Repair uml	A	090	Y	N	Y	D	N	$ 483.69	$ 483.69	
49611		Repair uml	A	090	Y	N	Y	D	N	$ 425.12	$ 425.12	
49650		Lap ing her	A	090	Y	Y	Y	D	N	$ 298.60	$ 298.60	
49651		Lap ing her	A	090	Y	Y	Y	D	N	$ 389.22	$ 389.22	
49652		Lap vent/al	A	090	Y	Y	Y	D	N	$ 519.60	$ 519.60	
49653		Lap vent/al	A	090	Y	Y	Y	D	N	$ 650.46	$ 650.46	
49654		Lap inc her	A	090	Y	Y	Y	D	N	$ 590.69	$ 590.69	
49655		Lap inc her	A	090	Y	Y	Y	D	N	$ 723.48	$ 723.48	
49656		Lap inc her	A	090	Y	Y	Y	D	N	$ 641.78	$ 641.78	
49657		Lap inc her	A	090	Y	Y	Y	D	N	$ 925.92	$ 925.92	
49659		Laparo pro	nlstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
49900		Repair of a	A	090	Y	N	Y	D	N	$ 564.42	$ 564.42	
49904		Omental fl	A	090	Y	N	N	D	D	$ 962.07	$ 962.07	
49905		Omental fl	A	ZZZ	N	N	Y	Y	N	$ 248.47	$ 248.47	
49906		Free omen	nlstd/Manua	090	Y	N	N	D	N	$ -	$ -	
49999		Abdomen :	nlstd/Manua	YYY	Y	N	N	D	D	$ -	$ -	
50010		Exploratio	A	090	Y	Y	Y	D	N	$ 506.82	$ 506.82	
50020		Renal absc	A	090	Y	N	N	D	N	$ 690.47	$ 690.47	
50040		Drainage o	A	090	Y	Y	N	D	N	$ 629.25	$ 629.25	
50045		Exploratio	A	090	Y	Y	Y	D	N	$ 634.79	$ 634.79	
50060		Removal o	A	090	Y	Y	Y	D	N	$ 777.47	$ 777.47	
50065		Incision of	A	090	Y	Y	Y	N	N	$ 824.70	$ 824.70	
50070		Incision of	A	090	Y	Y	Y	D	N	$ 808.56	$ 808.56	
50075		Removal o	A	090	Y	Y	Y	D	N	$ 994.61	$ 994.61	
50080		Removal o	A	090	Y	Y	N	N	N	$ 592.14	$ 592.14	
50081		Removal o	A	090	Y	Y	Y	D	N	$ 871.46	$ 871.46	
50100		Revise kid	A	090	Y	Y	Y	D	N	$ 756.74	$ 756.74	
50120		Exploratio	A	090	Y	Y	Y	D	N	$ 646.60	$ 646.60	
50125		Explore an	A	090	Y	Y	Y	D	N	$ 669.50	$ 669.50	
50130		Removal o	A	090	Y	Y	Y	D	N	$ 703.48	$ 703.48	
50135		Exploratio	A	090	Y	Y	Y	D	N	$ 764.69	$ 764.69	
50200		Renal biop	A	000	Y	Y	N	N	N	$ 86.04	$ 346.80	
50205		Renal biop	A	090	Y	Y	Y	D	N	$ 522.97	$ 522.97	
50220		Remove ki	A	090	Y	Y	Y	D	N	$ 721.07	$ 721.07	
50225		Removal k	A	090	Y	Y	Y	D	N	$ 821.81	$ 821.81	
50230		Removal k	A	090	Y	Y	Y	Y	N	$ 876.76	$ 876.76	
50234		Removal o	A	090	Y	Y	Y	D	N	$ 891.22	$ 891.22	
50236		Removal o	A	090	Y	Y	Y	D	N	########	$ 1,000.63	
50240		Partial rem	A	090	Y	Y	Y	D	N	$ 904.23	$ 904.23	
50250		Cryoablate	A	090	Y	N	Y	D	N	$ 829.76	$ 829.76	
50280		Removal o	A	090	Y	Y	Y	D	N	$ 662.03	$ 662.03	
50290		Removal o	A	090	Y	N	Y	D	N	$ 612.38	$ 612.38	
50300		Remove ca	C	XXX	N	N	N	N	N	$ -	$ -	$1,157.62 UCR, eff 6/1/93
50320		Remove ki	A	090	Y	Y	Y	D	N	########	$ 1,044.98	
50323		Prep cadav	Not Covered	XXX	Y	N	Y	D	N	$ -	$ -	
50325		Prep donor	Not Covered	XXX	Y	N	Y	D	N	$ -	$ -	
50327		Prep renal	Not Covered	XXX	Y	N	Y	D	N	$ 153.04	$ 153.04	
50328		Prep renal	Not Covered	XXX	Y	N	Y	D	N	$ 133.27	$ 133.27	
50329		Prep renal	Not Covered	XXX	Y	N	Y	D	N	$ 127.25	$ 127.25	
50340		Removal o	A	090	Y	Y	Y	D	N	$ 658.89	$ 658.89	
50360		Transplant	A	090	Y	N	Y	Y	Y	########	$ 1,689.41	
50365		Transplant	A	090	Y	Y	Y	Y	Y	########	$ 1,996.93	
50370		Remove tra	A	090	Y	N	Y	D	N	$ 838.68	$ 838.68	
50380		Reimplanta	A	090	Y	N	Y	D	N	########	$ 1,399.97	
50382		Change ure	A	000	Y	Y	N	N	N	$ 174.24	$ 694.56	
50384		Remove ur	A	000	Y	Y	N	N	N	$ 156.89	$ 582.98	
50385		Change ste	A	000	Y	Y	D	N	N	$ 148.94	$ 691.19	
50386		Remove st	A	000	Y	Y	D	N	N	$ 110.14	$ 492.36	
50387		Change ne	A	000	Y	Y	D	N	N	$ 57.12	$ 364.87	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
50389		Remove re	A	000	Y	Y	N	N	N	$ 36.63	$ 263.17	
50390		Drainage o	A	000	Y	Y	N	N	N	$ 65.07	$ 65.07	
50391		Instll rx ag	A	000	Y	Y	N	N	N	$ 67.24	$ 84.83	
50396		Measure ki	A	000	Y	Y	D	N	N	$ 77.60	$ 77.60	
50400		Revision o	A	090	Y	Y	Y	D	N	$ 787.83	$ 787.83	
50405		Revision o	A	090	Y	Y	Y	D	N	$ 952.19	$ 952.19	
50430		Njx px nfro	A	000	Y	Y	D	N	N	$ 104.11	$ 396.20	
50431		Njx px nfro	A	000	Y	Y	N	N	N	$ 43.62	$ 193.28	
50432		Plmt nephr	A	000	Y	Y	N	N	N	$ 138.82	$ 589.97	
50433		Plmt nephr	A	000	Y	Y	N	N	N	$ 173.04	$ 748.79	
50434		Convert ne	A	000	Y	Y	N	N	N	$ 129.90	$ 598.64	
50435		Exchange r	A	000	Y	Y	N	N	N	$ 66.52	$ 382.95	
50436		Dilat xst tr	A	000	Y	Y	N	N	N	$ 101.70	$ 101.70	
50437		Dilat xst tr	A	000	Y	Y	N	N	N	$ 169.91	$ 169.91	
50500		Repair of k	A	090	Y	N	Y	D	N	$ 859.89	$ 859.89	
50520		Close kidn	A	090	Y	N	Y	D	N	$ 811.21	$ 811.21	
50525		Close neph	A	090	Y	N	Y	D	N	########	$ 1,032.44	
50526		Close neph	A	090	Y	N	Y	N	N	########	$ 1,106.67	
50540		Revision o	A	090	Y	B	Y	D	N	$ 782.05	$ 782.05	
50541		Laparo abl	A	090	Y	Y	Y	D	N	$ 627.32	$ 627.32	
50542		Laparo abl	A	090	Y	Y	Y	D	N	$ 796.99	$ 796.99	
50543		Laparo par	A	090	Y	Y	Y	D	N	########	$ 1,016.54	
50544		Laparoscop	A	090	Y	Y	Y	D	N	$ 850.01	$ 850.01	
50545		Laparo rad	A	090	Y	Y	Y	D	N	$ 913.87	$ 913.87	
50546		Laparoscop	A	090	Y	Y	Y	D	N	$ 823.26	$ 823.26	
50547		Laparo ren	A	090	Y	Y	Y	D	N	########	$ 1,117.52	
50548		Laparo ren	A	090	Y	Y	Y	D	N	$ 921.10	$ 921.10	
50549		Laparoscop	nlstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
50551		Kidney enc	A	000	Y	Y	D	N	N	$ 200.51	$ 243.89	
50553		Kidney enc	A	000	Y	Y	N	N	N	$ 214.49	$ 261.24	
50555		Kidney enc	A	000	Y	Y	D	N	N	$ 232.32	$ 278.60	
50557		Kidney enc	A	000	Y	Y	D	N	N	$ 235.70	$ 283.42	
50561		Kidney enc	A	000	Y	Y	D	N	N	$ 269.20	$ 321.49	
50562		Renal scop	A	090	Y	N	Y	D	N	$ 394.52	$ 394.52	
50570		Kidney enc	A	000	Y	Y	D	N	N	$ 335.95	$ 335.95	
50572		Kidney enc	A	000	Y	Y	D	N	N	$ 363.43	$ 363.43	
50574		Kidney enc	A	000	Y	Y	D	N	N	$ 386.32	$ 386.32	
50575		Kidney enc	A	000	Y	Y	N	N	N	$ 488.51	$ 488.51	
50576		Kidney enc	A	000	Y	Y	D	N	N	$ 385.36	$ 385.36	
50580		Kidney enc	A	000	Y	Y	D	N	N	$ 415.73	$ 415.73	
50590		Fragmentir	A	090	Y	Y	N	N	N	$ 386.81	$ 496.46	
50592		Perc rf abl	A	010	Y	Y	N	N	N	$ 232.57	$ 1,975.24	
50593		Perc cryo a	A	010	Y	Y	Y	N	N	$ 310.17	$ 2,652.21	
50600		Exploratio	A	090	Y	Y	Y	D	N	$ 639.61	$ 639.61	
50605		Insert urete	A	090	Y	Y	Y	D	N	$ 693.36	$ 693.36	
50606		Endolumin	A	ZZZ	N	Y	N	N	N	$ 102.67	$ 373.07	
50610		Removal o	A	090	Y	Y	Y	D	N	$ 643.95	$ 643.95	
50620		Removal o	A	090	Y	Y	Y	D	N	$ 616.24	$ 616.24	
50630		Removal o	A	090	Y	Y	Y	D	N	$ 608.53	$ 608.53	
50650		Removal o	A	090	Y	Y	Y	D	N	$ 707.58	$ 707.58	
50660		Removal o	A	090	Y	N	Y	D	N	$ 779.64	$ 779.64	
50684		Injection fo	A	000	Y	Y	N	N	N	$ 33.50	$ 80.01	
50686		Measure ur	A	000	Y	N	D	N	N	$ 59.29	$ 93.51	
50688		Change of	A	010	Y	N	N	N	N	$ 51.09	$ 51.09	
50690		Injection fo	A	000	Y	N	N	N	N	$ 46.27	$ 74.95	
50693		Plmt urete	A	000	Y	Y	N	N	N	$ 138.09	$ 667.09	
50694		Plmt urete	A	000	Y	Y	N	N	N	$ 180.75	$ 745.41	
50695		Plmt urete	A	000	Y	Y	N	N	N	$ 233.05	$ 901.34	
50700		Revision o	A	090	Y	Y	Y	D	N	$ 630.46	$ 630.46	
50705		Ureteral en	A	ZZZ	N	Y	N	N	N	$ 122.43	$ 1,217.05	
50706		Balloon dil	A	ZZZ	N	Y	N	N	N	$ 124.36	$ 582.98	
50715		Release of	A	090	Y	Y	Y	D	N	$ 826.39	$ 826.39	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
50722		Release of	A	090	Y	N	Y	D	N	$ 706.85	$ 706.85	
50725		Release/re	A	090	Y	N	Y	D	N	$ 751.20	$ 751.20	
50727		Revise ure	A	090	Y	N	Y	Y	N	$ 344.87	$ 344.87	
50728		Revise ure	A	090	Y	N	Y	Y	N	$ 501.28	$ 501.28	
50740		Fusion of u	A	090	Y	Y	Y	D	N	$ 857.96	$ 857.96	
50750		Fusion of u	A	090	Y	Y	Y	N	N	$ 786.38	$ 786.38	
50760		Fusion of u	A	090	Y	Y	Y	D	N	$ 782.05	$ 782.05	
50770		Splicing of	A	090	Y	N	Y	D	N	$ 786.38	$ 786.38	
50780		Reimplant	A	090	Y	Y	Y	D	N	$ 760.11	$ 760.11	
50782		Reimplant	A	090	Y	Y	Y	Y	N	$ 732.64	$ 732.64	
50783		Reimplant	A	090	Y	Y	Y	Y	N	$ 768.55	$ 768.55	
50785		Reimplant	A	090	Y	Y	Y	D	N	$ 829.04	$ 829.04	
50800		Implant ur	A	090	Y	Y	Y	D	N	$ 629.49	$ 629.49	
50810		Fusion of u	A	090	Y	N	Y	D	N	$ 981.83	$ 981.83	
50815		Urine shun	A	090	Y	Y	Y	D	N	$ 834.10	$ 834.10	
50820		Construct l	A	090	Y	Y	Y	D	N	$ 897.24	$ 897.24	
50825		Construct l	A	090	Y	N	Y	D	N	########	$ 1,132.46	
50830		Revise urir	A	090	Y	N	Y	D	N	########	$ 1,231.27	
50840		Replace ur	A	090	Y	Y	Y	D	N	$ 838.92	$ 838.92	
50845		Appendico	A	090	Y	N	Y	D	N	$ 852.66	$ 852.66	
50860		Transplant	A	090	Y	Y	Y	D	N	$ 643.71	$ 643.71	
50900		Repair of u	A	090	Y	Y	Y	D	N	$ 573.34	$ 573.34	
50920		Closure ur	A	090	Y	N	Y	D	N	$ 600.09	$ 600.09	
50930		Closure ur	A	090	Y	N	Y	D	N	$ 750.96	$ 750.96	
50940		Release of	A	090	Y	Y	Y	D	N	$ 604.43	$ 604.43	
50945		Laparoscop	A	090	Y	Y	Y	D	N	$ 662.99	$ 662.99	
50947		Laparo nev	A	090	Y	Y	Y	D	N	$ 947.37	$ 947.37	
50948		Laparo nev	A	090	Y	Y	Y	D	N	$ 874.59	$ 874.59	
50949		Laparoscop	nlstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
50951		Endoscopy	A	000	Y	Y	D	N	N	$ 209.43	$ 255.94	
50953		Endoscopy	A	000	Y	Y	D	N	N	$ 222.44	$ 270.40	
50955		Ureter end	A	000	Y	Y	D	N	N	$ 239.80	$ 288.24	
50957		Ureter end	A	000	Y	Y	D	N	N	$ 241.24	$ 291.13	
50961		Ureter end	A	000	Y	Y	D	N	N	$ 216.18	$ 262.69	
50970		Ureter end	A	000	Y	Y	D	N	N	$ 252.81	$ 252.81	
50972		Ureter end	A	000	Y	Y	D	N	N	$ 243.89	$ 243.89	
50974		Ureter end	A	000	Y	Y	D	N	N	$ 322.70	$ 322.70	
50976		Ureter end	A	000	Y	Y	D	N	N	$ 318.12	$ 318.12	
50980		Ureter end	A	000	Y	Y	D	N	N	$ 242.69	$ 242.69	
51020		Incise & tr	A	090	Y	N	Y	D	N	$ 317.64	$ 317.64	
51030		Incise & tr	A	090	Y	N	D	N	N	$ 320.05	$ 320.05	
51040		Incise & dr	A	090	Y	N	Y	D	N	$ 195.21	$ 195.21	
51045		Incise blad	A	090	Y	N	Y	N	N	$ 342.70	$ 342.70	
51050		Removal o	A	090	Y	N	Y	D	N	$ 320.05	$ 320.05	
51060		Removal o	A	090	Y	N	Y	D	N	$ 395.00	$ 395.00	
51065		Remove ur	A	090	Y	N	D	N	N	$ 393.55	$ 393.55	
51080		Drainage o	A	090	Y	N	Y	D	N	$ 275.95	$ 275.95	
51100		Drain blad	A	000	Y	N	N	N	N	$ 26.75	$ 48.68	
51101		Drain blad	A	000	Y	N	N	N	N	$ 35.67	$ 98.81	
51102		Drain bl w	A	000	Y	N	N	N	N	$ 98.81	$ 160.27	
51500		Removal o	A	090	Y	N	Y	D	N	$ 432.84	$ 432.84	
51520		Removal o	A	090	Y	N	Y	D	N	$ 403.92	$ 403.92	
51525		Removal o	A	090	Y	N	Y	D	N	$ 586.11	$ 586.11	
51530		Removal o	A	090	Y	N	Y	D	N	$ 524.18	$ 524.18	
51535		Repair of u	A	090	Y	Y	Y	D	N	$ 531.16	$ 531.16	
51550		Partial rem	A	090	Y	N	Y	D	N	$ 657.45	$ 657.45	
51555		Partial rem	A	090	Y	N	Y	D	N	$ 863.50	$ 863.50	
51565		Revise bla	A	090	Y	N	Y	D	N	$ 878.93	$ 878.93	
51570		Removal o	A	090	Y	N	Y	D	N	########	$ 1,004.25	
51575		Removal o	A	090	Y	B	Y	D	N	########	$ 1,244.28	
51580		Remove bl	A	090	Y	N	Y	D	N	########	$ 1,295.38	
51585		Removal o	A	090	Y	B	Y	D	N	########	$ 1,441.90	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
51590		Remove bl	A	090	Y	N	Y	D	N	########	$ 1,322.61	
51595		Remove bl	A	090	Y	B	Y	D	N	########	$ 1,495.65	
51596		Remove bl	A	090	Y	N	Y	D	N	########	$ 1,610.36	
51597		Removal o	A	090	Y	N	Y	D	N	########	$ 1,567.95	
51600		Injection f	A	000	Y	N	N	N	N	$ 30.37	$ 137.61	
51605		Preparatio	A	000	Y	N	N	N	N	$ 26.03	$ 26.03	
51610		Injection f	A	000	Y	N	N	N	N	$ 42.66	$ 82.18	
51700		Irrigation	A	000	Y	N	N	N	N	$ 21.45	$ 50.85	
51701		Insert blad	A	000	Y	N	N	N	N	$ 17.35	$ 29.88	
51702		Insert temp	A	000	Y	N	N	N	N	$ 17.11	$ 40.73	
51703		Insert blad	A	000	Y	N	N	N	N	$ 52.30	$ 96.64	
51705		Change of	A	000	Y	N	N	N	N	$ 34.95	$ 63.14	
51710		Change of	A	000	Y	N	N	N	N	$ 53.50	$ 88.69	
51715		Endoscopi	A	000	Y	N	D	N	N	$ 137.13	$ 240.04	
51720		Treatment	A	000	Y	N	N	N	N	$ 30.13	$ 57.84	
51725	26	Simple cys	A	000	Y	N	D	N	N	$ 52.06	$ 52.06	
51725	TC	Simple cys	A	000	Y	N	D	N	N	$ 93.03	$ 93.03	
51725		Simple cys	A	000	Y	N	D	N	N	$ 145.32	$ 145.32	
51726	26	Complex c	A	000	Y	N	N	N	N	$ 57.84	$ 57.84	
51726	TC	Complex c	A	000	Y	N	N	N	N	$ 135.68	$ 135.68	
51726		Complex c	A	000	Y	N	N	N	N	$ 193.76	$ 193.76	
51727	26	Cystometr	A	000	Y	N	D	N	N	$ 72.54	$ 72.54	
51727	TC	Cystometr	A	000	Y	N	D	N	N	$ 160.75	$ 160.75	
51727		Cystometr	A	000	Y	N	D	N	N	$ 233.29	$ 233.29	
51728	26	Cystometr	A	000	Y	N	D	N	N	$ 70.85	$ 70.85	
51728	TC	Cystometr	A	000	Y	N	D	N	N	$ 164.36	$ 164.36	
51728		Cystometr	A	000	Y	N	D	N	N	$ 235.22	$ 235.22	
51729	26	Cystometr	A	000	Y	N	D	N	N	$ 86.52	$ 86.52	
51729	TC	Cystometr	A	000	Y	N	D	N	N	$ 164.36	$ 164.36	
51729		Cystometr	A	000	Y	N	D	N	N	$ 250.88	$ 250.88	
51736	26	Urine flow	A	XXX	Y	N	D	N	N	$ 5.54	$ 5.54	
51736	TC	Urine flow	A	XXX	Y	N	D	N	N	$ 3.13	$ 3.13	
51736		Urine flow	A	XXX	Y	N	D	N	N	$ 8.68	$ 8.68	
51741	26	Electro-ur	A	XXX	Y	N	N	N	N	$ 5.78	$ 5.78	
51741	TC	Electro-ur	A	XXX	Y	N	N	N	N	$ 3.37	$ 3.37	
51741		Electro-ur	A	XXX	Y	N	N	N	N	$ 9.40	$ 9.40	
51784	26	Anal/urina	A	XXX	Y	N	N	N	N	$ 25.31	$ 25.31	
51784	TC	Anal/urina	A	XXX	Y	N	N	N	N	$ 17.59	$ 17.59	
51784		Anal/urina	A	XXX	Y	N	N	N	N	$ 42.90	$ 42.90	
51785	26	Anal/urina	A	XXX	Y	N	D	N	N	$ 65.31	$ 65.31	
51785	TC	Anal/urina	A	XXX	Y	N	D	N	N	$ 209.43	$ 209.43	
51785		Anal/urina	A	XXX	Y	N	D	N	N	$ 274.98	$ 274.98	
51792	26	Urinary ref	A	000	Y	N	D	N	N	$ 37.11	$ 37.11	
51792	TC	Urinary ref	A	000	Y	N	D	N	N	$ 131.35	$ 131.35	
51792		Urinary ref	A	000	Y	N	D	N	N	$ 168.70	$ 168.70	
51797	26	Intraabdon	A	ZZZ	N	N	D	N	N	$ 26.75	$ 26.75	
51797	TC	Intraabdon	A	ZZZ	N	N	D	N	N	$ 90.62	$ 90.62	
51797		Intraabdon	A	ZZZ	N	N	D	N	N	$ 117.37	$ 117.37	
51798		Us urine c	A	XXX	N	N	D	N	N	$ 6.27	$ 6.27	
51800		Revision o	A	090	Y	N	Y	D	N	$ 711.19	$ 711.19	
51820		Revision o	A	090	Y	B	Y	D	N	$ 739.15	$ 739.15	
51840		Attach bla	A	090	Y	N	Y	D	N	$ 469.95	$ 469.95	
51841		Attach bla	A	090	Y	N	Y	D	N	$ 544.18	$ 544.18	
51845		Repair bla	A	090	Y	N	Y	D	N	$ 395.96	$ 395.96	
51860		Repair of b	A	090	Y	N	Y	D	N	$ 509.23	$ 509.23	
51865		Repair of b	A	090	Y	N	Y	D	N	$ 614.07	$ 614.07	
51880		Repair of h	A	090	Y	N	Y	D	N	$ 317.40	$ 317.40	
51900		Repair bla	A	090	Y	N	Y	D	N	$ 560.33	$ 560.33	
51920		Close blad	A	090	Y	N	Y	D	N	$ 519.11	$ 519.11	
51925		Hysterecto	A	090	Y	N	Y	D	N	$ 737.46	$ 737.46	
51940		Correction	A	090	Y	N	Y	D	N	########	$ 1,121.37	
51960		Revision o	A	090	Y	N	Y	D	N	$ 944.00	$ 944.00	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
51980		Construct l	A	090	Y	N	Y	D	N	$ 485.62	$ 485.62	
51990		Laparo ure	A	090	Y	N	Y	D	N	$ 508.51	$ 508.51	
51992		Laparo slir	A	090	Y	N	Y	D	N	$ 575.03	$ 575.03	
51999		Laparoscop	nlstd/Manua	YYY	N	N	D	D	D	$ -	$ -	
52000		Cystoscopy	A	000	Y	N	N	N	N	$ 54.71	$ 149.42	
52001		Cystoscopy	A	000	Y	N	N	N	N	$ 195.93	$ 288.96	
52005		Cystoscopy	A	000	Y	N	N	N	N	$ 89.65	$ 198.34	
52007		Cystoscopy	A	000	Y	Y	N	N	N	$ 112.55	$ 306.55	
52010		Cystoscopy	A	000	Y	N	N	N	N	$ 112.07	$ 258.35	
52204		Cystoscopy	A	000	Y	N	N	N	N	$ 95.92	$ 253.05	
52214		Cystoscopy	A	000	Y	N	N	N	N	$ 121.22	$ 490.44	
52224		Cystoscopy	A	000	Y	N	N	N	N	$ 139.54	$ 512.13	
52234		Cystoscopy	A	000	Y	N	N	N	N	$ 167.01	$ 167.01	
52235		Cystoscopy	A	000	Y	N	N	N	N	$ 196.66	$ 196.66	
52240		Cystoscopy	A	000	Y	N	N	N	N	$ 267.27	$ 267.27	
52250		Cystoscopy	A	000	Y	N	N	N	N	$ 162.68	$ 162.68	
52260		Cystoscopy	A	000	Y	N	N	N	N	$ 143.40	$ 143.40	
52265		Cystoscopy	A	000	Y	N	N	N	N	$ 110.86	$ 251.36	
52270		Cystoscopy	A	000	Y	N	N	N	N	$ 124.12	$ 275.22	
52275		Cystoscopy	A	000	Y	N	N	N	N	$ 168.94	$ 356.92	
52276		Cystoscopy	A	000	Y	N	N	N	N	$ 180.27	$ 180.27	
52277		Cystoscopy	A	000	Y	N	D	N	N	$ 220.27	$ 220.27	
52281		Cystoscopy	A	000	Y	N	N	N	N	$ 102.91	$ 215.94	
52282		Cystoscopy	A	000	Y	N	N	N	N	$ 228.71	$ 228.71	
52283		Cystoscopy	A	000	Y	N	N	N	N	$ 137.37	$ 228.95	
52285		Cystoscopy	A	000	Y	N	N	N	N	$ 133.51	$ 226.54	
52287		Cystoscopy	A	000	Y	N	N	N	N	$ 115.68	$ 250.16	
52290		Cystoscopy	A	000	Y	B	N	N	N	$ 165.81	$ 165.81	
52300		Cystoscopy	A	000	Y	B	D	N	N	$ 191.11	$ 191.11	
52301		Cystoscopy	A	000	Y	B	D	N	N	$ 197.86	$ 197.86	
52305		Cystoscopy	A	000	Y	N	N	N	N	$ 189.91	$ 189.91	
52310		Cystoscopy	A	000	Y	N	N	N	N	$ 102.91	$ 202.44	
52315		Cystoscopy	A	000	Y	N	N	N	N	$ 187.50	$ 313.30	
52317		Remove bl	A	000	Y	N	N	N	N	$ 236.90	$ 586.84	
52318		Remove bl	A	000	Y	N	N	N	N	$ 323.90	$ 323.90	
52320		Cystoscopy	A	000	Y	Y	N	N	N	$ 167.98	$ 167.98	
52325		Cystoscopy	A	000	Y	Y	N	N	N	$ 218.59	$ 218.59	
52327		Cystoscopy	A	000	Y	Y	N	N	N	$ 180.99	$ 180.99	
52330		Cystoscopy	A	000	Y	Y	N	N	N	$ 179.79	$ 396.20	
52332		Cystoscopy	A	000	Y	Y	N	N	N	$ 105.56	$ 283.18	
52334		Create pas	A	000	Y	N	N	N	N	$ 124.36	$ 124.36	
52341		Cysto w/ur	A	000	Y	Y	N	N	N	$ 193.28	$ 193.28	
52342		Cysto w/up	A	000	Y	Y	N	N	N	$ 210.39	$ 210.39	
52343		Cysto w/re	A	000	Y	Y	N	N	N	$ 234.01	$ 234.01	
52344		Cysto/uret	A	000	Y	Y	N	N	N	$ 251.36	$ 251.36	
52345		Cysto/uret	A	000	Y	Y	D	N	N	$ 268.72	$ 268.72	
52346		Cystourete	A	000	Y	Y	D	N	N	$ 304.62	$ 304.62	
52351		Cystourete	A	000	Y	N	N	N	N	$ 206.06	$ 206.06	
52352		Cystourete	A	000	Y	Y	N	N	N	$ 241.00	$ 241.00	
52353		Cystourete	A	000	Y	Y	N	N	N	$ 267.27	$ 267.27	
52354		Cystourete	A	000	Y	Y	N	N	N	$ 284.62	$ 284.62	
52355		Cystourete	A	000	Y	Y	N	N	N	$ 318.60	$ 318.60	
52356		Cysto/uret	A	000	Y	Y	N	N	N	$ 283.90	$ 283.90	
52400		Cystourete	A	090	Y	N	N	N	N	$ 325.11	$ 325.11	
52402		Cystoureth	A	000	Y	N	N	N	N	$ 182.92	$ 182.92	
52441		Cystoureth	A	000	Y	N	N	N	N	$ 143.15	$ 866.88	
52442		Cystoureth	A	ZZZ	N	N	N	N	N	$ 35.43	$ 609.73	
52450		Incision of	A	090	Y	N	N	N	N	$ 319.33	$ 319.33	
52500		Revision o	A	090	Y	N	N	N	N	$ 331.86	$ 331.86	
52601		Prostatectc	A	090	Y	N	N	N	N	$ 496.46	$ 496.46	
52630		Remove pr	A	090	Y	N	N	N	N	$ 271.85	$ 271.85	
52640		Relieve bla	A	090	Y	N	N	N	N	$ 213.29	$ 213.29	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
52647		Laser surge	A	090	Y	N	N	N	N	$ 441.51	$ 1,058.47	
52648		Laser surge	A	090	Y	N	N	N	N	$ 470.19	$ 1,093.18	
52649		Prostate las	A	090	Y	N	D	N	N	$ 561.53	$ 561.53	
52700		Drainage o	A	090	Y	N	D	N	N	$ 298.84	$ 298.84	
53000		Incision of	A	010	Y	N	N	N	N	$ 99.53	$ 99.53	
53010		Incision of	A	090	Y	N	N	N	N	$ 197.86	$ 197.86	
53020		Incision of	A	000	Y	N	N	N	N	$ 65.79	$ 65.79	
53025		Incision of	A	000	Y	N	D	N	N	$ 45.79	$ 45.79	
53040		Drainage o	A	090	Y	N	D	N	N	$ 265.34	$ 265.34	
53060		Drainage o	A	010	Y	N	N	N	N	$ 113.51	$ 127.97	
53080		Drainage o	A	090	Y	N	N	N	N	$ 283.90	$ 283.90	
53085		Drainage o	A	090	Y	N	Y	D	N	$ 441.03	$ 441.03	
53200		Biopsy of u	A	000	Y	N	N	N	N	$ 96.64	$ 106.76	
53210		Removal o	A	090	Y	N	Y	D	N	$ 524.18	$ 524.18	
53215		Removal o	A	090	Y	N	Y	D	N	$ 631.66	$ 631.66	
53220		Treatment	A	090	Y	N	D	N	N	$ 305.83	$ 305.83	
53230		Removal o	A	090	Y	N	Y	D	N	$ 414.76	$ 414.76	
53235		Removal o	A	090	Y	N	Y	D	N	$ 430.19	$ 430.19	
53240		Surgery fo	A	090	Y	N	N	N	N	$ 287.03	$ 287.03	
53250		Removal o	A	090	Y	N	N	N	N	$ 267.27	$ 267.27	
53260		Treatment	A	010	Y	N	N	N	N	$ 123.39	$ 139.54	
53265		Treatment	A	010	Y	N	N	N	N	$ 128.45	$ 153.76	
53270		Removal o	A	010	Y	N	N	N	N	$ 124.60	$ 141.47	
53275		Repair of u	A	010	Y	N	N	N	N	$ 178.82	$ 178.82	
53400		Revise uret	A	090	Y	N	Y	D	N	$ 543.94	$ 543.94	
53405		Revise uret	A	090	Y	N	Y	D	N	$ 595.03	$ 595.03	
53410		Reconstruc	A	090	Y	N	Y	D	N	$ 668.05	$ 668.05	
53415		Reconstruc	A	090	Y	N	Y	D	N	$ 771.68	$ 771.68	
53420		Reconstruc	A	090	Y	N	N	D	N	$ 573.82	$ 573.82	
53425		Reconstruc	A	090	Y	N	Y	D	N	$ 638.89	$ 638.89	
53430		Reconstruc	A	090	Y	N	Y	D	N	$ 666.12	$ 666.12	
53431		Reconstruc	A	090	Y	N	Y	D	N	$ 786.62	$ 786.62	
53440		Male sling	A	090	Y	N	Y	D	N	$ 512.85	$ 512.85	
53442		Remove/re	A	090	Y	N	Y	N	N	$ 532.37	$ 532.37	
53444		Insert tand	A	090	Y	N	Y	D	N	$ 540.08	$ 540.08	
53445		Insert uro/	A	090	Y	N	Y	D	N	$ 512.85	$ 512.85	
53446		Remove ur	A	090	Y	N	Y	D	N	$ 435.97	$ 435.97	
53447		Remove/re	A	090	Y	N	Y	D	N	$ 549.00	$ 549.00	
53448		Remov/rep	A	090	Y	N	Y	D	N	$ 871.22	$ 871.22	
53449		Repair uro	A	090	Y	N	Y	D	N	$ 416.69	$ 416.69	
53450		Revision o	A	090	Y	N	N	N	N	$ 276.43	$ 276.43	
53460		Revision o	A	090	Y	N	D	N	N	$ 310.41	$ 310.41	
53500		Urethrlys t	A	090	Y	N	Y	D	N	$ 512.37	$ 512.37	
53502		Repair of u	A	090	Y	N	N	N	N	$ 329.45	$ 329.45	
53505		Repair of u	A	090	Y	N	Y	N	N	$ 329.21	$ 329.21	
53510		Repair of u	A	090	Y	N	Y	D	N	$ 429.46	$ 429.46	
53515		Repair of u	A	090	Y	N	Y	D	N	$ 541.53	$ 541.53	
53520		Repair of u	A	090	Y	N	N	N	N	$ 378.61	$ 378.61	
53600		Dilate ureth	A	000	Y	N	N	N	N	$ 43.62	$ 58.80	
53601		Dilate ureth	A	000	Y	N	N	N	N	$ 36.87	$ 56.15	
53605		Dilate ureth	A	000	Y	N	N	N	N	$ 44.34	$ 44.34	
53620		Dilate ureth	A	000	Y	N	N	N	N	$ 59.53	$ 107.00	
53621		Dilate ureth	A	000	Y	N	N	N	N	$ 48.92	$ 100.74	
53660		Dilation of	A	000	Y	N	N	N	N	$ 28.20	$ 48.92	
53661		Dilation of	A	000	Y	N	N	N	N	$ 27.47	$ 48.44	
53665		Dilation of	A	000	Y	N	N	N	N	$ 26.51	$ 26.51	
53850		Prostatic m	A	090	Y	N	N	N	N	$ 237.14	$ 979.91	
53852		Prostatic rf	A	090	Y	N	N	N	N	$ 254.26	$ 954.84	
53854		Trurl dstrj	Not Covered	090	Y	N	N	N	N	$ 254.50	$ 1,144.99	
53855		Insert pros	Not Covered	000	Y	N	D	N	N	$ 56.64	$ 459.35	
53860		Transureth	Not Covered	090	Y	N	D	N	N	$ 151.11	$ 1,487.21	
53899		Urology su	nlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
54000		Slitting of	A	010	Y	N	D	N	N	$ 73.51	$ 105.80	
54001		Slitting of	A	010	Y	N	N	N	N	$ 94.23	$ 129.90	
54015		Drain penis	A	010	Y	N	D	N	N	$ 207.74	$ 207.74	
54050		Destructior	A	010	Y	N	N	N	N	$ 69.17	$ 90.86	
54055		Destructior	A	010	Y	N	N	N	N	$ 62.66	$ 86.76	
54056		Cryosurger	A	010	Y	N	N	N	N	$ 71.34	$ 92.30	
54057		Laser surg	A	010	Y	N	N	N	N	$ 63.62	$ 91.58	
54060		Excision o	A	010	Y	N	N	N	N	$ 87.24	$ 127.01	
54065		Destructior	A	010	Y	N	N	N	N	$ 112.79	$ 145.32	
54100		Biopsy of p	A	000	Y	N	N	N	N	$ 80.98	$ 132.07	
54105		Biopsy of p	A	010	Y	N	N	N	N	$ 144.36	$ 183.88	
54110		Treatment	A	090	Y	N	Y	N	N	$ 425.37	$ 425.37	
54111		Treat penis	A	090	Y	N	Y	D	N	$ 544.66	$ 544.66	
54112		Treat penis	A	090	Y	N	Y	D	N	$ 638.17	$ 638.17	
54115		Treatment	A	090	Y	N	Y	N	N	$ 287.27	$ 306.07	
54120		Partial rem	A	090	Y	N	Y	D	N	$ 428.98	$ 428.98	
54125		Removal o	A	090	Y	N	Y	D	N	$ 556.23	$ 556.23	
54130		Remove pe	A	090	Y	B	Y	D	N	$ 814.10	$ 814.10	
54135		Remove pe	A	090	Y	B	Y	N	N	########	$ 1,032.44	
54150		Circumcisi	A	000	Y	N	D	N	N	$ 67.24	$ 101.46	
54160		Circumcisi	A	010	Y	N	N	N	N	$ 98.57	$ 146.77	
54161		Circum 28	A	010	Y	N	N	N	N	$ 133.51	$ 133.51	
54162		Lysis penil	A	010	Y	N	N	N	N	$ 135.20	$ 173.28	
54163		Repair of c	A	010	Y	N	N	N	N	$ 146.05	$ 146.05	
54164		Frenuloton	A	010	Y	N	N	N	N	$ 128.69	$ 128.69	
54200		Treatment	A	010	Y	N	N	N	N	$ 56.39	$ 74.23	
54205		Treatment	A	090	Y	N	Y	N	N	$ 360.30	$ 360.30	
54220		Treatment	A	000	Y	N	N	N	N	$ 91.58	$ 144.84	
54230		Prepare pe	A	000	Y	N	N	N	N	$ 53.26	$ 68.44	
54231		Dynamic c	A	000	Y	N	N	N	N	$ 78.33	$ 94.47	
54235		Penile inje	A	000	Y	N	N	N	N	$ 49.16	$ 58.80	
54240	26	Penis study	A	000	N	N	D	N	N	$ 45.07	$ 45.07	
54240	TC	Penis study	A	000	N	N	D	N	N	$ 23.62	$ 23.62	
54240		Penis study	A	000	N	N	D	N	N	$ 68.69	$ 68.69	
54250	26	Penis study	A	000	N	N	D	N	N	$ 73.99	$ 73.99	
54250	TC	Penis study	A	000	N	N	D	N	N	$ 8.19	$ 8.19	
54250		Penis study	A	000	N	N	D	N	N	$ 82.42	$ 82.42	
54300		Revision o	A	090	Y	N	Y	D	N	$ 439.34	$ 439.34	
54304		Revision o	A	090	Y	N	Y	N	N	$ 509.23	$ 509.23	
54308		Reconstruc	A	090	Y	N	Y	D	N	$ 487.30	$ 487.30	
54312		Reconstruc	A	090	Y	N	Y	D	N	$ 556.71	$ 556.71	
54316		Reconstruc	A	090	Y	N	Y	D	N	$ 678.66	$ 678.66	
54318		Reconstruc	A	090	Y	N	Y	D	N	$ 483.93	$ 483.93	
54322		Reconstruc	A	090	Y	N	Y	N	N	$ 532.61	$ 532.61	
54324		Reconstruc	A	090	Y	N	Y	D	N	$ 659.86	$ 659.86	
54326		Reconstruc	A	090	Y	N	Y	D	N	$ 642.27	$ 642.27	
54328		Revise pen	A	090	Y	N	Y	D	N	$ 638.17	$ 638.17	
54332		Revise pen	A	090	Y	N	Y	D	N	$ 689.50	$ 689.50	
54336		Revise pen	A	090	Y	N	Y	D	N	$ 810.97	$ 810.97	
54340		Secondary	A	090	Y	N	Y	D	N	$ 386.56	$ 386.56	
54344		Secondary	A	090	Y	N	Y	D	N	$ 643.47	$ 643.47	
54348		Secondary	A	090	Y	N	Y	D	N	$ 689.50	$ 689.50	
54352		Reconstruc	A	090	Y	N	Y	D	N	$ 966.41	$ 966.41	
54360		Penis plast	A	090	Y	N	Y	D	N	$ 490.92	$ 490.92	
54380		Repair pen	A	090	Y	N	Y	D	N	$ 543.94	$ 543.94	
54385		Repair pen	A	090	Y	N	Y	D	N	$ 633.35	$ 633.35	
54390		Repair pen	A	090	Y	N	Y	D	N	$ 847.12	$ 847.12	
54400		Insert semi	A	090	Y	N	N	D	N	$ 360.78	$ 360.78	
54401		Insert self-	A	090	Y	N	N	D	N	$ 444.65	$ 444.65	
54405		Insert mult	A	090	Y	N	Y	D	N	$ 550.93	$ 550.93	
54406		Remove m	A	090	Y	N	Y	D	N	$ 497.67	$ 497.67	
54408		Repair mul	A	090	Y	N	Y	D	N	$ 537.91	$ 537.91	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
54410		Remove/re	A	090	Y	N	Y	D	N	$ 586.59	$ 586.59	
54411		Remov/rep	A	090	Y	N	Y	D	N	$ 703.96	$ 703.96	
54415		Remove se	A	090	Y	N	Y	D	N	$ 359.09	$ 359.09	
54416		Remv/repl	A	090	Y	N	Y	D	N	$ 484.41	$ 484.41	
54417		Remv/repl	A	090	Y	N	Y	D	N	$ 611.90	$ 611.90	
54420		Revision o	A	090	Y	N	Y	N	N	$ 479.11	$ 479.11	
54430		Revision o	A	090	Y	B	Y	N	N	$ 434.04	$ 434.04	
54435		Revision o	A	090	Y	N	N	N	N	$ 279.80	$ 279.80	
54437		Repair cor	A	090	Y	N	Y	D	N	$ 459.11	$ 459.11	
54438		Replantatic	A	090	Y	N	Y	D	N	$ 911.70	$ 911.70	
54440		Repair of p	C	090	Y	N	Y	D	N	$ -	$ -	$383 UCR, eff 1/1/92; on benefit; Hosp
54450		Preputial s	A	000	Y	N	N	N	N	$ 39.52	$ 46.27	
54500		Biopsy of t	A	000	Y	Y	D	N	N	$ 50.13	$ 50.13	
54505		Biopsy of t	A	010	Y	Y	D	N	N	$ 142.19	$ 142.19	
54512		Excise lesi	A	090	Y	Y	N	D	N	$ 367.53	$ 367.53	
54520		Removal o	A	090	Y	Y	N	N	N	$ 221.96	$ 221.96	
54522		Orchiector	A	090	Y	Y	Y	D	N	$ 400.06	$ 400.06	
54530		Removal o	A	090	Y	Y	Y	D	N	$ 344.39	$ 344.39	
54535		Extensive t	A	090	Y	Y	Y	N	N	$ 506.34	$ 506.34	
54550		Exploratio	A	090	Y	Y	Y	N	N	$ 333.79	$ 333.79	
54560		Exploratio	A	090	Y	Y	Y	D	N	$ 468.26	$ 468.26	
54600		Reduce tes	A	090	Y	Y	N	N	N	$ 306.55	$ 306.55	
54620		Suspensior	A	010	Y	Y	N	N	N	$ 203.40	$ 203.40	
54640		Orchiopex	A	090	Y	Y	D	N	N	$ 296.67	$ 296.67	
54650		Orchiopex	A	090	Y	Y	Y	N	N	$ 484.17	$ 484.17	
54660		Revision o	A	090	Y	Y	D	N	N	$ 241.00	$ 241.00	
54670		Repair test	A	090	Y	Y	D	N	N	$ 275.46	$ 275.46	
54680		Relocation	A	090	Y	Y	Y	D	N	$ 536.47	$ 536.47	
54690		Laparoscoj	A	090	Y	Y	Y	D	N	$ 447.06	$ 447.06	
54692		Laparoscoj	A	090	Y	Y	N	N	N	$ 516.22	$ 516.22	
54699		Laparoscop	nlstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
54700		Drainage o	A	010	Y	Y	N	N	N	$ 144.60	$ 144.60	
54800		Biopsy of e	A	000	Y	Y	D	N	N	$ 85.07	$ 85.07	
54830		Remove ep	A	090	Y	Y	D	N	N	$ 251.36	$ 251.36	
54840		Remove ep	A	090	Y	Y	N	N	N	$ 218.11	$ 218.11	
54860		Removal o	A	090	Y	N	N	N	N	$ 283.42	$ 283.42	
54861		Removal o	A	090	Y	N	D	N	N	$ 385.36	$ 385.36	
54865		Explore ep	A	090	Y	N	D	N	N	$ 242.21	$ 242.21	
54900		Fusion of s	A	090	Y	N	D	N	N	$ 544.66	$ 544.66	
54901		Fusion of s	A	090	Y	B	D	N	N	$ 721.80	$ 721.80	
55000		Drainage o	A	000	Y	Y	N	N	N	$ 56.88	$ 79.29	
55040		Removal o	A	090	Y	N	N	N	N	$ 228.71	$ 228.71	
55041		Removal o	A	090	Y	B	N	N	N	$ 346.80	$ 346.80	
55060		Repair of h	A	090	Y	Y	D	N	N	$ 257.15	$ 257.15	
55100		Drainage o	A	010	Y	N	N	N	N	$ 112.07	$ 151.11	
55110		Explore sc	A	090	Y	N	N	N	N	$ 262.21	$ 262.21	
55120		Removal o	A	090	Y	N	D	N	N	$ 238.83	$ 238.83	
55150		Removal o	A	090	Y	N	Y	D	N	$ 333.79	$ 333.79	
55175		Revision o	A	090	Y	N	D	N	N	$ 246.30	$ 246.30	
55180		Revision o	A	090	Y	N	D	N	N	$ 470.43	$ 470.43	
55200		Incision of	A	090	Y	B	D	N	N	$ 187.02	$ 265.10	
55250		Removal o	A	090	Y	B	N	N	N	$ 152.55	$ 230.16	
55300		Prepare spe	A	000	Y	B	D	N	N	$ 127.73	$ 127.73	
55400		Repair of s	Not Covered	090	Y	Y	Y	D	N	$ 339.57	$ 339.57	
55500		Removal o	A	090	Y	Y	D	N	N	$ 267.27	$ 267.27	
55520		Removal o	A	090	Y	Y	Y	D	N	$ 315.23	$ 315.23	
55530		Revise spe	A	090	Y	Y	N	D	N	$ 238.11	$ 238.11	
55535		Revise spe	A	090	Y	Y	Y	D	N	$ 291.13	$ 291.13	
55540		Revise her	A	090	Y	Y	N	D	N	$ 384.64	$ 384.64	
55550		Laparo liga	A	090	Y	Y	Y	D	N	$ 290.41	$ 290.41	
55559		Laparo pro	nlstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
55600		Incise sper	A	090	Y	Y	D	N	N	$ 285.34	$ 285.34	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
55605		Incise sper	A	090	Y	Y	D	N	N	$ 354.51	$ 354.51	
55650		Remove sp	A	090	Y	Y	Y	D	N	$ 488.99	$ 488.99	
55680		Remove sp	A	090	Y	Y	D	N	N	$ 234.49	$ 234.49	
55700		Biopsy of p	A	000	Y	N	N	N	N	$ 89.17	$ 162.92	
55705		Biopsy of p	A	010	Y	N	N	D	N	$ 180.03	$ 180.03	
55706		Prostate sa	A	010	Y	N	Y	D	N	$ 253.29	$ 253.29	
55720		Drainage o	A	090	Y	N	Y	D	N	$ 307.28	$ 307.28	
55725		Drainage o	A	090	Y	N	Y	D	N	$ 402.95	$ 402.95	
55801		Removal o	A	090	Y	N	Y	D	N	$ 746.14	$ 746.14	
55810		Extensive p	A	090	Y	N	Y	D	N	$ 894.11	$ 894.11	
55812		Extensive p	A	090	Y	N	Y	D	N	########	$ 1,097.76	
55815		Extensive p	A	090	Y	B	Y	D	N	########	$ 1,203.55	
55821		Removal o	A	090	Y	N	Y	D	N	$ 595.51	$ 595.51	
55831		Removal o	A	090	Y	N	Y	D	N	$ 644.68	$ 644.68	
55840		Extensive p	A	090	Y	N	Y	D	N	$ 797.71	$ 797.71	
55842		Extensive p	A	090	Y	N	Y	D	N	$ 799.40	$ 799.40	
55845		Extensive p	A	090	Y	B	Y	D	N	$ 929.30	$ 929.30	
55860		Surgical ex	A	090	Y	N	N	D	N	$ 596.96	$ 596.96	
55862		Extensive p	A	090	Y	N	Y	D	N	$ 747.10	$ 747.10	
55865		Extensive p	A	090	Y	B	Y	D	N	$ 910.74	$ 910.74	
55866		Laparo rad	A	090	Y	N	Y	D	N	$ 984.49	$ 984.49	
55870		Electroejac	Not Covered	000	Y	N	N	D	N	$ 96.40	$ 116.89	
55873		Cryoablate	A	090	Y	N	N	N	N	$ 520.08	$ 3,919.62	
55874		Tprnl plmt	Not Covered	000	Y	N	N	D	D	$ 111.10	$ 1,944.87	
55875		Transperi r	A	090	Y	N	D	N	N	$ 523.45	$ 523.45	
55876		Place rt de	A	000	Y	N	N	D	D	$ 67.72	$ 97.85	
55880		Ablt mal p	Not Covered	090	Y	N	N	N	N	$ 668.53	$ 668.53	2021 New Procedure Code
55899		Genital sur	Unlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
55920		Place need	A	000	Y	N	D	N	N	$ 308.48	$ 308.48	
55970		Sex transfo	Not Covered	YYY	N	N	N	N	N	$ -	$ -	
55980		Sex transfo	Not Covered	YYY	N	N	N	N	N	$ -	$ -	
56405		I & d of vu	A	010	Y	N	N	Y	N	$ 83.15	$ 93.51	
56420		Drainage o	A	010	Y	N	N	N	N	$ 73.26	$ 114.48	
56440		Surgery fo	A	010	Y	N	N	N	N	$ 123.87	$ 123.87	
56441		Lysis of lal	A	010	Y	N	D	N	N	$ 101.94	$ 117.85	
56442		Hymenoto	A	000	Y	N	D	N	N	$ 31.57	$ 31.57	
56501		Destroy vu	A	010	Y	N	N	N	N	$ 86.28	$ 119.05	
56515		Destroy vu	A	010	Y	N	N	N	N	$ 142.43	$ 178.82	
56605		Biopsy of v	A	000	Y	N	N	Y	N	$ 40.97	$ 62.66	
56606		Biopsy of v	A	ZZZ	N	N	N	Y	N	$ 20.49	$ 26.27	
56620		Partial rem	A	090	Y	N	Y	D	N	$ 385.84	$ 385.84	
56625		Complete r	A	090	Y	N	Y	D	N	$ 448.02	$ 448.02	
56630		Extensive v	A	090	Y	N	Y	D	N	$ 650.46	$ 650.46	
56631		Extensive v	A	090	Y	N	Y	Y	N	$ 806.39	$ 806.39	
56632		Extensive v	A	090	Y	B	Y	Y	N	$ 967.13	$ 967.13	
56633		Extensive v	A	090	Y	N	Y	Y	N	$ 836.99	$ 836.99	
56634		Extensive v	A	090	Y	N	Y	Y	N	$ 880.61	$ 880.61	
56637		Extensive v	A	090	Y	N	Y	Y	N	########	$ 1,025.94	
56640		Extensive v	A	090	Y	Y	Y	D	N	########	$ 1,040.40	
56700		Partial rem	A	010	Y	N	Y	D	N	$ 136.17	$ 136.17	
56740		Remove va	A	010	Y	Y	N	N	N	$ 214.01	$ 214.01	
56800		Repair of v	A	010	Y	N	Y	D	N	$ 171.35	$ 171.35	
56805		Repair clito	A	090	Y	N	Y	D	N	$ 804.46	$ 804.46	
56810		Repair of p	A	010	Y	N	Y	Y	N	$ 184.12	$ 184.12	
56820		Exam of vu	A	000	Y	N	N	N	N	$ 58.08	$ 81.94	
56821		Exam/biop	A	000	Y	N	N	N	N	$ 78.33	$ 110.14	
57000		Exploratio	A	010	Y	N	D	N	N	$ 136.17	$ 136.17	
57010		Drainage o	A	090	Y	N	D	N	N	$ 310.41	$ 310.41	
57020		Drainage o	A	000	Y	N	D	N	N	$ 55.91	$ 80.98	
57022		I & d vagir	A	010	Y	N	D	N	N	$ 122.91	$ 122.91	
57023		I & d vag h	A	010	Y	N	D	N	N	$ 218.83	$ 218.83	
57061		Destroy va	A	010	Y	N	N	N	N	$ 74.47	$ 103.39	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
57065		Destroy va	A	010	Y	N	N	N	N	$ 125.32	$ 159.06	
57100		Biopsy of '	A	000	Y	N	N	N	N	$ 45.55	$ 67.48	
57105		Biopsy of '	A	010	Y	N	N	N	N	$ 95.20	$ 112.79	
57106		Remove va	A	090	Y	N	Y	D	N	$ 358.37	$ 358.37	
57107		Remove va	A	090	Y	N	Y	D	N	$ 992.68	$ 992.68	
57109		Vaginector	A	090	Y	B	Y	D	N	########	$ 1,181.14	
57110		Remove va	A	090	Y	N	Y	D	N	$ 624.67	$ 624.67	
57111		Remove va	A	090	Y	B	Y	D	N	########	$ 1,181.14	
57120		Closure of	A	090	Y	N	Y	D	N	$ 361.02	$ 361.02	
57130		Remove va	A	010	Y	N	Y	D	N	$ 116.16	$ 148.22	
57135		Remove va	A	010	Y	N	N	N	N	$ 126.28	$ 159.54	
57150		Treat vagir	A	000	Y	N	N	N	N	$ 18.56	$ 38.08	
57155		Insert uteri	A	000	Y	N	N	Y	N	$ 191.35	$ 256.67	
57156		Ins vag bra	A	000	Y	N	D	N	N	$ 100.98	$ 146.05	
57160		Insert pess	A	000	Y	N	N	N	N	$ 32.54	$ 48.44	
57170		Fitting of c	A	000	Y	N	D	N	N	$ 33.50	$ 50.61	
57180		Treat vagir	A	010	Y	N	N	N	N	$ 80.74	$ 125.56	
57200		Repair of v	A	090	Y	N	Y	D	N	$ 220.76	$ 220.76	
57210		Repair vag	A	090	Y	N	Y	D	N	$ 265.82	$ 265.82	
57220		Revision o	A	090	Y	N	Y	D	N	$ 232.08	$ 232.08	
57230		Repair of u	A	090	Y	N	Y	D	N	$ 284.38	$ 284.38	
57240		Anterior cc	A	090	Y	N	Y	D	N	$ 418.38	$ 418.38	
57250		Repair rect	A	090	Y	N	Y	D	N	$ 420.79	$ 420.79	
57260		Cmbn ant p	A	090	Y	N	Y	D	N	$ 535.74	$ 535.74	
57265		Cmbn ap c	A	090	Y	N	Y	D	N	$ 601.78	$ 601.78	
57267		Insert mesl	A	ZZZ	N	N	Y	D	N	$ 175.21	$ 175.21	
57268		Repair of b	A	090	Y	N	Y	D	N	$ 343.18	$ 343.18	
57270		Repair of b	A	090	Y	N	Y	D	N	$ 558.88	$ 558.88	
57280		Suspensior	A	090	Y	N	Y	D	N	$ 665.40	$ 665.40	
57282		Colpopexy	A	090	Y	N	Y	D	N	$ 476.22	$ 476.22	
57283		Colpopexy	A	090	Y	N	Y	D	N	$ 479.59	$ 479.59	
57284		Repair para	A	090	Y	N	Y	Y	N	$ 572.62	$ 572.62	
57285		Repair para	A	090	Y	N	Y	Y	N	$ 475.73	$ 475.73	
57287		Revise/rem	A	090	Y	N	Y	D	N	$ 498.39	$ 498.39	
57288		Repair blac	A	090	Y	N	Y	D	N	$ 506.10	$ 506.10	
57289		Repair blac	A	090	Y	N	Y	D	N	$ 543.70	$ 543.70	
57291		Constructio	A	090	Y	N	Y	N	N	$ 375.96	$ 375.96	
57292		Construct '	A	090	Y	N	Y	D	N	$ 571.89	$ 571.89	
57295		Revise vag	A	090	Y	N	Y	D	N	$ 340.05	$ 340.05	
57296		Revise vag	A	090	Y	N	Y	D	N	$ 655.76	$ 655.76	
57300		Repair rect	A	090	Y	N	Y	D	N	$ 410.91	$ 410.91	
57305		Repair rect	A	090	Y	N	Y	D	N	$ 674.08	$ 674.08	
57307		Fistula repa	A	090	Y	N	Y	D	N	$ 726.86	$ 726.86	
57308		Fistula repa	A	090	Y	N	Y	D	N	$ 448.02	$ 448.02	
57310		Repair uret	A	090	Y	N	Y	D	N	$ 329.45	$ 329.45	
57311		Repair uret	A	090	Y	N	Y	D	N	$ 373.55	$ 373.55	
57320		Repair blac	A	090	Y	N	Y	D	N	$ 379.82	$ 379.82	
57330		Repair blac	A	090	Y	N	Y	D	N	$ 520.08	$ 520.08	
57335		Repair vag	A	090	Y	N	Y	D	N	$ 812.41	$ 812.41	
57400		Dilation of	A	000	Y	N	D	N	N	$ 90.13	$ 90.13	
57410		Pelvic exar	A	000	Y	N	N	N	N	$ 72.06	$ 72.06	
57415		Remove va	A	010	Y	N	D	N	N	$ 117.61	$ 117.61	
57420		Exam of va	A	000	Y	N	N	N	N	$ 61.94	$ 86.52	
57421		Exam/biop	A	000	Y	N	N	N	N	$ 84.11	$ 116.89	
57423		Repair para	A	090	Y	N	Y	Y	N	$ 640.10	$ 640.10	
57425		Laparoscop	A	090	Y	N	Y	D	N	$ 671.43	$ 671.43	
57426		Revise pro	A	090	Y	N	Y	D	N	$ 595.03	$ 595.03	
57452		Exam of ce	A	000	Y	N	N	N	N	$ 62.18	$ 82.90	
57454		Bx/curett c	A	000	Y	N	N	N	N	$ 92.30	$ 113.27	
57455		Biopsy of c	A	000	Y	N	N	N	N	$ 75.43	$ 106.76	
57456		Endocerv c	A	000	Y	N	N	N	N	$ 70.13	$ 100.02	
57460		Bx of cervi	A	000	Y	N	N	N	N	$ 110.62	$ 209.43	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
57461		Conz of ce	A	000	Y	N	N	N	N	$ 128.21	$ 234.49	
57465		Cam cervi	Not Covered	ZZZ	N	N	D	N	N	$ 30.13	$ 38.32	2021 New Procedure Code
57500		Biopsy of	A	000	Y	N	N	N	N	$ 51.33	$ 99.77	
57505		Endocervi	A	010	Y	N	N	N	N	$ 70.37	$ 95.20	
57510		Cauterizati	A	010	Y	N	N	N	N	$ 77.60	$ 107.73	
57511		Cryocauter	A	010	Y	N	N	N	N	$ 97.36	$ 126.28	
57513		Laser surg	A	010	Y	N	N	N	N	$ 97.36	$ 129.42	
57520		Conization	A	090	Y	N	N	N	N	$ 197.86	$ 232.08	
57522		Conization	A	090	Y	N	N	N	N	$ 172.07	$ 200.51	
57530		Removal o	A	090	Y	N	Y	D	N	$ 250.40	$ 250.40	
57531		Removal o	A	090	Y	B	Y	D	N	########	$ 1,282.60	
57540		Removal o	A	090	Y	N	Y	D	N	$ 546.11	$ 546.11	
57545		Remove ce	A	090	Y	N	Y	D	N	$ 575.03	$ 575.03	
57550		Removal o	A	090	Y	N	Y	D	N	$ 292.09	$ 292.09	
57555		Remove ce	A	090	Y	N	Y	D	N	$ 424.16	$ 424.16	
57556		Remove ce	A	090	Y	N	Y	D	N	$ 401.75	$ 401.75	
57558		D&c of cer	A	010	Y	N	N	N	N	$ 85.07	$ 101.70	
57700		Revision o	A	090	Y	N	D	N	N	$ 234.73	$ 234.73	
57720		Revision o	A	090	Y	N	Y	N	N	$ 224.61	$ 224.61	
57800		Dilation of	A	000	Y	N	N	N	N	$ 33.02	$ 50.13	
58100		Biopsy of	A	000	Y	N	N	N	N	$ 44.59	$ 67.96	
58110		Bx done w	A	ZZZ	N	N	D	N	N	$ 28.68	$ 34.70	
58120		Dilation an	A	010	Y	N	N	N	N	$ 157.86	$ 196.42	
58140		Myomecto	A	090	Y	N	Y	D	N	$ 644.19	$ 644.19	
58145		Myomecto	A	090	Y	N	Y	D	N	$ 388.97	$ 388.97	
58146		Myomecto	A	090	Y	N	Y	D	N	$ 802.05	$ 802.05	
58150		Total hyste	A	090	Y	N	Y	D	N	$ 697.21	$ 697.21	
58152		Total hyste	A	090	Y	N	Y	D	N	$ 859.89	$ 859.89	
58180		Partial hys	A	090	Y	N	Y	D	N	$ 662.75	$ 662.75	
58200		Extensive l	A	090	Y	N	Y	D	N	$ 930.98	$ 930.98	
58210		Extensive l	A	090	Y	B	Y	D	N	########	$ 1,251.75	
58240		Removal o	A	090	Y	N	Y	D	N	########	$ 2,008.98	
58260		Vaginal hy	A	090	Y	N	Y	D	N	$ 578.16	$ 578.16	
58262		Vag hyst in	A	090	Y	N	Y	Y	N	$ 640.10	$ 640.10	
58263		Vag hyst w	A	090	Y	N	Y	Y	N	$ 687.57	$ 687.57	
58267		Vag hyst w	A	090	Y	N	Y	D	N	$ 738.91	$ 738.91	
58270		Vag hyst w	A	090	Y	N	Y	D	N	$ 617.68	$ 617.68	
58275		Hysterecto	A	090	Y	N	Y	D	N	$ 683.96	$ 683.96	
58280		Hysterecto	A	090	Y	N	Y	D	N	$ 733.12	$ 733.12	
58285		Extensive l	A	090	Y	N	Y	D	N	$ 970.27	$ 970.27	
58290		Vag hyst c	A	090	Y	N	Y	D	N	$ 799.40	$ 799.40	
58291		Vag hyst in	A	090	Y	N	Y	Y	N	$ 865.19	$ 865.19	
58292		Vag hyst t/	A	090	Y	N	Y	Y	N	$ 912.67	$ 912.67	
58294		Vag hyst w	A	090	Y	N	Y	D	N	$ 846.15	$ 846.15	
58300		Insert intra	A	XXX	N	N	N	N	N	$ 34.95	$ 67.24	
58301		Remove in	A	000	Y	N	D	N	N	$ 46.51	$ 72.06	
58321		Artificial in	Not Covered	000	Y	N	D	N	N	$ 33.74	$ 53.98	
58322		Artificial in	Not Covered	000	Y	N	D	N	N	$ 40.01	$ 60.25	
58323		Sperm was	Not Covered	000	Y	N	D	N	N	$ 8.68	$ 10.36	
58340		Catheter fo	A	000	Y	N	N	N	N	$ 38.80	$ 146.77	
58345		Reopen fal	A	010	Y	Y	Y	Y	N	$ 198.10	$ 198.10	
58346		Insert heyn	A	090	Y	N	N	N	N	$ 323.18	$ 323.18	
58350		Reopen fal	Not Covered	010	Y	Y	N	N	N	$ 61.46	$ 93.51	
58353		Endometr	A	010	Y	N	N	Y	N	$ 157.37	$ 643.23	
58356		Endometri	A	010	Y	N	Y	Y	N	$ 246.78	$ 1,163.07	
58400		Suspensior	A	090	Y	N	Y	D	N	$ 313.78	$ 313.78	
58410		Suspensior	A	090	Y	N	Y	D	N	$ 563.70	$ 563.70	
58520		Repair of r	A	090	Y	N	Y	D	N	$ 551.65	$ 551.65	
58540		Revision o	A	090	Y	N	Y	N	N	$ 634.07	$ 634.07	
58541		Lsh uterus	A	090	Y	N	Y	Y	N	$ 502.00	$ 502.00	
58542		Lsh w/t/o u	A	090	Y	N	Y	Y	N	$ 573.34	$ 573.34	
58543		Lsh uterus	A	090	Y	N	Y	Y	N	$ 582.26	$ 582.26	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
58544		Lsh w/t/o u	A	090	Y	N	Y	Y	N	$ 627.08	$ 627.08	
58545		Laparoscop	A	090	Y	N	Y	Y	N	$ 623.23	$ 623.23	
58546		Laparo-my	A	090	Y	N	Y	Y	N	$ 774.33	$ 774.33	
58548		Lap radical	A	090	Y	B	Y	Y	N	########	$ 1,289.59	
58550		Laparo-ass	A	090	Y	N	Y	Y	N	$ 609.01	$ 609.01	
58552		Laparo-vag	A	090	Y	N	Y	Y	N	$ 677.93	$ 677.93	
58553		Laparo-vag	A	090	Y	N	Y	Y	N	$ 779.64	$ 779.64	
58554		Laparo-vag	A	090	Y	N	Y	Y	N	$ 906.40	$ 906.40	
58555		Hysterosc	A	000	Y	N	D	Y	N	$ 104.84	$ 233.05	
58558		Hysterosc	A	000	Y	N	N	Y	N	$ 159.78	$ 906.16	
58559		Hysterosc	A	000	Y	N	N	Y	N	$ 197.38	$ 197.38	
58560		Hysterosc	A	000	Y	N	Y	Y	N	$ 217.86	$ 217.86	
58561		Hysterosc	A	000	Y	N	D	Y	N	$ 248.47	$ 248.47	
58562		Hysterosc	A	000	Y	N	N	Y	N	$ 153.76	$ 281.73	
58563		Hysterosc	A	000	Y	N	D	Y	N	$ 170.87	$ 1,359.48	
58565		Hysterosc	A	090	Y	B	N	Y	N	$ 311.61	$ 1,157.28	
58570		Tlh uterus	A	090	Y	N	Y	Y	N	$ 551.41	$ 551.41	
58571		Tlh w/t/o 2	A	090	Y	N	Y	Y	N	$ 620.82	$ 620.82	
58572		Tlh uterus	A	090	Y	N	Y	Y	N	$ 714.57	$ 714.57	
58573		Tlh w/t/o u	A	090	Y	N	Y	Y	N	$ 837.48	$ 837.48	
58575		Laps tot hy	A	090	Y	B	Y	Y	N	########	$ 1,320.20	
58578		Laparo pron	lstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
58579		Hysterosc	nlstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
58600		Division of	A	090	Y	B	Y	D	N	$ 254.26	$ 254.26	
58605		Division of	A	090	Y	B	Y	N	N	$ 229.67	$ 229.67	
58611		Ligate ovic	A	ZZZ	N	N	Y	N	N	$ 53.26	$ 53.26	
58615		Occlude fa	A	010	Y	N	Y	N	N	$ 173.76	$ 173.76	
58660		Laparoscop	A	090	Y	N	Y	Y	N	$ 470.91	$ 470.91	
58661		Laparoscop	A	010	Y	Y	Y	Y	N	$ 254.74	$ 254.74	Per Dr. Becker use RVUs from 58670
58662		Laparoscop	A	090	Y	N	Y	Y	N	$ 491.40	$ 491.40	
58670		Laparoscop	A	090	Y	N	N	Y	N	$ 254.74	$ 254.74	
58671		Laparoscop	A	090	Y	N	N	Y	N	$ 254.74	$ 254.74	
58672		Laparoscop	A	090	Y	Y	Y	N	N	$ 507.79	$ 507.79	
58673		Laparoscop	A	090	Y	Y	Y	N	N	$ 551.65	$ 551.65	
58674		Laps ablti	Not Covered	090	Y	N	Y	Y	N	$ 563.22	$ 563.22	
58679		Laparo pron	lstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
58700		Removal o	A	090	Y	B	Y	D	N	$ 547.31	$ 547.31	
58720		Removal o	A	090	Y	B	Y	D	N	$ 516.95	$ 516.95	
58740		Adhesiolys	A	090	Y	N	Y	D	N	$ 621.54	$ 621.54	
58750		Repair ovi	Not Covered	090	Y	Y	Y	D	N	$ 629.49	$ 629.49	
58752		Revise ova	A	090	Y	Y	Y	N	N	$ 628.05	$ 628.05	
58760		Fimbriopla	A	090	Y	Y	Y	D	N	$ 567.56	$ 567.56	
58770		Create new	A	090	Y	Y	Y	N	N	$ 595.99	$ 595.99	
58800		Drainage o	A	090	Y	B	N	N	N	$ 213.77	$ 241.48	
58805		Drainage o	A	090	Y	B	Y	D	N	$ 290.41	$ 290.41	
58820		Drain ovar	A	090	Y	Y	Y	N	N	$ 227.50	$ 227.50	
58822		Drain ovar	A	090	Y	Y	Y	D	N	$ 492.12	$ 492.12	
58825		Transposit	A	090	Y	N	Y	D	N	$ 488.75	$ 488.75	
58900		Biopsy of o	A	090	Y	B	Y	D	N	$ 296.19	$ 296.19	
58920		Partial rem	A	090	Y	B	Y	D	N	$ 492.85	$ 492.85	
58925		Removal o	A	090	Y	B	Y	D	N	$ 526.10	$ 526.10	
58940		Removal o	A	090	Y	B	Y	D	N	$ 376.68	$ 376.68	
58943		Removal o	A	090	Y	N	Y	D	N	$ 806.63	$ 806.63	
58950		Resect ova	A	090	Y	B	Y	D	N	$ 783.25	$ 783.25	
58951		Resect ova	A	090	Y	B	Y	D	N	$ 988.10	$ 988.10	
58952		Resect ova	A	090	Y	B	Y	D	N	########	$ 1,125.71	
58953		Tah rad dis	A	090	Y	B	Y	D	N	########	$ 1,375.87	
58954		Tah rad de	A	090	Y	B	Y	D	N	########	$ 1,489.86	
58956		Bso oment	A	090	Y	B	Y	D	N	$ 932.91	$ 932.91	
58957		Resect rec	A	090	Y	B	Y	D	N	########	$ 1,089.32	
58958		Resect rec	A	090	Y	B	Y	D	N	########	$ 1,149.33	
58960		Exploratio	A	090	Y	N	Y	D	N	$ 670.22	$ 670.22	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
58970		Retrieval o	Not Covered	000	Y	N	D	N	N	$ 136.17	$ 162.19	
58974		Transfer o	Not Covered	000	Y	N	Y	D	N	$ -	$ -	
58976		Transfer o	Not Covered	000	Y	N	Y	D	N	$ 147.25	$ 175.21	
58999		Genital sur	nlstd/Manua	YYY	Y	N	N	D	D	$ -	$ -	
59000		Amniocent	A	000	Y	N	N	N	N	$ 55.43	$ 79.53	
59001		Amniocent	A	000	Y	N	N	N	N	$ 124.84	$ 124.84	
59012		Fetal cord	A	000	Y	N	D	N	N	$ 141.95	$ 141.95	
59015		Chorion bi	A	000	Y	N	D	N	N	$ 92.30	$ 107.73	
59020	26	Fetal contr	A	000	N	N	D	N	N	$ 25.55	$ 25.55	
59020	TC	Fetal contr	A	000	N	N	D	N	N	$ 20.49	$ 20.49	
59020		Fetal contr	A	000	N	N	D	N	N	$ 46.27	$ 46.27	
59025	26	Fetal non-s	A	000	N	N	D	N	N	$ 20.97	$ 20.97	
59025	TC	Fetal non-s	A	000	N	N	D	N	N	$ 11.81	$ 11.81	
59025		Fetal non-s	A	000	N	N	D	N	N	$ 32.78	$ 32.78	
59030		Fetal scalp	A	000	Y	N	D	N	N	$ 79.29	$ 79.29	
59050		Fetal moni	Not Covered	XXX	N	N	D	N	N	$ 35.67	$ 35.67	
59051		Fetal moni	Not Covered	XXX	N	N	D	N	N	$ 29.64	$ 29.64	
59070		Transabdo	A	000	Y	N	Y	N	N	$ 217.14	$ 275.46	
59072		Umbilical	A	000	Y	N	N	N	N	$ 367.77	$ 367.77	
59074		Fetal fluid	A	000	Y	N	Y	N	N	$ 217.14	$ 264.86	
59076		Fetal shunt	A	000	Y	N	Y	N	N	$ 367.77	$ 367.77	
59100		Remove ut	A	090	Y	N	Y	D	N	$ 597.44	$ 597.44	
59120		Treat ectop	A	090	Y	N	Y	D	N	$ 569.00	$ 569.00	
59121		Treat ectop	A	090	Y	N	Y	D	N	$ 569.72	$ 569.72	
59130		Treat ectop	A	090	Y	N	D	N	N	$ 663.96	$ 663.96	
59135		Treat ectop	A	090	Y	N	D	N	N	$ 655.76	$ 655.76	
59136		Treat ectop	A	090	Y	N	Y	N	N	$ 629.49	$ 629.49	
59140		Treat ectop	A	090	Y	N	Y	N	N	$ 287.75	$ 287.75	
59150		Treat ectop	A	090	Y	N	Y	N	N	$ 552.13	$ 552.13	
59151		Treat ectop	A	090	Y	N	Y	N	N	$ 538.64	$ 538.64	
59160		D & c after	A	010	Y	N	D	N	N	$ 129.42	$ 176.89	
59200		Insert cerv	A	000	Y	N	N	N	N	$ 31.57	$ 65.79	
59300		Episiotomy	A	000	Y	N	D	N	N	$ 102.67	$ 152.07	
59320		Revision o	A	000	Y	N	D	N	N	$ 105.56	$ 105.56	
59325		Revision o	A	000	Y	N	D	N	N	$ 169.42	$ 169.42	
59350		Repair of u	A	000	Y	N	Y	N	N	$ 198.10	$ 198.10	
59400		Obstetrical	Not Covered	MMM	Y	N	N	N	N	########	$ 2,184.81	Maternity Code paid at OB/GYN CF
59409		Obstetrical	A	MMM	Y	N	D	N	N	$ 749.28	$ 749.28	Maternity Code paid at OB/GYN CF
59410		Obstetrical	A	MMM	Y	N	N	N	N	$ 983.87	$ 983.87	Maternity Code paid at OB/GYN CF
59412		Antepartur	A	MMM	N	N	D	N	N	$ 94.85	$ 94.85	Maternity Code paid at OB/GYN CF
59414		Deliver pla	A	MMM	Y	N	D	N	N	$ 85.30	$ 85.30	Maternity Code paid at OB/GYN CF
59425		Antepartur	Not Covered	MMM	N	N	D	N	N	$ 406.47	$ 504.19	Maternity Code paid at OB/GYN CF
59426		Antepartur	Not Covered	MMM	N	N	D	N	N	$ 743.87	$ 922.12	Maternity Code paid at OB/GYN CF
59430		Care after	A	MMM	Y	N	N	N	N	$ 167.74	$ 231.40	Maternity Code paid at OB/GYN CF
59510		Cesarean d	Not Covered	MMM	Y	N	N	N	N	########	$ 2,422.26	Maternity Code paid at OB/GYN CF
59514		Cesarean d	A	MMM	Y	N	Y	D	N	$ 850.82	$ 850.82	Maternity Code paid at OB/GYN CF
59515		Cesarean d	A	MMM	Y	N	N	N	N	########	$ 1,214.95	Maternity Code paid at OB/GYN CF
59525		Remove ut	A	ZZZ	N	N	Y	D	N	$ 341.26	$ 341.26	
59610		Vbac deliv	Not Covered	MMM	Y	N	D	N	N	########	$ 2,293.99	Maternity Code paid at OB/GYN CF
59612		Vbac deliv	A	MMM	Y	N	D	N	N	$ 850.82	$ 850.82	Maternity Code paid at OB/GYN CF
59614		Vbac care	A	MMM	Y	N	D	N	N	########	$ 1,072.67	Maternity Code paid at OB/GYN CF
59618		Attempted	Not Covered	MMM	Y	N	D	N	N	########	$ 2,450.27	Maternity Code paid at OB/GYN CF
59620		Attempted	A	MMM	Y	N	Y	N	N	$ 879.46	$ 879.46	Maternity Code paid at OB/GYN CF
59622		Attempted	A	MMM	Y	N	D	N	N	########	$ 1,256.97	Maternity Code paid at OB/GYN CF
59812		Treatment	A	090	Y	N	N	N	N	$ 212.80	$ 244.37	
59820		Care of mi	A	090	Y	N	N	N	N	$ 260.28	$ 290.89	
59821		Treatment	A	090	Y	N	D	N	N	$ 257.63	$ 289.44	
59830		Treat uteru	A	090	Y	N	D	N	N	$ 318.84	$ 318.84	
59840		Abortion	A	010	Y	N	D	N	N	$ 151.59	$ 167.50	Maternity Code paid at OB/GYN CF
59841		Abortion	A	010	Y	N	D	N	N	$ 258.35	$ 289.20	Maternity Code paid at OB/GYN CF
59850		Abortion	A	090	Y	N	D	N	N	$ 271.13	$ 271.13	Maternity Code paid at OB/GYN CF
59851		Abortion	A	090	Y	N	D	N	N	$ 292.09	$ 292.09	Maternity Code paid at OB/GYN CF

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
59852		Abortion	A	090	Y	N	D	N	N	$ 403.43	$ 403.43	Maternity Code paid at OB/GYN CF
59855		Abortion	A	090	Y	N	D	N	N	$ 295.23	$ 295.23	Maternity Code paid at OB/GYN CF
59856		Abortion	A	090	Y	N	D	N	N	$ 347.04	$ 347.04	Maternity Code paid at OB/GYN CF
59857		Abortion	A	090	Y	N	D	N	N	$ 406.57	$ 406.57	Maternity Code paid at OB/GYN CF
59866		Abortion (N	Not Covered	000	Y	N	Y	D	N	$ 167.01	$ 167.01	
59870		Evacuate n	A	090	Y	N	Y	N	N	$ 359.57	$ 359.57	
59871		Remove ce	A	000	Y	N	D	N	N	$ 92.54	$ 92.54	
59897		Fetal invas	nlstd/Manua	YYY	Y	N	N	N	N	$ -	$ -	
59898		Laparo pro	nlstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
59899		Maternity	nlstd/Manua	YYY	Y	N	Y	D	D	$ -	$ -	
60000		Drain thyr	A	010	Y	N	D	N	N	$ 100.98	$ 117.37	
60100		Biopsy of t	A	000	Y	N	N	N	N	$ 53.02	$ 73.75	
60200		Remove th	A	090	Y	N	Y	D	N	$ 455.01	$ 455.01	
60210		Partial thyr	A	090	Y	N	Y	D	N	$ 485.62	$ 485.62	
60212		Partial thyr	A	090	Y	N	Y	D	N	$ 718.18	$ 718.18	
60220		Partial rem	A	090	Y	N	Y	D	N	$ 483.45	$ 483.45	
60225		Partial rem	A	090	Y	N	Y	D	N	$ 637.93	$ 637.93	
60240		Removal o	A	090	Y	N	Y	D	N	$ 631.66	$ 631.66	
60252		Removal o	A	090	Y	N	Y	D	N	$ 910.50	$ 910.50	
60254		Extensive t	A	090	Y	N	Y	D	N	########	$ 1,144.27	
60260		Repeat thy	A	090	Y	Y	Y	D	N	$ 749.27	$ 749.27	
60270		Removal o	A	090	Y	N	Y	D	N	$ 944.24	$ 944.24	
60271		Removal o	A	090	Y	N	Y	D	N	$ 726.37	$ 726.37	
60280		Remove th	A	090	Y	N	Y	D	N	$ 300.53	$ 300.53	
60281		Remove th	A	090	Y	N	Y	D	N	$ 397.17	$ 397.17	
60300		Aspir/inj th	A	000	Y	N	N	N	N	$ 33.74	$ 72.30	
60500		Explore pa	A	090	Y	N	Y	D	N	$ 669.02	$ 669.02	
60502		Re-explore	A	090	Y	N	Y	D	N	$ 897.97	$ 897.97	
60505		Explore pa	A	090	Y	N	Y	D	N	$ 960.14	$ 960.14	
60512		Autotransp	A	ZZZ	N	N	Y	D	N	$ 169.18	$ 169.18	
60520		Removal o	A	090	Y	N	Y	D	N	$ 727.34	$ 727.34	
60521		Removal o	A	090	Y	N	Y	D	N	$ 780.84	$ 780.84	
60522		Removal o	A	090	Y	N	Y	D	N	$ 952.19	$ 952.19	
60540		Explore ad	A	090	Y	Y	Y	D	N	$ 745.17	$ 745.17	
60545		Explore ad	A	090	Y	Y	Y	D	N	$ 864.47	$ 864.47	
60600		Remove ca	A	090	Y	N	Y	D	N	$ 953.64	$ 953.64	
60605		Remove ca	A	090	Y	N	Y	D	N	########	$ 1,170.30	
60650		Laparoscop	A	090	Y	Y	Y	D	N	$ 829.52	$ 829.52	
60659		Laparo pro	nlstd/Manua	YYY	Y	Y	Y	N	N	$ -	$ -	
60699		Endocrine	nlstd/Manua	YYY	Y	N	Y	D	D	$ -	$ -	
61000		Remove cr	A	000	Y	B	N	N	N	$ 79.29	$ 79.29	
61001		Remove cr	A	000	Y	B	N	N	N	$ 74.47	$ 74.47	
61020		Remove br	A	000	Y	N	N	N	N	$ 72.78	$ 72.78	
61026		Injection ir	A	000	Y	N	N	N	N	$ 72.78	$ 72.78	
61050		Remove br	A	000	Y	N	D	N	N	$ 55.91	$ 55.91	
61055		Injection ir	A	000	N	N	N	N	N	$ 82.42	$ 82.42	
61070		Brain cana	A	000	Y	N	N	N	N	$ 38.08	$ 38.08	
61105		Twist drill	A	090	Y	N	D	N	N	$ 317.88	$ 317.88	
61107		Drill skull	A	000	N	N	N	N	N	$ 221.96	$ 221.96	
61108		Drill skull	A	090	Y	N	N	N	N	$ 624.19	$ 624.19	
61120		Burr hole f	A	090	Y	N	D	N	N	$ 520.32	$ 520.32	
61140		Pierce skul	A	090	Y	N	Y	N	N	$ 887.36	$ 887.36	
61150		Pierce skul	A	090	Y	N	N	D	N	$ 946.65	$ 946.65	
61151		Pierce skul	A	090	Y	N	N	N	N	$ 694.08	$ 694.08	
61154		Pierce skul	A	090	Y	Y	Y	D	N	$ 889.05	$ 889.05	
61156		Pierce skul	A	090	Y	N	Y	D	N	$ 871.46	$ 871.46	
61210		Pierce skul	A	000	Y	N	N	N	N	$ 260.04	$ 260.04	
61215		Insert brair	A	090	Y	N	N	D	N	$ 348.97	$ 348.97	
61250		Pierce skul	A	090	Y	Y	Y	D	N	$ 604.91	$ 604.91	
61253		Pierce skul	A	090	Y	B	Y	N	N	$ 694.08	$ 694.08	
61304		Open skull	A	090	Y	N	Y	D	N	########	$ 1,151.74	
61305		Open skull	A	090	Y	N	Y	D	N	########	$ 1,408.40	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
61312		Open skull	A	090	Y	N	Y	D	N	########	$ 1,457.09	
61313		Open skull	A	090	Y	N	Y	D	N	########	$ 1,389.61	
61314		Open skull	A	090	Y	N	Y	D	N	########	$ 1,282.84	
61315		Open skull	A	090	Y	N	Y	D	N	########	$ 1,450.58	
61316		Implt cran	A	ZZZ	N	N	N	N	N	$ 61.94	$ 61.94	
61320		Open skull	A	090	Y	N	Y	D	N	########	$ 1,332.73	
61321		Open skull	A	090	Y	N	Y	D	N	########	$ 1,492.75	
61322		Decompres	A	090	Y	N	Y	D	N	########	$ 1,670.37	
61323		Decompres	A	090	Y	N	Y	D	N	########	$ 1,680.98	
61330		Decompres	A	090	Y	Y	Y	D	N	########	$ 1,257.06	
61333		Explore or	A	090	Y	Y	Y	D	N	########	$ 1,418.77	
61340		Subtempor	A	090	Y	Y	Y	D	N	########	$ 1,009.55	
61343		Incise skul	A	090	Y	N	Y	D	N	########	$ 1,541.20	
61345		Relieve cra	A	090	Y	N	Y	D	N	########	$ 1,433.95	
61450		Incise skul	A	090	Y	N	Y	D	N	########	$ 1,348.64	
61458		Incise skul	A	090	Y	N	Y	D	N	########	$ 1,413.95	
61460		Incise skul	A	090	Y	N	Y	Y	N	########	$ 1,478.78	
61500		Removal o	A	090	Y	N	Y	D	N	$ 906.16	$ 906.16	
61501		Remove in	A	090	Y	N	Y	D	N	$ 775.78	$ 775.78	
61510		Removal o	A	090	Y	N	Y	D	N	########	$ 1,538.54	
61512		Remove br	A	090	Y	N	Y	D	N	########	$ 1,794.25	
61514		Removal o	A	090	Y	N	Y	D	N	########	$ 1,341.89	
61516		Removal o	A	090	Y	N	Y	D	N	########	$ 1,313.21	
61517		Implt brain	A	ZZZ	N	N	N	N	N	$ 61.70	$ 61.70	
61518		Removal o	A	090	Y	N	Y	D	N	########	$ 1,942.94	
61519		Remove br	A	090	Y	N	Y	D	N	########	$ 2,072.36	
61520		Removal o	A	090	Y	N	Y	Y	N	########	$ 2,626.42	
61521		Removal o	A	090	Y	N	Y	D	N	########	$ 2,224.43	
61522		Removal o	A	090	Y	N	Y	D	N	########	$ 1,537.34	
61524		Removal o	A	090	Y	N	Y	D	N	########	$ 1,463.83	
61526		Removal o	A	090	Y	N	N	Y	N	########	$ 2,334.33	
61530		Removal o	A	090	Y	N	N	Y	N	########	$ 2,164.18	
61531		Implant bra	A	090	Y	N	Y	Y	N	$ 853.86	$ 853.86	
61533		Implant bra	A	090	Y	N	Y	D	N	########	$ 1,069.56	
61534		Removal o	A	090	Y	N	Y	D	N	########	$ 1,155.60	
61535		Remove br	A	090	Y	N	Y	D	N	$ 698.66	$ 698.66	
61536		Removal o	A	090	Y	N	Y	D	N	########	$ 1,813.53	
61537		Removal o	A	090	Y	N	Y	D	N	########	$ 1,734.72	
61538		Removal o	A	090	Y	N	Y	D	N	########	$ 1,875.22	
61539		Removal o	A	090	Y	N	Y	D	N	########	$ 1,660.25	
61540		Removal o	A	090	Y	N	Y	D	N	########	$ 1,530.59	
61541		Incision of	A	090	Y	N	Y	D	N	########	$ 1,509.87	
61543		Removal o	A	090	Y	N	Y	D	N	########	$ 1,526.98	
61544		Remove &	A	090	Y	N	Y	N	N	########	$ 1,334.66	
61545		Excision o	A	090	Y	N	Y	D	N	########	$ 2,239.61	
61546		Removal o	A	090	Y	N	Y	D	N	########	$ 1,622.41	
61548		Removal o	A	090	Y	N	Y	Y	N	########	$ 1,096.55	
61550		Release of	A	090	Y	N	Y	D	N	$ 830.00	$ 830.00	
61552		Release of	A	090	Y	N	Y	D	N	########	$ 1,038.71	
61556		Incise skul	A	090	Y	N	Y	D	N	########	$ 1,197.77	
61557		Incise skul	A	090	Y	N	Y	D	N	########	$ 1,178.49	
61558		Excision o	A	090	Y	N	Y	D	N	########	$ 1,318.51	
61559		Excision o	A	090	Y	N	Y	D	N	########	$ 1,681.22	
61563		Excision o	A	090	Y	N	Y	D	N	########	$ 1,392.74	
61564		Excision o	A	090	Y	Y	Y	D	N	########	$ 1,690.62	
61566		Removal o	A	090	Y	N	Y	D	N	########	$ 1,576.38	
61567		Incision of	A	090	Y	N	Y	D	N	########	$ 1,795.93	
61570		Remove fo	A	090	Y	N	Y	D	N	########	$ 1,312.25	
61571		Incise skul	A	090	Y	N	Y	D	N	########	$ 1,397.56	
61575		Skull base/	A	090	Y	N	Y	D	N	########	$ 1,761.71	
61576		Skull base/	A	090	Y	N	Y	D	N	########	$ 2,929.36	
61580		Craniofaci	A	090	Y	Y	N	D	Y	########	$ 1,705.56	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
61581		Craniofaci	A	090	Y	Y	N	Y	Y	########	$ 1,954.27	
61582		Craniofaci	A	090	Y	N	Y	D	Y	########	$ 2,076.70	
61583		Craniofaci	A	090	Y	N	Y	D	Y	########	$ 2,035.25	
61584		Orbitocran	A	090	Y	Y	Y	D	Y	########	$ 2,006.81	
61585		Orbitocran	A	090	Y	Y	Y	D	Y	########	$ 2,290.46	
61586		Resect nas	A	090	Y	N	Y	D	Y	########	$ 1,738.57	
61590		Infratempo	A	090	Y	Y	Y	D	Y	########	$ 2,083.93	
61591		Infratempo	A	090	Y	Y	Y	D	Y	########	$ 2,109.96	
61592		Orbitocran	A	090	Y	Y	Y	D	Y	########	$ 2,219.85	
61595		Transtemp	A	090	Y	Y	N	D	Y	########	$ 1,642.66	
61596		Transcochl	A	090	Y	Y	Y	D	Y	########	$ 1,658.08	
61597		Transcond	A	090	Y	Y	Y	D	Y	########	$ 2,075.01	
61598		Transpetro	A	090	Y	N	Y	D	Y	########	$ 1,998.13	
61600		Resect/exc	A	090	Y	N	Y	D	Y	########	$ 1,466.73	
61601		Resect/exc	A	090	Y	N	Y	D	Y	########	$ 1,683.87	
61605		Resect/exc	A	090	Y	N	Y	D	Y	########	$ 1,477.81	
61606		Resect/exc	A	090	Y	N	Y	D	Y	########	$ 2,048.26	
61607		Resect/exc	A	090	Y	N	Y	D	Y	########	$ 2,135.02	
61608		Resect/exc	A	090	Y	N	Y	D	Y	########	$ 2,287.09	
61611		Transect a	A	ZZZ	N	N	Y	D	Y	$ 331.13	$ 331.13	
61613		Remove ar	A	090	Y	Y	Y	D	Y	########	$ 2,312.64	
61615		Resect/exc	A	090	Y	N	Y	D	Y	########	$ 1,969.93	
61616		Resect/exc	A	090	Y	N	Y	D	Y	########	$ 2,334.81	
61618		Repair dur	A	090	Y	N	Y	D	Y	$ 898.45	$ 898.45	
61619		Repair dur	A	090	Y	N	Y	D	Y	$ 962.55	$ 962.55	
61623		Endovasc t	A	000	Y	N	N	N	N	$ 400.06	$ 400.06	
61624		Transcath	A	000	Y	N	N	N	N	$ 808.07	$ 808.07	
61626		Transcath	A	000	Y	N	N	N	N	$ 617.92	$ 617.92	
61630		Intracrania	Not Covered	XXX	Y	N	Y	D	N	$ 956.29	$ 956.29	
61635		Intracran a	Not Covered	XXX	Y	N	Y	D	N	########	$ 1,009.55	
61640		Dilate ic v	Not Covered	000	N	N	N	N	N	$ 345.59	$ 345.59	
61641		Dilat ic vs	Not Covered	ZZZ	N	N	N	N	N	$ 121.46	$ 121.46	
61642		Dilat ic vs	Not Covered	ZZZ	N	N	N	N	N	$ 242.69	$ 242.69	
61645		Perq art m	A	000	N	Y	D	N	N	$ 586.59	$ 586.59	
61650		Evasc prln	A	000	Y	N	N	N	N	$ 400.30	$ 400.30	
61651		Evasc prln	A	ZZZ	N	N	N	N	N	$ 171.83	$ 171.83	
61680		Intracrania	A	090	Y	N	Y	D	N	########	$ 1,592.53	
61682		Intracrania	A	090	Y	N	Y	D	N	########	$ 2,934.18	
61684		Intracrania	A	090	Y	N	Y	D	N	########	$ 1,999.34	
61686		Intracrania	A	090	Y	N	Y	D	N	########	$ 3,166.50	
61690		Intracrania	A	090	Y	N	Y	D	N	########	$ 1,531.31	
61692		Intracrania	A	090	Y	N	Y	D	N	########	$ 2,571.95	
61697		Brain aneu	A	090	Y	N	Y	D	N	########	$ 2,960.69	
61698		Brain aneu	A	090	Y	N	Y	D	N	########	$ 3,261.69	
61700		Brain aneu	A	090	Y	N	Y	D	N	########	$ 2,397.23	
61702		Inner skull	A	090	Y	N	Y	D	N	########	$ 2,833.20	
61703		Clamp nec	A	090	Y	N	Y	D	N	$ 950.99	$ 950.99	
61705		Revise circ	A	090	Y	N	Y	D	N	########	$ 1,831.12	
61708		Revise circ	A	090	Y	N	Y	N	N	########	$ 1,790.63	
61710		Revise circ	A	090	Y	N	D	N	N	########	$ 1,510.11	
61711		Fusion of s	A	090	Y	N	Y	D	N	########	$ 1,807.74	
61720		Incise skul	A	090	Y	N	N	N	N	$ 889.77	$ 889.77	
61735		Incise skul	A	090	Y	N	N	D	N	########	$ 1,117.76	
61750		Incise skul	A	090	Y	N	N	D	N	$ 986.65	$ 986.65	
61751		Brain biop	A	090	Y	N	N	D	N	$ 966.65	$ 966.65	
61760		Implant br	A	090	Y	N	N	Y	N	########	$ 1,110.29	
61770		Incise skul	A	090	Y	N	N	D	N	########	$ 1,139.21	
61781		Scan proc	A	ZZZ	N	N	D	N	N	$ 167.74	$ 167.74	
61782		Scan proc	A	ZZZ	N	N	D	N	N	$ 118.81	$ 118.81	
61783		Scan proc	A	ZZZ	N	N	D	N	N	$ 164.12	$ 164.12	
61790		Treat trige	A	090	Y	Y	N	N	N	$ 613.83	$ 613.83	
61791		Treat trige	A	090	Y	Y	D	N	N	$ 787.83	$ 787.83	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
61796		Srs cranial	A	090	N	N	Y	N	N	$ 710.47	$ 710.47	
61797		Srs cran les	A	ZZZ	N	N	Y	N	N	$ 155.93	$ 155.93	
61798		Srs cranial	A	090	N	N	Y	N	N	$ 967.37	$ 967.37	
61799		Srs cran les	A	ZZZ	N	N	Y	N	N	$ 214.25	$ 214.25	
61800		Apply srs l	A	ZZZ	N	N	Y	N	N	$ 107.00	$ 107.00	
61850		Implant ne	A	090	Y	N	Y	N	N	$ 688.54	$ 688.54	
61860		Implant ne	A	090	Y	N	Y	N	N	########	$ 1,098.00	
61863		Implant ne	A	090	Y	Y	Y	D	N	########	$ 1,051.48	
61864		Implant ne	A	ZZZ	N	N	Y	D	N	$ 200.51	$ 200.51	
61867		Implant ne	A	090	Y	Y	Y	D	N	########	$ 1,603.13	
61868		Implant ne	A	ZZZ	N	N	Y	D	N	$ 353.31	$ 353.31	
61880		Revise/rem	A	090	Y	Y	Y	D	N	$ 399.58	$ 399.58	
61885		Insrt/redo	A	090	Y	Y	D	N	N	$ 358.37	$ 358.37	
61886		Implant ne	A	090	Y	N	D	N	N	$ 595.03	$ 595.03	
61888		Revise/rem	A	010	Y	Y	N	N	N	$ 276.19	$ 276.19	
62000		Treat skull	A	090	Y	N	N	N	N	$ 722.28	$ 722.28	
62005		Treat skull	A	090	Y	N	Y	D	N	$ 890.01	$ 890.01	
62010		Treatment	A	090	Y	N	Y	D	N	########	$ 1,076.07	
62100		Repair brai	A	090	Y	N	Y	D	N	########	$ 1,089.08	
62115		Reduction	A	090	Y	N	Y	D	N	########	$ 1,175.60	
62117		Reduction	A	090	Y	N	Y	D	N	########	$ 1,381.65	
62120		Repair sku	A	090	Y	N	Y	D	N	########	$ 1,453.95	
62121		Incise skul	A	090	Y	N	Y	D	N	########	$ 1,078.48	
62140		Repair of s	A	090	Y	N	Y	D	N	$ 708.06	$ 708.06	
62141		Repair of s	A	090	Y	N	Y	D	N	$ 797.71	$ 797.71	
62142		Remove sk	A	090	Y	N	Y	N	N	$ 615.27	$ 615.27	
62143		Replace sk	A	090	Y	N	Y	D	N	$ 729.27	$ 729.27	
62145		Repair of s	A	090	Y	N	Y	D	N	$ 984.97	$ 984.97	
62146		Repair of s	A	090	Y	N	Y	D	N	$ 875.07	$ 875.07	
62147		Repair of s	A	090	Y	N	Y	D	N	$ 991.96	$ 991.96	
62148		Retr bone	A	ZZZ	N	N	N	N	N	$ 89.41	$ 89.41	
62160		Neuroendc	A	ZZZ	N	N	N	N	N	$ 134.48	$ 134.48	
62161		Dissect bra	A	090	Y	N	Y	D	N	########	$ 1,060.88	
62162		Remove cc	A	090	Y	N	Y	D	N	########	$ 1,325.50	
62164		Remove br	A	090	Y	N	Y	D	N	########	$ 1,466.24	
62165		Remove pi	A	090	Y	N	D	D	N	########	$ 1,052.69	
62180		Establish b	A	090	Y	N	Y	N	N	########	$ 1,121.61	
62190		Establish b	A	090	Y	N	N	D	N	$ 646.36	$ 646.36	
62192		Establish b	A	090	Y	N	Y	D	N	$ 684.20	$ 684.20	
62194		Replace/irr	A	010	Y	N	D	N	N	$ 338.61	$ 338.61	
62200		Establish b	A	090	Y	N	Y	D	N	$ 965.21	$ 965.21	
62201		Brain cavit	A	090	Y	N	N	N	N	$ 843.74	$ 843.74	
62220		Establish b	A	090	Y	N	Y	D	N	$ 687.09	$ 687.09	
62223		Establish b	A	090	Y	N	Y	D	N	$ 722.28	$ 722.28	
62225		Replace/irr	A	090	Y	N	N	N	N	$ 365.12	$ 365.12	
62230		Replace/re	A	090	Y	N	Y	D	N	$ 586.59	$ 586.59	
62252	26	Csf shunt r	A	XXX	N	N	D	N	N	$ 32.54	$ 32.54	
62252	TC	Csf shunt r	A	XXX	N	N	D	N	N	$ 21.93	$ 21.93	
62252		Csf shunt r	A	XXX	N	N	D	N	N	$ 54.47	$ 54.47	
62256		Remove br	A	090	Y	N	Y	N	N	$ 419.10	$ 419.10	
62258		Replace br	A	090	Y	N	Y	D	N	$ 780.84	$ 780.84	
62263		Epidural ly	A	010	Y	N	N	N	N	$ 207.74	$ 410.66	
62264		Epidural ly	A	010	Y	N	N	N	N	$ 167.98	$ 297.64	
62267		Interdiscal	A	000	Y	N	D	N	N	$ 105.56	$ 177.38	
62268		Drain spina	A	000	Y	N	N	N	N	$ 176.89	$ 176.89	
62269		Needle bio	A	000	Y	N	D	N	N	$ 178.10	$ 178.10	
62270		Dx lmbr sp	A	000	Y	N	N	N	N	$ 42.42	$ 85.80	
62272		Ther spi pr	A	000	Y	N	N	N	N	$ 61.46	$ 116.40	
62273		Inject epid	A	000	Y	N	N	N	N	$ 77.12	$ 113.03	
62280		Treat spina	A	010	Y	N	N	N	N	$ 115.92	$ 242.21	
62281		Treat spina	A	010	Y	N	N	N	N	$ 107.73	$ 160.75	
62282		Treat spina	A	010	Y	N	N	N	N	$ 97.36	$ 213.53	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
62284		Injection fo	A	000	Y	N	N	N	N	$ 57.84	$ 128.45	
62287		Percutaneo	A	090	Y	N	N	N	N	$ 390.18	$ 390.18	
62290		Njx px disc	A	000	Y	N	N	N	N	$ 111.34	$ 238.11	
62291		Njx px disc	A	000	Y	N	N	N	N	$ 105.80	$ 223.89	
62292		Njx chemo	A	090	Y	N	D	N	N	$ 392.59	$ 392.59	
62294		Injection ir	A	090	Y	N	N	N	N	$ 663.71	$ 663.71	
62302		Myelograp	A	000	Y	N	N	N	N	$ 81.70	$ 170.63	
62303		Myelograp	A	000	Y	N	N	N	N	$ 81.70	$ 173.28	
62304		Myelograp	A	000	Y	N	N	N	N	$ 80.49	$ 168.46	
62305		Myelograp	A	000	Y	N	N	N	N	$ 83.63	$ 182.68	
62320		Njx interla	A	000	Y	N	N	N	N	$ 67.72	$ 109.41	
62321		Njx interla	A	000	Y	N	N	N	N	$ 73.26	$ 172.80	
62322		Njx interla	A	000	Y	N	N	N	N	$ 55.67	$ 94.95	
62323		Njx interla	A	000	Y	N	N	N	N	$ 67.24	$ 169.91	
62324		Njx interla	A	000	Y	N	N	N	N	$ 61.46	$ 93.75	
62325		Njx interla	A	000	Y	N	N	N	N	$ 75.92	$ 166.77	
62326		Njx interla	A	000	Y	N	N	N	N	$ 59.29	$ 94.95	
62327		Njx interla	A	000	Y	N	N	N	N	$ 70.37	$ 170.87	
62328		Dx lmbr sp	A	000	Y	N	N	N	N	$ 61.21	$ 166.53	
62329		Ther spi pr	A	000	Y	N	N	N	N	$ 78.57	$ 210.88	
62350		Implant spi	A	010	Y	N	N	D	N	$ 272.81	$ 272.81	
62351		Implant spi	A	090	Y	N	Y	Y	N	$ 620.58	$ 620.58	
62355		Remove sp	A	010	Y	N	D	N	N	$ 184.12	$ 184.12	
62360		Insert spin	A	010	Y	N	D	D	N	$ 218.11	$ 218.11	
62361		Implant spi	A	010	Y	N	D	D	N	$ 295.95	$ 295.95	
62362		Implant spi	A	010	Y	N	D	D	N	$ 264.62	$ 264.62	
62365		Remove sp	A	010	Y	N	D	N	N	$ 201.72	$ 201.72	
62367		Analyze sp	A	XXX	N	N	N	N	N	$ 16.87	$ 20.97	
62368		Analyze sp	A	XXX	N	N	N	N	N	$ 24.34	$ 30.13	
62369		Anal sp inf	A	XXX	N	N	N	N	N	$ 24.58	$ 61.94	
62370		Anl sp inf p	A	XXX	N	N	N	N	N	$ 32.05	$ 63.87	
62380		Ndsc dcmp	Not Covered	090	Y	Y	Y	Y	N	$ -	$ -	
63001		Remove sp	A	090	Y	N	Y	Y	N	$ 861.09	$ 861.09	
63003		Remove sp	A	090	Y	N	Y	Y	N	$ 861.33	$ 861.33	
63005		Remove sp	A	090	Y	N	Y	Y	N	$ 830.73	$ 830.73	
63011		Remove sp	A	090	Y	N	Y	Y	N	$ 759.15	$ 759.15	
63012		Remove la	A	090	Y	N	Y	Y	N	$ 828.32	$ 828.32	
63015		Remove sp	A	090	Y	N	Y	Y	N	########	$ 1,031.96	
63016		Remove sp	A	090	Y	N	Y	Y	N	########	$ 1,063.77	
63017		Remove sp	A	090	Y	N	Y	Y	N	$ 877.96	$ 877.96	
63020		Neck spine	A	090	Y	Y	Y	Y	N	$ 803.25	$ 803.25	
63030		Low back d	A	090	Y	Y	Y	Y	N	$ 673.11	$ 673.11	
63035		Spinal disk	A	ZZZ	N	Y	Y	Y	N	$ 134.96	$ 134.96	
63040		Laminoton	A	090	Y	Y	Y	Y	N	$ 966.65	$ 966.65	
63042		Laminoton	A	090	Y	Y	Y	Y	N	$ 896.76	$ 896.76	
63043		Laminoton	C	ZZZ	N	Y	Y	Y	N	$ -	$ -	On benefit; Phys cont.
63044		Laminoton	C	ZZZ	N	Y	Y	Y	N	$ -	$ -	$267.09 UCR, eff 1/1/14; on benefit; P
63045		Remove sp	A	090	Y	B	Y	Y	N	$ 895.32	$ 895.32	
63046		Remove sp	A	090	Y	B	Y	Y	N	$ 852.66	$ 852.66	
63047		Remove sp	A	090	Y	B	Y	Y	N	$ 764.45	$ 764.45	
63048		Remove sp	A	ZZZ	N	N	Y	Y	N	$ 148.70	$ 148.70	
63050		Cervical la	A	090	Y	N	Y	Y	N	########	$ 1,040.16	
63051		C-laminop	A	090	Y	N	Y	Y	N	########	$ 1,181.14	
63055		Decompres	A	090	Y	N	Y	D	N	########	$ 1,137.76	
63056		Decompres	A	090	Y	N	Y	D	N	########	$ 1,039.19	
63057		Decompres	A	ZZZ	N	N	Y	D	N	$ 225.82	$ 225.82	
63064		Decompres	A	090	Y	N	Y	D	N	########	$ 1,250.31	
63066		Decompres	A	ZZZ	N	N	Y	D	N	$ 146.05	$ 146.05	
63075		Neck spine	A	090	Y	N	Y	Y	N	$ 943.27	$ 943.27	
63076		Neck spine	A	ZZZ	N	N	Y	Y	N	$ 171.83	$ 171.83	
63077		Spine disk	A	090	Y	N	Y	Y	N	########	$ 1,041.60	
63078		Spine disk	A	ZZZ	N	N	Y	Y	N	$ 147.73	$ 147.73	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
63081		Remove ve	A	090	Y	N	Y	D	Y	########	$ 1,224.28	
63082		Remove ve	A	ZZZ	N	N	Y	D	Y	$ 186.78	$ 186.78	
63085		Remove ve	A	090	Y	N	Y	Y	Y	########	$ 1,342.13	
63086		Remove ve	A	ZZZ	N	N	Y	Y	Y	$ 133.03	$ 133.03	
63087		Remov ver	A	090	Y	N	Y	Y	Y	########	$ 1,683.14	
63088		Remove ve	A	ZZZ	N	N	Y	Y	Y	$ 182.20	$ 182.20	
63090		Remove ve	A	090	Y	N	Y	Y	Y	########	$ 1,363.10	
63091		Remove ve	A	ZZZ	N	N	Y	Y	Y	$ 124.60	$ 124.60	
63101		Remove ve	A	090	Y	N	Y	D	N	########	$ 1,625.55	
63102		Remove ve	A	090	Y	N	Y	D	N	########	$ 1,581.44	
63103		Remove ve	A	ZZZ	N	N	Y	D	N	$ 207.26	$ 207.26	
63170		Incise spin	A	090	Y	N	Y	D	N	########	$ 1,115.83	
63172		Drainage o	A	090	Y	N	Y	D	N	$ 989.79	$ 989.79	
63173		Drainage o	A	090	Y	N	Y	D	N	########	$ 1,209.82	
63185		Incise spin	A	090	Y	N	Y	D	N	$ 784.70	$ 784.70	
63190		Incise spin	A	090	Y	N	Y	D	N	$ 852.90	$ 852.90	
63191		Incise spin	A	090	Y	Y	Y	D	N	$ 965.21	$ 965.21	
63194		Incise spin	A	090	Y	N	Y	D	N	########	$ 1,117.52	
63195		Incise spin	A	090	Y	N	Y	D	N	########	$ 1,074.38	
63196		Incise spin	A	090	Y	N	Y	D	N	########	$ 1,249.59	
63197		Incise spin	A	090	Y	N	Y	D	N	########	$ 1,199.70	
63198		Incise spin	A	090	Y	N	Y	D	N	########	$ 1,466.97	
63199		Incise spin	A	090	Y	N	Y	D	N	########	$ 1,537.34	
63200		Release sp	A	090	Y	N	Y	N	N	########	$ 1,062.09	
63250		Revise spir	A	090	Y	N	Y	D	N	########	$ 2,088.51	
63251		Revise spir	A	090	Y	N	Y	D	N	########	$ 2,133.81	
63252		Revise spir	A	090	Y	N	Y	D	N	########	$ 2,133.33	
63265		Excise intr	A	090	Y	N	Y	D	N	########	$ 1,165.72	
63266		Excise intr	A	090	Y	N	Y	D	N	########	$ 1,204.76	
63267		Excise intr	A	090	Y	N	Y	D	N	$ 954.12	$ 954.12	
63268		Excise intr	A	090	Y	N	Y	D	N	$ 989.79	$ 989.79	
63270		Excise intr	A	090	Y	N	Y	D	N	########	$ 1,459.01	
63271		Excise intr	A	090	Y	N	Y	D	N	########	$ 1,453.95	
63272		Excise intr	A	090	Y	N	Y	D	N	########	$ 1,305.02	
63273		Excise intr	A	090	Y	N	Y	N	N	########	$ 1,310.32	
63275		Bx/exc xdr	A	090	Y	N	Y	D	N	########	$ 1,264.77	
63276		Bx/exc xdr	A	090	Y	N	Y	D	N	########	$ 1,256.33	
63277		Bx/exc xdr	A	090	Y	N	Y	D	N	########	$ 1,089.08	
63278		Bx/exc xdr	A	090	Y	N	Y	D	N	########	$ 1,115.83	
63280		Bx/exc idr	A	090	Y	N	Y	D	N	########	$ 1,488.90	
63281		Bx/exc idr	A	090	Y	N	Y	D	N	########	$ 1,472.75	
63282		Bx/exc idr	A	090	Y	N	Y	D	N	########	$ 1,388.16	
63283		Bx/exc idr	A	090	Y	N	Y	D	N	########	$ 1,333.45	
63285		Bx/exc idr	A	090	Y	N	Y	D	N	########	$ 1,838.83	
63286		Bx/exc idr	A	090	Y	N	Y	D	N	########	$ 1,814.73	
63287		Bx/exc idr	A	090	Y	N	Y	D	N	########	$ 1,929.93	
63290		Bx/exc xdr	A	090	Y	N	Y	D	N	########	$ 1,962.95	
63295		Repair lam	A	ZZZ	N	B	Y	Y	N	$ 232.57	$ 232.57	
63300		Remove ve	A	090	Y	N	Y	D	N	########	$ 1,276.34	
63301		Remove ve	A	090	Y	N	Y	D	N	########	$ 1,548.67	
63302		Remove ve	A	090	Y	N	Y	D	N	########	$ 1,529.15	
63303		Remov ver	A	090	Y	N	Y	D	N	########	$ 1,626.99	
63304		Remove ve	A	090	Y	N	Y	D	N	########	$ 1,651.33	
63305		Remove ve	A	090	Y	N	Y	D	N	########	$ 1,758.10	
63306		Remov ver	A	090	Y	N	Y	D	N	########	$ 1,726.77	
63307		Remov ver	A	090	Y	N	Y	D	N	########	$ 1,692.30	
63308		Remove ve	A	ZZZ	N	N	Y	D	N	$ 227.50	$ 227.50	
63600		Remove sp	A	090	Y	N	D	N	N	$ 764.45	$ 764.45	
63610		Stimulatio	A	000	Y	N	D	N	N	$ 408.50	$ 408.50	
63620		Srs spinal l	A	090	N	N	Y	N	N	$ 785.90	$ 785.90	
63621		Srs spinal l	A	ZZZ	N	N	Y	N	N	$ 178.58	$ 178.58	
63650		Implant ne	A	010	Y	N	N	N	N	$ 281.97	$ 1,405.03	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
63655		Implant ne	A	090	Y	N	Y	D	N	$ 576.47	$ 576.47	
63661		Remove sp	A	010	Y	N	Y	D	N	$ 223.17	$ 442.72	
63662		Remove sp	A	090	Y	N	Y	D	N	$ 583.94	$ 583.94	
63663		Revise spi	A	010	Y	N	Y	D	N	$ 309.44	$ 586.11	
63664		Revise spi	A	090	Y	N	Y	D	N	$ 608.04	$ 608.04	
63685		Insrt/redo	A	010	Y	N	Y	D	N	$ 247.27	$ 247.27	
63688		Revise/rem	A	010	Y	N	N	N	N	$ 254.26	$ 254.26	
63700		Repair of s	A	090	Y	N	Y	D	N	$ 912.91	$ 912.91	
63702		Repair of s	A	090	Y	N	Y	D	N	########	$ 1,000.15	
63704		Repair of s	A	090	Y	N	Y	D	N	########	$ 1,161.14	
63706		Repair of s	A	090	Y	N	Y	D	N	########	$ 1,291.76	
63707		Repair spi	A	090	Y	N	Y	D	N	$ 646.12	$ 646.12	
63709		Repair spi	A	090	Y	N	Y	D	N	$ 771.20	$ 771.20	
63710		Graft repai	A	090	Y	N	Y	D	N	$ 749.99	$ 749.99	
63740		Install spin	A	090	Y	N	Y	D	N	$ 682.99	$ 682.99	
63741		Install spin	A	090	Y	N	Y	D	N	$ 466.58	$ 466.58	
63744		Revision o	A	090	Y	N	Y	D	N	$ 476.46	$ 476.46	
63746		Removal o	A	090	Y	N	D	N	N	$ 419.58	$ 419.58	
64400		Njx aa&/st	A	000	Y	Y	N	N	N	$ 34.46	$ 73.26	
64405		Njx aa&/st	A	000	Y	Y	N	N	N	$ 37.36	$ 50.13	
64408		Njx aa&/st	A	000	Y	Y	D	N	N	$ 29.88	$ 50.85	
64415		Njx aa&/st	A	000	Y	Y	N	N	N	$ 43.62	$ 74.71	
64416		Njx aa&/st	A	000	Y	Y	N	N	N	$ 45.07	$ 45.07	
64417		Njx aa&/st	A	000	Y	Y	N	N	N	$ 41.69	$ 90.86	
64418		Njx aa&/st	A	000	Y	Y	N	N	N	$ 39.77	$ 59.05	
64420		Njx aa&/st	A	000	Y	Y	N	N	N	$ 40.25	$ 65.31	
64421		Njx aa&/st	A	ZZZ	N	Y	N	N	N	$ 17.11	$ 22.65	
64425		Njx aa&/st	A	000	Y	Y	N	N	N	$ 37.84	$ 74.23	
64430		Njx aa&/st	A	000	Y	Y	N	N	N	$ 37.84	$ 63.62	
64435		Njx aa&/st	A	000	Y	Y	N	N	N	$ 30.13	$ 52.30	
64445		Njx aa&/st	A	000	Y	Y	N	N	N	$ 36.63	$ 82.42	
64446		Njx aa&/st	A	000	Y	Y	N	N	N	$ 40.97	$ 40.97	
64447		Njx aa&/st	A	000	Y	Y	N	N	N	$ 36.39	$ 59.05	
64448		Njx aa&/st	A	000	Y	Y	N	N	N	$ 42.18	$ 42.18	
64449		Njx aa&/st	A	000	Y	Y	N	N	N	$ 43.14	$ 43.14	
64450		Njx aa&/st	A	000	Y	Y	N	N	N	$ 28.92	$ 50.61	
64451		Njx aa&/st	Not Covered	000	Y	Y	N	N	N	$ 53.98	$ 142.43	
64454		Njx aa&/st	Not Covered	000	Y	Y	N	N	N	$ 55.67	$ 142.19	
64455		Njx aa&/st	A	000	Y	Y	D	N	N	$ 23.14	$ 32.29	
64461		Pvb thorac	A	000	Y	Y	N	N	N	$ 53.74	$ 88.93	
64462		Pvb thorac	A	ZZZ	N	Y	N	N	N	$ 34.22	$ 49.65	
64463		Pvb thorac	A	000	Y	Y	N	N	N	$ 57.36	$ 145.08	
64479		Njx aa&/st	A	000	Y	Y	N	N	N	$ 88.45	$ 172.56	
64480		Njx aa&/st	A	ZZZ	N	Y	N	N	N	$ 42.90	$ 87.72	
64483		Njx aa&/st	A	000	Y	Y	N	N	N	$ 74.95	$ 159.30	
64484		Njx aa&/st	A	ZZZ	N	Y	N	N	N	$ 35.67	$ 72.30	
64486		Tap block	A	000	Y	Y	N	N	N	$ 38.80	$ 74.71	
64487		Tap block	A	000	Y	Y	N	N	N	$ 45.07	$ 134.00	
64488		Tap block	A	000	Y	B	N	N	N	$ 48.44	$ 92.30	
64489		Tap block	A	000	Y	B	N	N	N	$ 54.23	$ 211.60	
64490		Inj paraver	A	000	Y	Y	Y	N	N	$ 71.82	$ 126.04	
64491		Inj paraver	A	ZZZ	N	Y	Y	N	N	$ 41.45	$ 64.83	
64492		Inj paraver	A	ZZZ	N	Y	Y	N	N	$ 42.18	$ 65.07	
64493		Inj paraver	A	000	Y	Y	Y	N	N	$ 60.97	$ 114.96	
64494		Inj paraver	A	ZZZ	N	Y	Y	N	N	$ 35.43	$ 59.77	
64495		Inj paraver	A	ZZZ	N	Y	Y	N	N	$ 35.91	$ 59.77	
64505		N block sp	A	000	Y	Y	N	N	N	$ 68.20	$ 90.13	
64510		N block ste	A	000	Y	Y	N	N	N	$ 51.82	$ 95.20	
64517		N block inj	A	000	Y	N	N	N	N	$ 85.31	$ 127.73	
64520		N block lu	A	000	Y	Y	N	N	N	$ 56.64	$ 147.01	
64530		N block inj	A	000	Y	N	N	N	N	$ 63.62	$ 148.70	
64553		Implant ne	A	010	Y	N	D	N	N	$ 246.54	$ 1,507.46	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Statewide OB/GYN Facility	Non-Facility	Notes
64555		Implant ne	A	010	Y	N	N	N	N	$ 231.60	$ 1,373.70	
64561		Implant ne	A	010	Y	Y	N	N	N	$ 207.74	$ 496.46	
64566		Neuroeltrd	Not Covered	000	Y	N	D	N	N	$ 21.45	$ 80.25	
64568		Inc for vag	A	090	Y	Y	D	N	N	$ 425.37	$ 425.37	
64569		Revise/rep	A	090	Y	Y	D	D	D	$ 529.48	$ 529.48	
64570		Remove va	A	090	Y	Y	D	D	D	$ 507.79	$ 507.79	
64575		Implant ne	A	090	Y	N	N	N	N	$ 227.26	$ 227.26	
64580		Implant ne	A	090	Y	N	Y	N	N	$ 214.25	$ 214.25	
64581		Implant ne	A	090	Y	N	N	N	N	$ 453.80	$ 453.80	
64585		Revise/rem	A	010	Y	N	N	N	N	$ 96.16	$ 164.12	
64590		Insrt/redo	A	010	Y	N	N	D	N	$ 108.69	$ 177.38	
64595		Revise/rmv	A	010	Y	N	N	N	N	$ 85.07	$ 156.41	
64600		Injection tr	A	010	Y	B	N	N	N	$ 155.45	$ 302.94	
64605		Injection tr	A	010	Y	Y	D	N	N	$ 238.83	$ 422.47	
64610		Injection tr	A	010	Y	Y	N	N	N	$ 337.40	$ 532.13	
64611		Chemoden	A	010	Y	B	D	N	N	$ 72.30	$ 83.39	
64612		Destroy ne	A	010	Y	Y	N	N	N	$ 78.08	$ 88.93	
64615		Chemoden	A	010	Y	B	N	N	N	$ 86.04	$ 104.59	
64616		Chemoden	A	010	Y	Y	N	N	N	$ 74.95	$ 91.82	
64617		Chemoden	A	010	Y	Y	N	N	N	$ 73.75	$ 107.97	
64620		Injection tr	A	010	Y	N	N	N	N	$ 119.05	$ 140.26	
64624		Dstrj nulyt	Not Covered	010	Y	Y	D	N	N	$ 99.29	$ 262.21	
64625		Rf ablti nrv	Not Covered	010	Y	Y	N	N	N	$ 130.86	$ 320.77	
64630		Injection tr	A	010	Y	N	D	N	N	$ 130.14	$ 168.94	
64632		N block inj	A	010	Y	Y	D	N	N	$ 45.07	$ 58.80	
64633		Destroy ce	A	010	Y	Y	N	N	N	$ 151.83	$ 275.46	
64634		Destroy c/t	A	ZZZ	N	Y	N	N	N	$ 46.51	$ 122.67	
64635		Destroy lu	A	010	Y	Y	N	N	N	$ 149.66	$ 272.57	
64636		Destroy l/s	A	ZZZ	N	Y	N	N	N	$ 40.73	$ 111.58	
64640		Injection tr	A	010	Y	Y	N	N	N	$ 80.01	$ 163.64	
64642		Chemoden	A	000	Y	N	N	N	N	$ 73.51	$ 99.29	
64643		Chemoden	A	ZZZ	N	N	N	N	N	$ 49.16	$ 62.90	
64644		Chemoden	A	000	Y	N	N	N	N	$ 80.74	$ 116.64	
64645		Chemoden	A	ZZZ	N	N	N	N	N	$ 57.12	$ 80.49	
64646		Chemoden	A	000	Y	N	N	N	N	$ 80.01	$ 105.32	
64647		Chemoden	A	000	Y	N	N	N	N	$ 92.79	$ 120.98	
64650		Chemoden	A	000	Y	N	D	N	N	$ 27.96	$ 57.12	
64653		Chemoden	A	000	Y	N	D	N	N	$ 35.43	$ 68.44	
64680		Injection tr	A	010	Y	N	N	N	N	$ 108.69	$ 226.78	
64681		Injection tr	A	010	Y	N	N	N	N	$ 151.83	$ 308.96	
64702		Revise fing	A	090	Y	N	N	N	N	$ 341.26	$ 341.26	
64704		Revise han	A	090	Y	N	Y	D	N	$ 216.90	$ 216.90	
64708		Revise arm	A	090	Y	N	Y	D	N	$ 341.98	$ 341.98	
64712		Revision o	A	090	Y	Y	Y	D	N	$ 403.43	$ 403.43	
64713		Revision o	A	090	Y	Y	Y	D	N	$ 537.67	$ 537.67	
64714		Revise low	A	090	Y	Y	Y	D	N	$ 517.43	$ 517.43	
64716		Revision o	A	090	Y	N	Y	D	N	$ 345.84	$ 345.84	
64718		Revise uln	A	090	Y	Y	D	N	N	$ 402.47	$ 402.47	
64719		Revise uln	A	090	Y	Y	N	N	N	$ 272.33	$ 272.33	
64721		Carpal tun	A	090	Y	Y	N	N	N	$ 290.16	$ 294.74	
64722		Relieve pre	A	090	Y	N	Y	D	N	$ 240.76	$ 240.76	
64726		Release fo	A	090	Y	N	N	N	N	$ 179.79	$ 179.79	
64727		Internal ne	A	ZZZ	N	N	N	N	N	$ 124.84	$ 124.84	
64732		Incision of	A	090	Y	Y	Y	N	N	$ 307.28	$ 307.28	
64734		Incision of	A	090	Y	Y	D	N	N	$ 347.04	$ 347.04	
64736		Incision of	A	090	Y	Y	Y	N	N	$ 223.41	$ 223.41	
64738		Incision of	A	090	Y	Y	Y	N	N	$ 299.56	$ 299.56	
64740		Incision of	A	090	Y	Y	Y	N	N	$ 310.41	$ 310.41	
64742		Incision of	A	090	Y	Y	Y	N	N	$ 322.94	$ 322.94	
64744		Incise nerv	A	090	Y	Y	D	N	N	$ 344.15	$ 344.15	
64746		Incise diap	A	090	Y	Y	Y	D	N	$ 298.60	$ 298.60	
64755		Incision of	A	090	Y	N	Y	D	N	$ 646.36	$ 646.36	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
64760		Incision of	A	090	Y	N	Y	D	N	$ 359.09	$ 359.09	
64763		Incise hip/t	A	090	Y	Y	Y	D	N	$ 355.48	$ 355.48	
64766		Incise hip/t	A	090	Y	Y	Y	N	N	$ 439.83	$ 439.83	
64771		Sever cran	A	090	Y	N	Y	N	N	$ 408.25	$ 408.25	
64772		Incision of	A	090	Y	N	Y	D	N	$ 381.26	$ 381.26	
64774		Remove sk	A	090	Y	N	N	N	N	$ 274.50	$ 274.50	
64776		Remove di	A	090	Y	N	D	N	N	$ 263.90	$ 263.90	
64778		Digit nerve	A	ZZZ	N	N	N	N	N	$ 126.04	$ 126.04	
64782		Remove lir	A	090	Y	N	N	D	N	$ 309.44	$ 309.44	
64783		Limb nerve	A	ZZZ	N	N	N	N	N	$ 150.14	$ 150.14	
64784		Remove ne	A	090	Y	N	D	N	N	$ 496.70	$ 496.70	
64786		Remove sc	A	090	Y	Y	Y	N	N	$ 704.20	$ 704.20	
64787		Implant ne	A	ZZZ	N	N	D	N	N	$ 166.05	$ 166.05	
64788		Remove sk	A	090	Y	N	N	N	N	$ 272.09	$ 272.09	
64790		Removal o	A	090	Y	N	D	D	N	$ 572.86	$ 572.86	
64792		Removal o	A	090	Y	N	Y	D	N	$ 735.53	$ 735.53	
64795		Biopsy of r	A	000	Y	N	N	N	N	$ 132.31	$ 132.31	
64802		Sympathec	A	090	Y	Y	Y	D	N	$ 581.53	$ 581.53	
64804		Remove sy	A	090	Y	Y	Y	D	N	$ 829.52	$ 829.52	
64809		Remove sy	A	090	Y	Y	Y	D	N	$ 760.36	$ 760.36	
64818		Remove sy	A	090	Y	Y	Y	D	N	$ 532.61	$ 532.61	
64820		Sympathec	A	090	Y	N	N	N	N	$ 493.81	$ 493.81	
64821		Remove sy	A	090	Y	Y	N	N	N	$ 473.57	$ 473.57	
64822		Remove sy	A	090	Y	Y	N	N	N	$ 473.57	$ 473.57	
64823		Sympathec	A	090	Y	Y	N	N	N	$ 538.88	$ 538.88	
64831		Repair of d	A	090	Y	Y	N	N	N	$ 465.61	$ 465.61	
64832		Repair ner	A	ZZZ	N	N	D	N	N	$ 230.16	$ 230.16	
64834		Repair of h	A	090	Y	Y	D	N	N	$ 504.41	$ 504.41	
64835		Repair of h	A	090	Y	Y	Y	N	N	$ 557.19	$ 557.19	
64836		Repair of h	A	090	Y	Y	Y	N	N	$ 557.19	$ 557.19	
64837		Repair ner	A	ZZZ	N	N	Y	N	N	$ 253.05	$ 253.05	
64840		Repair of l	A	090	Y	Y	Y	N	N	$ 657.21	$ 657.21	
64856		Repair/trar	A	090	Y	N	N	D	N	$ 689.50	$ 689.50	
64857		Repair arm	A	090	Y	N	Y	D	N	$ 720.83	$ 720.83	
64858		Repair scia	A	090	Y	Y	Y	D	N	$ 806.87	$ 806.87	
64859		Nerve surg	A	ZZZ	N	N	Y	D	N	$ 172.07	$ 172.07	
64861		Repair of a	A	090	Y	Y	Y	D	N	########	$ 1,062.81	
64862		Repair of l	A	090	Y	Y	Y	N	N	$ 943.52	$ 943.52	
64864		Repair of f	A	090	Y	N	Y	D	N	$ 582.74	$ 582.74	
64865		Repair of f	A	090	Y	N	Y	D	N	$ 735.05	$ 735.05	
64866		Fusion of f	A	090	Y	N	Y	D	N	$ 851.69	$ 851.69	
64868		Fusion of f	A	090	Y	N	Y	D	N	$ 674.08	$ 674.08	
64872		Subsequen	A	ZZZ	N	N	Y	D	N	$ 80.98	$ 80.98	
64874		Repair & r	A	ZZZ	N	N	Y	D	N	$ 120.98	$ 120.98	
64876		Repair ner	A	ZZZ	N	N	Y	D	N	$ 136.41	$ 136.41	
64885		Nerve graf	A	090	Y	N	Y	D	N	$ 750.96	$ 750.96	
64886		Nerve graf	A	090	Y	N	Y	D	N	$ 868.08	$ 868.08	
64890		Nerve graf	A	090	Y	N	Y	N	N	$ 740.35	$ 740.35	
64891		Nerve graf	A	090	Y	N	Y	N	N	$ 787.35	$ 787.35	
64892		Nerve graf	A	090	Y	N	Y	D	N	$ 719.14	$ 719.14	
64893		Nerve graf	A	090	Y	N	Y	N	N	$ 768.07	$ 768.07	
64895		Nerve graf	A	090	Y	N	Y	D	N	$ 910.98	$ 910.98	
64896		Nerve graf	A	090	Y	N	Y	D	N	$ 981.11	$ 981.11	
64897		Nerve graf	A	090	Y	N	Y	D	N	$ 869.77	$ 869.77	
64898		Nerve graf	A	090	Y	N	Y	D	N	$ 941.83	$ 941.83	
64901		Nerve graf	A	ZZZ	N	N	Y	D	N	$ 413.07	$ 413.07	
64902		Nerve graf	A	ZZZ	N	N	Y	D	N	$ 478.14	$ 478.14	
64905		Nerve pedi	A	090	Y	N	Y	D	N	$ 692.88	$ 692.88	
64907		Nerve pedi	A	090	Y	N	Y	D	N	$ 893.87	$ 893.87	
64910		Nerve repa	A	090	Y	N	Y	D	N	$ 525.86	$ 525.86	
64911		Neurorrapl	A	090	Y	N	Y	D	N	$ 696.49	$ 696.49	
64912		Nrv rpr w/r	A	090	Y	N	Y	D	N	$ 595.27	$ 595.27	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
64913		Nrv rpr w/i	A	ZZZ	N	N	Y	D	N	$ 121.46	$ 121.46	
64999		Nervous sy	nlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
65091		Revise eye	A	090	Y	Y	D	D	N	$ 469.95	$ 469.95	
65093		Revise eye	A	090	Y	Y	N	D	N	$ 465.61	$ 465.61	
65101		Removal o	A	090	Y	Y	N	N	N	$ 538.39	$ 538.39	
65103		Remove ey	A	090	Y	Y	N	D	N	$ 556.95	$ 556.95	
65105		Remove ey	A	090	Y	Y	Y	D	N	$ 608.04	$ 608.04	
65110		Removal o	A	090	Y	Y	Y	D	N	$ 850.25	$ 850.25	
65112		Remove ey	A	090	Y	Y	Y	D	N	$ 977.98	$ 977.98	
65114		Remove ey	A	090	Y	Y	Y	D	N	########	$ 1,021.36	
65125		Revise ocu	A	090	Y	Y	N	D	N	$ 188.46	$ 296.43	
65130		Insert ocul	A	090	Y	Y	N	D	N	$ 538.64	$ 538.64	
65135		Insert ocul	A	090	Y	Y	N	N	N	$ 545.38	$ 545.38	
65140		Attach ocu	A	090	Y	Y	N	N	N	$ 587.32	$ 587.32	
65150		Revise ocu	A	090	Y	Y	D	N	N	$ 439.10	$ 439.10	
65155		Reinsert oc	A	090	Y	Y	N	N	N	$ 611.90	$ 611.90	
65175		Removal o	A	090	Y	Y	N	D	N	$ 490.19	$ 490.19	
65205		Remove fo	A	000	Y	Y	N	N	N	$ 19.52	$ 19.76	
65210		Remove fo	A	000	Y	Y	N	N	N	$ 24.34	$ 26.03	
65220		Remove fo	A	000	Y	Y	N	N	N	$ 28.20	$ 39.77	
65222		Remove fo	A	000	Y	Y	N	N	N	$ 33.74	$ 44.34	
65235		Remove fo	A	090	Y	Y	D	N	N	$ 471.40	$ 471.40	
65260		Remove fo	A	090	Y	Y	Y	N	N	$ 637.45	$ 637.45	
65265		Remove fo	A	090	Y	Y	Y	D	N	$ 716.98	$ 716.98	
65270		Repair of e	A	010	Y	Y	D	N	N	$ 92.30	$ 183.40	
65272		Repair of e	A	090	Y	Y	N	N	N	$ 229.91	$ 341.50	
65273		Repair of e	A	090	Y	Y	N	D	N	$ 248.23	$ 248.23	
65275		Repair of e	A	090	Y	Y	D	N	N	$ 301.25	$ 382.47	
65280		Repair of e	A	090	Y	Y	D	N	N	$ 437.42	$ 437.42	
65285		Repair of e	A	090	Y	Y	N	N	N	$ 723.00	$ 723.00	
65286		Repair of e	A	090	Y	Y	N	N	N	$ 322.70	$ 456.94	
65290		Repair of e	A	090	Y	Y	N	D	N	$ 319.33	$ 319.33	
65400		Removal o	A	090	Y	Y	N	N	N	$ 389.94	$ 448.02	
65410		Biopsy of	A	000	Y	Y	D	N	N	$ 67.00	$ 92.79	
65420		Removal o	A	090	Y	Y	N	N	N	$ 243.89	$ 347.76	
65426		Removal o	A	090	Y	Y	N	N	N	$ 309.69	$ 434.76	
65430		Corneal sm	A	000	Y	Y	N	N	N	$ 66.52	$ 75.19	
65435		Curette/tre	A	000	Y	Y	N	N	N	$ 44.59	$ 53.02	
65436		Curette/tre	A	090	Y	Y	N	N	N	$ 239.55	$ 251.12	
65450		Treatment	A	090	Y	Y	N	N	N	$ 206.06	$ 210.63	
65600		Revision o	A	090	Y	Y	N	N	N	$ 219.55	$ 276.43	
65710		Corneal tra	A	090	Y	Y	Y	D	N	$ 739.63	$ 739.63	
65730		Corneal tra	A	090	Y	Y	Y	D	N	$ 815.06	$ 815.06	
65750		Corneal tra	A	090	Y	Y	Y	D	N	$ 821.09	$ 821.09	
65755		Corneal tra	A	090	Y	Y	Y	D	N	$ 817.23	$ 817.23	
65756		Corneal trr	A	090	Y	Y	Y	D	N	$ 769.03	$ 769.03	
65757		Prep corne	Manual	ZZZ	N	N	D	N	N	$ -	$ -	
65760		Revision o	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
65765		Revision o	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
65767		Corneal tis	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
65770		Revise cor	A	090	Y	Y	Y	N	N	$ 914.35	$ 914.35	
65771		Radial kera	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
65772		Correction	A	090	Y	Y	N	N	N	$ 261.73	$ 296.19	
65775		Correction	A	090	Y	Y	N	N	N	$ 368.97	$ 368.97	
65778		Cover eye	Not Covered	000	Y	Y	D	N	N	$ 35.91	$ 889.29	
65779		Cover eye	Not Covered	000	Y	Y	D	N	N	$ 99.05	$ 770.96	
65780		Ocular rec	A	090	Y	Y	N	D	N	$ 431.63	$ 431.63	
65781		Ocular rec	A	090	Y	Y	Y	D	N	$ 865.91	$ 865.91	
65782		Ocular rec	A	090	Y	Y	N	D	N	$ 746.62	$ 746.62	
65785		Impltj ntrst	A	090	Y	Y	N	D	N	$ 286.55	$ 1,471.79	
65800		Drainage o	A	000	Y	Y	N	N	N	$ 60.49	$ 78.33	
65810		Drainage o	A	090	Y	Y	N	N	N	$ 300.77	$ 300.77	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
65815		Drainage o	A	090	Y	Y	N	N	N	$ 308.48	$ 418.86	
65820		Relieve inr	A	090	Y	Y	D	N	N	$ 524.66	$ 524.66	
65850		Incision of	A	090	Y	Y	N	D	N	$ 550.20	$ 550.20	
65855		Trabeculop	A	010	Y	Y	N	D	D	$ 134.72	$ 160.51	
65860		Incise inne	A	090	Y	Y	D	N	N	$ 162.43	$ 200.27	
65865		Incise inne	A	090	Y	Y	N	D	N	$ 309.44	$ 309.44	
65870		Incise inne	A	090	Y	Y	N	D	N	$ 385.36	$ 385.36	
65875		Incise inne	A	090	Y	Y	N	D	N	$ 411.39	$ 411.39	
65880		Incise inne	A	090	Y	Y	N	N	N	$ 433.08	$ 433.08	
65900		Remove ey	A	090	Y	Y	Y	N	N	$ 643.95	$ 643.95	
65920		Remove in	A	090	Y	Y	N	D	N	$ 513.81	$ 513.81	
65930		Remove bl	A	090	Y	Y	N	D	N	$ 417.65	$ 417.65	
66020		Injection tr	A	010	Y	Y	N	N	N	$ 84.83	$ 127.01	
66030		Injection tr	A	010	Y	Y	N	N	N	$ 71.34	$ 113.51	
66130		Remove ey	A	090	Y	Y	D	N	N	$ 368.73	$ 461.52	
66150		Glaucoma	A	090	Y	Y	N	D	N	$ 567.31	$ 567.31	
66155		Glaucoma	A	090	Y	Y	N	N	N	$ 567.07	$ 567.07	
66160		Glaucoma	A	090	Y	Y	N	D	N	$ 640.58	$ 640.58	
66170		Glaucoma	A	090	Y	Y	Y	D	N	$ 709.02	$ 709.02	
66172		Incision of	A	090	Y	Y	Y	D	N	$ 772.89	$ 772.89	
66174		Translum c	Not Covered	090	Y	Y	Y	D	N	$ 613.35	$ 613.35	
66175		Trnslum di	Not Covered	090	Y	Y	Y	D	N	$ 644.19	$ 644.19	
66179		Aqueous sl	A	090	Y	Y	Y	N	N	$ 701.07	$ 701.07	
66180		Aqueous sl	A	090	Y	Y	Y	N	N	$ 740.59	$ 740.59	
66183		Insert ant c	A	090	Y	Y	Y	N	N	$ 668.78	$ 668.78	
66184		Revision o	A	090	Y	Y	Y	N	N	$ 510.44	$ 510.44	
66185		Revise aqu	A	090	Y	Y	Y	N	N	$ 549.48	$ 549.48	
66225		Repair/gra	A	090	Y	Y	N	D	N	$ 608.28	$ 608.28	
66250		Follow-up	A	090	Y	Y	N	N	N	$ 360.30	$ 490.44	
66500		Incision of	A	090	Y	Y	N	D	N	$ 249.44	$ 249.44	
66505		Incision of	A	090	Y	Y	N	N	N	$ 271.61	$ 271.61	
66600		Remove iri	A	090	Y	Y	N	N	N	$ 578.88	$ 578.88	
66605		Removal o	A	090	Y	Y	N	N	N	$ 709.26	$ 709.26	
66625		Removal o	A	090	Y	Y	N	N	N	$ 277.87	$ 277.87	
66630		Removal o	A	090	Y	Y	N	N	N	$ 368.01	$ 368.01	
66635		Removal o	A	090	Y	Y	N	N	N	$ 371.38	$ 371.38	
66680		Repair iris	A	090	Y	Y	N	D	N	$ 337.40	$ 337.40	
66682		Repair iris	A	090	Y	Y	N	N	N	$ 452.12	$ 452.12	
66700		Destructio	A	090	Y	Y	D	N	N	$ 254.26	$ 293.06	
66710		Ciliary trar	A	090	Y	Y	N	N	N	$ 254.26	$ 287.75	
66711		Ecp ciliary	A	090	Y	Y	N	N	N	$ 325.35	$ 325.35	
66720		Destructio	A	090	Y	Y	N	N	N	$ 263.41	$ 298.84	
66740		Destructio	A	090	Y	Y	N	N	N	$ 254.26	$ 285.34	
66761		Revision o	A	010	Y	Y	N	N	N	$ 153.04	$ 193.52	
66762		Revision o	A	090	Y	Y	N	N	N	$ 275.22	$ 309.69	
66770		Removal o	A	090	Y	Y	N	N	N	$ 311.61	$ 343.18	
66820		Incision se	A	090	Y	Y	N	N	N	$ 293.30	$ 293.30	
66821		After catar	A	090	Y	Y	N	N	N	$ 200.51	$ 214.97	
66825		Reposition	A	090	Y	Y	D	N	N	$ 530.92	$ 530.92	
66830		Removal o	A	090	Y	Y	N	N	N	$ 462.24	$ 462.24	
66840		Removal o	A	090	Y	Y	N	N	N	$ 451.15	$ 451.15	
66850		Removal o	A	090	Y	Y	N	N	N	$ 512.85	$ 512.85	
66852		Removal o	A	090	Y	Y	D	D	N	$ 546.59	$ 546.59	
66920		Extraction	A	090	Y	Y	D	D	N	$ 487.54	$ 487.54	
66930		Extraction	A	090	Y	Y	D	N	N	$ 557.92	$ 557.92	
66940		Extraction	A	090	Y	Y	D	D	N	$ 508.99	$ 508.99	
66982		Xcapsl ctrc	A	090	Y	Y	N	N	N	$ 486.10	$ 486.10	
66983		Cataract su	C	090	Y	Y	N	N	N	$ -	$ -	
66984		Xcapsl ctrc	A	090	Y	Y	N	N	N	$ 354.27	$ 354.27	
66985		Insert lens	A	090	Y	Y	N	D	N	$ 498.63	$ 498.63	
66986		Exchange l	A	090	Y	Y	N	D	N	$ 589.00	$ 589.00	
66987		Xcapsl ctrc	C	090	Y	Y	D	D	D	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
66988		Xcapsl ctrc	C	090	Y	Y	D	D	D	$ -	$ -	
66990		Ophthalmi	A	ZZZ	N	N	N	N	N	$ 59.77	$ 59.77	
66999		Eye surger	nlstd/Manua	YYY	Y	Y	D	D	D	$ -	$ -	
67005		Partial rem	A	090	Y	Y	N	D	N	$ 306.07	$ 306.07	
67010		Partial rem	A	090	Y	Y	N	D	N	$ 351.38	$ 351.38	
67015		Release of	A	090	Y	Y	N	D	N	$ 388.73	$ 388.73	
67025		Replace ey	A	090	Y	Y	N	D	N	$ 409.46	$ 480.80	
67027		Implant ey	A	090	Y	Y	Y	D	N	$ 552.85	$ 552.85	
67028		Injection e	A	000	Y	Y	N	N	N	$ 60.73	$ 73.99	
67030		Incise inne	A	090	Y	Y	N	D	N	$ 356.20	$ 356.20	
67031		Laser surg	A	090	Y	Y	N	N	N	$ 230.16	$ 253.53	
67036		Removal o	A	090	Y	Y	Y	D	N	$ 584.43	$ 584.43	
67039		Laser treat	A	090	Y	Y	Y	D	N	$ 625.88	$ 625.88	
67040		Laser treat	A	090	Y	Y	Y	D	N	$ 677.21	$ 677.21	
67041		Vit for mac	A	090	Y	Y	Y	D	N	$ 748.79	$ 748.79	
67042		Vit for mac	A	090	Y	Y	Y	D	N	$ 748.79	$ 748.79	
67043		Vit for mer	A	090	Y	Y	Y	D	N	$ 789.76	$ 789.76	
67101		Repair deta	A	010	Y	Y	N	N	N	$ 183.88	$ 214.97	
67105		Repair deta	A	010	Y	Y	N	N	N	$ 177.62	$ 191.84	
67107		Repair deta	A	090	Y	Y	Y	D	N	$ 735.05	$ 735.05	
67108		Repair deta	A	090	Y	Y	Y	D	N	$ 779.15	$ 779.15	
67110		Repair deta	A	090	Y	Y	N	N	N	$ 526.34	$ 576.71	
67113		Repair reti	A	090	Y	Y	Y	D	N	$ 870.97	$ 870.97	
67115		Release en	A	090	Y	Y	N	N	N	$ 322.22	$ 322.22	
67120		Remove ey	A	090	Y	Y	N	D	N	$ 359.57	$ 433.56	
67121		Remove ey	A	090	Y	Y	Y	D	N	$ 589.00	$ 589.00	
67141		Treatment	A	090	Y	Y	N	N	N	$ 314.51	$ 339.57	
67145		Treatment	A	090	Y	Y	N	N	N	$ 321.25	$ 341.74	
67208		Treatment	A	090	Y	Y	N	N	N	$ 375.48	$ 391.63	
67210		Treatment	A	090	Y	Y	N	N	N	$ 322.70	$ 334.99	
67218		Treatment	A	090	Y	Y	N	N	N	$ 913.15	$ 913.15	
67220		Treatment	A	090	Y	Y	N	N	N	$ 322.70	$ 345.11	
67221		Ocular pho	A	000	Y	N	N	N	N	$ 138.58	$ 180.51	
67225		Eye photoc	A	ZZZ	N	N	N	N	N	$ 18.56	$ 19.52	
67227		Dstrj exten	A	010	Y	Y	N	N	N	$ 165.57	$ 191.11	
67228		Treatment	A	010	Y	Y	N	N	N	$ 199.07	$ 222.20	
67229		Tr retinal l	A	090	Y	Y	N	N	N	$ 757.95	$ 757.95	
67250		Reinforce (	A	090	Y	Y	N	D	N	$ 573.10	$ 573.10	
67255		Reinforce/	A	090	Y	Y	Y	D	N	$ 444.40	$ 444.40	
67299		Eye surger	nlstd/Manua	YYY	Y	Y	D	D	D	$ -	$ -	
67311		Revise eye	A	090	Y	Y	N	N	N	$ 388.49	$ 388.49	
67312		Revise two	A	090	Y	Y	N	D	N	$ 470.67	$ 470.67	
67314		Revise eye	A	090	Y	Y	N	N	N	$ 443.92	$ 443.92	
67316		Revise two	A	090	Y	Y	D	N	N	$ 526.83	$ 526.83	
67318		Revise eye	A	090	Y	Y	N	D	N	$ 463.93	$ 463.93	
67320		Revise eye	A	ZZZ	N	N	N	N	N	$ 210.63	$ 210.63	
67331		Eye surger	A	ZZZ	N	Y	N	D	N	$ 200.03	$ 200.03	
67332		Rerevise ey	A	ZZZ	N	Y	N	D	N	$ 217.14	$ 217.14	
67334		Revise eye	A	ZZZ	N	Y	N	D	N	$ 197.14	$ 197.14	
67335		Eye suture	A	ZZZ	N	Y	N	D	N	$ 96.88	$ 96.88	
67340		Revise eye	A	ZZZ	N	N	Y	N	N	$ 234.25	$ 234.25	
67343		Release ey	A	090	Y	Y	N	D	N	$ 431.87	$ 431.87	
67345		Destroy ne	A	010	Y	Y	N	N	N	$ 142.67	$ 160.02	
67346		Biopsy eye	A	000	Y	Y	D	N	N	$ 124.60	$ 124.60	
67399		Unlisted p	nlstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
67400		Explore/bi	A	090	Y	Y	N	D	N	$ 662.27	$ 662.27	
67405		Explore/dr	A	090	Y	Y	N	N	N	$ 571.89	$ 571.89	
67412		Explore/tre	A	090	Y	Y	N	D	N	$ 629.49	$ 629.49	
67413		Explore/tre	A	090	Y	Y	Y	N	N	$ 613.10	$ 613.10	
67414		Explr/deco	A	090	Y	Y	Y	D	N	$ 940.14	$ 940.14	
67415		Aspiration	A	000	Y	Y	D	N	N	$ 68.93	$ 68.93	
67420		Explore/tre	A	090	Y	Y	Y	D	N	########	$ 1,126.43	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
67430		Explore/tre	A	090	Y	Y	Y	N	N	$ 886.40	$ 886.40	
67440		Explore/dr	A	090	Y	Y	Y	D	N	$ 860.13	$ 860.13	
67445		Explr/deco	A	090	Y	Y	Y	D	N	$ 989.06	$ 989.06	
67450		Explore/bi	A	090	Y	Y	Y	D	N	$ 890.98	$ 890.98	
67500		Inject/treat	A	000	Y	Y	N	N	N	$ 41.93	$ 49.89	
67505		Inject/treat	A	000	Y	Y	N	N	N	$ 47.96	$ 57.12	
67515		Inject/treat	A	000	Y	Y	N	N	N	$ 31.09	$ 33.74	
67550		Insert eye s	A	090	Y	Y	N	D	N	$ 692.63	$ 692.63	
67560		Revise eye	A	090	Y	Y	D	N	N	$ 708.78	$ 708.78	
67570		Decompres	A	090	Y	Y	Y	D	N	$ 869.05	$ 869.05	
67599		Orbit surge	nlstd/Manua	YYY	Y	Y	Y	D	D	$ -	$ -	
67700		Drainage o	A	010	Y	Y	N	N	N	$ 74.95	$ 184.61	
67710		Incision of	A	010	Y	Y	N	N	N	$ 62.90	$ 156.89	
67715		Incision of	A	010	Y	Y	N	N	N	$ 70.13	$ 170.87	
67800		Remove ey	A	010	Y	N	N	N	N	$ 67.00	$ 83.15	
67801		Remove ey	A	010	Y	N	N	N	N	$ 86.52	$ 106.04	
67805		Remove ey	A	010	Y	N	N	N	N	$ 106.52	$ 131.10	
67808		Remove ey	A	090	Y	N	N	N	N	$ 237.63	$ 237.63	
67810		Biopsy eye	A	000	Y	Y	N	N	N	$ 46.03	$ 119.30	
67820		Revise eye	A	000	Y	Y	N	N	N	$ 14.70	$ 13.74	
67825		Revise eye	A	010	Y	Y	N	N	N	$ 78.33	$ 87.24	
67830		Revise eye	A	010	Y	Y	N	N	N	$ 89.17	$ 176.65	
67835		Revise eye	A	090	Y	Y	D	N	N	$ 286.07	$ 286.07	
67840		Remove ey	A	010	Y	Y	N	N	N	$ 102.18	$ 183.64	
67850		Treat eyeli	A	010	Y	Y	N	N	N	$ 85.31	$ 141.95	
67875		Closure of	A	000	Y	Y	N	N	N	$ 63.14	$ 119.30	
67880		Revision o	A	090	Y	Y	N	N	N	$ 238.11	$ 303.90	
67882		Revision o	A	090	Y	Y	N	N	N	$ 304.87	$ 371.62	
67900		Repair bro	A	090	Y	Y	N	N	N	$ 331.13	$ 424.16	
67901		Repair eye	A	090	Y	Y	N	N	N	$ 382.23	$ 515.74	
67902		Repair eye	A	090	Y	Y	N	D	N	$ 472.84	$ 472.84	
67903		Repair eye	A	090	Y	Y	N	D	N	$ 313.30	$ 393.55	
67904		Repair eye	A	090	Y	Y	N	D	N	$ 387.77	$ 483.69	
67906		Repair eye	A	090	Y	Y	N	N	N	$ 328.97	$ 328.97	
67908		Repair eye	A	090	Y	Y	N	N	N	$ 279.08	$ 344.39	
67909		Revise eye	A	090	Y	Y	N	N	N	$ 284.62	$ 358.13	
67911		Revise eye	A	090	Y	Y	N	N	N	$ 364.63	$ 364.63	
67912		Correction	A	090	Y	Y	N	N	N	$ 317.40	$ 591.17	
67914		Repair eye	A	090	Y	Y	N	N	N	$ 210.63	$ 316.43	
67915		Repair eye	A	090	Y	Y	N	N	N	$ 126.53	$ 203.40	
67916		Repair eye	A	090	Y	Y	N	N	N	$ 278.60	$ 398.13	
67917		Repair eye	A	090	Y	Y	N	N	N	$ 295.95	$ 406.09	
67921		Repair eye	A	090	Y	Y	N	N	N	$ 199.55	$ 309.44	
67922		Repair eye	A	090	Y	Y	N	N	N	$ 126.04	$ 196.90	
67923		Repair eye	A	090	Y	Y	N	N	N	$ 278.60	$ 397.89	
67924		Repair eye	A	090	Y	Y	N	N	N	$ 295.95	$ 422.96	
67930		Repair eye	A	010	Y	Y	N	N	N	$ 156.41	$ 242.93	
67935		Repair eye	A	090	Y	Y	N	N	N	$ 288.96	$ 391.38	
67938		Remove ey	A	010	Y	Y	N	N	N	$ 75.43	$ 174.97	
67950		Revision o	A	090	Y	Y	N	D	N	$ 300.77	$ 381.26	
67961		Revision o	A	090	Y	Y	D	N	N	$ 294.50	$ 381.50	
67966		Revision o	A	090	Y	Y	N	N	N	$ 426.81	$ 508.27	
67971		Reconstruc	A	090	Y	Y	N	D	N	$ 470.19	$ 470.19	
67973		Reconstruc	A	090	Y	Y	Y	D	N	$ 605.15	$ 605.15	
67974		Reconstruc	A	090	Y	Y	Y	D	N	$ 603.71	$ 603.71	
67975		Reconstruc	A	090	Y	Y	N	N	N	$ 444.40	$ 444.40	
67999		Revision o	nlstd/Manua	YYY	Y	Y	D	D	D	$ -	$ -	
68020		Incise/drai	A	010	Y	Y	N	N	N	$ 71.82	$ 78.57	
68040		Treatment	A	000	Y	Y	N	N	N	$ 31.81	$ 40.49	
68100		Biopsy of	A	000	Y	Y	N	N	N	$ 62.42	$ 116.64	
68110		Remove ey	A	010	Y	Y	N	N	N	$ 95.68	$ 152.79	
68115		Remove ey	A	010	Y	Y	N	N	N	$ 118.81	$ 215.70	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
68130		Remove ey	A	090	Y	Y	N	N	N	$ 266.55	$ 358.85	
68135		Remove ey	A	010	Y	Y	N	N	N	$ 96.88	$ 102.43	
68200		Treat eyeli	A	000	Y	Y	N	N	N	$ 22.41	$ 26.99	
68320		Revise/gra	A	090	Y	Y	N	D	N	$ 348.49	$ 481.28	
68325		Revise/gra	A	090	Y	Y	N	D	N	$ 425.37	$ 425.37	
68326		Revise/gra	A	090	Y	Y	N	N	N	$ 417.65	$ 417.65	
68328		Revise/gra	A	090	Y	Y	D	N	N	$ 460.31	$ 460.31	
68330		Revise eye	A	090	Y	Y	D	N	N	$ 297.64	$ 404.40	
68335		Revise/gra	A	090	Y	Y	N	D	N	$ 419.34	$ 419.34	
68340		Separate ey	A	090	Y	Y	D	N	N	$ 257.15	$ 386.32	
68360		Revise eye	A	090	Y	Y	N	N	N	$ 265.10	$ 353.07	
68362		Revise eye	A	090	Y	Y	N	D	N	$ 425.12	$ 425.12	
68371		Harvest ey	A	010	Y	Y	N	N	N	$ 267.03	$ 267.03	
68399		Eyelid lini	nlstd/Manua	YYY	Y	Y	D	D	D	$ -	$ -	
68400		Incise/drai	A	010	Y	Y	N	N	N	$ 85.07	$ 192.80	
68420		Incise/drai	A	010	Y	Y	N	N	N	$ 108.93	$ 216.90	
68440		Incise tear	A	010	Y	Y	N	N	N	$ 63.62	$ 66.52	
68500		Removal o	A	090	Y	Y	N	N	N	$ 678.42	$ 678.42	
68505		Partial rem	A	090	Y	Y	N	N	N	$ 675.28	$ 675.28	
68510		Biopsy of t	A	000	Y	Y	D	N	N	$ 191.84	$ 301.73	
68520		Removal o	A	090	Y	Y	D	N	N	$ 472.36	$ 472.36	
68525		Biopsy of t	A	000	Y	Y	N	D	N	$ 173.52	$ 173.52	
68530		Clearance	A	010	Y	Y	N	N	N	$ 165.81	$ 283.66	
68540		Remove te	A	090	Y	Y	N	D	N	$ 633.11	$ 633.11	
68550		Remove te	A	090	Y	Y	N	N	N	$ 786.14	$ 786.14	
68700		Repair tear	A	090	Y	Y	N	N	N	$ 391.38	$ 391.38	
68705		Revise tear	A	010	Y	Y	N	N	N	$ 107.00	$ 167.98	
68720		Create tear	A	090	Y	Y	Y	D	N	$ 520.32	$ 520.32	
68745		Create tear	A	090	Y	Y	Y	D	N	$ 522.25	$ 522.25	
68750		Create tear	A	090	Y	Y	Y	D	N	$ 548.03	$ 548.03	
68760		Close tear	A	010	Y	Y	N	N	N	$ 94.23	$ 141.71	
68761		Close tear	A	010	Y	Y	D	N	N	$ 75.92	$ 95.92	
68770		Close tear	A	090	Y	Y	D	N	N	$ 407.53	$ 407.53	
68801		Dilate tear	A	010	Y	Y	N	N	N	$ 49.89	$ 60.73	
68810		Probe nasc	A	010	Y	Y	N	N	N	$ 82.66	$ 104.35	
68811		Probe nasc	A	010	Y	Y	N	N	N	$ 87.48	$ 87.48	
68815		Probe nasc	A	010	Y	Y	N	N	N	$ 143.15	$ 249.19	
68816		Probe nl du	A	010	Y	Y	N	N	N	$ 101.94	$ 536.71	
68840		Explore/irr	A	010	Y	Y	N	N	N	$ 74.95	$ 85.31	
68850		Injection fo	A	000	Y	Y	N	N	N	$ 35.19	$ 40.01	
68899		Tear duct s	nlstd/Manua	YYY	Y	Y	D	D	D	$ -	$ -	
69000		Drain exter	A	010	Y	Y	N	N	N	$ 80.74	$ 122.19	
69005		Drain exter	A	010	Y	Y	N	N	N	$ 105.32	$ 144.12	
69020		Drain outer	A	010	Y	Y	N	N	N	$ 93.27	$ 151.59	
69090		Pierce earl	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
69100		Biopsy of e	A	000	Y	N	N	N	N	$ 31.57	$ 63.62	
69105		Biopsy of e	A	000	Y	Y	N	N	N	$ 41.69	$ 93.75	
69110		Remove ex	A	090	Y	Y	N	N	N	$ 214.73	$ 306.31	
69120		Removal o	A	090	Y	N	N	N	N	$ 262.69	$ 262.69	
69140		Remove ea	A	090	Y	Y	D	N	N	$ 592.14	$ 592.14	
69145		Remove ea	A	090	Y	Y	N	N	N	$ 167.25	$ 266.06	
69150		Extensive e	A	090	Y	N	N	D	N	$ 690.95	$ 690.95	
69155		Extensive e	A	090	Y	N	Y	D	N	########	$ 1,103.54	
69200		Clear outer	A	000	Y	Y	N	N	N	$ 31.81	$ 53.02	
69205		Clear outer	A	010	Y	Y	N	N	N	$ 63.14	$ 63.14	
69209		Remove in	A	000	Y	Y	N	N	N	$ 9.16	$ 9.16	
69210		Remove in	A	000	Y	B	N	N	N	$ 22.90	$ 31.57	
69220		Clean out r	A	000	Y	Y	N	N	N	$ 34.70	$ 52.06	
69222		Clean out r	A	010	Y	Y	N	N	N	$ 88.45	$ 139.30	
69300		Revise ext	A	YYY	Y	Y	D	N	N	$ 308.24	$ 417.41	
69310		Rebuild ou	A	090	Y	Y	N	N	N	$ 739.15	$ 739.15	
69320		Rebuild ou	A	090	Y	Y	Y	N	N	########	$ 1,035.34	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
69399		Outer ear s	Unlstd/Manua	YYY	Y	N	D	D	D	$ -	$ -	
69420		Incision of	A	010	Y	Y	N	N	N	$ 78.57	$ 122.91	
69421		Incision of	A	010	Y	Y	N	N	N	$ 98.81	$ 98.81	
69424		Remove ve	A	000	Y	Y	N	N	N	$ 40.25	$ 83.63	
69433		Create earc	A	010	Y	Y	N	N	N	$ 85.80	$ 129.66	
69436		Create earc	A	010	Y	Y	N	N	N	$ 104.35	$ 104.35	
69440		Exploratio	A	090	Y	Y	N	N	N	$ 462.24	$ 462.24	
69450		Eardrum re	A	090	Y	Y	D	N	N	$ 364.63	$ 364.63	
69501		Mastoidect	A	090	Y	Y	N	N	N	$ 481.52	$ 481.52	
69502		Mastoidect	A	090	Y	Y	D	N	N	$ 642.51	$ 642.51	
69505		Remove m	A	090	Y	Y	D	N	N	$ 814.58	$ 814.58	
69511		Extensive r	A	090	Y	Y	D	N	N	$ 834.34	$ 834.34	
69530		Extensive r	A	090	Y	Y	Y	N	N	########	$ 1,118.48	
69535		Remove pa	A	090	Y	Y	N	D	N	########	$ 1,792.80	
69540		Remove ea	A	010	Y	Y	N	N	N	$ 83.15	$ 134.72	
69550		Remove ea	A	090	Y	Y	Y	N	N	$ 703.72	$ 703.72	
69552		Remove ea	A	090	Y	Y	Y	N	N	########	$ 1,061.12	
69554		Remove ea	A	090	Y	Y	Y	D	N	########	$ 1,701.46	
69601		Mastoid su	A	090	Y	Y	D	N	N	$ 690.95	$ 690.95	
69602		Mastoid su	A	090	Y	Y	D	N	N	$ 732.88	$ 732.88	
69603		Mastoid su	A	090	Y	Y	D	N	N	$ 852.18	$ 852.18	
69604		Mastoid su	A	090	Y	Y	N	N	N	$ 748.06	$ 748.06	
69610		Repair of e	A	010	Y	Y	N	N	N	$ 193.52	$ 252.09	
69620		Repair of e	A	090	Y	Y	N	N	N	$ 325.83	$ 476.46	
69631		Repair earc	A	090	Y	Y	N	N	N	$ 595.99	$ 595.99	
69632		Rebuild ea	A	090	Y	Y	N	N	N	$ 726.13	$ 726.13	
69633		Rebuild ea	A	090	Y	Y	N	N	N	$ 703.72	$ 703.72	
69635		Repair earc	A	090	Y	Y	N	N	N	$ 840.85	$ 840.85	
69636		Rebuild ea	A	090	Y	Y	D	N	N	$ 934.84	$ 934.84	
69637		Rebuild ea	A	090	Y	Y	D	N	N	$ 957.01	$ 957.01	
69641		Revise mic	A	090	Y	Y	N	N	N	$ 700.59	$ 700.59	
69642		Revise mic	A	090	Y	Y	N	N	N	$ 901.10	$ 901.10	
69643		Revise mic	A	090	Y	Y	N	N	N	$ 826.63	$ 826.63	
69644		Revise mic	A	090	Y	Y	N	N	N	########	$ 1,001.36	
69645		Revise mic	A	090	Y	Y	N	N	N	$ 985.69	$ 985.69	
69646		Revise mic	A	090	Y	Y	D	N	N	########	$ 1,044.01	
69650		Release mi	A	090	Y	Y	N	N	N	$ 539.60	$ 539.60	
69660		Revise mic	A	090	Y	Y	N	N	N	$ 623.23	$ 623.23	
69661		Revise mic	A	090	Y	Y	D	N	N	$ 813.38	$ 813.38	
69662		Revise mic	A	090	Y	Y	N	N	N	$ 781.56	$ 781.56	
69666		Repair mid	A	090	Y	Y	D	N	N	$ 542.97	$ 542.97	
69667		Repair mid	A	090	Y	Y	D	N	N	$ 543.46	$ 543.46	
69670		Remove m	A	090	Y	Y	Y	N	N	$ 634.55	$ 634.55	
69676		Remove m	A	090	Y	Y	N	N	N	$ 558.88	$ 558.88	
69700		Close mast	A	090	Y	Y	N	N	N	$ 450.43	$ 450.43	
69705		Nps surg d	Not Covered	000	Y	Y	D	N	N	$ 118.57	$ 1,858.35	2021 New Procedure Code
69706		Nps surg d	Not Covered	000	Y	Y	D	N	N	$ 165.09	$ 1,919.57	2021 New Procedure Code
69710		Implant/re	C	XXX	N	N	N	N	N	$ -	$ -	$1426.95 Priced on UCR, eff. 6/1/93
69711		Remove/re	A	090	Y	Y	Y	N	N	$ 568.28	$ 568.28	
69714		Implant ter	A	090	Y	Y	N	N	N	$ 711.91	$ 711.91	
69715		Temple bn	A	090	Y	Y	N	N	N	$ 882.06	$ 882.06	
69717		Temple bo	A	090	Y	Y	N	N	N	$ 748.31	$ 748.31	
69718		Revise tem	A	090	Y	Y	N	N	N	$ 891.22	$ 891.22	
69720		Release fac	A	090	Y	Y	D	D	N	$ 796.99	$ 796.99	
69725		Release fac	A	090	Y	Y	Y	N	N	########	$ 1,264.77	
69740		Repair faci	A	090	Y	Y	Y	N	N	$ 783.49	$ 783.49	
69745		Repair faci	A	090	Y	Y	Y	N	N	$ 834.58	$ 834.58	
69799		Middle ear	Unlstd/Manua	YYY	Y	Y	D	D	D	$ -	$ -	
69801		Incise inne	A	000	Y	Y	D	N	N	$ 83.39	$ 144.60	
69805		Explore in	A	090	Y	Y	Y	N	N	$ 697.21	$ 697.21	
69806		Explore in	A	090	Y	Y	N	N	N	$ 626.12	$ 626.12	
69905		Remove in	A	090	Y	Y	N	N	N	$ 616.96	$ 616.96	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
69910		Remove in	A	090	Y	Y	D	N	N	$ 673.84	$ 673.84	
69915		Incise inne	A	090	Y	Y	Y	D	N	########	$ 1,023.53	
69930		Implant co	A	090	Y	Y	D	N	N	$ 824.46	$ 824.46	
69949		Inner ear s	Unlstd/Manua	YYY	Y	Y	D	D	D	$ -	$ -	
69950		Incise inne	A	090	Y	Y	Y	D	N	########	$ 1,187.89	
69955		Release fac	A	090	Y	Y	Y	D	N	########	$ 1,331.53	
69960		Release int	A	090	Y	Y	Y	D	N	########	$ 1,283.08	
69970		Remove in	A	090	Y	Y	Y	D	N	########	$ 1,442.63	
69979		Temporal l	Unlstd/Manua	YYY	Y	Y	D	D	D	$ -	$ -	
69990		Microsurg	A	ZZZ	N	N	Y	N	N	$ 154.00	$ 154.00	
70010		Contrast x-	A	XXX	N	N	D	N	N	$ 40.49	$ 40.49	
70015	26	Contrast x-	A	XXX	N	N	D	N	N	$ 39.04	$ 39.04	
70015	TC	Contrast x-	A	XXX	N	N	D	N	N	$ 68.20	$ 68.20	
70015		Contrast x-	A	XXX	N	N	D	N	N	$ 107.25	$ 107.25	
70030	26	X-ray eye f	A	XXX	N	N	D	N	N	$ 6.03	$ 6.03	
70030	TC	X-ray eye f	A	XXX	N	N	D	N	N	$ 13.98	$ 13.98	
70030		X-ray eye f	A	XXX	N	N	D	N	N	$ 20.00	$ 20.00	
70100	26	X-ray exan	A	XXX	N	N	D	N	N	$ 6.03	$ 6.03	
70100	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 17.83	$ 17.83	
70100		X-ray exan	A	XXX	N	N	D	N	N	$ 23.86	$ 23.86	
70110	26	X-ray exan	A	XXX	N	N	D	N	N	$ 8.19	$ 8.19	
70110	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 19.04	$ 19.04	
70110		X-ray exan	A	XXX	N	N	D	N	N	$ 27.23	$ 27.23	
70120	26	X-ray exan	A	XXX	N	N	D	N	N	$ 6.03	$ 6.03	
70120	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 17.59	$ 17.59	
70120		X-ray exan	A	XXX	N	N	D	N	N	$ 23.62	$ 23.62	
70130	26	X-ray exan	A	XXX	N	N	D	N	N	$ 11.09	$ 11.09	
70130	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 27.96	$ 27.96	
70130		X-ray exan	A	XXX	N	N	D	N	N	$ 39.04	$ 39.04	
70134	26	X-ray exan	A	XXX	N	N	D	N	N	$ 11.57	$ 11.57	
70134	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 25.79	$ 25.79	
70134		X-ray exan	A	XXX	N	N	D	N	N	$ 37.11	$ 37.11	
70140	26	X-ray exan	A	XXX	N	N	D	N	N	$ 6.75	$ 6.75	
70140	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 13.50	$ 13.50	
70140		X-ray exan	A	XXX	N	N	D	N	N	$ 20.24	$ 20.24	
70150	26	X-ray exan	A	XXX	N	N	D	N	N	$ 8.68	$ 8.68	
70150	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 20.97	$ 20.97	
70150		X-ray exan	A	XXX	N	N	D	N	N	$ 29.40	$ 29.40	
70160	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.78	$ 5.78	
70160	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 17.83	$ 17.83	
70160		X-ray exan	A	XXX	N	N	D	N	N	$ 23.62	$ 23.62	
70170	26	X-ray exan	A	XXX	N	N	D	N	N	$ 8.68	$ 8.68	RVU totals adj. refer to working notes
70170	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 136.44	$ 136.44	Imaging Cap Applied
70170		X-ray exan	A	XXX	N	N	D	N	N	$ 145.08	$ 145.08	Imaging Cap Applied
70190	26	X-ray exan	A	XXX	N	N	D	N	N	$ 7.47	$ 7.47	
70190	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 16.87	$ 16.87	
70190		X-ray exan	A	XXX	N	N	D	N	N	$ 24.10	$ 24.10	
70200	26	X-ray exan	A	XXX	N	N	D	N	N	$ 9.16	$ 9.16	
70200	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 20.97	$ 20.97	
70200		X-ray exan	A	XXX	N	N	D	N	N	$ 30.13	$ 30.13	
70210	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.78	$ 5.78	
70210	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 14.22	$ 14.22	
70210		X-ray exan	A	XXX	N	N	D	N	N	$ 20.00	$ 20.00	
70220	26	X-ray exan	A	XXX	N	N	D	N	N	$ 7.23	$ 7.23	
70220	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 16.39	$ 16.39	
70220		X-ray exan	A	XXX	N	N	D	N	N	$ 23.62	$ 23.62	
70240	26	X-ray exan	A	XXX	N	N	D	N	N	$ 6.27	$ 6.27	
70240	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 14.46	$ 14.46	
70240		X-ray exan	A	XXX	N	N	D	N	N	$ 20.73	$ 20.73	
70250	26	X-ray exan	A	XXX	N	N	D	N	N	$ 6.03	$ 6.03	
70250	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 16.15	$ 16.15	
70250		X-ray exan	A	XXX	N	N	D	N	N	$ 22.17	$ 22.17	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
70260	26	X-ray exan	A	XXX	N	N	D	N	N	$ 9.16	$ 9.16	
70260	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 18.80	$ 18.80	
70260		X-ray exan	A	XXX	N	N	D	N	N	$ 28.20	$ 28.20	
70300	26	X-ray exan	A	XXX	N	N	D	N	N	$ 3.37	$ 3.37	
70300	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 4.82	$ 4.82	
70300		X-ray exan	A	XXX	N	N	D	N	N	$ 8.19	$ 8.19	
70310	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.06	$ 5.06	
70310	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 18.80	$ 18.80	
70310		X-ray exan	A	XXX	N	N	D	N	N	$ 24.10	$ 24.10	
70320	26	Full mouth	A	XXX	N	N	D	N	N	$ 7.71	$ 7.71	
70320	TC	Full mouth	A	XXX	N	N	D	N	N	$ 27.23	$ 27.23	
70320		Full mouth	A	XXX	N	N	D	N	N	$ 34.95	$ 34.95	
70328	26	X-ray exan	A	XXX	N	N	D	N	N	$ 6.03	$ 6.03	
70328	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 15.42	$ 15.42	
70328		X-ray exan	A	XXX	N	N	D	N	N	$ 21.45	$ 21.45	
70330	26	X-ray exan	A	XXX	N	B	D	N	N	$ 7.95	$ 7.95	
70330	TC	X-ray exan	A	XXX	N	B	D	N	N	$ 25.31	$ 25.31	
70330		X-ray exan	A	XXX	N	B	D	N	N	$ 33.26	$ 33.26	
70332	26	X-ray exan	A	XXX	N	N	D	N	N	$ 18.32	$ 18.08	
70332	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 35.91	$ 35.91	
70332		X-ray exan	A	XXX	N	N	D	N	N	$ 54.47	$ 54.47	
70336	26	Magnetic i	A	XXX	4	N	D	N	N	$ 48.20	$ 48.20	
70336	TC	Magnetic i	A	XXX	4	N	D	N	N	$ 139.54	$ 139.54	
70336		Magnetic i	A	XXX	4	N	D	N	N	$ 188.22	$ 188.22	
70350	26	X-ray head	A	XXX	N	N	D	N	N	$ 5.78	$ 5.78	
70350	TC	X-ray head	A	XXX	N	N	D	N	N	$ 4.82	$ 4.82	
70350		X-ray head	A	XXX	N	N	D	N	N	$ 10.60	$ 10.60	
70355	26	Panoramic	A	XXX	N	N	D	N	N	$ 6.99	$ 6.99	
70355	TC	Panoramic	A	XXX	N	N	D	N	N	$ 5.06	$ 5.06	
70355		Panoramic	A	XXX	N	N	D	N	N	$ 11.81	$ 11.81	
70360	26	X-ray exan	A	XXX	N	N	D	N	N	$ 6.03	$ 6.03	
70360	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 13.74	$ 13.74	
70360		X-ray exan	A	XXX	N	N	D	N	N	$ 19.76	$ 19.76	
70370	26	Throat x-ra	A	XXX	N	N	D	N	N	$ 10.12	$ 10.12	
70370	TC	Throat x-ra	A	XXX	N	N	D	N	N	$ 49.65	$ 49.65	
70370		Throat x-ra	A	XXX	N	N	D	N	N	$ 60.01	$ 60.01	
70371	26	Speech eva	A	XXX	N	N	D	N	N	$ 28.20	$ 28.20	
70371	TC	Speech eva	A	XXX	N	N	D	N	N	$ 41.69	$ 41.69	
70371		Speech eva	A	XXX	N	N	D	N	N	$ 69.65	$ 69.65	
70380	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.54	$ 5.54	
70380	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 17.83	$ 17.83	
70380		X-ray exan	A	XXX	N	N	D	N	N	$ 23.38	$ 23.38	
70390	26	X-ray exan	A	XXX	N	N	D	N	N	$ 12.53	$ 12.53	
70390	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 61.46	$ 61.46	
70390		X-ray exan	A	XXX	N	N	D	N	N	$ 74.23	$ 74.23	
70450	26	Ct head/br	A	XXX	4	N	D	N	N	$ 28.20	$ 28.20	
70450	TC	Ct head/br	A	XXX	4	N	D	N	N	$ 44.10	$ 44.10	
70450		Ct head/br	A	XXX	4	N	D	N	N	$ 72.06	$ 72.06	
70460	26	Ct head/br	A	XXX	4	N	D	N	N	$ 37.11	$ 36.87	
70460	TC	Ct head/br	A	XXX	4	N	D	N	N	$ 63.87	$ 63.87	
70460		Ct head/br	A	XXX	4	N	D	N	N	$ 100.98	$ 100.98	
70470	26	Ct head/br	A	XXX	4	N	D	N	N	$ 41.45	$ 41.45	
70470	TC	Ct head/br	A	XXX	4	N	D	N	N	$ 76.88	$ 76.88	
70470		Ct head/br	A	XXX	4	N	D	N	N	$ 118.57	$ 118.57	
70480	26	Ct orbit/ea	A	XXX	4	N	D	N	N	$ 41.69	$ 41.69	
70480	TC	Ct orbit/ea	A	XXX	4	N	D	N	N	$ 66.03	$ 66.03	
70480		Ct orbit/ea	A	XXX	4	N	D	N	N	$ 107.73	$ 107.73	
70481	26	Ct orbit/ea	A	XXX	4	N	D	N	N	$ 37.11	$ 37.11	
70481	TC	Ct orbit/ea	A	XXX	4	N	D	N	N	$ 86.04	$ 86.04	
70481		Ct orbit/ea	A	XXX	4	N	D	N	N	$ 123.15	$ 123.15	
70482	26	Ct orbit/ea	A	XXX	4	N	D	N	N	$ 41.45	$ 41.45	
70482	TC	Ct orbit/ea	A	XXX	4	N	D	N	N	$ 103.15	$ 103.15	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
70482		Ct orbit/ea	A	XXX	4	N	D	N	N	$ 144.60	$ 144.60	
70486	26	Ct maxillo	A	XXX	4	N	D	N	N	$ 28.20	$ 28.20	
70486	TC	Ct maxillo	A	XXX	4	N	D	N	N	$ 58.56	$ 58.56	
70486		Ct maxillo	A	XXX	4	N	D	N	N	$ 86.76	$ 86.76	
70487	26	Ct maxillo	A	XXX	4	N	D	N	N	$ 36.87	$ 36.87	
70487	TC	Ct maxillo	A	XXX	4	N	D	N	N	$ 66.76	$ 66.76	
70487		Ct maxillo	A	XXX	4	N	D	N	N	$ 103.87	$ 103.87	
70488	26	Ct maxillo	A	XXX	4	N	D	N	N	$ 41.45	$ 41.45	
70488	TC	Ct maxillo	A	XXX	4	N	D	N	N	$ 85.07	$ 85.07	
70488		Ct maxillo	A	XXX	4	N	D	N	N	$ 126.53	$ 126.53	
70490	26	Ct soft tiss	A	XXX	4	N	D	N	N	$ 41.69	$ 41.69	
70490	TC	Ct soft tiss	A	XXX	4	N	D	N	N	$ 60.73	$ 60.73	
70490		Ct soft tiss	A	XXX	4	N	D	N	N	$ 102.43	$ 102.43	
70491	26	Ct soft tiss	A	XXX	4	N	D	N	N	$ 45.07	$ 45.07	
70491	TC	Ct soft tiss	A	XXX	4	N	D	N	N	$ 80.98	$ 80.98	
70491		Ct soft tiss	A	XXX	4	N	D	N	N	$ 126.04	$ 126.04	
70492	26	Ct sft tsue	A	XXX	4	N	D	N	N	$ 53.74	$ 53.74	
70492	TC	Ct sft tsue	A	XXX	4	N	D	N	N	$ 99.29	$ 99.29	
70492		Ct sft tsue	A	XXX	4	N	D	N	N	$ 153.04	$ 153.04	
70496	26	Ct angiogr	A	XXX	4	N	D	N	N	$ 51.33	$ 51.33	RVU totals adj. refer to working notes
70496	TC	Ct angiogr	A	XXX	4	N	D	N	N	$ 105.97	$ 105.97	Imaging Cap Applied
70496		Ct angiogr	A	XXX	4	N	D	N	N	$ 157.48	$ 157.48	Imaging Cap Applied
70498	26	Ct angiogr	A	XXX	4	N	D	N	N	$ 51.33	$ 51.33	RVU totals adj. refer to working notes
70498	TC	Ct angiogr	A	XXX	4	N	D	N	N	$ 105.97	$ 105.97	Imaging Cap Applied
70498		Ct angiogr	A	XXX	4	N	D	N	N	$ 157.48	$ 157.48	Imaging Cap Applied
70540	26	Mri orbit/f	A	XXX	4	N	D	N	N	$ 43.86	$ 43.86	
70540	TC	Mri orbit/f	A	XXX	4	N	D	N	N	$ 114.96	$ 114.96	
70540		Mri orbit/f	A	XXX	4	N	D	N	N	$ 159.06	$ 159.06	
70542	26	Mri orbit/f	A	XXX	4	N	D	N	N	$ 53.98	$ 53.98	
70542	TC	Mri orbit/f	A	XXX	4	N	D	N	N	$ 135.92	$ 135.92	
70542		Mri orbit/f	A	XXX	4	N	D	N	N	$ 189.91	$ 189.91	
70543	26	Mri orbt/fa	A	XXX	4	N	D	N	N	$ 70.61	$ 70.61	
70543	TC	Mri orbt/fa	A	XXX	4	N	D	N	N	$ 168.22	$ 168.22	
70543		Mri orbt/fa	A	XXX	4	N	D	N	N	$ 238.83	$ 238.83	
70544	26	Mr angiogr	A	XXX	4	N	D	N	N	$ 39.28	$ 39.28	
70544	TC	Mr angiogr	A	XXX	4	N	D	N	N	$ 109.66	$ 109.66	
70544		Mr angiogr	A	XXX	4	N	D	N	N	$ 148.94	$ 148.94	
70545	26	Mr angiogr	A	XXX	4	N	D	N	N	$ 39.28	$ 39.28	
70545	TC	Mr angiogr	A	XXX	4	N	D	N	N	$ 117.37	$ 117.37	
70545		Mr angiogr	A	XXX	4	N	D	N	N	$ 156.65	$ 156.65	
70546	26	Mr angiogr	A	XXX	4	N	D	N	N	$ 48.20	$ 48.20	
70546	TC	Mr angiogr	A	XXX	4	N	D	N	N	$ 178.10	$ 178.10	
70546		Mr angiogr	A	XXX	4	N	D	N	N	$ 226.54	$ 226.54	
70547	26	Mr angiogr	A	XXX	4	N	D	N	N	$ 39.52	$ 39.52	
70547	TC	Mr angiogr	A	XXX	4	N	D	N	N	$ 110.14	$ 110.14	
70547		Mr angiogr	A	XXX	4	N	D	N	N	$ 149.42	$ 149.42	
70548	26	Mr angiogr	A	XXX	4	N	D	N	N	$ 48.92	$ 48.92	
70548	TC	Mr angiogr	A	XXX	4	N	D	N	N	$ 120.02	$ 120.02	
70548		Mr angiogr	A	XXX	4	N	D	N	N	$ 169.18	$ 169.18	
70549	26	Mr angiogr	A	XXX	4	N	D	N	N	$ 59.53	$ 59.53	
70549	TC	Mr angiogr	A	XXX	4	N	D	N	N	$ 179.55	$ 179.55	
70549		Mr angiogr	A	XXX	4	N	D	N	N	$ 238.83	$ 238.83	
70551	26	Mri brain s	A	XXX	4	N	D	N	N	$ 48.20	$ 48.20	
70551	TC	Mri brain s	A	XXX	4	N	D	N	N	$ 87.97	$ 87.97	
70551		Mri brain s	A	XXX	4	N	D	N	N	$ 136.41	$ 136.41	
70552	26	Mri brain s	A	XXX	4	N	D	N	N	$ 58.80	$ 58.80	
70552	TC	Mri brain s	A	XXX	4	N	D	N	N	$ 130.14	$ 130.14	
70552		Mri brain s	A	XXX	4	N	D	N	N	$ 188.94	$ 188.94	
70553	26	Mri brain s	A	XXX	4	N	D	N	N	$ 75.43	$ 75.43	
70553	TC	Mri brain s	A	XXX	4	N	D	N	N	$ 148.22	$ 148.22	
70553		Mri brain s	A	XXX	4	N	D	N	N	$ 223.89	$ 223.89	
70554	26	Fmri brain	Not Covered	XXX	4	N	D	N	N	$ 69.89	$ 69.89	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
70554	TC	Fmri brain \	Not Covered	XXX	4	N	D	N	N	$ 194.73	$ 194.73	
70554		Fmri brain \	Not Covered	XXX	4	N	D	N	N	$ 264.62	$ 264.62	
70555	26	Fmri brain \	Not Covered	XXX	N	N	D	N	N	$ 82.66	$ 82.66	
70555	TC	Fmri brain \	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
70555		Fmri brain \	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
70557	26	Mri brain v	A	XXX	N	N	D	N	N	$ 102.43	$ 102.43	RVU totals adj. refer to working notes
70557	TC	Mri brain v	A	XXX	N	N	D	N	N	$ 286.24	$ 286.24	Imaging Cap Applied
70557		Mri brain v	A	XXX	N	N	D	N	N	$ 388.71	$ 388.71	Imaging Cap Applied
70558	26	Mri brain v	A	XXX	N	N	D	N	N	$ 104.11	$ 104.11	RVU totals adj. refer to working notes
70558	TC	Mri brain v	A	XXX	N	N	D	N	N	$ 105.90	$ 105.90	Imaging Cap Applied
70558		Mri brain v	A	XXX	N	N	D	N	N	$ 209.98	$ 209.98	Imaging Cap Applied
70559	26	Mri brain v	A	XXX	N	N	D	N	N	$ 99.29	$ 99.29	RVU totals adj. refer to working notes
70559	TC	Mri brain v	A	XXX	N	N	D	N	N	$ 105.90	$ 105.90	Imaging Cap Applied
70559		Mri brain v	A	XXX	N	N	D	N	N	$ 205.10	$ 205.10	Imaging Cap Applied
71045	26	X-ray exan	A	XXX	N	N	D	N	N	$ 6.03	$ 6.03	
71045	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 10.12	$ 10.12	
71045		X-ray exan	A	XXX	N	N	D	N	N	$ 16.15	$ 16.15	
71046	26	X-ray exan	A	XXX	N	N	D	N	N	$ 7.23	$ 7.23	
71046	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 13.98	$ 13.98	
71046		X-ray exan	A	XXX	N	N	D	N	N	$ 20.97	$ 20.97	
71047	26	X-ray exan	A	XXX	N	N	D	N	N	$ 8.92	$ 8.92	
71047	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 17.59	$ 17.59	
71047		X-ray exan	A	XXX	N	N	D	N	N	$ 26.75	$ 26.75	
71048	26	X-ray exan	A	XXX	N	N	D	N	N	$ 10.36	$ 10.36	
71048	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 18.32	$ 18.32	
71048		X-ray exan	A	XXX	N	N	D	N	N	$ 28.68	$ 28.68	
71100	26	X-ray exan	A	XXX	N	N	D	N	N	$ 7.47	$ 7.47	
71100	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 15.42	$ 15.42	
71100		X-ray exan	A	XXX	N	N	D	N	N	$ 22.90	$ 22.90	
71101	26	X-ray exan	A	XXX	N	N	D	N	N	$ 8.92	$ 8.92	
71101	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 17.59	$ 17.59	
71101		X-ray exan	A	XXX	N	N	D	N	N	$ 26.51	$ 26.51	
71110	26	X-ray exan	A	XXX	N	B	D	N	N	$ 9.40	$ 9.40	
71110	TC	X-ray exan	A	XXX	N	B	D	N	N	$ 18.08	$ 18.08	
71110		X-ray exan	A	XXX	N	B	D	N	N	$ 27.47	$ 27.47	
71111	26	X-ray exan	A	XXX	N	B	D	N	N	$ 10.36	$ 10.36	
71111	TC	X-ray exan	A	XXX	N	B	D	N	N	$ 22.41	$ 22.41	
71111		X-ray exan	A	XXX	N	B	D	N	N	$ 32.78	$ 32.78	
71120	26	X-ray exan	A	XXX	N	N	D	N	N	$ 6.51	$ 6.51	
71120	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 14.46	$ 14.46	
71120		X-ray exan	A	XXX	N	N	D	N	N	$ 20.97	$ 20.97	
71130	26	X-ray strer	A	XXX	N	N	D	N	N	$ 7.23	$ 7.23	
71130	TC	X-ray strer	A	XXX	N	N	D	N	N	$ 18.56	$ 18.56	
71130		X-ray strer	A	XXX	N	N	D	N	N	$ 25.79	$ 25.79	
71250	26	Ct thorax c	A	XXX	4	N	D	N	N	$ 35.43	$ 35.43	
71250	TC	Ct thorax c	A	XXX	4	N	D	N	N	$ 54.95	$ 54.95	
71250		Ct thorax c	A	XXX	4	N	D	N	N	$ 90.62	$ 90.62	
71260	26	Ct thorax c	A	XXX	4	N	D	N	N	$ 38.32	$ 38.32	
71260	TC	Ct thorax c	A	XXX	4	N	D	N	N	$ 75.43	$ 75.43	
71260		Ct thorax c	A	XXX	4	N	D	N	N	$ 113.75	$ 113.75	
71270	26	Ct thorax c	A	XXX	4	N	D	N	N	$ 40.97	$ 40.97	
71270	TC	Ct thorax c	A	XXX	4	N	D	N	N	$ 93.51	$ 93.51	
71270		Ct thorax c	A	XXX	4	N	D	N	N	$ 134.48	$ 134.48	
71271	26	Ct thorax l	A	XXX	4	N	D	N	N	$ 35.43	$ 35.43	2021 New Procedure Code
71271	TC	Ct thorax l	A	XXX	4	N	D	N	N	$ 57.84	$ 57.84	2021 New Procedure Code
71271		Ct thorax l	A	XXX	4	N	D	N	N	$ 93.51	$ 93.51	2021 New Procedure Code
71275	26	Ct angiogr	A	XXX	4	N	D	N	N	$ 53.50	$ 53.50	RVU totals adj. refer to working notes
71275	TC	Ct angiogr	A	XXX	4	N	D	N	N	$ 105.97	$ 105.97	Imaging Cap Applied
71275		Ct angiogr	A	XXX	4	N	D	N	N	$ 159.64	$ 159.64	Imaging Cap Applied
71550	26	Mri chest v	A	XXX	4	N	D	N	N	$ 43.38	$ 43.38	RVU totals adj. refer to working notes
71550	TC	Mri chest v	A	XXX	4	N	D	N	N	$ 136.51	$ 136.51	Imaging Cap Applied
71550		Mri chest v	A	XXX	4	N	D	N	N	$ 179.85	$ 179.85	Imaging Cap Applied

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
71551	26	Mri chest v	A	XXX	4	N	D	N	N	$ 57.12	$ 57.12	
71551	TC	Mri chest v	A	XXX	4	N	D	N	N	$ 208.47	$ 208.47	
71551		Mri chest v	A	XXX	4	N	D	N	N	$ 265.58	$ 265.58	
71552	26	Mri chest v	A	XXX	4	N	D	N	N	$ 66.76	$ 66.76	RVU totals adj. refer to working notes
71552	TC	Mri chest v	A	XXX	4	N	D	N	N	$ 218.40	$ 218.40	Imaging Cap Applied
71552		Mri chest v	A	XXX	4	N	D	N	N	$ 285.14	$ 285.14	Imaging Cap Applied
71555	26	Mri angio c	A	XXX	4	N	D	N	N	$ 59.29	$ 59.29	
71555	TC	Mri angio c	A	XXX	4	N	D	N	N	$ 175.69	$ 175.69	
71555		Mri angio c	A	XXX	4	N	D	N	N	$ 234.98	$ 234.98	
72020	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.30	$ 5.30	
72020	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 10.12	$ 10.12	
72020		X-ray exan	A	XXX	N	N	D	N	N	$ 15.42	$ 15.42	
72040	26	X-ray exan	A	XXX	N	N	D	N	N	$ 7.47	$ 7.47	
72040	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 17.11	$ 17.11	
72040		X-ray exan	A	XXX	N	N	D	N	N	$ 24.58	$ 24.58	
72050	26	X-ray exan	A	XXX	N	N	D	N	N	$ 8.92	$ 8.92	
72050	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 23.86	$ 23.86	
72050		X-ray exan	A	XXX	N	N	D	N	N	$ 32.78	$ 32.78	
72052	26	X-ray exan	A	XXX	N	N	D	N	N	$ 9.64	$ 9.64	
72052	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 28.68	$ 28.68	
72052		X-ray exan	A	XXX	N	N	D	N	N	$ 38.56	$ 38.56	
72070	26	X-ray exan	A	XXX	N	N	D	N	N	$ 6.75	$ 6.75	
72070	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 13.74	$ 13.74	
72070		X-ray exan	A	XXX	N	N	D	N	N	$ 20.49	$ 20.49	
72072	26	X-ray exan	A	XXX	N	N	D	N	N	$ 7.47	$ 7.47	
72072	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 16.87	$ 16.87	
72072		X-ray exan	A	XXX	N	N	D	N	N	$ 24.34	$ 24.34	
72074	26	X-ray exan	A	XXX	N	N	D	N	N	$ 8.19	$ 8.19	
72074	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 19.76	$ 19.76	
72074		X-ray exan	A	XXX	N	N	D	N	N	$ 27.72	$ 27.72	
72080	26	X-ray exan	A	XXX	N	N	D	N	N	$ 6.99	$ 6.99	
72080	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 14.70	$ 14.70	
72080		X-ray exan	A	XXX	N	N	D	N	N	$ 21.69	$ 21.69	
72081	26	X-ray exan	A	XXX	N	N	D	N	N	$ 8.68	$ 8.68	
72081	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 17.83	$ 17.83	
72081		X-ray exan	A	XXX	N	N	D	N	N	$ 26.51	$ 26.51	
72082	26	X-ray exan	A	XXX	N	N	D	N	N	$ 10.12	$ 10.12	
72082	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 33.02	$ 33.02	
72082		X-ray exan	A	XXX	N	N	D	N	N	$ 43.38	$ 43.38	
72083	26	X-ray exan	A	XXX	N	N	D	N	N	$ 11.81	$ 11.81	
72083	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 37.36	$ 37.36	
72083		X-ray exan	A	XXX	N	N	D	N	N	$ 48.92	$ 48.92	
72084	26	X-ray exan	A	XXX	N	N	D	N	N	$ 13.74	$ 13.74	
72084	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 46.75	$ 46.75	
72084		X-ray exan	A	XXX	N	N	D	N	N	$ 60.73	$ 60.73	
72100	26	X-ray exan	A	XXX	N	N	D	N	N	$ 7.47	$ 7.47	
72100	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 17.35	$ 17.35	
72100		X-ray exan	A	XXX	N	N	D	N	N	$ 24.82	$ 24.82	
72110	26	X-ray exan	A	XXX	N	N	D	N	N	$ 8.68	$ 8.68	
72110	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 22.90	$ 22.90	
72110		X-ray exan	A	XXX	N	N	D	N	N	$ 31.57	$ 31.57	
72114	26	X-ray exan	A	XXX	N	N	D	N	N	$ 9.88	$ 9.88	
72114	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 28.68	$ 28.68	
72114		X-ray exan	A	XXX	N	N	D	N	N	$ 38.56	$ 38.56	
72120	26	X-ray benc	A	XXX	N	N	D	N	N	$ 7.47	$ 7.47	
72120	TC	X-ray benc	A	XXX	N	N	D	N	N	$ 18.08	$ 18.08	
72120		X-ray benc	A	XXX	N	N	D	N	N	$ 25.55	$ 25.55	
72125	26	Ct neck spi	A	XXX	4	N	D	N	N	$ 33.02	$ 33.02	
72125	TC	Ct neck spi	A	XXX	4	N	D	N	N	$ 55.67	$ 55.67	
72125		Ct neck spi	A	XXX	4	N	D	N	N	$ 88.69	$ 88.69	
72126	26	Ct neck spi	A	XXX	4	N	D	N	N	$ 40.01	$ 40.01	
72126	TC	Ct neck spi	A	XXX	4	N	D	N	N	$ 75.19	$ 75.19	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
72126		Ct neck spi	A	XXX	4	N	D	N	N	$ 114.96	$ 114.96	
72127	26	Ct neck spi	A	XXX	4	N	D	N	N	$ 41.45	$ 41.45	
72127	TC	Ct neck spi	A	XXX	4	N	D	N	N	$ 93.03	$ 93.03	
72127		Ct neck spi	A	XXX	4	N	D	N	N	$ 134.48	$ 134.48	
72128	26	Ct chest sp	A	XXX	4	N	D	N	N	$ 33.02	$ 33.02	
72128	TC	Ct chest sp	A	XXX	4	N	D	N	N	$ 55.43	$ 55.43	
72128		Ct chest sp	A	XXX	4	N	D	N	N	$ 88.45	$ 88.45	
72129	26	Ct chest sp	A	XXX	4	N	D	N	N	$ 40.01	$ 40.01	
72129	TC	Ct chest sp	A	XXX	4	N	D	N	N	$ 75.67	$ 75.67	
72129		Ct chest sp	A	XXX	4	N	D	N	N	$ 115.68	$ 115.68	
72130	26	Ct chest sp	A	XXX	4	N	D	N	N	$ 41.45	$ 41.45	
72130	TC	Ct chest sp	A	XXX	4	N	D	N	N	$ 93.75	$ 93.75	
72130		Ct chest sp	A	XXX	4	N	D	N	N	$ 134.96	$ 134.96	
72131	26	Ct lumbar :	A	XXX	4	N	D	N	N	$ 33.02	$ 33.02	
72131	TC	Ct lumbar :	A	XXX	4	N	D	N	N	$ 55.19	$ 55.19	
72131		Ct lumbar :	A	XXX	4	N	D	N	N	$ 88.21	$ 88.21	
72132	26	Ct lumbar :	A	XXX	4	N	D	N	N	$ 40.01	$ 40.01	
72132	TC	Ct lumbar :	A	XXX	4	N	D	N	N	$ 75.19	$ 75.19	
72132		Ct lumbar :	A	XXX	4	N	D	N	N	$ 114.96	$ 114.96	
72133	26	Ct lumbar :	A	XXX	4	N	D	N	N	$ 41.45	$ 41.45	
72133	TC	Ct lumbar :	A	XXX	4	N	D	N	N	$ 93.03	$ 93.03	
72133		Ct lumbar :	A	XXX	4	N	D	N	N	$ 134.48	$ 134.48	
72141	26	Mri neck s	A	XXX	4	N	D	N	N	$ 48.44	$ 48.44	
72141	TC	Mri neck s	A	XXX	4	N	D	N	N	$ 84.83	$ 84.83	
72141		Mri neck s	A	XXX	4	N	D	N	N	$ 133.27	$ 133.27	
72142	26	Mri neck s	A	XXX	4	N	D	N	N	$ 59.05	$ 59.05	
72142	TC	Mri neck s	A	XXX	4	N	D	N	N	$ 134.24	$ 134.24	
72142		Mri neck s	A	XXX	4	N	D	N	N	$ 193.28	$ 193.28	
72146	26	Mri chest s	A	XXX	4	N	D	N	N	$ 48.44	$ 48.44	
72146	TC	Mri chest s	A	XXX	4	N	D	N	N	$ 84.83	$ 84.83	
72146		Mri chest s	A	XXX	4	N	D	N	N	$ 133.27	$ 133.27	
72147	26	Mri chest s	A	XXX	4	N	D	N	N	$ 59.05	$ 59.05	
72147	TC	Mri chest s	A	XXX	4	N	D	N	N	$ 133.03	$ 133.03	
72147		Mri chest s	A	XXX	4	N	D	N	N	$ 192.08	$ 192.08	
72148	26	Mri lumbar	A	XXX	4	N	D	N	N	$ 48.44	$ 48.44	
72148	TC	Mri lumbar	A	XXX	4	N	D	N	N	$ 85.07	$ 85.07	
72148		Mri lumbar	A	XXX	4	N	D	N	N	$ 133.51	$ 133.51	
72149	26	Mri lumbar	A	XXX	4	N	D	N	N	$ 59.05	$ 59.05	
72149	TC	Mri lumbar	A	XXX	4	N	D	N	N	$ 131.35	$ 131.35	
72149		Mri lumbar	A	XXX	4	N	D	N	N	$ 190.39	$ 190.39	
72156	26	Mri neck s	A	XXX	4	N	D	N	N	$ 75.43	$ 75.43	
72156	TC	Mri neck s	A	XXX	4	N	D	N	N	$ 150.14	$ 150.14	
72156		Mri neck s	A	XXX	4	N	D	N	N	$ 225.82	$ 225.82	
72157	26	Mri chest s	A	XXX	4	N	D	N	N	$ 75.43	$ 75.43	
72157	TC	Mri chest s	A	XXX	4	N	D	N	N	$ 150.63	$ 150.63	
72157		Mri chest s	A	XXX	4	N	D	N	N	$ 226.30	$ 226.30	
72158	26	Mri lumbar	A	XXX	4	N	D	N	N	$ 75.43	$ 75.43	
72158	TC	Mri lumbar	A	XXX	4	N	D	N	N	$ 149.66	$ 149.66	
72158		Mri lumbar	A	XXX	4	N	D	N	N	$ 225.58	$ 225.58	
72159	26	Mr angio sV	Not Covered	XXX	4	N	D	N	N	$ 59.53	$ 59.53	
72159	TC	Mr angio sV	Not Covered	XXX	4	N	N	N	N	$ 182.92	$ 182.92	
72159		Mr angio sV	Not Covered	XXX	4	N	D	N	N	$ 242.45	$ 242.45	
72170	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.78	$ 5.78	
72170	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 11.57	$ 11.57	
72170		X-ray exan	A	XXX	N	N	D	N	N	$ 17.35	$ 17.35	
72190	26	X-ray exan	A	XXX	N	N	D	N	N	$ 8.44	$ 8.44	
72190	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 17.83	$ 17.83	
72190		X-ray exan	A	XXX	N	N	D	N	N	$ 26.27	$ 26.27	
72191	26	Ct angiogr	A	XXX	4	N	D	N	N	$ 53.02	$ 53.02	RVU totals adj. refer to working notes
72191	TC	Ct angiogr	A	XXX	4	N	D	N	N	$ 105.97	$ 105.97	Imaging Cap Applied
72191		Ct angiogr	A	XXX	4	N	D	N	N	$ 159.04	$ 159.04	Imaging Cap Applied
72192	26	Ct pelvis w	A	XXX	4	N	D	N	N	$ 35.67	$ 35.67	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
72192	TC	Ct pelvis w	A	XXX	4	N	D	N	N	$ 54.95	$ 54.95	
72192		Ct pelvis w	A	XXX	4	N	D	N	N	$ 90.86	$ 90.86	
72193	26	Ct pelvis w	A	XXX	4	N	D	N	N	$ 34.22	$ 34.22	RVU totals adj. refer to working notes
72193	TC	Ct pelvis w	A	XXX	4	N	D	N	N	$ 105.90	$ 105.90	Imaging Cap Applied
72193		Ct pelvis w	A	XXX	4	N	D	N	N	$ 140.06	$ 140.06	Imaging Cap Applied
72194	26	Ct pelvis w	A	XXX	4	N	D	N	N	$ 36.39	$ 36.39	RVU totals adj. refer to working notes
72194	TC	Ct pelvis w	A	XXX	4	N	D	N	N	$ 105.97	$ 105.97	Imaging Cap Applied
72194		Ct pelvis w	A	XXX	4	N	D	N	N	$ 142.36	$ 142.36	Imaging Cap Applied
72195	26	Mri pelvis	A	XXX	4	N	D	N	N	$ 47.72	$ 47.72	
72195	TC	Mri pelvis	A	XXX	4	N	D	N	N	$ 113.99	$ 113.99	
72195		Mri pelvis	A	XXX	4	N	D	N	N	$ 162.19	$ 162.19	
72196	26	Mri pelvis	A	XXX	4	N	D	N	N	$ 57.36	$ 57.36	
72196	TC	Mri pelvis	A	XXX	4	N	D	N	N	$ 133.03	$ 133.03	
72196		Mri pelvis	A	XXX	4	N	D	N	N	$ 190.39	$ 190.39	
72197	26	Mri pelvis	A	XXX	4	N	D	N	N	$ 72.30	$ 72.30	
72197	TC	Mri pelvis	A	XXX	4	N	D	N	N	$ 166.77	$ 166.77	
72197		Mri pelvis	A	XXX	4	N	D	N	N	$ 239.07	$ 239.07	
72198	26	Mr angio p	A	XXX	4	N	D	N	N	$ 58.80	$ 58.80	
72198	TC	Mr angio p	A	XXX	4	N	D	N	N	$ 177.38	$ 177.38	
72198		Mr angio p	A	XXX	4	N	D	N	N	$ 236.18	$ 236.18	
72200	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.54	$ 5.54	
72200	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 14.94	$ 14.94	
72200		X-ray exan	A	XXX	N	N	D	N	N	$ 20.49	$ 20.49	
72202	26	X-ray exan	A	XXX	N	N	D	N	N	$ 7.47	$ 7.47	
72202	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 16.87	$ 16.87	
72202		X-ray exan	A	XXX	N	N	D	N	N	$ 24.34	$ 24.34	
72220	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.78	$ 5.78	
72220	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 14.22	$ 14.22	
72220		X-ray exan	A	XXX	N	N	D	N	N	$ 20.00	$ 20.00	
72240	26	Myelograp	A	XXX	N	N	D	N	N	$ 30.37	$ 30.37	
72240	TC	Myelograp	A	XXX	N	N	D	N	N	$ 43.38	$ 43.38	
72240		Myelograp	A	XXX	N	N	D	N	N	$ 73.75	$ 73.75	
72255	26	Myelograp	A	XXX	N	N	D	N	N	$ 32.29	$ 32.29	
72255	TC	Myelograp	A	XXX	N	N	D	N	N	$ 43.14	$ 43.14	
72255		Myelograp	A	XXX	N	N	D	N	N	$ 75.19	$ 75.19	
72265	26	Myelograp	A	XXX	N	N	D	N	N	$ 27.23	$ 27.23	
72265	TC	Myelograp	A	XXX	N	N	D	N	N	$ 41.69	$ 41.69	
72265		Myelograp	A	XXX	N	N	D	N	N	$ 68.69	$ 68.69	
72270	26	Myelogphy	A	XXX	N	N	D	N	N	$ 44.59	$ 44.59	
72270	TC	Myelogphy	A	XXX	N	N	D	N	N	$ 50.37	$ 50.37	
72270		Myelogphy	A	XXX	N	N	D	N	N	$ 94.71	$ 94.71	
72275	26	Epidurogra	A	XXX	N	N	D	N	N	$ 26.03	$ 26.03	
72275	TC	Epidurogra	A	XXX	N	N	D	N	N	$ 61.94	$ 61.94	
72275		Epidurogra	A	XXX	N	N	D	N	N	$ 87.72	$ 87.72	
72285	26	Discograph	A	XXX	N	N	D	N	N	$ 38.80	$ 38.80	
72285	TC	Discograph	A	XXX	N	N	D	N	N	$ 41.69	$ 41.69	
72285		Discograph	A	XXX	N	N	D	N	N	$ 80.49	$ 80.49	
72295	26	X-ray of lo	A	XXX	N	N	D	N	N	$ 27.96	$ 27.96	
72295	TC	X-ray of lo	A	XXX	N	N	D	N	N	$ 43.14	$ 43.14	
72295		X-ray of lo	A	XXX	N	N	D	N	N	$ 71.34	$ 71.34	
73000	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.54	$ 5.54	
73000	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 14.46	$ 14.46	
73000		X-ray exan	A	XXX	N	N	D	N	N	$ 20.00	$ 20.00	
73010	26	X-ray exan	A	XXX	N	N	D	N	N	$ 6.03	$ 6.03	
73010	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 8.92	$ 8.92	
73010		X-ray exan	A	XXX	N	N	D	N	N	$ 14.94	$ 14.94	
73020	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.06	$ 5.06	
73020	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 8.44	$ 8.44	
73020		X-ray exan	A	XXX	N	N	D	N	N	$ 13.50	$ 13.50	
73030	26	X-ray exan	A	XXX	N	N	D	N	N	$ 6.27	$ 6.27	
73030	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 15.18	$ 15.18	
73030		X-ray exan	A	XXX	N	N	D	N	N	$ 21.45	$ 21.45	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
73040	26	Contrast x-	A	XXX	N	N	D	N	N	$ 18.80	$ 18.80	
73040	TC	Contrast x-	A	XXX	N	N	D	N	N	$ 62.90	$ 62.90	
73040		Contrast x-	A	XXX	N	N	D	N	N	$ 81.70	$ 81.70	
73050	26	X-ray exan	A	XXX	N	B	D	N	N	$ 6.27	$ 6.27	
73050	TC	X-ray exan	A	XXX	N	B	D	N	N	$ 11.57	$ 11.57	
73050		X-ray exan	A	XXX	N	B	D	N	N	$ 17.83	$ 17.83	
73060	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.54	$ 5.54	
73060	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 14.46	$ 14.46	
73060		X-ray exan	A	XXX	N	N	D	N	N	$ 20.00	$ 20.00	
73070	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.54	$ 5.54	
73070	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 12.53	$ 12.53	
73070		X-ray exan	A	XXX	N	N	D	N	N	$ 18.08	$ 18.08	
73080	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.78	$ 5.78	
73080	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 14.22	$ 14.22	
73080		X-ray exan	A	XXX	N	N	D	N	N	$ 20.00	$ 20.00	
73085	26	Contrast x-	A	XXX	N	N	D	N	N	$ 19.28	$ 19.28	
73085	TC	Contrast x-	A	XXX	N	N	D	N	N	$ 54.23	$ 54.23	
73085		Contrast x-	A	XXX	N	N	D	N	N	$ 73.51	$ 73.51	
73090	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.30	$ 5.30	
73090	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 12.77	$ 12.77	
73090		X-ray exan	A	XXX	N	N	D	N	N	$ 18.08	$ 18.08	
73092	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.30	$ 5.30	
73092	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 14.22	$ 14.22	
73092		X-ray exan	A	XXX	N	N	D	N	N	$ 19.52	$ 19.52	
73100	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.54	$ 5.54	
73100	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 15.42	$ 15.42	
73100		X-ray exan	A	XXX	N	N	D	N	N	$ 20.97	$ 20.97	
73110	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.78	$ 5.78	
73110	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 19.28	$ 19.28	
73110		X-ray exan	A	XXX	N	N	D	N	N	$ 25.06	$ 25.06	
73115	26	Contrast x-	A	XXX	N	N	D	N	N	$ 19.04	$ 19.04	
73115	TC	Contrast x-	A	XXX	N	N	D	N	N	$ 66.28	$ 66.28	
73115		Contrast x-	A	XXX	N	N	D	N	N	$ 85.07	$ 85.07	
73120	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.54	$ 5.54	
73120	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 13.98	$ 13.98	
73120		X-ray exan	A	XXX	N	N	D	N	N	$ 19.52	$ 19.52	
73130	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.78	$ 5.78	
73130	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 16.87	$ 16.87	
73130		X-ray exan	A	XXX	N	N	D	N	N	$ 22.65	$ 22.65	
73140	26	X-ray exan	A	XXX	N	N	D	N	N	$ 4.58	$ 4.58	
73140	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 18.56	$ 18.56	
73140		X-ray exan	A	XXX	N	N	D	N	N	$ 23.14	$ 23.14	
73200	26	Ct upper e:	A	XXX	4	N	D	N	N	$ 29.64	$ 29.64	RVU totals adj. refer to working notes
73200	TC	Ct upper e:	A	XXX	4	N	D	N	N	$ 64.61	$ 64.61	Imaging Cap Applied
73200		Ct upper e:	A	XXX	4	N	D	N	N	$ 94.18	$ 94.18	Imaging Cap Applied
73201	26	Ct upper e:	A	XXX	4	N	D	N	N	$ 38.08	$ 38.08	
73201	TC	Ct upper e:	A	XXX	4	N	D	N	N	$ 100.02	$ 100.02	
73201		Ct upper e:	A	XXX	4	N	D	N	N	$ 138.09	$ 138.09	
73202	26	Ct uppr ext	A	XXX	4	N	D	N	N	$ 36.39	$ 36.39	RVU totals adj. refer to working notes
73202	TC	Ct uppr ext	A	XXX	4	N	D	N	N	$ 105.97	$ 105.97	Imaging Cap Applied
73202		Ct uppr ext	A	XXX	4	N	D	N	N	$ 142.36	$ 142.36	Imaging Cap Applied
73206	26	Ct angio up	A	XXX	4	N	D	N	N	$ 52.78	$ 52.78	RVU totals adj. refer to working notes
73206	TC	Ct angio up	A	XXX	4	N	D	N	N	$ 105.97	$ 105.97	Imaging Cap Applied
73206		Ct angio up	A	XXX	4	N	D	N	N	$ 158.84	$ 158.84	Imaging Cap Applied
73218	26	Mri upper	A	XXX	4	N	D	N	N	$ 40.49	$ 40.49	RVU totals adj. refer to working notes
73218	TC	Mri upper	A	XXX	4	N	D	N	N	$ 136.51	$ 136.51	Imaging Cap Applied
73218		Mri upper	A	XXX	4	N	D	N	N	$ 176.84	$ 176.84	Imaging Cap Applied
73219	26	Mri upper	A	XXX	4	N	D	N	N	$ 53.98	$ 53.98	
73219	TC	Mri upper	A	XXX	4	N	D	N	N	$ 181.71	$ 181.71	
73219		Mri upper	A	XXX	4	N	D	N	N	$ 235.46	$ 235.46	
73220	26	Mri uppr e	A	XXX	4	N	D	N	N	$ 70.85	$ 70.85	
73220	TC	Mri uppr e	A	XXX	4	N	D	N	N	$ 221.48	$ 221.48	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
73220		Mri uppr e	A	XXX	4	N	D	N	N	$ 292.33	$ 292.33	
73221	26	Mri joint u	A	XXX	4	N	D	N	N	$ 44.83	$ 44.83	
73221	TC	Mri joint u	A	XXX	4	N	D	N	N	$ 95.92	$ 95.92	
73221		Mri joint u	A	XXX	4	N	D	N	N	$ 140.99	$ 140.99	
73222	26	Mri joint u	A	XXX	4	N	D	N	N	$ 53.98	$ 53.98	
73222	TC	Mri joint u	A	XXX	4	N	D	N	N	$ 169.18	$ 169.18	
73222		Mri joint u	A	XXX	4	N	D	N	N	$ 223.41	$ 223.41	
73223	26	Mri joint u	A	XXX	4	N	D	N	N	$ 71.10	$ 71.10	
73223	TC	Mri joint u	A	XXX	4	N	D	N	N	$ 204.85	$ 204.85	
73223		Mri joint u	A	XXX	4	N	D	N	N	$ 275.70	$ 275.70	
73225	26	Mr angio u	A	XXX	4	N	D	N	N	$ 57.36	$ 57.36	
73225	TC	Mr angio u	A	XXX	4	N	N	N	N	$ 182.92	$ 182.92	
73225		Mr angio u	A	XXX	4	N	D	N	N	$ 240.28	$ 240.28	
73501	26	X-ray exan	A	XXX	N	N	D	N	N	$ 6.27	$ 6.27	
73501	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 13.98	$ 13.98	
73501		X-ray exan	A	XXX	N	N	D	N	N	$ 20.00	$ 20.00	
73502	26	X-ray exan	A	XXX	N	N	D	N	N	$ 7.47	$ 7.47	
73502	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 21.45	$ 21.45	
73502		X-ray exan	A	XXX	N	N	D	N	N	$ 28.92	$ 28.92	
73503	26	X-ray exan	A	XXX	N	N	D	N	N	$ 8.92	$ 8.92	
73503	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 27.23	$ 27.23	
73503		X-ray exan	A	XXX	N	N	D	N	N	$ 36.39	$ 36.39	
73521	26	X-ray exan	A	XXX	N	N	D	N	N	$ 7.47	$ 7.47	
73521	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 18.32	$ 18.32	
73521		X-ray exan	A	XXX	N	N	D	N	N	$ 25.55	$ 25.55	
73522	26	X-ray exan	A	XXX	N	N	D	N	N	$ 9.64	$ 9.64	
73522	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 23.62	$ 23.62	
73522		X-ray exan	A	XXX	N	N	D	N	N	$ 33.26	$ 33.26	
73523	26	X-ray exan	A	XXX	N	N	D	N	N	$ 10.12	$ 10.12	
73523	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 27.96	$ 27.96	
73523		X-ray exan	A	XXX	N	N	D	N	N	$ 38.08	$ 38.08	
73525	26	Contrast x-	A	XXX	N	N	D	N	N	$ 19.52	$ 19.52	
73525	TC	Contrast x-	A	XXX	N	N	D	N	N	$ 64.11	$ 64.11	
73525		Contrast x-	A	XXX	N	N	D	N	N	$ 83.87	$ 83.87	
73551	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.54	$ 5.54	
73551	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 12.77	$ 12.77	
73551		X-ray exan	A	XXX	N	N	D	N	N	$ 18.32	$ 18.32	
73552	26	X-ray exan	A	XXX	N	N	D	N	N	$ 6.03	$ 6.03	
73552	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 15.91	$ 15.91	
73552		X-ray exan	A	XXX	N	N	D	N	N	$ 21.93	$ 21.93	
73560	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.54	$ 5.54	
73560	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 15.67	$ 15.67	
73560		X-ray exan	A	XXX	N	N	D	N	N	$ 21.21	$ 21.21	
73562	26	X-ray exan	A	XXX	N	N	D	N	N	$ 6.27	$ 6.27	
73562	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 18.80	$ 18.80	
73562		X-ray exan	A	XXX	N	N	D	N	N	$ 25.06	$ 25.06	
73564	26	X-ray exan	A	XXX	N	N	D	N	N	$ 7.47	$ 7.47	
73564	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 21.21	$ 21.21	
73564		X-ray exan	A	XXX	N	N	D	N	N	$ 28.44	$ 28.44	
73565	26	X-ray exan	A	XXX	N	B	D	N	N	$ 5.78	$ 5.78	
73565	TC	X-ray exan	A	XXX	N	B	D	N	N	$ 19.52	$ 19.52	
73565		X-ray exan	A	XXX	N	B	D	N	N	$ 25.31	$ 25.31	
73580	26	Contrast x-	A	XXX	N	N	D	N	N	$ 19.28	$ 19.28	
73580	TC	Contrast x-	A	XXX	N	N	D	N	N	$ 71.58	$ 71.58	
73580		Contrast x-	A	XXX	N	N	D	N	N	$ 90.86	$ 90.86	
73590	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.30	$ 5.30	
73590	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 14.22	$ 14.22	
73590		X-ray exan	A	XXX	N	N	D	N	N	$ 19.52	$ 19.52	
73592	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.30	$ 5.30	
73592	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 14.22	$ 14.22	
73592		X-ray exan	A	XXX	N	N	D	N	N	$ 19.52	$ 19.52	
73600	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.54	$ 5.54	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
73600	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 14.70	$ 14.70	
73600		X-ray exan	A	XXX	N	N	D	N	N	$ 20.24	$ 20.24	
73610	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.78	$ 5.78	
73610	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 16.87	$ 16.87	
73610		X-ray exan	A	XXX	N	N	D	N	N	$ 22.90	$ 22.90	
73615	26	Contrast x-	A	XXX	N	N	D	N	N	$ 19.52	$ 19.52	
73615	TC	Contrast x-	A	XXX	N	N	D	N	N	$ 66.03	$ 66.03	
73615		Contrast x-	A	XXX	N	N	D	N	N	$ 85.31	$ 85.31	
73620	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.06	$ 5.06	
73620	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 12.53	$ 12.53	
73620		X-ray exan	A	XXX	N	N	D	N	N	$ 17.83	$ 17.83	
73630	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.54	$ 5.54	
73630	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 15.67	$ 15.67	
73630		X-ray exan	A	XXX	N	N	D	N	N	$ 21.21	$ 21.21	
73650	26	X-ray exan	A	XXX	N	N	D	N	N	$ 5.30	$ 5.30	
73650	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 12.53	$ 12.53	
73650		X-ray exan	A	XXX	N	N	D	N	N	$ 18.08	$ 18.08	
73660	26	X-ray exan	A	XXX	N	N	D	N	N	$ 4.34	$ 4.34	
73660	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 13.74	$ 13.74	
73660		X-ray exan	A	XXX	N	N	D	N	N	$ 18.08	$ 18.08	
73700	26	Ct lower e:	A	XXX	4	N	D	N	N	$ 33.02	$ 33.02	
73700	TC	Ct lower e:	A	XXX	4	N	D	N	N	$ 55.19	$ 55.19	
73700		Ct lower e:	A	XXX	4	N	D	N	N	$ 88.21	$ 88.21	
73701	26	Ct lower e:	A	XXX	4	N	D	N	N	$ 38.08	$ 38.08	
73701	TC	Ct lower e:	A	XXX	4	N	D	N	N	$ 75.43	$ 75.43	
73701		Ct lower e:	A	XXX	4	N	D	N	N	$ 113.51	$ 113.51	
73702	26	Ct lwr extr	A	XXX	4	N	D	N	N	$ 39.77	$ 39.77	
73702	TC	Ct lwr extr	A	XXX	4	N	D	N	N	$ 92.30	$ 92.30	
73702		Ct lwr extr	A	XXX	4	N	D	N	N	$ 132.07	$ 132.07	
73706	26	Ct angio lv	A	XXX	4	N	D	N	N	$ 55.43	$ 55.43	RVU totals adj. refer to working notes
73706	TC	Ct angio lv	A	XXX	4	N	D	N	N	$ 105.97	$ 105.97	Imaging Cap Applied
73706		Ct angio lv	A	XXX	4	N	D	N	N	$ 161.55	$ 161.55	Imaging Cap Applied
73718	26	Mri lower	A	XXX	4	N	D	N	N	$ 44.10	$ 44.10	
73718	TC	Mri lower	A	XXX	4	N	D	N	N	$ 113.03	$ 113.03	
73718		Mri lower	A	XXX	4	N	D	N	N	$ 157.13	$ 157.13	
73719	26	Mri lower	A	XXX	4	N	D	N	N	$ 53.98	$ 53.98	
73719	TC	Mri lower	A	XXX	4	N	D	N	N	$ 131.83	$ 131.83	
73719		Mri lower	A	XXX	4	N	D	N	N	$ 185.57	$ 185.57	
73720	26	Mri lwr ex	A	XXX	4	N	D	N	N	$ 70.85	$ 70.85	
73720	TC	Mri lwr ex	A	XXX	4	N	D	N	N	$ 167.98	$ 167.98	
73720		Mri lwr ex	A	XXX	4	N	D	N	N	$ 238.83	$ 238.83	
73721	26	Mri jnt of l	A	XXX	4	N	D	N	N	$ 44.59	$ 44.59	
73721	TC	Mri jnt of l	A	XXX	4	N	D	N	N	$ 95.92	$ 95.92	
73721		Mri jnt of l	A	XXX	4	N	D	N	N	$ 140.50	$ 140.50	
73722	26	Mri joint o	A	XXX	4	N	D	N	N	$ 53.98	$ 53.98	
73722	TC	Mri joint o	A	XXX	4	N	D	N	N	$ 169.66	$ 169.66	
73722		Mri joint o	A	XXX	4	N	D	N	N	$ 223.65	$ 223.65	
73723	26	Mri joint lv	A	XXX	4	N	D	N	N	$ 70.85	$ 70.85	
73723	TC	Mri joint lv	A	XXX	4	N	D	N	N	$ 204.13	$ 204.13	
73723		Mri joint lv	A	XXX	4	N	D	N	N	$ 274.98	$ 274.98	
73725	26	Mr ang lwr	A	XXX	4	N	D	N	N	$ 59.29	$ 59.29	
73725	TC	Mr ang lwr	A	XXX	4	N	D	N	N	$ 176.41	$ 176.41	
73725		Mr ang lwr	A	XXX	4	N	D	N	N	$ 235.70	$ 235.70	
74018	26	X-ray exan	A	XXX	N	N	D	N	N	$ 6.03	$ 6.03	
74018	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 12.53	$ 12.53	
74018		X-ray exan	A	XXX	N	N	D	N	N	$ 18.56	$ 18.56	
74019	26	X-ray exan	A	XXX	N	N	D	N	N	$ 7.71	$ 7.71	
74019	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 15.42	$ 15.42	
74019		X-ray exan	A	XXX	N	N	D	N	N	$ 23.14	$ 23.14	
74021	26	X-ray exan	A	XXX	N	N	D	N	N	$ 8.92	$ 8.92	
74021	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 18.08	$ 18.08	
74021		X-ray exan	A	XXX	N	N	D	N	N	$ 26.75	$ 26.75	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
74022	26	X-ray exan	A	XXX	N	N	D	N	N	$ 10.36	$ 10.36	
74022	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 20.73	$ 20.73	
74022		X-ray exan	A	XXX	N	N	D	N	N	$ 31.09	$ 31.09	
74150	26	Ct abdome	A	XXX	4	N	D	N	N	$ 39.04	$ 39.04	
74150	TC	Ct abdome	A	XXX	4	N	D	N	N	$ 54.47	$ 54.47	
74150		Ct abdome	A	XXX	4	N	D	N	N	$ 93.51	$ 93.51	
74160	26	Ct abdome	A	XXX	4	N	D	N	N	$ 37.84	$ 37.84	RVU totals adj. refer to working notes
74160	TC	Ct abdome	A	XXX	4	N	D	N	N	$ 105.90	$ 105.90	Imaging Cap Applied
74160		Ct abdome	A	XXX	4	N	D	N	N	$ 143.74	$ 143.74	Imaging Cap Applied
74170	26	Ct abdome	A	XXX	4	N	D	N	N	$ 41.69	$ 41.69	RVU totals adj. refer to working notes
74170	TC	Ct abdome	A	XXX	4	N	D	N	N	$ 105.97	$ 105.97	Imaging Cap Applied
74170		Ct abdome	A	XXX	4	N	D	N	N	$ 147.65	$ 147.65	Imaging Cap Applied
74174	26	Ct angio ab	A	XXX	4	N	D	N	N	$ 71.82	$ 71.82	
74174	TC	Ct angio ab	A	XXX	4	N	D	N	N	$ 184.85	$ 184.85	
74174		Ct angio ab	A	XXX	4	N	D	N	N	$ 256.67	$ 256.67	
74175	26	Ct angio ab	A	XXX	4	N	D	N	N	$ 53.50	$ 53.50	RVU totals adj. refer to working notes
74175	TC	Ct angio ab	A	XXX	4	N	D	N	N	$ 105.97	$ 105.97	Imaging Cap Applied
74175		Ct angio ab	A	XXX	4	N	D	N	N	$ 159.44	$ 159.44	Imaging Cap Applied
74176	26	Ct abd & p	A	XXX	4	N	N	N	N	$ 57.60	$ 57.60	
74176	TC	Ct abd & p	A	XXX	4	N	N	N	N	$ 67.96	$ 67.96	
74176		Ct abd & p	A	XXX	4	N	N	N	N	$ 125.56	$ 125.56	
74177	26	Ct abd & p	A	XXX	4	N	N	N	N	$ 60.25	$ 60.25	
74177	TC	Ct abd & p	A	XXX	4	N	N	N	N	$ 147.97	$ 147.97	
74177		Ct abd & p	A	XXX	4	N	N	N	N	$ 207.98	$ 207.98	
74178	26	Ct abd & p	A	XXX	4	N	N	N	N	$ 66.03	$ 66.03	
74178	TC	Ct abd & p	A	XXX	4	N	N	N	N	$ 167.25	$ 167.25	
74178		Ct abd & p	A	XXX	4	N	N	N	N	$ 233.05	$ 233.05	
74181	26	Mri abdom	A	XXX	4	N	D	N	N	$ 47.72	$ 47.72	
74181	TC	Mri abdom	A	XXX	4	N	D	N	N	$ 89.89	$ 89.89	
74181		Mri abdom	A	XXX	4	N	D	N	N	$ 137.61	$ 137.61	
74182	26	Mri abdom	A	XXX	4	N	D	N	N	$ 57.12	$ 57.12	
74182	TC	Mri abdom	A	XXX	4	N	D	N	N	$ 157.13	$ 157.13	
74182		Mri abdom	A	XXX	4	N	D	N	N	$ 214.25	$ 214.25	
74183	26	Mri abdom	A	XXX	4	N	D	N	N	$ 72.30	$ 72.30	
74183	TC	Mri abdom	A	XXX	4	N	D	N	N	$ 167.25	$ 167.25	
74183		Mri abdom	A	XXX	4	N	D	N	N	$ 239.31	$ 239.31	
74185	26	Mri angio a	A	XXX	4	N	D	N	N	$ 59.05	$ 59.05	
74185	TC	Mri angio a	A	XXX	4	N	D	N	N	$ 177.62	$ 177.62	
74185		Mri angio a	A	XXX	4	N	D	N	N	$ 236.66	$ 236.66	
74190	26	X-ray exan	A	XXX	N	N	D	N	N	$ 13.74	$ 13.74	RVU totals adj. refer to working notes
74190	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 286.24	$ 286.24	Imaging Cap Applied
74190		X-ray exan	A	XXX	N	N	D	N	N	$ 300.05	$ 300.05	Imaging Cap Applied
74210	26	X-ray xm p	A	XXX	N	N	D	N	N	$ 19.76	$ 19.76	
74210	TC	X-ray xm p	A	XXX	N	N	D	N	N	$ 42.90	$ 42.90	
74210		X-ray xm p	A	XXX	N	N	D	N	N	$ 62.66	$ 62.66	
74220	26	X-ray xm e	A	XXX	N	N	D	N	N	$ 20.24	$ 20.24	
74220	TC	X-ray xm e	A	XXX	N	N	D	N	N	$ 43.38	$ 43.38	
74220		X-ray xm e	A	XXX	N	N	D	N	N	$ 63.62	$ 63.62	
74221	26	X-ray xm e	A	XXX	N	N	D	N	N	$ 23.14	$ 23.14	
74221	TC	X-ray xm e	A	XXX	N	N	D	N	N	$ 48.20	$ 48.20	
74221		X-ray xm e	A	XXX	N	N	D	N	N	$ 71.58	$ 71.58	
74230	26	X-ray xm s	A	XXX	N	N	D	N	N	$ 17.83	$ 17.83	
74230	TC	X-ray xm s	A	XXX	N	N	D	N	N	$ 65.07	$ 65.07	
74230		X-ray xm s	A	XXX	N	N	D	N	N	$ 83.15	$ 83.15	
74235	26	Remove es	A	XXX	N	N	D	N	N	$ 39.04	$ 39.04	
74235	TC	Remove es	C	XXX	N	N	D	N	N	$ -	$ -	$138.71 Priced on UCR, eff. 1/1/92
74235		Remove es	C	XXX	N	N	D	N	N	$ -	$ -	$138.71 Priced on UCR, eff. 1/1/92
74240	26	X-ray xm u	A	XXX	N	N	D	N	N	$ 26.51	$ 26.51	
74240	TC	X-ray xm u	A	XXX	N	N	D	N	N	$ 52.54	$ 52.54	
74240		X-ray xm u	A	XXX	N	N	D	N	N	$ 79.05	$ 79.05	
74246	26	X-ray xm u	A	XXX	N	N	D	N	N	$ 29.40	$ 29.40	
74246	TC	X-ray xm u	A	XXX	N	N	D	N	N	$ 60.97	$ 60.97	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
74246		X-ray xm t	A	XXX	N	N	D	N	N	$ 90.62	$ 90.62	
74248	26	X-ray sm i	A	ZZZ	N	N	D	N	N	$ 23.14	$ 23.14	
74248	TC	X-ray sm i	A	ZZZ	N	N	D	N	N	$ 31.09	$ 31.09	
74248		X-ray sm i	A	ZZZ	N	N	D	N	N	$ 54.23	$ 54.23	
74250	26	X-ray xm s	A	XXX	N	N	D	N	N	$ 26.75	$ 26.75	
74250	TC	X-ray xm s	A	XXX	N	N	D	N	N	$ 52.54	$ 52.54	
74250		X-ray xm s	A	XXX	N	N	D	N	N	$ 79.29	$ 79.29	
74251	26	X-ray xm s	A	XXX	N	N	D	N	N	$ 34.95	$ 34.95	RVU totals adj. refer to working notes
74251	TC	X-ray xm s	A	XXX	N	N	D	N	N	$ 105.90	$ 105.90	Imaging Cap Applied
74251		X-ray xm s	A	XXX	N	N	D	N	N	$ 140.82	$ 140.82	Imaging Cap Applied
74261	26	Ct colonog	A	XXX	4	N	D	N	N	$ 70.61	$ 70.61	RVU totals adj. refer to working notes
74261	TC	Ct colonog	A	XXX	4	N	D	N	N	$ 64.80	$ 64.80	Imaging Cap Applied
74261		Ct colonog	A	XXX	4	N	D	N	N	$ 135.50	$ 135.50	Imaging Cap Applied
74262	26	Ct colonog	A	XXX	4	N	D	N	N	$ 73.99	$ 73.99	RVU totals adj. refer to working notes
74262	TC	Ct colonog	A	XXX	4	N	D	N	N	$ 105.90	$ 105.90	Imaging Cap Applied
74262		Ct colonog	A	XXX	4	N	D	N	N	$ 179.79	$ 179.79	Imaging Cap Applied
74263	26	Ct colonog	Not Covered	XXX	N	N	N	N	N	$ 76.16	$ 76.16	
74263	TC	Ct colonog	Not Covered	XXX	N	N	N	N	N	$ 391.63	$ 391.63	
74263		Ct colonog	Not Covered	XXX	N	N	N	N	N	$ 467.78	$ 467.78	
74270	26	X-ray xm c	A	XXX	N	N	D	N	N	$ 34.22	$ 34.22	
74270	TC	X-ray xm c	A	XXX	N	N	D	N	N	$ 66.28	$ 66.28	
74270		X-ray xm c	A	XXX	N	N	D	N	N	$ 100.26	$ 100.26	
74280	26	X-ray xm c	A	XXX	N	N	D	N	N	$ 41.21	$ 41.21	
74280	TC	X-ray xm c	A	XXX	N	N	D	N	N	$ 102.91	$ 102.91	
74280		X-ray xm c	A	XXX	N	N	D	N	N	$ 143.88	$ 143.88	
74283	26	Ther nma r	A	XXX	N	N	D	N	N	$ 68.69	$ 68.69	
74283	TC	Ther nma r	A	XXX	N	N	D	N	N	$ 98.81	$ 98.81	
74283		Ther nma r	A	XXX	N	N	D	N	N	$ 167.50	$ 167.50	
74290	26	Contrast x-	A	XXX	N	N	D	N	N	$ 10.36	$ 10.36	
74290	TC	Contrast x-	A	XXX	N	N	D	N	N	$ 43.86	$ 43.86	
74290		Contrast x-	A	XXX	N	N	D	N	N	$ 54.23	$ 54.23	
74300	26	X-ray bile	A	XXX	N	N	D	N	N	$ 9.40	$ 9.40	
74300	TC	X-ray bile	C	XXX	N	N	D	N	N	$ -	$ -	$27 Priced on UCR, eff. 7/12/78
74300		X-ray bile	C	XXX	N	N	D	N	N	$ -	$ -	$27 Priced on UCR, eff. 7/12/78
74301	26	X-rays at s	A	ZZZ	N	N	D	N	N	$ 6.99	$ 6.99	
74301	TC	X-rays at s	C	ZZZ	N	N	D	N	N	$ -	$ -	$27 Priced on UCR, eff. 7/2/78
74301		X-rays at s	C	ZZZ	N	N	D	N	N	$ -	$ -	$27 Priced on UCR, eff. 7/2/78
74328	26	X-ray bile	A	XXX	N	N	D	N	N	$ 18.56	$ 18.56	
74328	TC	X-ray bile	C	XXX	N	N	D	N	N	$ -	$ -	$132.06 Priced on UCR, eff. 1/1/92
74328		X-ray bile	C	XXX	N	N	D	N	N	$ -	$ -	$132.06 Priced on UCR, eff. 1/1/92
74329	26	X-ray for p	A	XXX	N	N	D	N	N	$ 18.56	$ 18.56	
74329	TC	X-ray for p	C	XXX	N	N	D	N	N	$ -	$ -	$132.06 Priced on UCR, eff. 1/1/92
74329		X-ray for p	C	XXX	N	N	D	N	N	$ -	$ -	$132.06 Priced on UCR, eff. 1/1/92
74330	26	X-ray bile/	A	XXX	N	N	D	N	N	$ 23.62	$ 23.62	
74330	TC	X-ray bile/	C	XXX	N	N	D	N	N	$ -	$ -	$132.06 Priced on UCR, eff. 1/1/92
74330		X-ray bile/	C	XXX	N	N	D	N	N	$ -	$ -	$132.06 Priced on UCR, eff. 1/1/92
74340	26	X-ray guid	A	XXX	N	N	D	N	N	$ 18.08	$ 18.08	
74340	TC	X-ray guid	C	XXX	N	N	D	N	N	$ -	$ -	$108.41 Priced on UCR, eff. 1/1/92
74340		X-ray guid	C	XXX	N	N	D	N	N	$ -	$ -	$108.41 Priced on UCR, eff. 1/1/92
74355	26	X-ray guid	A	XXX	N	N	D	N	N	$ 25.31	$ 25.31	
74355	TC	X-ray guid	C	XXX	N	N	D	N	N	$ -	$ -	$118.34 Priced on UCR, eff. 1/1/92
74355		X-ray guid	C	XXX	N	N	D	N	N	$ -	$ -	$118.34 Priced on UCR, eff. 1/1/92
74360	26	X-ray guid	A	XXX	N	N	D	N	N	$ 18.56	$ 18.56	
74360	TC	X-ray guid	C	XXX	N	N	D	N	N	$ -	$ -	$124.86 Priced on UCR, eff. 1/1/92
74360		X-ray guid	C	XXX	N	N	D	N	N	$ -	$ -	$124.86 Priced on UCR, eff. 1/1/92
74363	26	X-ray bile	A	XXX	N	N	D	N	N	$ 28.92	$ 28.92	
74363	TC	X-ray bile	C	XXX	N	N	D	N	N	$ -	$ -	$42.26 Priced on UCR, eff. 1/1/92
74363		X-ray bile	C	XXX	N	N	D	N	N	$ -	$ -	$42.26 Priced on UCR, eff. 1/1/92
74400	26	Urography	A	XXX	N	N	D	N	N	$ 15.91	$ 15.91	
74400	TC	Urography	A	XXX	N	N	D	N	N	$ 68.20	$ 68.20	
74400		Urography	A	XXX	N	N	D	N	N	$ 84.35	$ 84.35	
74410	26	Urography	A	XXX	N	N	D	N	N	$ 15.91	$ 15.91	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
74410	TC	Urography	A	XXX	N	N	D	N	N	$ 70.85	$ 70.85	
74410		Urography	A	XXX	N	N	D	N	N	$ 87.00	$ 87.00	
74415	26	Urography	A	XXX	N	N	D	N	N	$ 15.91	$ 15.91	
74415	TC	Urography	A	XXX	N	N	D	N	N	$ 82.42	$ 82.42	
74415		Urography	A	XXX	N	N	D	N	N	$ 98.57	$ 98.57	
74420	26	Urography	A	XXX	N	N	D	N	N	$ 16.63	$ 16.63	
74420	TC	Urography	A	XXX	N	N	D	N	N	$ 31.57	$ 31.57	
74420		Urography	A	XXX	N	N	D	N	N	$ 48.44	$ 48.44	
74425	26	Urography	A	XXX	N	N	D	N	N	$ 16.39	$ 16.39	
74425	TC	Urography	A	XXX	N	N	D	N	N	$ 69.41	$ 69.41	
74425		Urography	A	XXX	N	N	D	N	N	$ 86.28	$ 86.28	
74430	26	Contrast x-	A	XXX	N	N	D	N	N	$ 10.12	$ 10.12	
74430	TC	Contrast x-	A	XXX	N	N	D	N	N	$ 15.42	$ 15.42	
74430		Contrast x-	A	XXX	N	N	D	N	N	$ 25.79	$ 25.79	
74440	26	X-ray male	A	XXX	N	N	D	N	N	$ 12.05	$ 12.05	
74440	TC	X-ray male	A	XXX	N	N	D	N	N	$ 48.92	$ 48.92	
74440		X-ray male	A	XXX	N	N	D	N	N	$ 61.21	$ 61.21	
74445	26	X-ray exan	A	XXX	N	N	D	N	N	$ 33.26	$ 33.26	RVU totals adj. refer to working notes
74445	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 64.61	$ 64.61	Imaging Cap Applied
74445		X-ray exan	A	XXX	N	N	D	N	N	$ 97.81	$ 97.81	Imaging Cap Applied
74450	26	X-ray ureth	A	XXX	N	N	D	N	N	$ 9.64	$ 9.64	RVU totals adj. refer to working notes
74450	TC	X-ray ureth	A	XXX	N	N	D	N	N	$ 136.44	$ 136.44	Imaging Cap Applied
74450		X-ray ureth	A	XXX	N	N	D	N	N	$ 146.11	$ 146.11	Imaging Cap Applied
74455	26	X-ray ureth	A	XXX	N	N	D	N	N	$ 10.36	$ 10.36	
74455	TC	X-ray ureth	A	XXX	N	N	D	N	N	$ 54.71	$ 54.71	
74455		X-ray ureth	A	XXX	N	N	D	N	N	$ 65.07	$ 65.07	
74470	26	X-ray exan	A	XXX	N	N	D	N	N	$ 15.67	$ 15.67	RVU totals adj. refer to working notes
74470	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 286.24	$ 286.24	Imaging Cap Applied
74470		X-ray exan	A	XXX	N	N	D	N	N	$ 301.92	$ 301.92	Imaging Cap Applied
74485	26	Dilation ur	A	XXX	N	N	D	N	N	$ 26.27	$ 26.27	
74485	TC	Dilation ur	A	XXX	N	N	D	N	N	$ 48.92	$ 48.92	
74485		Dilation ur	A	XXX	N	N	D	N	N	$ 75.43	$ 75.43	
74710	26	X-ray meas	A	XXX	N	N	D	N	N	$ 11.09	$ 11.09	
74710	TC	X-ray meas	A	XXX	N	N	D	N	N	$ 14.22	$ 14.22	
74710		X-ray meas	A	XXX	N	N	D	N	N	$ 25.79	$ 25.79	
74712	26	Mri fetal su	A	XXX	4	N	D	N	N	$ 88.45	$ 88.45	RVU totals adj. refer to working notes
74712	TC	Mri fetal su	A	XXX	4	N	D	N	N	$ 136.51	$ 136.51	Imaging Cap Applied
74712		Mri fetal su	A	XXX	4	N	D	N	N	$ 224.89	$ 224.89	Imaging Cap Applied
74713	26	Mri fetal ea	A	ZZZ	N	N	D	N	N	$ 60.97	$ 60.97	
74713	TC	Mri fetal ea	A	ZZZ	N	N	D	N	N	$ 80.74	$ 80.74	
74713		Mri fetal ea	A	ZZZ	N	N	D	N	N	$ 141.71	$ 141.71	
74740	26	X-ray fema	A	XXX	N	N	D	N	N	$ 12.53	$ 12.53	
74740	TC	X-ray fema	A	XXX	N	N	D	N	N	$ 47.96	$ 47.96	
74740		X-ray fema	A	XXX	N	N	D	N	N	$ 60.73	$ 60.73	
74742	26	X-ray fallo	A	XXX	N	N	D	N	N	$ 20.49	$ 20.49	
74742	TC	X-ray fallo	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
74742		X-ray fallo	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
74775	26	X-ray exan	A	XXX	N	N	D	N	N	$ 18.32	$ 18.32	RVU totals adj. refer to working notes
74775	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 136.44	$ 136.44	Imaging Cap Applied
74775		X-ray exan	A	XXX	N	N	D	N	N	$ 154.80	$ 154.80	Imaging Cap Applied
75557	26	Cardiac mı	A	XXX	4	N	D	N	N	$ 76.40	$ 76.40	
75557	TC	Cardiac mı	A	XXX	4	N	D	N	N	$ 122.19	$ 122.19	
75557		Cardiac mı	A	XXX	4	N	D	N	N	$ 198.58	$ 198.58	
75559	26	Cardiac mı	A	XXX	4	N	D	N	N	$ 93.51	$ 93.51	
75559	TC	Cardiac mı	A	XXX	4	N	D	N	N	$ 180.51	$ 180.51	
75559		Cardiac mı	A	XXX	4	N	D	N	N	$ 274.02	$ 274.02	
75561	26	Cardiac mı	A	XXX	4	N	D	N	N	$ 84.83	$ 84.83	
75561	TC	Cardiac mı	A	XXX	4	N	D	N	N	$ 175.69	$ 175.69	
75561		Cardiac mı	A	XXX	4	N	D	N	N	$ 260.76	$ 260.76	
75563	26	Card mri w	A	XXX	4	N	D	N	N	$ 97.12	$ 97.12	
75563	TC	Card mri w	A	XXX	4	N	D	N	N	$ 209.19	$ 209.19	
75563		Card mri w	A	XXX	4	N	D	N	N	$ 306.55	$ 306.55	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
75565	26	Card mri v	A	ZZZ	N	N	D	N	N	$ 8.19	$ 8.19	
75565	TC	Card mri v	A	ZZZ	N	N	D	N	N	$ 24.34	$ 24.34	
75565		Card mri v	A	ZZZ	N	N	D	N	N	$ 32.54	$ 32.54	
75571	26	Ct hrt w/o	Not Covered	XXX	4	N	D	N	N	$ 19.52	$ 19.52	
75571	TC	Ct hrt w/o	Not Covered	XXX	4	N	D	N	N	$ 46.75	$ 46.75	
75571		Ct hrt w/o	Not Covered	XXX	4	N	D	N	N	$ 66.28	$ 66.28	
75572	26	Ct hrt w/3	A	XXX	4	N	D	N	N	$ 51.57	$ 51.57	RVU totals adj. refer to working notes
75572	TC	Ct hrt w/3	A	XXX	4	N	D	N	N	$ 106.05	$ 106.05	Imaging Cap Applied
75572		Ct hrt w/3	A	XXX	4	N	D	N	N	$ 157.56	$ 157.56	Imaging Cap Applied
75573	26	Ct hrt w/3	A	XXX	4	N	D	N	N	$ 74.95	$ 74.95	RVU totals adj. refer to working notes
75573	TC	Ct hrt w/3	A	XXX	4	N	D	N	N	$ 105.97	$ 105.97	Imaging Cap Applied
75573		Ct hrt w/3	A	XXX	4	N	D	N	N	$ 181.06	$ 181.06	Imaging Cap Applied
75574	26	Ct angio h	A	XXX	4	N	D	N	N	$ 70.37	$ 70.37	RVU totals adj. refer to working notes
75574	TC	Ct angio h	A	XXX	4	N	D	N	N	$ 105.97	$ 105.97	Imaging Cap Applied
75574		Ct angio h	A	XXX	4	N	D	N	N	$ 176.41	$ 176.41	Imaging Cap Applied
75600	26	Contrast e	A	XXX	6	N	D	N	N	$ 16.39	$ 16.39	
75600	TC	Contrast e	A	XXX	6	N	D	N	N	$ 107.97	$ 107.97	
75600		Contrast e	A	XXX	6	N	D	N	N	$ 124.36	$ 124.36	
75605	26	Contrast e	A	XXX	6	N	D	N	N	$ 37.11	$ 37.11	
75605	TC	Contrast e	A	XXX	6	N	D	N	N	$ 44.10	$ 44.10	
75605		Contrast e	A	XXX	6	N	D	N	N	$ 81.22	$ 81.22	
75625	26	Contrast e	A	XXX	6	N	D	N	N	$ 47.72	$ 47.72	
75625	TC	Contrast e	A	XXX	6	N	D	N	N	$ 40.25	$ 40.25	
75625		Contrast e	A	XXX	6	N	D	N	N	$ 87.72	$ 87.72	
75630	26	X-ray aort	A	XXX	6	N	D	N	N	$ 66.03	$ 66.03	
75630	TC	X-ray aort	A	XXX	6	N	D	N	N	$ 42.66	$ 42.66	
75630		X-ray aort	A	XXX	6	N	D	N	N	$ 108.69	$ 108.69	
75635	26	Ct angio al	A	XXX	4	N	D	N	N	$ 70.13	$ 70.13	RVU totals adj. refer to working notes
75635	TC	Ct angio al	A	XXX	4	N	D	N	N	$ 105.97	$ 105.97	Imaging Cap Applied
75635		Ct angio al	A	XXX	4	N	D	N	N	$ 176.19	$ 176.19	Imaging Cap Applied
75705	26	Artery x-ra	A	XXX	6	N	D	N	N	$ 79.77	$ 79.77	
75705	TC	Artery x-ra	A	XXX	6	N	D	N	N	$ 81.46	$ 81.46	
75705		Artery x-ra	A	XXX	6	N	D	N	N	$ 161.71	$ 161.71	
75710	26	Artery x-ra	A	XXX	6	N	D	N	N	$ 58.08	$ 58.08	
75710	TC	Artery x-ra	A	XXX	6	N	D	N	N	$ 45.55	$ 45.55	
75710		Artery x-ra	A	XXX	6	N	D	N	N	$ 103.87	$ 103.87	
75716	26	Artery x-ra	A	XXX	6	B	D	N	N	$ 64.83	$ 64.83	
75716	TC	Artery x-ra	A	XXX	6	B	D	N	N	$ 46.75	$ 46.75	
75716		Artery x-ra	A	XXX	6	B	D	N	N	$ 111.82	$ 111.82	
75726	26	Artery x-ra	A	XXX	6	N	D	N	N	$ 65.31	$ 65.31	
75726	TC	Artery x-ra	A	XXX	6	N	D	N	N	$ 50.61	$ 50.61	
75726		Artery x-ra	A	XXX	6	N	D	N	N	$ 115.68	$ 115.68	
75731	26	Artery x-ra	A	XXX	6	N	D	N	N	$ 37.36	$ 37.36	
75731	TC	Artery x-ra	A	XXX	6	N	D	N	N	$ 62.18	$ 62.18	
75731		Artery x-ra	A	XXX	6	N	D	N	N	$ 99.53	$ 99.53	
75733	26	Artery x-ra	A	XXX	6	B	D	N	N	$ 42.18	$ 42.18	
75733	TC	Artery x-ra	A	XXX	6	B	D	N	N	$ 67.72	$ 67.72	
75733		Artery x-ra	A	XXX	6	B	D	N	N	$ 109.90	$ 109.90	
75736	26	Artery x-ra	A	XXX	6	N	D	N	N	$ 36.63	$ 36.63	
75736	TC	Artery x-ra	A	XXX	6	N	D	N	N	$ 56.64	$ 56.64	
75736		Artery x-ra	A	XXX	6	N	D	N	N	$ 93.03	$ 93.03	
75741	26	Artery x-ra	A	XXX	6	N	D	N	N	$ 42.18	$ 42.18	
75741	TC	Artery x-ra	A	XXX	6	N	D	N	N	$ 46.27	$ 46.27	
75741		Artery x-ra	A	XXX	6	N	D	N	N	$ 88.45	$ 88.45	
75743	26	Artery x-ra	A	XXX	6	B	D	N	N	$ 53.26	$ 53.26	
75743	TC	Artery x-ra	A	XXX	6	B	D	N	N	$ 47.00	$ 47.00	
75743		Artery x-ra	A	XXX	6	B	D	N	N	$ 100.26	$ 100.26	
75746	26	Artery x-ra	A	XXX	6	N	D	N	N	$ 36.39	$ 36.39	
75746	TC	Artery x-ra	A	XXX	6	N	D	N	N	$ 52.30	$ 52.30	
75746		Artery x-ra	A	XXX	6	N	D	N	N	$ 88.93	$ 88.93	
75756	26	Artery x-ra	A	XXX	6	N	D	N	N	$ 37.60	$ 37.60	
75756	TC	Artery x-ra	A	XXX	6	N	D	N	N	$ 64.83	$ 64.83	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
75756		Artery x-ra	A	XXX	6	N	D	N	N	$ 102.67	$ 102.67	
75774	26	Artery x-ra	A	ZZZ	N	N	D	N	N	$ 32.54	$ 32.54	
75774	TC	Artery x-ra	A	ZZZ	N	N	D	N	N	$ 34.46	$ 34.46	
75774		Artery x-ra	A	ZZZ	N	N	D	N	N	$ 67.24	$ 67.24	
75801	26	Lymph ves	A	XXX	N	N	D	N	N	$ 26.99	$ 26.99	RVU totals adj. refer to working notes
75801	TC	Lymph ves	A	XXX	N	N	D	N	N	$ 321.00	$ 321.00	Imaging Cap Applied
75801		Lymph ves	A	XXX	N	N	D	N	N	$ 347.98	$ 347.98	Imaging Cap Applied
75803	26	Lymph ves	A	XXX	N	B	D	N	N	$ 34.46	$ 34.46	RVU totals adj. refer to working notes
75803	TC	Lymph ves	A	XXX	N	B	D	N	N	$ 833.40	$ 833.40	Imaging Cap Applied
75803		Lymph ves	A	XXX	N	B	D	N	N	$ 867.78	$ 867.78	Imaging Cap Applied
75805	26	Lymph ves	A	XXX	N	N	D	N	N	$ 24.10	$ 24.10	RVU totals adj. refer to working notes
75805	TC	Lymph ves	A	XXX	N	N	D	N	N	########	$ 1,695.91	Imaging Cap Applied
75805		Lymph ves	A	XXX	N	N	D	N	N	########	$ 1,719.98	Imaging Cap Applied
75807	26	Lymph ves	A	XXX	N	B	D	N	N	$ 33.26	$ 33.26	RVU totals adj. refer to working notes
75807	TC	Lymph ves	A	XXX	N	B	D	N	N	########	$ 1,695.91	Imaging Cap Applied
75807		Lymph ves	A	XXX	N	B	D	N	N	########	$ 1,729.18	Imaging Cap Applied
75809	26	Nonvascul	A	XXX	6	N	D	N	N	$ 16.15	$ 16.15	
75809	TC	Nonvascul	A	XXX	6	N	D	N	N	$ 39.77	$ 39.77	
75809		Nonvascul	A	XXX	6	N	D	N	N	$ 55.91	$ 55.91	
75810	26	Vein x-ray	A	XXX	N	N	D	N	N	$ 30.13	$ 30.13	RVU totals adj. refer to working notes
75810	TC	Vein x-ray	A	XXX	N	N	D	N	N	########	$ 1,695.91	Imaging Cap Applied
75810		Vein x-ray	A	XXX	N	N	D	N	N	########	$ 1,726.04	Imaging Cap Applied
75820	26	Vein x-ray	A	XXX	6	N	D	N	N	$ 34.95	$ 34.95	
75820	TC	Vein x-ray	A	XXX	6	N	D	N	N	$ 40.73	$ 40.73	
75820		Vein x-ray	A	XXX	6	N	D	N	N	$ 75.67	$ 75.67	
75822	26	Vein x-ray	A	XXX	6	B	D	N	N	$ 48.44	$ 48.44	
75822	TC	Vein x-ray	A	XXX	6	B	D	N	N	$ 43.14	$ 43.14	
75822		Vein x-ray	A	XXX	6	B	D	N	N	$ 91.58	$ 91.58	
75825	26	Vein x-ray	A	XXX	6	N	D	N	N	$ 37.84	$ 37.84	
75825	TC	Vein x-ray	A	XXX	6	N	D	N	N	$ 40.73	$ 40.73	
75825		Vein x-ray	A	XXX	6	N	D	N	N	$ 78.57	$ 78.57	
75827	26	Vein x-ray	A	XXX	6	N	D	N	N	$ 38.08	$ 38.08	
75827	TC	Vein x-ray	A	XXX	6	N	D	N	N	$ 43.86	$ 43.86	
75827		Vein x-ray	A	XXX	6	N	D	N	N	$ 81.94	$ 81.94	
75831	26	Vein x-ray	A	XXX	6	N	D	N	N	$ 36.15	$ 36.15	
75831	TC	Vein x-ray	A	XXX	6	N	D	N	N	$ 44.59	$ 44.59	
75831		Vein x-ray	A	XXX	6	N	D	N	N	$ 80.49	$ 80.49	
75833	26	Vein x-ray	A	XXX	6	B	D	N	N	$ 48.68	$ 48.68	
75833	TC	Vein x-ray	A	XXX	6	B	D	N	N	$ 49.65	$ 49.65	
75833		Vein x-ray	A	XXX	6	B	D	N	N	$ 98.57	$ 98.57	
75840	26	Vein x-ray	A	XXX	6	N	D	N	N	$ 37.36	$ 37.36	
75840	TC	Vein x-ray	A	XXX	6	N	D	N	N	$ 48.92	$ 48.92	
75840		Vein x-ray	A	XXX	6	N	D	N	N	$ 86.28	$ 86.28	
75842	26	Vein x-ray	A	XXX	6	B	D	N	N	$ 48.68	$ 48.68	
75842	TC	Vein x-ray	A	XXX	6	B	D	N	N	$ 56.39	$ 56.39	
75842		Vein x-ray	A	XXX	6	B	D	N	N	$ 105.32	$ 105.32	
75860	26	Vein x-ray	A	XXX	6	N	D	N	N	$ 37.60	$ 37.60	
75860	TC	Vein x-ray	A	XXX	6	N	D	N	N	$ 47.96	$ 47.96	
75860		Vein x-ray	A	XXX	6	N	D	N	N	$ 85.56	$ 85.56	
75870	26	Vein x-ray	A	XXX	6	N	D	N	N	$ 42.42	$ 42.42	
75870	TC	Vein x-ray	A	XXX	6	N	D	N	N	$ 67.96	$ 67.96	
75870		Vein x-ray	A	XXX	6	N	D	N	N	$ 110.14	$ 110.14	
75872	26	Vein x-ray	A	XXX	6	N	D	N	N	$ 37.36	$ 37.36	
75872	TC	Vein x-ray	A	XXX	6	N	D	N	N	$ 48.92	$ 48.92	
75872		Vein x-ray	A	XXX	6	N	D	N	N	$ 86.28	$ 86.28	
75880	26	Vein x-ray	A	XXX	6	N	D	N	N	$ 23.14	$ 23.14	
75880	TC	Vein x-ray	A	XXX	6	N	D	N	N	$ 48.68	$ 48.68	
75880		Vein x-ray	A	XXX	6	N	D	N	N	$ 71.82	$ 71.82	
75885	26	Vein x-ray	A	XXX	6	N	D	N	N	$ 45.31	$ 45.31	
75885	TC	Vein x-ray	A	XXX	6	N	D	N	N	$ 47.00	$ 47.00	
75885		Vein x-ray	A	XXX	6	N	D	N	N	$ 92.30	$ 92.30	
75887	26	Vein x-ray	A	XXX	6	N	D	N	N	$ 45.55	$ 45.55	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
75887	TC	Vein x-ray	A	XXX	6	N	D	N	N	$ 47.48	$ 47.48	
75887		Vein x-ray	A	XXX	6	N	D	N	N	$ 93.03	$ 93.03	
75889	26	Vein x-ray	A	XXX	6	N	D	N	N	$ 35.43	$ 35.43	
75889	TC	Vein x-ray	A	XXX	6	N	D	N	N	$ 47.24	$ 47.24	
75889		Vein x-ray	A	XXX	6	N	D	N	N	$ 82.42	$ 82.42	
75891	26	Vein x-ray	A	XXX	6	N	D	N	N	$ 35.67	$ 35.67	
75891	TC	Vein x-ray	A	XXX	6	N	D	N	N	$ 47.48	$ 47.48	
75891		Vein x-ray	A	XXX	6	N	D	N	N	$ 83.39	$ 83.39	
75893	26	Venous sar	A	XXX	6	N	D	N	N	$ 17.83	$ 17.83	
75893	TC	Venous sar	A	XXX	6	N	D	N	N	$ 51.57	$ 51.57	
75893		Venous sar	A	XXX	6	N	D	N	N	$ 69.17	$ 69.17	
75894	26	X-rays trar	A	XXX	N	N	D	N	N	$ 48.68	$ 48.68	
75894	TC	X-rays trar	C	XXX	N	N	D	N	N	$ -	$ -	$817.96 Priced on UCR, eff. 1/1/92
75894		X-rays trar	C	XXX	N	N	D	N	N	$ -	$ -	$817.96 Priced on UCR, eff. 1/1/92
75898	26	Follow-up	A	XXX	N	N	D	N	N	$ 55.91	$ 55.91	RVU totals adj. refer to working notes
75898	TC	Follow-up	A	XXX	N	N	D	N	N	########	$ 1,695.91	Imaging Cap Applied
75898		Follow-up	A	XXX	N	N	D	N	N	########	$ 1,751.75	Imaging Cap Applied
75901	26	Remove cv	A	XXX	N	N	D	N	N	$ 16.15	$ 16.15	
75901	TC	Remove cv	A	XXX	N	N	D	N	N	$ 130.14	$ 130.14	
75901		Remove cv	A	XXX	N	N	D	N	N	$ 146.29	$ 146.29	
75902	26	Remove cv	A	XXX	N	N	D	N	N	$ 13.01	$ 13.01	
75902	TC	Remove cv	A	XXX	N	N	D	N	N	$ 44.59	$ 44.59	
75902		Remove cv	A	XXX	N	N	D	N	N	$ 57.60	$ 57.60	
75956	26	Xray endo	A	XXX	N	N	D	N	N	$ 236.66	$ 236.66	
75956	TC	Xray endo	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
75956		Xray endo	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
75957	26	Xray endo	A	XXX	N	N	D	N	N	$ 203.16	$ 203.16	
75957	TC	Xray endo	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
75957		Xray endo	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
75958	26	Xray place	A	XXX	N	N	D	N	N	$ 134.48	$ 134.48	
75958	TC	Xray place	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
75958		Xray place	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
75959	26	Xray place	A	XXX	N	N	D	N	N	$ 118.09	$ 118.09	
75959	TC	Xray place	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
75959		Xray place	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
75970	26	Vascular b	A	XXX	N	N	D	N	N	$ 26.27	$ 26.27	
75970	TC	Vascular b	C	XXX	N	N	D	N	N	$ -	$ -	$400.75 Priced on UCR, eff. 1/1/92
75970		Vascular b	C	XXX	N	N	D	N	N	$ -	$ -	$400.75 Priced on UCR, eff. 1/1/92
75984	26	Xray contr	A	XXX	N	N	D	N	N	$ 26.27	$ 26.27	
75984	TC	Xray contr	A	XXX	N	N	D	N	N	$ 40.25	$ 40.25	
75984		Xray contr	A	XXX	N	N	D	N	N	$ 66.28	$ 66.28	
75989	26	Abscess dr	A	XXX	N	N	D	N	N	$ 38.32	$ 38.32	
75989	TC	Abscess dr	A	XXX	N	N	D	N	N	$ 38.32	$ 38.32	
75989		Abscess dr	A	XXX	N	N	D	N	N	$ 76.40	$ 76.40	
76000	26	Fluoroscop	A	XXX	N	N	D	N	N	$ 10.60	$ 10.60	
76000	TC	Fluoroscop	A	XXX	N	N	D	N	N	$ 16.63	$ 16.63	
76000		Fluoroscop	A	XXX	N	N	D	N	N	$ 27.23	$ 27.23	
76010	26	X-ray nose	A	XXX	N	N	D	N	N	$ 6.03	$ 6.03	
76010	TC	X-ray nose	A	XXX	N	N	D	N	N	$ 12.53	$ 12.53	
76010		X-ray nose	A	XXX	N	N	D	N	N	$ 18.56	$ 18.56	
76080	26	X-ray exan	A	XXX	N	N	D	N	N	$ 17.59	$ 17.59	
76080	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 21.45	$ 21.45	
76080		X-ray exan	A	XXX	N	N	D	N	N	$ 38.80	$ 38.80	
76098	26	X-ray exan	A	XXX	N	N	D	N	N	$ 10.36	$ 10.36	
76098	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 16.15	$ 16.15	
76098		X-ray exan	A	XXX	N	N	D	N	N	$ 26.75	$ 26.75	
76100	26	X-ray exan	A	XXX	N	N	D	N	N	$ 20.00	$ 20.00	
76100	TC	X-ray exan	A	XXX	N	N	D	N	N	$ 39.28	$ 39.28	
76100		X-ray exan	A	XXX	N	N	D	N	N	$ 59.29	$ 59.29	
76101	26	Complex b	A	XXX	N	N	D	N	N	$ 19.76	$ 19.76	
76101	TC	Complex b	A	XXX	N	N	D	N	N	$ 46.27	$ 46.27	
76101		Complex b	A	XXX	N	N	D	N	N	$ 65.79	$ 65.79	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
76102	26	Complex b	A	XXX	N	B	D	N	N	$ 18.08	$ 18.08	RVU totals adj. refer to working notes
76102	TC	Complex b	A	XXX	N	B	D	N	N	$ 64.68	$ 64.68	Imaging Cap Applied
76102		Complex b	A	XXX	N	B	D	N	N	$ 82.76	$ 82.76	Imaging Cap Applied
76120	26	Cine/video	A	XXX	N	N	D	N	N	$ 13.50	$ 13.50	
76120	TC	Cine/video	A	XXX	N	N	D	N	N	$ 58.32	$ 58.32	
76120		Cine/video	A	XXX	N	N	D	N	N	$ 71.82	$ 71.82	
76125	26	Cine/video	A	ZZZ	N	N	D	N	N	$ 8.92	$ 8.92	
76125	TC	Cine/video	C	ZZZ	N	N	D	N	N	$ -	$ -	$37.20 Priced on UCR, eff. 1/1/92
76125		Cine/video	C	ZZZ	N	N	D	N	N	$ -	$ -	$37.20 Priced on UCR, eff. 1/1/92
76140		X-ray cons	C	XXX	N	N	N	N	N	$ -	$ -	$5 Priced on UCR, eff. 7/12/78
76145		Med physi	Not Covered	XXX	N	N	D	N	N	$ 507.06	$ 507.06	2021 New Procedure Code
76376	26	3d render v	Not Covered	XXX	N	N	D	N	N	$ 6.51	$ 6.51	
76376	TC	3d render v	Not Covered	XXX	N	N	D	N	N	$ 7.95	$ 7.95	
76376		3d render v	Not Covered	XXX	N	N	D	N	N	$ 14.46	$ 14.46	
76377	26	3d render v	Not Covered	XXX	N	N	D	N	N	$ 26.27	$ 26.27	
76377	TC	3d render v	Not Covered	XXX	N	N	D	N	N	$ 20.00	$ 20.00	
76377		3d render v	Not Covered	XXX	N	N	D	N	N	$ 46.03	$ 46.03	
76380	26	Cat scan fc	A	XXX	N	N	D	N	N	$ 28.44	$ 28.44	RVU totals adj. refer to working notes
76380	TC	Cat scan fc	A	XXX	N	N	D	N	N	$ 48.09	$ 48.09	Imaging Cap Applied
76380		Cat scan fc	A	XXX	N	N	D	N	N	$ 76.66	$ 76.66	Imaging Cap Applied
76390	26	Mr spectro	A	XXX	N	N	N	N	N	$ 46.27	$ 46.27	
76390	TC	Mr spectro	A	XXX	N	N	N	N	N	$ 213.53	$ 213.53	
76390		Mr spectro	A	XXX	N	N	N	N	N	$ 259.80	$ 259.80	
76391	26	Mr elastog	A	XXX	4	N	D	N	N	$ 36.15	$ 36.15	
76391	TC	Mr elastog	A	XXX	4	N	D	N	N	$ 106.52	$ 106.52	
76391		Mr elastog	A	XXX	4	N	D	N	N	$ 142.67	$ 142.67	
76496	26	Fluoroscop	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
76496	TC	Fluoroscop	nlstd/Manua	XXX	N	N	D	N	N	$ 48.09	$ 48.09	Imaging Cap Applied
76496		Fluoroscop	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
76497	26	Ct procedu	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
76497	TC	Ct procedu	nlstd/Manua	XXX	N	N	D	N	N	$ 48.09	$ 48.09	Imaging Cap Applied
76497		Ct procedu	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
76498	26	Mri proce	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
76498	TC	Mri proce	nlstd/Manua	XXX	N	N	D	N	N	$ 48.09	$ 48.09	Imaging Cap Applied
76498		Mri proce	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
76499	26	Radiograp	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
76499	TC	Radiograp	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
76499		Radiograp	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
76506	26	Echo exam	A	XXX	N	N	D	N	N	$ 21.45	$ 21.45	
76506	TC	Echo exam	A	XXX	N	N	D	N	N	$ 52.30	$ 52.30	
76506		Echo exam	A	XXX	N	N	D	N	N	$ 73.75	$ 73.75	
76510	26	Oph us dx	A	XXX	7	N	D	N	N	$ 26.03	$ 26.03	
76510	TC	Oph us dx	A	XXX	7	N	D	N	N	$ 20.49	$ 20.49	
76510		Oph us dx	A	XXX	7	N	D	N	N	$ 46.51	$ 46.51	
76511	26	Oph us dx	A	XXX	7	N	D	N	N	$ 23.62	$ 23.62	
76511	TC	Oph us dx	A	XXX	7	N	D	N	N	$ 13.50	$ 13.50	
76511		Oph us dx	A	XXX	7	N	D	N	N	$ 37.11	$ 37.11	
76512	26	Oph us dx	A	XXX	7	N	D	N	N	$ 20.24	$ 20.24	
76512	TC	Oph us dx	A	XXX	7	N	D	N	N	$ 11.09	$ 11.09	
76512		Oph us dx	A	XXX	7	N	D	N	N	$ 31.57	$ 31.57	
76513	26	Oph us dx	A	XXX	7	N	D	N	N	$ 21.21	$ 21.21	
76513	TC	Oph us dx	A	XXX	7	N	D	N	N	$ 28.20	$ 28.20	
76513		Oph us dx	A	XXX	7	N	D	N	N	$ 49.41	$ 49.41	
76514	26	Echo exam	A	XXX	7	B	D	N	N	$ 5.30	$ 5.30	
76514	TC	Echo exam	A	XXX	7	B	D	N	N	$ 2.41	$ 2.41	
76514		Echo exam	A	XXX	7	B	D	N	N	$ 7.47	$ 7.47	
76516	26	Echo exam	A	XXX	7	B	D	N	N	$ 14.94	$ 14.94	
76516	TC	Echo exam	A	XXX	7	B	D	N	N	$ 14.70	$ 14.70	
76516		Echo exam	A	XXX	7	B	D	N	N	$ 29.64	$ 29.64	
76519	26	Echo exam	A	XXX	7	N	D	N	N	$ 20.00	$ 20.00	
76519	TC	Echo exam	A	XXX	7	B	D	N	N	$ 22.41	$ 22.41	
76519		Echo exam	A	XXX	7	B	D	N	N	$ 42.42	$ 42.42	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
76529	26	Echo exam	A	XXX	N	N	D	N	N	$ 21.21	$ 21.21	
76529	TC	Echo exam	A	XXX	N	N	D	N	N	$ 33.26	$ 33.26	
76529		Echo exam	A	XXX	N	N	D	N	N	$ 54.47	$ 54.47	
76536	26	Us exam o	A	XXX	N	N	D	N	N	$ 19.04	$ 19.04	
76536	TC	Us exam o	A	XXX	N	N	D	N	N	$ 53.98	$ 53.98	
76536		Us exam o	A	XXX	N	N	D	N	N	$ 73.02	$ 73.02	
76604	26	Us exam cl	A	XXX	4	N	D	N	N	$ 19.28	$ 19.28	
76604	TC	Us exam cl	A	XXX	4	N	D	N	N	$ 23.62	$ 23.62	
76604		Us exam cl	A	XXX	4	N	D	N	N	$ 42.90	$ 42.90	
76641	26	Ultrasound	A	XXX	N	Y	D	N	N	$ 24.10	$ 24.10	
76641	TC	Ultrasound	A	XXX	N	Y	D	N	N	$ 43.14	$ 43.14	
76641		Ultrasound	A	XXX	N	Y	D	N	N	$ 67.48	$ 67.48	
76642	26	Ultrasound	A	XXX	N	Y	D	N	N	$ 22.65	$ 22.65	
76642	TC	Ultrasound	A	XXX	N	Y	D	N	N	$ 33.02	$ 33.02	
76642		Ultrasound	A	XXX	N	Y	D	N	N	$ 55.91	$ 55.91	
76700	26	Us exam ab	A	XXX	4	N	D	N	N	$ 26.75	$ 26.75	
76700	TC	Us exam ab	A	XXX	4	N	D	N	N	$ 50.37	$ 50.37	
76700		Us exam ab	A	XXX	4	N	D	N	N	$ 77.12	$ 77.12	
76705	26	Echo exam	A	XXX	4	N	D	N	N	$ 19.76	$ 19.76	
76705	TC	Echo exam	A	XXX	4	N	D	N	N	$ 37.84	$ 37.84	
76705		Echo exam	A	XXX	4	N	D	N	N	$ 57.60	$ 57.60	
76706	26	Us abdl ao	A	XXX	N	N	D	N	N	$ 18.56	$ 18.56	
76706	TC	Us abdl ao	A	XXX	N	N	D	N	N	$ 50.37	$ 50.37	
76706		Us abdl ao	A	XXX	N	N	D	N	N	$ 68.93	$ 68.93	
76770	26	Us exam ab	A	XXX	4	N	D	N	N	$ 24.34	$ 24.34	
76770	TC	Us exam ab	A	XXX	4	N	D	N	N	$ 46.75	$ 46.75	
76770		Us exam ab	A	XXX	4	N	D	N	N	$ 71.10	$ 71.10	
76775	26	Us exam ab	A	XXX	4	N	D	N	N	$ 19.52	$ 19.52	
76775	TC	Us exam ab	A	XXX	4	N	D	N	N	$ 18.56	$ 18.56	
76775		Us exam ab	A	XXX	4	N	D	N	N	$ 38.08	$ 38.08	
76776	26	Us exam k	A	XXX	4	N	D	N	N	$ 25.06	$ 25.06	
76776	TC	Us exam k	A	XXX	4	N	D	N	N	$ 72.30	$ 72.30	
76776		Us exam k	A	XXX	4	N	D	N	N	$ 97.36	$ 97.36	
76800	26	Us exam sp	A	XXX	N	N	D	N	N	$ 40.01	$ 40.01	
76800	TC	Us exam sp	A	XXX	N	N	D	N	N	$ 52.06	$ 52.06	
76800		Us exam sp	A	XXX	N	N	D	N	N	$ 92.06	$ 92.06	
76801	26	Ob us < 14	A	XXX	N	N	D	N	N	$ 32.78	$ 32.78	
76801	TC	Ob us < 14	A	XXX	N	N	D	N	N	$ 44.59	$ 44.59	
76801		Ob us < 14	A	XXX	N	N	D	N	N	$ 77.36	$ 77.36	
76802	26	Ob us < 14	A	ZZZ	N	N	D	N	N	$ 27.72	$ 27.72	
76802	TC	Ob us < 14	A	ZZZ	N	N	D	N	N	$ 13.50	$ 13.50	
76802		Ob us < 14	A	ZZZ	N	N	D	N	N	$ 40.97	$ 40.97	
76805	26	Ob us >= 1	A	XXX	N	N	D	N	N	$ 32.78	$ 32.78	
76805	TC	Ob us >= 1	A	XXX	N	N	D	N	N	$ 55.91	$ 55.91	
76805		Ob us >= 1	A	XXX	N	N	D	N	N	$ 88.69	$ 88.69	
76810	26	Ob us >= 1	A	ZZZ	N	N	D	N	N	$ 32.54	$ 32.54	
76810	TC	Ob us >= 1	A	ZZZ	N	N	D	N	N	$ 26.51	$ 26.51	
76810		Ob us >= 1	A	ZZZ	N	N	D	N	N	$ 59.05	$ 59.05	
76811	26	Ob us deta	A	XXX	N	N	D	N	N	$ 62.42	$ 62.42	
76811	TC	Ob us deta	A	XXX	N	N	D	N	N	$ 51.09	$ 51.09	
76811		Ob us deta	A	XXX	N	N	D	N	N	$ 113.51	$ 113.51	
76812	26	Ob us deta	A	ZZZ	N	N	D	N	N	$ 58.32	$ 58.32	
76812	TC	Ob us deta	A	ZZZ	N	N	D	N	N	$ 68.44	$ 68.44	
76812		Ob us deta	A	ZZZ	N	N	D	N	N	$ 127.01	$ 127.01	
76813	26	Ob us nucl	A	XXX	N	N	D	N	N	$ 39.04	$ 39.04	
76813	TC	Ob us nucl	A	XXX	N	N	D	N	N	$ 39.28	$ 39.28	
76813		Ob us nucl	A	XXX	N	N	D	N	N	$ 78.33	$ 78.33	
76814	26	Ob us nucl	A	XXX	N	N	D	N	N	$ 33.02	$ 33.02	
76814	TC	Ob us nucl	A	XXX	N	N	D	N	N	$ 18.32	$ 18.32	
76814		Ob us nucl	A	XXX	N	N	D	N	N	$ 51.09	$ 51.09	
76815	26	Ob us limit	A	XXX	N	N	D	N	N	$ 21.93	$ 21.93	
76815	TC	Ob us limit	A	XXX	N	N	D	N	N	$ 31.81	$ 31.81	

2021 National Physician Fee Schedule Relative Value File January Release
CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
76815		Ob us limit	A	XXX	N	N	D	N	N	$ 53.74	$ 53.74	
76816	26	Ob us follc	A	XXX	N	N	D	N	N	$ 28.20	$ 28.20	
76816	TC	Ob us follc	A	XXX	N	N	D	N	N	$ 43.86	$ 43.86	
76816		Ob us follc	A	XXX	N	N	D	N	N	$ 72.06	$ 72.06	
76817	26	Transvagir	A	XXX	N	N	D	N	N	$ 25.06	$ 25.06	
76817	TC	Transvagir	A	XXX	N	N	D	N	N	$ 36.15	$ 36.15	
76817		Transvagir	A	XXX	N	N	D	N	N	$ 61.21	$ 61.21	
76818	26	Fetal biopl	A	XXX	N	N	D	N	N	$ 34.70	$ 34.70	
76818	TC	Fetal biopl	A	XXX	N	N	D	N	N	$ 40.01	$ 40.01	
76818		Fetal biopl	A	XXX	N	N	D	N	N	$ 74.71	$ 74.71	
76819	26	Fetal biopl	A	XXX	N	N	D	N	N	$ 25.79	$ 25.79	
76819	TC	Fetal biopl	A	XXX	N	N	D	N	N	$ 29.64	$ 29.64	
76819		Fetal biopl	A	XXX	N	N	D	N	N	$ 55.43	$ 55.43	
76820	26	Umbilical a	A	XXX	N	N	D	N	N	$ 16.39	$ 16.39	
76820	TC	Umbilical a	A	XXX	N	N	D	N	N	$ 13.50	$ 13.50	
76820		Umbilical a	A	XXX	N	N	D	N	N	$ 30.13	$ 30.13	
76821	26	Middle cer	A	XXX	N	N	D	N	N	$ 22.90	$ 22.90	
76821	TC	Middle cer	A	XXX	N	N	D	N	N	$ 34.95	$ 34.95	
76821		Middle cer	A	XXX	N	N	D	N	N	$ 58.08	$ 58.08	
76825	26	Echo exam	A	XXX	N	N	D	N	N	$ 54.47	$ 54.47	
76825	TC	Echo exam	A	XXX	N	N	D	N	N	$ 118.81	$ 118.81	
76825		Echo exam	A	XXX	N	N	D	N	N	$ 173.28	$ 173.28	
76826	26	Echo exam	A	XXX	N	N	D	N	N	$ 27.47	$ 27.47	
76826	TC	Echo exam	A	XXX	N	N	D	N	N	$ 75.92	$ 75.92	
76826		Echo exam	A	XXX	N	N	D	N	N	$ 103.39	$ 103.39	
76827	26	Echo exam	A	XXX	N	N	D	N	N	$ 18.80	$ 18.80	
76827	TC	Echo exam	A	XXX	N	N	D	N	N	$ 27.72	$ 27.72	
76827		Echo exam	A	XXX	N	N	D	N	N	$ 46.75	$ 46.75	
76828	26	Echo exam	A	XXX	N	N	D	N	N	$ 18.32	$ 18.32	
76828	TC	Echo exam	A	XXX	N	N	D	N	N	$ 14.94	$ 14.94	
76828		Echo exam	A	XXX	N	N	D	N	N	$ 33.50	$ 33.50	
76830	26	Transvagir	A	XXX	N	N	D	N	N	$ 22.90	$ 22.90	
76830	TC	Transvagir	A	XXX	N	N	D	N	N	$ 54.95	$ 54.95	
76830		Transvagir	A	XXX	N	N	D	N	N	$ 78.08	$ 78.08	
76831	26	Echo exam	A	XXX	4	N	D	N	N	$ 24.10	$ 24.10	
76831	TC	Echo exam	A	XXX	4	N	D	N	N	$ 52.06	$ 52.06	
76831		Echo exam	A	XXX	4	N	D	N	N	$ 76.40	$ 76.40	
76856	26	Us exam p	A	XXX	4	N	D	N	N	$ 22.90	$ 22.90	
76856	TC	Us exam p	A	XXX	4	N	D	N	N	$ 46.27	$ 46.27	
76856		Us exam p	A	XXX	4	N	D	N	N	$ 69.41	$ 69.41	
76857	26	Us exam p	A	XXX	4	N	D	N	N	$ 16.15	$ 16.15	
76857	TC	Us exam p	A	XXX	4	N	D	N	N	$ 14.70	$ 14.70	
76857		Us exam p	A	XXX	4	N	D	N	N	$ 31.09	$ 31.09	
76870	26	Us exam s	A	XXX	4	N	D	N	N	$ 21.45	$ 21.45	
76870	TC	Us exam s	A	XXX	4	N	D	N	N	$ 44.83	$ 44.83	
76870		Us exam s	A	XXX	4	N	D	N	N	$ 66.28	$ 66.28	
76872	26	Us transrec	A	XXX	N	N	D	N	N	$ 20.24	$ 20.24	RVU totals adj. refer to working notes
76872	TC	Us transrec	A	XXX	N	N	D	N	N	$ 64.61	$ 64.61	Imaging Cap Applied
76872		Us transrec	A	XXX	N	N	D	N	N	$ 84.79	$ 84.79	Imaging Cap Applied
76873	26	Echograp t	A	XXX	N	N	D	N	N	$ 51.57	$ 51.57	
76873	TC	Echograp t	A	XXX	N	N	D	N	N	$ 61.21	$ 61.21	
76873		Echograp t	A	XXX	N	N	D	N	N	$ 112.79	$ 112.79	
76881	26	Us compl j	A	XXX	N	N	D	N	N	$ 20.73	$ 20.73	
76881	TC	Us compl j	A	XXX	N	N	D	N	N	$ 21.69	$ 21.69	
76881		Us compl j	A	XXX	N	N	D	N	N	$ 42.66	$ 42.66	
76882	26	Us lmtd jt/	A	XXX	N	N	D	N	N	$ 15.91	$ 15.91	
76882	TC	Us lmtd jt/	A	XXX	N	N	D	N	N	$ 20.00	$ 20.00	
76882		Us lmtd jt/	A	XXX	N	N	D	N	N	$ 36.15	$ 36.15	
76885	26	Us exam ir	A	XXX	N	N	D	N	N	$ 21.69	$ 21.69	RVU totals adj. refer to working notes
76885	TC	Us exam ir	A	XXX	N	N	D	N	N	$ 48.17	$ 48.17	Imaging Cap Applied
76885		Us exam ir	A	XXX	N	N	D	N	N	$ 69.88	$ 69.88	Imaging Cap Applied
76886	26	Us exam ir	A	XXX	N	N	D	N	N	$ 20.97	$ 20.97	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 Facility	31.83 Statewide OB/GYN Non-Facility	Notes
76886	TC	Us exam ir	A	XXX	N	N	D	N	N	$ 45.31	$ 45.31	
76886		Us exam ir	A	XXX	N	N	D	N	N	$ 66.28	$ 66.28	
76932	26	Echo guide	A	XXX	N	N	D	N	N	$ 23.38	$ 23.38	
76932	TC	Echo guide	C	YYY	N	N	D	N	N	$ -	$ -	$80.10 Priced on UCR, eff. 1/1/92
76932		Echo guide	C	YYY	N	N	D	N	N	$ -	$ -	$80.10 Priced on UCR, eff. 1/1/92
76936	26	Echo guide	A	XXX	N	N	D	N	N	$ 65.79	$ 65.79	
76936	TC	Echo guide	A	XXX	N	N	D	N	N	$ 106.76	$ 106.76	
76936		Echo guide	A	XXX	N	N	D	N	N	$ 172.56	$ 172.56	
76937	26	Us guide v	A	ZZZ	N	N	D	N	N	$ 9.40	$ 9.40	
76937	TC	Us guide v	A	ZZZ	N	N	D	N	N	$ 14.94	$ 14.94	
76937		Us guide v	A	ZZZ	N	N	D	N	N	$ 24.34	$ 24.34	
76940	26	Us guide ti	A	XXX	N	N	D	N	N	$ 69.65	$ 69.65	
76940	TC	Us guide ti	C	YYY	N	N	D	N	N	$ -	$ -	Not priced on UCR
76940		Us guide ti	C	YYY	N	N	D	N	N	$ -	$ -	Not priced on UCR
76941	26	Echo guide	A	XXX	N	N	D	N	N	$ 44.10	$ 44.10	
76941	TC	Echo guide	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
76941		Echo guide	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
76942	26	Echo guide	A	XXX	N	N	D	N	N	$ 21.21	$ 21.21	
76942	TC	Echo guide	A	XXX	N	N	D	N	N	$ 16.39	$ 16.39	
76942		Echo guide	A	XXX	N	N	D	N	N	$ 37.60	$ 37.60	
76945	26	Echo guide	A	XXX	N	N	D	N	N	$ 21.93	$ 21.93	
76945	TC	Echo guide	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
76945		Echo guide	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
76946	26	Echo guide	A	XXX	N	N	D	N	N	$ 12.53	$ 12.53	
76946	TC	Echo guide	A	XXX	N	N	D	N	N	$ 8.44	$ 8.44	
76946		Echo guide	A	XXX	N	N	D	N	N	$ 20.97	$ 20.97	
76948	26	Echo guide	A	XXX	N	N	D	N	N	$ 21.93	$ 21.93	
76948	TC	Echo guide	A	XXX	N	N	D	N	N	$ 28.92	$ 28.92	
76948		Echo guide	A	XXX	N	N	D	N	N	$ 51.33	$ 51.33	
76965	26	Echo guida	A	XXX	N	N	D	N	N	$ 45.07	$ 45.07	
76965	TC	Echo guida	A	XXX	N	N	D	N	N	$ 15.67	$ 15.67	
76965		Echo guida	A	XXX	N	N	D	N	N	$ 60.73	$ 60.73	
76975	26	Gi endoscc	A	XXX	N	N	D	N	N	$ 24.82	$ 24.82	RVU totals adj. refer to working notes
76975	TC	Gi endoscc	A	XXX	N	N	D	N	N	$ 136.44	$ 136.44	Imaging Cap Applied
76975		Gi endoscc	A	XXX	N	N	D	N	N	$ 161.12	$ 161.12	Imaging Cap Applied
76977	26	Us bone de	A	XXX	N	N	D	N	N	$ 1.93	$ 1.93	
76977	TC	Us bone de	A	XXX	N	N	D	N	N	$ 2.65	$ 2.65	
76977		Us bone de	A	XXX	N	N	D	N	N	$ 4.58	$ 4.58	
76978	26	Us trgt dyn	Not Covered	XXX	4	N	D	N	N	$ 53.74	$ 53.74	
76978	TC	Us trgt dyn	Not Covered	XXX	4	N	D	N	N	$ 144.60	$ 144.60	
76978		Us trgt dyn	Not Covered	XXX	4	N	D	N	N	$ 198.34	$ 198.34	
76979	26	Us trgt dyn	Not Covered	ZZZ	N	N	D	N	N	$ 28.20	$ 28.20	
76979	TC	Us trgt dyn	Not Covered	ZZZ	N	N	D	N	N	$ 106.04	$ 106.04	
76979		Us trgt dyn	Not Covered	ZZZ	N	N	D	N	N	$ 134.24	$ 134.24	
76981	26	Use parenc	A	XXX	4	N	D	N	N	$ 19.76	$ 19.76	
76981	TC	Use parenc	A	XXX	4	N	D	N	N	$ 47.48	$ 47.48	
76981		Use parenc	A	XXX	4	N	D	N	N	$ 67.48	$ 67.48	
76982	26	Use 1st tar	A	XXX	4	N	D	N	N	$ 20.00	$ 20.00	
76982	TC	Use 1st tar	A	XXX	4	N	D	N	N	$ 42.90	$ 42.90	
76982		Use 1st tar	A	XXX	4	N	D	N	N	$ 62.90	$ 62.90	
76983	26	Use ea add	A	ZZZ	N	N	D	N	N	$ 16.63	$ 16.63	
76983	TC	Use ea add	A	ZZZ	N	N	D	N	N	$ 22.90	$ 22.90	
76983		Use ea add	A	ZZZ	N	N	D	N	N	$ 39.52	$ 39.52	
76998	26	Us guide ir	A	XXX	N	N	D	N	N	$ 43.14	$ 43.14	
76998	TC	Us guide ir	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
76998		Us guide ir	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
76999	26	Echo exam	Unlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
76999	TC	Echo exam	Unlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
76999		Echo exam	Unlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
77001	26	Fluoroguid	A	ZZZ	N	N	D	N	N	$ 12.77	$ 12.77	
77001	TC	Fluoroguid	A	ZZZ	N	N	D	N	N	$ 51.09	$ 51.09	
77001		Fluoroguid	A	ZZZ	N	N	D	N	N	$ 63.87	$ 63.87	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
77002	26	Needle loc	A	ZZZ	N	N	D	N	N	$ 18.80	$ 18.80	
77002	TC	Needle loc	A	ZZZ	N	N	D	N	N	$ 53.98	$ 53.98	
77002		Needle loc	A	ZZZ	N	N	D	N	N	$ 72.78	$ 72.78	
77003	26	Fluoroguid	A	ZZZ	N	N	D	N	N	$ 20.00	$ 20.00	
77003	TC	Fluoroguid	A	ZZZ	N	N	D	N	N	$ 46.03	$ 46.03	
77003		Fluoroguid	A	ZZZ	N	N	D	N	N	$ 66.03	$ 66.03	
77011	26	Ct scan for	A	XXX	N	N	N	N	N	$ 42.42	$ 42.42	
77011	TC	Ct scan for	A	XXX	N	N	N	N	N	$ 105.32	$ 105.32	
77011		Ct scan for	A	XXX	N	N	N	N	N	$ 147.73	$ 147.73	
77012	26	Ct scan for	A	XXX	N	N	N	N	N	$ 48.92	$ 48.92	
77012	TC	Ct scan for	A	XXX	N	N	N	N	N	$ 46.51	$ 46.51	
77012		Ct scan for	A	XXX	N	N	N	N	N	$ 95.44	$ 95.44	
77013	26	Ct guide fo	A	XXX	N	N	D	N	N	$ 126.28	$ 126.28	
77013	TC	Ct guide fo	C	XXX	N	N	D	N	N	$ -	$ -	$196.17 Priced on UCR, eff. 1/1/12
77013		Ct guide fo	C	XXX	N	N	D	N	N	$ -	$ -	$339.54 Priced on UCR, eff. 1/1/12
77014	26	Ct scan for	A	XXX	N	N	N	N	N	$ 30.13	$ 30.13	
77014	TC	Ct scan for	A	XXX	N	N	N	N	N	$ 47.96	$ 47.96	
77014		Ct scan for	A	XXX	N	N	N	N	N	$ 78.08	$ 78.08	
77021	26	Mri guidan	A	XXX	N	N	N	N	N	$ 47.96	$ 47.96	
77021	TC	Mri guidan	A	XXX	N	N	N	N	N	$ 237.14	$ 237.14	
77021		Mri guidan	A	XXX	N	N	N	N	N	$ 284.86	$ 284.86	
77022	26	Mri gdn pa	A	XXX	N	N	N	N	N	$ 141.47	$ 141.47	
77022	TC	Mri gdn pa	C	XXX	N	N	D	N	N	$ -	$ -	$181.20 Priced on UCR, eff. 1/1/12
77022		Mri gdn pa	C	XXX	N	N	D	N	N	$ -	$ -	$331.85 Priced on UCR, eff. 1/1/12
77046	26	Mri breast	A	XXX	4	N	D	N	N	$ 47.48	$ 47.48	
77046	TC	Mri breast	A	XXX	4	N	D	N	N	$ 102.18	$ 102.18	
77046		Mri breast	A	XXX	4	N	D	N	N	$ 149.90	$ 149.90	
77047	26	Mri breast	A	XXX	4	B	D	N	N	$ 52.30	$ 52.30	
77047	TC	Mri breast	A	XXX	4	B	D	N	N	$ 101.70	$ 101.70	
77047		Mri breast	A	XXX	4	B	D	N	N	$ 154.24	$ 154.24	
77048	26	Mri breast	A	XXX	4	N	D	N	N	$ 69.17	$ 69.17	
77048	TC	Mri breast	A	XXX	4	N	D	N	N	$ 168.46	$ 168.46	
77048		Mri breast	A	XXX	4	N	D	N	N	$ 237.63	$ 237.63	
77049	26	Mri breast	A	XXX	4	B	D	N	N	$ 75.67	$ 75.67	
77049	TC	Mri breast	A	XXX	4	B	D	N	N	$ 167.50	$ 167.50	
77049		Mri breast	A	XXX	4	B	D	N	N	$ 243.41	$ 243.41	
77053	26	X-ray of m	A	XXX	N	N	N	N	N	$ 11.81	$ 11.81	
77053	TC	X-ray of m	A	XXX	N	N	N	N	N	$ 22.90	$ 22.90	
77053		X-ray of m	A	XXX	N	N	N	N	N	$ 35.19	$ 35.19	
77054	26	X-ray of m	A	XXX	N	N	N	N	N	$ 14.70	$ 14.70	
77054	TC	X-ray of m	A	XXX	N	N	N	N	N	$ 30.37	$ 30.37	
77054		X-ray of m	A	XXX	N	N	N	N	N	$ 45.31	$ 45.31	
77061	26	Breast tom	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
77061	TC	Breast tom	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
77061		Breast tom	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
77062	26	Breast tom	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
77062	TC	Breast tom	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
77062		Breast tom	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
77063	26	Breast tom	A	ZZZ	N	B	N	N	N	$ 20.24	$ 20.24	
77063	TC	Breast tom	A	ZZZ	N	B	N	N	N	$ 15.18	$ 15.18	
77063		Breast tom	A	ZZZ	N	B	N	N	N	$ 35.43	$ 35.43	
77065	26	Dx mamm	A	XXX	N	N	D	N	N	$ 26.75	$ 26.75	
77065	TC	Dx mamm	A	XXX	N	N	D	N	N	$ 54.23	$ 54.23	
77065		Dx mamm	A	XXX	N	N	D	N	N	$ 80.98	$ 80.98	
77066	26	Dx mamm	A	XXX	N	B	D	N	N	$ 33.02	$ 33.02	
77066	TC	Dx mamm	A	XXX	N	B	D	N	N	$ 69.41	$ 69.41	
77066		Dx mamm	A	XXX	N	B	D	N	N	$ 102.18	$ 102.18	
77067	26	Scr mamm	A	XXX	N	B	D	N	N	$ 25.31	$ 25.31	
77067	TC	Scr mamm	A	XXX	N	B	D	N	N	$ 57.36	$ 57.36	
77067		Scr mamm	A	XXX	N	B	D	N	N	$ 82.66	$ 82.66	
77071		X-ray stres	A	XXX	N	B	D	N	N	$ 34.95	$ 34.95	
77072	26	X-rays for	A	XXX	N	N	D	N	N	$ 6.27	$ 6.27	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
77072	TC	X-rays for	A	XXX	N	N	D	N	N	$ 10.12	$ 10.12	
77072		X-rays for	A	XXX	N	N	D	N	N	$ 16.39	$ 16.39	
77073	26	X-rays bon	A	XXX	N	N	D	N	N	$ 8.92	$ 8.92	
77073	TC	X-rays bon	A	XXX	N	N	D	N	N	$ 19.28	$ 19.28	
77073		X-rays bon	A	XXX	N	N	D	N	N	$ 28.44	$ 28.44	
77074	26	X-rays bon	A	XXX	N	N	D	N	N	$ 14.46	$ 14.46	
77074	TC	X-rays bon	A	XXX	N	N	D	N	N	$ 26.51	$ 26.51	
77074		X-rays bon	A	XXX	N	N	D	N	N	$ 41.21	$ 41.21	
77075	26	X-rays bon	A	XXX	N	N	D	N	N	$ 18.56	$ 18.56	
77075	TC	X-rays bon	A	XXX	N	N	D	N	N	$ 43.38	$ 43.38	
77075		X-rays bon	A	XXX	N	N	D	N	N	$ 61.94	$ 61.94	
77076	26	X-rays bon	A	XXX	N	N	D	N	N	$ 23.14	$ 23.14	
77076	TC	X-rays bon	A	XXX	N	N	D	N	N	$ 43.86	$ 43.86	
77076		X-rays bon	A	XXX	N	N	D	N	N	$ 67.00	$ 67.00	
77077	26	Joint surve	A	XXX	N	N	D	N	N	$ 11.33	$ 11.33	
77077	TC	Joint surve	A	XXX	N	N	D	N	N	$ 18.32	$ 18.32	
77077		Joint surve	A	XXX	N	N	D	N	N	$ 29.88	$ 29.88	
77078	26	Ct bone de	A	XXX	N	N	D	N	N	$ 7.23	$ 7.23	RVU totals adj. refer to working notes
77078	TC	Ct bone de	A	XXX	N	N	D	N	N	$ 48.09	$ 48.09	Imaging Cap Applied
77078		Ct bone de	A	XXX	N	N	D	N	N	$ 55.46	$ 55.46	Imaging Cap Applied
77080	26	Dxa bone d	A	XXX	N	N	D	N	N	$ 6.51	$ 6.51	
77080	TC	Dxa bone d	A	XXX	N	N	D	N	N	$ 17.11	$ 17.11	
77080		Dxa bone d	A	XXX	N	N	D	N	N	$ 23.62	$ 23.62	
77081	26	Dxa bone d	A	XXX	N	N	D	N	N	$ 6.75	$ 6.75	
77081	TC	Dxa bone d	A	XXX	N	N	D	N	N	$ 13.01	$ 13.01	
77081		Dxa bone d	A	XXX	N	N	D	N	N	$ 19.76	$ 19.76	
77084	26	Magnetic i	A	XXX	N	N	D	N	N	$ 47.72	$ 47.72	RVU totals adj. refer to working notes
77084	TC	Magnetic i	A	XXX	N	N	D	N	N	$ 136.51	$ 136.51	Imaging Cap Applied
77084		Magnetic i	A	XXX	N	N	D	N	N	$ 184.02	$ 184.02	Imaging Cap Applied
77085	26	Dxa bone d	A	XXX	N	N	D	N	N	$ 9.88	$ 9.88	
77085	TC	Dxa bone d	A	XXX	N	N	D	N	N	$ 22.90	$ 22.90	
77085		Dxa bone d	A	XXX	N	N	D	N	N	$ 32.78	$ 32.78	
77086	26	Fracture as	A	XXX	N	N	D	N	N	$ 5.54	$ 5.54	
77086	TC	Fracture as	A	XXX	N	N	D	N	N	$ 15.42	$ 15.42	
77086		Fracture as	A	XXX	N	N	D	N	N	$ 20.97	$ 20.97	
77261		Radiation t	A	XXX	N	N	D	N	N	$ 47.72	$ 47.72	
77262		Radiation t	A	XXX	N	N	D	N	N	$ 72.78	$ 72.78	
77263		Radiation t	A	XXX	N	N	D	N	N	$ 113.27	$ 113.27	
77280	26	Set radiatic	A	XXX	N	N	D	N	N	$ 25.55	$ 25.55	
77280	TC	Set radiatic	A	XXX	N	N	D	N	N	$ 148.94	$ 148.94	
77280		Set radiatic	A	XXX	N	N	D	N	N	$ 174.48	$ 174.48	
77285	26	Set radiatic	A	XXX	N	N	D	N	N	$ 38.08	$ 38.08	
77285	TC	Set radiatic	A	XXX	N	N	D	N	N	$ 250.16	$ 250.16	
77285		Set radiatic	A	XXX	N	N	D	N	N	$ 288.48	$ 288.48	
77290	26	Set radiatic	A	XXX	N	N	D	N	N	$ 54.47	$ 54.47	
77290	TC	Set radiatic	A	XXX	N	N	D	N	N	$ 248.47	$ 248.47	
77290		Set radiatic	A	XXX	N	N	D	N	N	$ 302.94	$ 302.94	
77293	26	Respirator	A	ZZZ	N	N	D	N	N	$ 70.61	$ 70.61	
77293	TC	Respirator	A	ZZZ	N	N	D	N	N	$ 207.02	$ 207.02	
77293		Respirator	A	ZZZ	N	N	D	N	N	$ 277.63	$ 277.63	
77295	26	3-d radioth	A	XXX	N	N	D	N	N	$ 150.14	$ 150.14	
77295	TC	3-d radioth	A	XXX	N	N	D	N	N	$ 157.13	$ 157.13	
77295		3-d radioth	A	XXX	N	N	D	N	N	$ 307.28	$ 307.28	
77299	26	Radiation t	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
77299	TC	Radiation t	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
77299		Radiation t	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
77300	26	Radiation t	A	XXX	N	N	D	N	N	$ 21.69	$ 21.69	
77300	TC	Radiation t	A	XXX	N	N	D	N	N	$ 20.49	$ 20.49	
77300		Radiation t	A	XXX	N	N	D	N	N	$ 42.42	$ 42.42	
77301	26	Radiothera	A	XXX	N	N	D	N	N	$ 280.04	$ 280.04	
77301	TC	Radiothera	A	XXX	N	N	D	N	N	$ 898.93	$ 898.93	
77301		Radiothera	A	XXX	N	N	D	N	N	########	$ 1,178.73	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
77306	26	Telethx isc	A	XXX	N	N	D	N	N	$ 48.92	$ 48.92	
77306	TC	Telethx isc	A	XXX	N	N	D	N	N	$ 45.31	$ 45.31	
77306		Telethx isc	A	XXX	N	N	D	N	N	$ 94.47	$ 94.47	
77307	26	Telethx isc	A	XXX	N	N	D	N	N	$ 101.94	$ 101.94	
77307	TC	Telethx isc	A	XXX	N	N	D	N	N	$ 82.42	$ 82.42	
77307		Telethx isc	A	XXX	N	N	D	N	N	$ 184.37	$ 184.37	
77316	26	Brachytx is	A	XXX	N	N	D	N	N	$ 48.92	$ 48.92	
77316	TC	Brachytx is	A	XXX	N	N	D	N	N	$ 96.64	$ 96.64	
77316		Brachytx is	A	XXX	N	N	D	N	N	$ 145.81	$ 145.81	
77317	26	Brachytx is	A	XXX	N	N	D	N	N	$ 64.11	$ 64.11	
77317	TC	Brachytx is	A	XXX	N	N	D	N	N	$ 127.25	$ 127.25	
77317		Brachytx is	A	XXX	N	N	D	N	N	$ 191.11	$ 191.11	
77318	26	Brachytx is	A	XXX	N	N	D	N	N	$ 101.70	$ 101.70	
77318	TC	Brachytx is	A	XXX	N	N	D	N	N	$ 171.59	$ 171.59	
77318		Brachytx is	A	XXX	N	N	D	N	N	$ 273.54	$ 273.54	
77321	26	Special tele	A	XXX	N	N	D	N	N	$ 33.50	$ 33.50	
77321	TC	Special tele	A	XXX	N	N	D	N	N	$ 26.99	$ 26.99	
77321		Special tele	A	XXX	N	N	D	N	N	$ 60.49	$ 60.49	
77331	26	Special rad	A	XXX	N	N	D	N	N	$ 30.85	$ 30.85	
77331	TC	Special rad	A	XXX	N	N	D	N	N	$ 11.57	$ 11.57	
77331		Special rad	A	XXX	N	N	D	N	N	$ 42.42	$ 42.42	
77332	26	Radiation t	A	XXX	N	N	D	N	N	$ 15.91	$ 15.91	
77332	TC	Radiation t	A	XXX	N	N	D	N	N	$ 11.09	$ 11.09	
77332		Radiation t	A	XXX	N	N	D	N	N	$ 26.99	$ 26.99	
77333	26	Radiation t	A	XXX	N	N	D	N	N	$ 26.75	$ 26.75	
77333	TC	Radiation t	A	XXX	N	N	D	N	N	$ 56.64	$ 56.64	
77333		Radiation t	A	XXX	N	N	D	N	N	$ 83.39	$ 83.39	
77334	26	Radiation t	A	XXX	N	N	D	N	N	$ 40.25	$ 40.25	
77334	TC	Radiation t	A	XXX	N	N	D	N	N	$ 40.01	$ 40.01	
77334		Radiation t	A	XXX	N	N	D	N	N	$ 80.25	$ 80.25	
77336		Radiation p	A	XXX	N	N	D	N	N	$ 49.41	$ 49.41	
77338	26	Design mlc	A	XXX	N	N	D	N	N	$ 150.14	$ 150.14	
77338	TC	Design mlc	A	XXX	N	N	D	N	N	$ 150.87	$ 150.87	
77338		Design mlc	A	XXX	N	N	D	N	N	$ 301.01	$ 301.01	
77370		Radiation p	A	XXX	N	N	D	N	N	$ 78.81	$ 78.81	
77371		Srs multisc	C	XXX	N	N	D	N	N	$ -	$ -	$664.43 Priced on UCR, eff. 1/1/09
77372		Srs linear b	A	XXX	N	N	D	N	N	$ 637.45	$ 637.45	
77373		Sbrt delive	A	XXX	N	N	D	N	N	$ 696.25	$ 696.25	
77385		Ntsty modu	A	XXX	N	N	D	N	N	$ 228.95	$ 228.95	RVUs from G6015
77386		Ntsty modu	A	XXX	N	N	D	N	N	$ 227.99	$ 227.99	RVUs from G6016
77387		Guidance f	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
77399	26	External ra	Unlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
77399	TC	External ra	Unlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
77399		External ra	Unlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
77401		Radiation t	A	XXX	N	N	D	N	N	$ 26.03	$ 26.03	
77402		Radiation t	C	XXX	N	N	D	N	N	$ -	$ -	$55.43 Priced on UCR, eff. 1/1/92
77407		Radiation t	C	XXX	N	N	D	N	N	$ -	$ -	$65.40 Priced on UCR, eff. 1/1/92
77412		Radiation t	C	XXX	N	N	D	N	N	$ -	$ -	$72.69 Priced on UCR, eff. 1/1/92, $72
77417		Radiology	A	XXX	N	N	D	N	N	$ 6.99	$ 6.99	
77423		Neutron be	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
77424		Io rad tx dv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
77425		Io rad tx dv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
77427		Radiation t	A	XXX	N	N	N	N	N	$ 127.25	$ 127.25	
77431		Radiation t	A	XXX	N	N	D	N	N	$ 71.34	$ 71.34	
77432		Stereotacti	A	XXX	N	N	D	N	N	$ 285.83	$ 285.83	
77435		Sbrt manag	A	XXX	N	N	D	N	N	$ 430.91	$ 430.91	
77469		Io radiation	A	XXX	N	N	D	N	N	$ 213.53	$ 213.53	
77470	26	Special rad	A	XXX	N	N	D	N	N	$ 71.82	$ 71.82	
77470	TC	Special rad	A	XXX	N	N	D	N	N	$ 15.67	$ 15.67	
77470		Special rad	A	XXX	N	N	D	N	N	$ 87.48	$ 87.48	
77499	26	Radiation tn	Unlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
77499	TC	Radiation tn	Unlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
77499		Radiation tnlstd/Manua		XXX	N	N	D	N	N	$ -	$ -	
77520		Proton trm	C	XXX	N	N	D	N	N	$ -	$ -	$884.55 Priced on UCR, eff. 7/1/07
77522		Proton trm	C	XXX	N	N	D	N	N	$ -	$ -	$705.47 Priced on UCR, eff. 7/1/07
77523		Proton trm	C	XXX	N	N	D	N	N	$ -	$ -	$732.99 Priced on UCR, eff. 7/1/07
77525		Proton trea	C	XXX	N	N	D	N	N	$ -	$ -	$818.13 Priced on UCR, eff. 7/1/07
77600	26	Hypertherr	A	XXX	N	N	D	N	N	$ 46.75	$ 46.75	
77600	TC	Hypertherr	A	XXX	N	N	D	N	N	$ 254.74	$ 254.74	
77600		Hypertherr	A	XXX	N	N	D	N	N	$ 301.73	$ 301.73	
77605	26	Hypertherr	A	XXX	N	N	D	N	N	$ 70.13	$ 70.13	
77605	TC	Hypertherr	A	XXX	N	N	D	N	N	$ 556.47	$ 556.47	
77605		Hypertherr	A	XXX	N	N	D	N	N	$ 626.60	$ 626.60	
77610	26	Hypertherr	A	XXX	N	N	D	N	N	$ 46.03	$ 46.03	
77610	TC	Hypertherr	A	XXX	N	N	D	N	N	$ 389.70	$ 389.70	
77610		Hypertherr	A	XXX	N	N	D	N	N	$ 435.73	$ 435.73	
77615	26	Hypertherr	A	XXX	N	N	D	N	N	$ 64.35	$ 64.35	
77615	TC	Hypertherr	A	XXX	N	N	D	N	N	$ 615.03	$ 615.03	
77615		Hypertherr	A	XXX	N	N	D	N	N	$ 679.62	$ 679.62	
77620	26	Hypertherr	A	XXX	N	N	D	N	N	$ 59.29	$ 59.29	
77620	TC	Hypertherr	A	XXX	N	N	D	N	N	$ 344.63	$ 344.63	
77620		Hypertherr	A	XXX	N	N	D	N	N	$ 403.92	$ 403.92	
77750	26	Infuse radi	A	090	N	N	D	N	N	$ 175.21	$ 175.21	
77750	TC	Infuse radi	A	090	N	N	D	N	N	$ 76.40	$ 76.40	
77750		Infuse radi	A	090	N	N	D	N	N	$ 251.85	$ 251.85	
77761	26	Apply intrc	A	090	N	N	D	N	N	$ 135.44	$ 135.44	
77761	TC	Apply intrc	A	090	N	N	D	N	N	$ 126.04	$ 126.04	
77761		Apply intrc	A	090	N	N	D	N	N	$ 261.49	$ 261.49	
77762	26	Apply intrc	A	090	N	N	D	N	N	$ 202.20	$ 202.20	
77762	TC	Apply intrc	A	090	N	N	D	N	N	$ 144.84	$ 144.84	
77762		Apply intrc	A	090	N	N	D	N	N	$ 347.04	$ 347.04	
77763	26	Apply intrc	A	090	N	N	D	N	N	$ 304.14	$ 304.14	
77763	TC	Apply intrc	A	090	N	N	D	N	N	$ 185.57	$ 185.57	
77763		Apply intrc	A	090	N	N	D	N	N	$ 489.95	$ 489.95	
77767	26	Hdr rdncl s	A	XXX	N	N	D	N	N	$ 37.11	$ 37.11	
77767	TC	Hdr rdncl s	A	XXX	N	N	D	N	N	$ 116.64	$ 116.64	
77767		Hdr rdncl s	A	XXX	N	N	D	N	N	$ 153.76	$ 153.76	
77768	26	Hdr rdncl s	A	XXX	N	N	D	N	N	$ 49.16	$ 49.16	
77768	TC	Hdr rdncl s	A	XXX	N	N	D	N	N	$ 176.89	$ 176.89	
77768		Hdr rdncl s	A	XXX	N	N	D	N	N	$ 226.30	$ 226.30	
77770	26	Hdr rdncl r	A	XXX	N	N	D	N	N	$ 68.20	$ 68.20	
77770	TC	Hdr rdncl r	A	XXX	N	N	D	N	N	$ 148.94	$ 148.94	
77770		Hdr rdncl r	A	XXX	N	N	D	N	N	$ 216.90	$ 216.90	
77771	26	Hdr rdncl r	A	XXX	N	N	D	N	N	$ 133.27	$ 133.27	
77771	TC	Hdr rdncl r	A	XXX	N	N	D	N	N	$ 246.78	$ 246.78	
77771		Hdr rdncl r	A	XXX	N	N	D	N	N	$ 380.06	$ 380.06	
77772	26	Hdr rdncl r	A	XXX	N	N	D	N	N	$ 187.98	$ 187.98	
77772	TC	Hdr rdncl r	A	XXX	N	N	D	N	N	$ 379.33	$ 379.33	
77772		Hdr rdncl r	A	XXX	N	N	D	N	N	$ 567.56	$ 567.56	
77778	26	Apply inter	A	000	N	N	D	N	N	$ 307.28	$ 307.28	
77778	TC	Apply inter	A	000	N	N	D	N	N	$ 260.04	$ 260.04	
77778		Apply inter	A	000	N	N	D	N	N	$ 567.31	$ 567.31	
77789	26	Apply surf	A	000	N	N	D	N	N	$ 40.25	$ 40.25	
77789	TC	Apply surf	A	000	N	N	D	N	N	$ 43.14	$ 43.14	
77789		Apply surf	A	000	N	N	D	N	N	$ 83.39	$ 83.39	
77790		Radiation l	A	XXX	N	N	D	N	N	$ 9.40	$ 9.40	
77799	26	Radium/ranlstd/Manua		XXX	N	N	D	N	N	$ -	$ -	
77799	TC	Radium/ranlstd/Manua		XXX	N	N	D	N	N	$ -	$ -	
77799		Radium/ranlstd/Manua		XXX	N	N	D	N	N	$ -	$ -	
78012	26	Thyroid up	A	XXX	N	N	D	N	N	$ 6.03	$ 6.03	
78012	TC	Thyroid up	A	XXX	N	N	D	N	N	$ 44.59	$ 44.59	
78012		Thyroid up	A	XXX	N	N	D	N	N	$ 50.61	$ 50.61	
78013	26	Thyroid im	A	XXX	N	N	D	N	N	$ 11.81	$ 11.81	
78013	TC	Thyroid im	A	XXX	N	N	D	N	N	$ 108.69	$ 108.69	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
78013		Thyroid im	A	XXX	N	N	D	N	N	$ 120.50	$ 120.50	
78014	26	Thyroid im	A	XXX	N	N	D	N	N	$ 16.15	$ 16.15	
78014	TC	Thyroid im	A	XXX	N	N	D	N	N	$ 131.59	$ 131.59	
78014		Thyroid im	A	XXX	N	N	D	N	N	$ 147.49	$ 147.49	
78015	26	Thyroid m	A	XXX	N	N	D	N	N	$ 22.17	$ 22.17	
78015	TC	Thyroid m	A	XXX	N	N	D	N	N	$ 118.81	$ 118.81	
78015		Thyroid m	A	XXX	N	N	D	N	N	$ 140.99	$ 140.99	
78016	26	Thyroid m	A	XXX	N	N	D	N	N	$ 22.90	$ 22.90	
78016	TC	Thyroid m	A	XXX	N	N	D	N	N	$ 152.55	$ 152.55	
78016		Thyroid m	A	XXX	N	N	D	N	N	$ 175.45	$ 175.45	
78018	26	Thyroid m	A	XXX	N	N	D	N	N	$ 27.47	$ 27.47	
78018	TC	Thyroid m	A	XXX	N	N	D	N	N	$ 167.01	$ 167.01	
78018		Thyroid m	A	XXX	N	N	D	N	N	$ 194.49	$ 194.49	
78020	26	Thyroid m	A	ZZZ	N	N	D	N	N	$ 18.56	$ 18.56	
78020	TC	Thyroid m	A	ZZZ	N	N	D	N	N	$ 33.50	$ 33.50	
78020		Thyroid m	A	ZZZ	N	N	D	N	N	$ 52.30	$ 52.30	
78070	26	Parathyroi	A	XXX	N	N	D	N	N	$ 26.03	$ 26.03	
78070	TC	Parathyroi	A	XXX	N	N	D	N	N	$ 156.89	$ 156.89	
78070		Parathyroi	A	XXX	N	N	D	N	N	$ 182.92	$ 182.92	
78071	26	Parathyrd	A	XXX	N	N	D	N	N	$ 38.56	$ 38.56	
78071	TC	Parathyrd	A	XXX	N	N	D	N	N	$ 180.51	$ 180.51	
78071		Parathyrd	A	XXX	N	N	D	N	N	$ 219.07	$ 219.07	
78072	26	Parathyrd	A	XXX	N	N	D	N	N	$ 50.37	$ 50.37	
78072	TC	Parathyrd	A	XXX	N	N	D	N	N	$ 225.58	$ 225.58	
78072		Parathyrd	A	XXX	N	N	D	N	N	$ 275.95	$ 275.95	
78075	26	Adrenal co	A	XXX	N	N	D	N	N	$ 24.58	$ 24.58	
78075	TC	Adrenal co	A	XXX	N	N	D	N	N	$ 251.12	$ 251.12	
78075		Adrenal co	A	XXX	N	N	D	N	N	$ 275.70	$ 275.70	
78099	26	Endocrine	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78099	TC	Endocrine	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78099		Endocrine	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78102	26	Bone marr	A	XXX	N	N	D	N	N	$ 17.35	$ 17.35	
78102	TC	Bone marr	A	XXX	N	N	D	N	N	$ 89.65	$ 89.65	
78102		Bone marr	A	XXX	N	N	D	N	N	$ 107.00	$ 107.00	
78103	26	Bone marr	A	XXX	N	N	D	N	N	$ 22.90	$ 22.90	
78103	TC	Bone marr	A	XXX	N	N	D	N	N	$ 110.86	$ 110.86	
78103		Bone marr	A	XXX	N	N	D	N	N	$ 133.76	$ 133.76	
78104	26	Bone marr	A	XXX	N	N	D	N	N	$ 25.79	$ 25.79	
78104	TC	Bone marr	A	XXX	N	N	D	N	N	$ 128.94	$ 128.94	
78104		Bone marr	A	XXX	N	N	D	N	N	$ 154.96	$ 154.96	
78110	26	Plasma vol	A	XXX	N	N	D	N	N	$ 5.54	$ 5.54	
78110	TC	Plasma vol	A	XXX	N	N	D	N	N	$ 38.32	$ 38.32	
78110		Plasma vol	A	XXX	N	N	D	N	N	$ 43.62	$ 43.62	
78111	26	Plasma vol	A	XXX	N	N	D	N	N	$ 6.27	$ 6.27	
78111	TC	Plasma vol	A	XXX	N	N	D	N	N	$ 40.01	$ 40.01	
78111		Plasma vol	A	XXX	N	N	D	N	N	$ 46.51	$ 46.51	
78120	26	Red cell m	A	XXX	N	N	D	N	N	$ 6.51	$ 6.51	
78120	TC	Red cell m	A	XXX	N	N	D	N	N	$ 38.32	$ 38.32	
78120		Red cell m	A	XXX	N	N	D	N	N	$ 44.83	$ 44.83	
78121	26	Red cell m	A	XXX	N	N	D	N	N	$ 9.16	$ 9.16	
78121	TC	Red cell m	A	XXX	N	N	D	N	N	$ 40.01	$ 40.01	
78121		Red cell m	A	XXX	N	N	D	N	N	$ 49.16	$ 49.16	
78122	26	Blood volu	A	XXX	N	N	D	N	N	$ 13.74	$ 13.74	
78122	TC	Blood volu	A	XXX	N	N	D	N	N	$ 47.24	$ 47.24	
78122		Blood volu	A	XXX	N	N	D	N	N	$ 60.97	$ 60.97	
78130	26	Red cell su	A	XXX	N	N	D	N	N	$ 17.11	$ 17.11	
78130	TC	Red cell su	A	XXX	N	N	D	N	N	$ 61.94	$ 61.94	
78130		Red cell su	A	XXX	N	N	D	N	N	$ 79.05	$ 79.05	
78140	26	Red cell se	A	XXX	N	N	D	N	N	$ 17.11	$ 17.11	
78140	TC	Red cell se	A	XXX	N	N	D	N	N	$ 53.26	$ 53.26	
78140		Red cell se	A	XXX	N	N	D	N	N	$ 70.61	$ 70.61	
78185	26	Spleen ima	A	XXX	N	N	D	N	N	$ 11.33	$ 11.33	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
78185	TC	Spleen ima	A	XXX	N	N	D	N	N	$ 94.95	$ 94.95	
78185		Spleen ima	A	XXX	N	N	D	N	N	$ 106.28	$ 106.28	
78191	26	Platelet sur	A	XXX	N	N	D	N	N	$ 17.11	$ 17.11	
78191	TC	Platelet sur	A	XXX	N	N	D	N	N	$ 61.94	$ 61.94	
78191		Platelet sur	A	XXX	N	N	D	N	N	$ 79.05	$ 79.05	
78195	26	Lymph sys	A	XXX	N	N	D	N	N	$ 38.32	$ 38.32	
78195	TC	Lymph sys	A	XXX	N	N	D	N	N	$ 181.96	$ 181.96	
78195		Lymph sys	A	XXX	N	N	D	N	N	$ 220.27	$ 220.27	
78199	26	Blood/lym	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78199	TC	Blood/lym	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78199		Blood/lym	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78201	26	Liver imag	A	XXX	N	N	D	N	N	$ 13.98	$ 13.98	
78201	TC	Liver imag	A	XXX	N	N	D	N	N	$ 103.87	$ 103.87	
78201		Liver imag	A	XXX	N	N	D	N	N	$ 117.85	$ 117.85	
78202	26	Liver imag	A	XXX	N	N	D	N	N	$ 16.15	$ 16.15	
78202	TC	Liver imag	A	XXX	N	N	D	N	N	$ 113.51	$ 113.51	
78202		Liver imag	A	XXX	N	N	D	N	N	$ 129.66	$ 129.66	
78215	26	Liver and s	A	XXX	N	N	D	N	N	$ 15.91	$ 15.91	
78215	TC	Liver and s	A	XXX	N	N	D	N	N	$ 105.32	$ 105.32	
78215		Liver and s	A	XXX	N	N	D	N	N	$ 121.22	$ 121.22	
78216	26	Liver & sp	A	XXX	N	N	D	N	N	$ 17.83	$ 17.83	
78216	TC	Liver & sp	A	XXX	N	N	D	N	N	$ 63.14	$ 63.14	
78216		Liver & sp	A	XXX	N	N	D	N	N	$ 80.98	$ 80.98	
78226	26	Hepatobili	A	XXX	N	N	D	N	N	$ 24.10	$ 24.10	
78226	TC	Hepatobili	A	XXX	N	N	D	N	N	$ 178.34	$ 178.34	
78226		Hepatobili	A	XXX	N	N	D	N	N	$ 202.44	$ 202.44	
78227	26	Hepatobil s	A	XXX	N	N	D	N	N	$ 29.40	$ 29.40	
78227	TC	Hepatobil s	A	XXX	N	N	D	N	N	$ 242.45	$ 242.45	
78227		Hepatobil s	A	XXX	N	N	D	N	N	$ 271.85	$ 271.85	
78230	26	Salivary gl	A	XXX	N	N	D	N	N	$ 14.70	$ 14.70	
78230	TC	Salivary gl	A	XXX	N	N	D	N	N	$ 93.75	$ 93.75	
78230		Salivary gl	A	XXX	N	N	D	N	N	$ 108.45	$ 108.45	
78231	26	Serial saliv	A	XXX	N	N	D	N	N	$ 14.70	$ 14.70	
78231	TC	Serial saliv	A	XXX	N	N	D	N	N	$ 52.06	$ 52.06	
78231		Serial saliv	A	XXX	N	N	D	N	N	$ 66.76	$ 66.76	
78232	26	Salivary gl	A	XXX	N	N	D	N	N	$ 13.26	$ 13.26	
78232	TC	Salivary gl	A	XXX	N	N	D	N	N	$ 52.06	$ 52.06	
78232		Salivary gl	A	XXX	N	N	D	N	N	$ 65.31	$ 65.31	
78258	26	Esophagea	A	XXX	N	N	D	N	N	$ 22.90	$ 22.90	
78258	TC	Esophagea	A	XXX	N	N	D	N	N	$ 109.90	$ 109.90	
78258		Esophagea	A	XXX	N	N	D	N	N	$ 132.79	$ 132.79	
78261	26	Gastric mu	A	XXX	N	N	D	N	N	$ 19.28	$ 19.28	
78261	TC	Gastric mu	A	XXX	N	N	D	N	N	$ 108.21	$ 108.21	
78261		Gastric mu	A	XXX	N	N	D	N	N	$ 127.49	$ 127.49	
78262	26	Gastroesop	A	XXX	N	N	D	N	N	$ 22.65	$ 22.65	
78262	TC	Gastroesop	A	XXX	N	N	D	N	N	$ 127.97	$ 127.97	
78262		Gastroesop	A	XXX	N	N	D	N	N	$ 150.63	$ 150.63	
78264	26	Gastric em	A	XXX	N	N	D	N	N	$ 25.79	$ 25.79	
78264	TC	Gastric em	A	XXX	N	N	D	N	N	$ 179.79	$ 179.79	
78264		Gastric em	A	XXX	N	N	D	N	N	$ 205.57	$ 205.57	
78265	26	Gastric em	A	XXX	N	N	D	N	N	$ 31.57	$ 31.57	
78265	TC	Gastric em	A	XXX	N	N	D	N	N	$ 210.88	$ 210.88	
78265		Gastric em	A	XXX	N	N	D	N	N	$ 242.45	$ 242.45	
78266	26	Gastric em	A	XXX	N	N	D	N	N	$ 33.26	$ 33.26	
78266	TC	Gastric em	A	XXX	N	N	D	N	N	$ 235.94	$ 235.94	
78266		Gastric em	A	XXX	N	N	D	N	N	$ 269.20	$ 269.20	
78267		Breath tst	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
78268		Breath test	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
78278	26	Acute gi bl	A	XXX	N	N	D	N	N	$ 32.05	$ 32.05	
78278	TC	Acute gi bl	A	XXX	N	N	D	N	N	$ 183.88	$ 183.88	
78278		Acute gi bl	A	XXX	N	N	D	N	N	$ 215.94	$ 215.94	
78282	26	Gi protein	Not Covered	XXX	N	N	D	N	N	$ 9.64	$ 9.64	RVU totals adj. refer to working notes

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
78282	TC	Gi protein \	Not Covered	XXX	N	N	D	N	N	$ 223.63	$ 223.63	Imaging Cap Applied
78282		Gi protein \	Not Covered	XXX	N	N	D	N	N	$ 233.22	$ 233.22	Imaging Cap Applied
78290	26	Meckels di	A	XXX	N	N	D	N	N	$ 22.41	$ 22.41	
78290	TC	Meckels di	A	XXX	N	N	D	N	N	$ 181.71	$ 181.71	
78290		Meckels di	A	XXX	N	N	D	N	N	$ 204.13	$ 204.13	
78291	26	Leveen/shu	A	XXX	N	N	D	N	N	$ 27.96	$ 27.96	
78291	TC	Leveen/shu	A	XXX	N	N	D	N	N	$ 128.21	$ 128.21	
78291		Leveen/shu	A	XXX	N	N	D	N	N	$ 156.17	$ 156.17	
78299	26	Gi nuclear	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78299	TC	Gi nuclear	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78299		Gi nuclear	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78300	26	Bone imag	A	XXX	N	N	D	N	N	$ 20.73	$ 20.73	
78300	TC	Bone imag	A	XXX	N	N	D	N	N	$ 121.95	$ 121.95	
78300		Bone imag	A	XXX	N	N	D	N	N	$ 142.67	$ 142.67	
78305	26	Bone imag	A	XXX	N	N	D	N	N	$ 26.99	$ 26.99	
78305	TC	Bone imag	A	XXX	N	N	D	N	N	$ 145.81	$ 145.81	
78305		Bone imag	A	XXX	N	N	D	N	N	$ 172.80	$ 172.80	
78306	26	Bone imag	A	XXX	Y	N	D	N	N	$ 27.96	$ 27.96	
78306	TC	Bone imag	A	XXX	Y	N	D	N	N	$ 157.86	$ 157.86	
78306		Bone imag	A	XXX	Y	N	D	N	N	$ 185.57	$ 185.57	
78315	26	Bone imag	A	XXX	N	N	D	N	N	$ 33.02	$ 33.02	
78315	TC	Bone imag	A	XXX	N	N	D	N	N	$ 181.71	$ 181.71	
78315		Bone imag	A	XXX	N	N	D	N	N	$ 214.73	$ 214.73	
78350	26	Bone mine	A	XXX	N	N	N	N	N	$ 7.47	$ 7.47	
78350	TC	Bone mine	A	XXX	N	N	N	N	N	$ 12.77	$ 12.77	
78350		Bone mine	A	XXX	N	N	N	N	N	$ 20.24	$ 20.24	
78351		Bone mine	Not Covered	XXX	N	N	N	N	N	$ 10.12	$ 10.12	
78399	26	Musculosk	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78399	TC	Musculosk	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78399		Musculosk	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78414	26	Non-imagi	A	XXX	N	N	D	N	N	$ 14.70	$ 14.70	
78414	TC	Non-imagi	C	XXX	N	N	D	N	N	$ -	$ -	$21.28 Priced on UCR, eff. 1/1/92
78414		Non-imagi	C	XXX	N	N	D	N	N	$ -	$ -	$21.28 Priced on UCR, eff. 1/1/92
78428	26	Cardiac sh	A	XXX	6	N	D	N	N	$ 25.31	$ 25.31	
78428	TC	Cardiac sh	A	XXX	6	N	D	N	N	$ 91.34	$ 91.34	
78428		Cardiac sh	A	XXX	6	N	D	N	N	$ 116.64	$ 116.64	
78429	26	Myocrd im	Not Covered	XXX	N	N	D	N	N	$ 49.89	$ 49.89	RVU totals adj. refer to working notes
78429	TC	Myocrd im	Not Covered	XXX	N	N	D	N	N	$ 877.38	$ 877.38	Imaging Cap Applied
78429		Myocrd im	Not Covered	XXX	N	N	D	N	N	$ 927.29	$ 927.29	Imaging Cap Applied
78430	26	Myocrd im	Not Covered	XXX	N	N	D	N	N	$ 47.00	$ 47.00	RVU totals adj. refer to working notes
78430	TC	Myocrd im	Not Covered	XXX	N	N	D	N	N	$ 877.38	$ 877.38	Imaging Cap Applied
78430		Myocrd im	Not Covered	XXX	N	N	D	N	N	$ 924.44	$ 924.44	Imaging Cap Applied
78431	26	Myocrd im	Not Covered	XXX	N	N	D	N	N	$ 55.19	$ 55.19	RVU totals adj. refer to working notes
78431	TC	Myocrd im	Not Covered	XXX	N	N	D	N	N	########	$ 1,333.70	Imaging Cap Applied
78431		Myocrd im	Not Covered	XXX	N	N	D	N	N	########	$ 1,388.93	Imaging Cap Applied
78432	26	Myocrd im	Not Covered	XXX	N	N	D	N	N	$ 58.56	$ 58.56	RVU totals adj. refer to working notes
78432	TC	Myocrd im	Not Covered	XXX	N	N	D	N	N	########	$ 1,630.04	Imaging Cap Applied
78432		Myocrd im	Not Covered	XXX	N	N	D	N	N	########	$ 1,688.62	Imaging Cap Applied
78433	26	Myocrd im	Not Covered	XXX	N	N	D	N	N	$ 63.62	$ 63.62	RVU totals adj. refer to working notes
78433	TC	Myocrd im	Not Covered	XXX	N	N	D	N	N	########	$ 1,630.04	Imaging Cap Applied
78433		Myocrd im	Not Covered	XXX	N	N	D	N	N	########	$ 1,693.86	Imaging Cap Applied
78434	26	Aqmbf pet	Not Covered	ZZZ	N	N	D	N	N	$ 20.24	$ 20.24	
78434	TC	Aqmbf pet	Not Covered	ZZZ	N	N	D	N	N	$ -	$ -	
78434		Aqmbf pet	Not Covered	ZZZ	N	N	D	N	N	$ -	$ -	
78445	26	Vascular fl	A	XXX	6	N	D	N	N	$ 16.87	$ 16.87	
78445	TC	Vascular fl	A	XXX	6	N	D	N	N	$ 110.14	$ 110.14	
78445		Vascular fl	A	XXX	6	N	D	N	N	$ 127.01	$ 127.01	
78451	26	Ht muscle	A	XXX	6	N	D	N	N	$ 44.34	$ 44.34	
78451	TC	Ht muscle	A	XXX	6	N	D	N	N	$ 168.22	$ 168.22	
78451		Ht muscle	A	XXX	6	N	D	N	N	$ 212.56	$ 212.56	
78452	26	Ht muscle	A	XXX	6	N	D	N	N	$ 52.06	$ 52.06	
78452	TC	Ht muscle	A	XXX	6	N	D	N	N	$ 242.69	$ 242.69	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
78452		Ht muscle	A	XXX	6	N	D	N	N	$ 294.74	$ 294.74	
78453	26	Ht muscle	A	XXX	6	N	D	N	N	$ 32.54	$ 32.54	
78453	TC	Ht muscle	A	XXX	6	N	D	N	N	$ 153.52	$ 153.52	
78453		Ht muscle	A	XXX	6	N	D	N	N	$ 186.05	$ 186.05	
78454	26	Ht musc in	A	XXX	6	N	D	N	N	$ 43.38	$ 43.38	
78454	TC	Ht musc in	A	XXX	6	N	D	N	N	$ 225.09	$ 225.09	
78454		Ht musc in	A	XXX	6	N	D	N	N	$ 268.72	$ 268.72	
78456	26	Acute venc	A	XXX	6	N	N	N	N	$ 32.54	$ 32.54	
78456	TC	Acute venc	A	XXX	6	N	N	N	N	$ 162.43	$ 162.43	
78456		Acute venc	A	XXX	6	N	N	N	N	$ 194.97	$ 194.97	
78457	26	Venous thr	A	XXX	6	N	D	N	N	$ 25.31	$ 25.31	
78457	TC	Venous thr	A	XXX	6	N	D	N	N	$ 87.00	$ 87.00	
78457		Venous thr	A	XXX	6	N	D	N	N	$ 112.31	$ 112.31	
78458	26	Ven throm	A	XXX	6	B	D	N	N	$ 29.64	$ 29.64	
78458	TC	Ven throm	A	XXX	6	B	D	N	N	$ 99.05	$ 99.05	
78458		Ven throm	A	XXX	6	B	D	N	N	$ 128.69	$ 128.69	
78459	26	Myocrd im	A	XXX	N	N	D	N	N	$ 45.07	$ 45.07	RVU totals adj. refer to working notes
78459	TC	Myocrd im	A	XXX	N	N	D	N	N	$ 774.05	$ 774.05	Imaging Cap Applied
78459		Myocrd im	A	XXX	N	N	D	N	N	$ 819.24	$ 819.24	Imaging Cap Applied
78466	26	Heart infar	A	XXX	6	N	D	N	N	$ 23.38	$ 23.38	
78466	TC	Heart infar	A	XXX	6	N	D	N	N	$ 100.02	$ 100.02	
78466		Heart infar	A	XXX	6	N	D	N	N	$ 123.39	$ 123.39	
78468	26	Heart infar	A	XXX	6	N	D	N	N	$ 26.03	$ 26.03	
78468	TC	Heart infar	A	XXX	6	N	D	N	N	$ 97.61	$ 97.61	
78468		Heart infar	A	XXX	6	N	D	N	N	$ 123.63	$ 123.63	
78469	26	Heart infar	A	XXX	6	N	D	N	N	$ 29.88	$ 29.88	
78469	TC	Heart infar	A	XXX	6	N	D	N	N	$ 107.97	$ 107.97	
78469		Heart infar	A	XXX	6	N	D	N	N	$ 137.85	$ 137.85	
78472	26	Gated hear	A	XXX	6	N	D	N	N	$ 31.57	$ 31.57	
78472	TC	Gated hear	A	XXX	6	N	D	N	N	$ 111.10	$ 111.10	
78472		Gated hear	A	XXX	6	N	D	N	N	$ 142.67	$ 142.67	
78473	26	Gated hear	A	XXX	6	N	D	N	N	$ 47.00	$ 47.00	
78473	TC	Gated hear	A	XXX	6	N	D	N	N	$ 134.48	$ 134.48	
78473		Gated hear	A	XXX	6	N	D	N	N	$ 181.47	$ 181.47	
78481	26	Heart first	A	XXX	6	N	D	N	N	$ 31.81	$ 31.81	
78481	TC	Heart first	A	XXX	6	N	D	N	N	$ 80.01	$ 80.01	
78481		Heart first	A	XXX	6	N	D	N	N	$ 111.82	$ 111.82	
78483	26	Heart first	A	XXX	6	N	D	N	N	$ 47.72	$ 47.72	
78483	TC	Heart first	A	XXX	6	N	D	N	N	$ 105.32	$ 105.32	
78483		Heart first	A	XXX	6	N	D	N	N	$ 153.04	$ 153.04	
78491	26	Myocrd im	A	XXX	N	N	D	N	N	$ 43.62	$ 43.62	RVU totals adj. refer to working notes
78491	TC	Myocrd im	A	XXX	N	N	D	N	N	$ 877.38	$ 877.38	Imaging Cap Applied
78491		Myocrd im	A	XXX	N	N	D	N	N	$ 921.11	$ 921.11	Imaging Cap Applied
78492	26	Myocrd im	A	XXX	N	N	D	N	N	$ 52.30	$ 52.30	RVU totals adj. refer to working notes
78492	TC	Myocrd im	A	XXX	N	N	D	N	N	$ 877.38	$ 877.38	Imaging Cap Applied
78492		Myocrd im	A	XXX	N	N	D	N	N	$ 929.69	$ 929.69	Imaging Cap Applied
78494	26	Heart imag	A	XXX	6	N	D	N	N	$ 38.56	$ 38.56	
78494	TC	Heart imag	A	XXX	6	N	D	N	N	$ 105.08	$ 105.08	
78494		Heart imag	A	XXX	6	N	D	N	N	$ 143.64	$ 143.64	
78496	26	Heart first	A	ZZZ	N	N	D	N	N	$ 16.15	$ 16.15	
78496	TC	Heart first	A	ZZZ	N	N	D	N	N	$ 11.57	$ 11.57	
78496		Heart first	A	ZZZ	N	N	D	N	N	$ 27.96	$ 27.96	
78499	26	Cardiovasc	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78499	TC	Cardiovasc	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78499		Cardiovasc	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78579	26	Lung venti	A	XXX	N	N	D	N	N	$ 15.67	$ 15.67	
78579	TC	Lung venti	A	XXX	N	N	D	N	N	$ 100.26	$ 100.26	
78579		Lung venti	A	XXX	N	N	D	N	N	$ 115.92	$ 115.92	
78580	26	Lung perfu	A	XXX	N	N	D	N	N	$ 24.10	$ 24.10	
78580	TC	Lung perfu	A	XXX	N	N	D	N	N	$ 122.91	$ 122.91	
78580		Lung perfu	A	XXX	N	N	D	N	N	$ 147.25	$ 147.25	
78582	26	Lung venti	A	XXX	N	N	D	N	N	$ 34.46	$ 34.46	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
78582	TC	Lung venti	A	XXX	N	N	D	N	N	$ 172.56	$ 172.56	
78582		Lung venti	A	XXX	N	N	D	N	N	$ 206.78	$ 206.78	
78597	26	Lung perfu	A	XXX	N	N	D	N	N	$ 23.86	$ 23.86	
78597	TC	Lung perfu	A	XXX	N	N	D	N	N	$ 102.43	$ 102.43	
78597		Lung perfu	A	XXX	N	N	D	N	N	$ 126.28	$ 126.28	
78598	26	Lung perf&	A	XXX	N	N	D	N	N	$ 27.23	$ 27.23	
78598	TC	Lung perf&	A	XXX	N	N	D	N	N	$ 161.23	$ 161.23	
78598		Lung perf&	A	XXX	N	N	D	N	N	$ 188.46	$ 188.46	
78599	26	Respirator	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78599	TC	Respirator	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78599		Respirator	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78600	26	Brain imag	A	XXX	N	N	D	N	N	$ 14.46	$ 14.46	
78600	TC	Brain imag	A	XXX	N	N	D	N	N	$ 99.29	$ 99.29	
78600		Brain imag	A	XXX	N	N	D	N	N	$ 113.51	$ 113.51	
78601	26	Brain imag	A	XXX	N	N	D	N	N	$ 16.39	$ 16.39	
78601	TC	Brain imag	A	XXX	N	N	D	N	N	$ 117.13	$ 117.13	
78601		Brain imag	A	XXX	N	N	D	N	N	$ 133.51	$ 133.51	
78605	26	Brain imag	A	XXX	N	N	D	N	N	$ 17.11	$ 17.11	
78605	TC	Brain imag	A	XXX	N	N	D	N	N	$ 106.52	$ 106.52	
78605		Brain imag	A	XXX	N	N	D	N	N	$ 123.63	$ 123.63	
78606	26	Brain imag	A	XXX	N	N	D	N	N	$ 21.21	$ 21.21	
78606	TC	Brain imag	A	XXX	N	N	D	N	N	$ 183.64	$ 183.64	
78606		Brain imag	A	XXX	N	N	D	N	N	$ 204.85	$ 204.85	
78608	26	Brain imag	A	XXX	N	N	D	N	N	$ 42.18	$ 42.18	RVU totals adj. refer to working notes
78608	TC	Brain imag	A	XXX	N	N	D	N	N	$ 877.38	$ 877.38	Imaging Cap Applied
78608		Brain imag	A	XXX	N	N	D	N	N	$ 919.63	$ 919.63	Imaging Cap Applied
78609	26	Brain imag	A	XXX	N	N	N	N	N	$ 49.89	$ 49.89	
78609	TC	Brain imag	C	XXX	N	N	N	N	N	$ -	$ -	$53.22 Priced on UCR, eff. 10/1/05
78609		Brain imag	A	XXX	N	N	N	N	N	$ 49.89	$ 49.89	
78610	26	Brain flow	A	XXX	N	N	D	N	N	$ 9.64	$ 9.64	
78610	TC	Brain flow	A	XXX	N	N	D	N	N	$ 98.09	$ 98.09	
78610		Brain flow	A	XXX	N	N	D	N	N	$ 107.49	$ 107.49	
78630	26	Cerebrospi	A	XXX	N	N	D	N	N	$ 22.41	$ 22.41	
78630	TC	Cerebrospi	A	XXX	N	N	D	N	N	$ 186.05	$ 186.05	
78630		Cerebrospi	A	XXX	N	N	D	N	N	$ 208.47	$ 208.47	
78635	26	Csf ventric	A	XXX	N	N	D	N	N	$ 20.49	$ 20.49	
78635	TC	Csf ventric	A	XXX	N	N	D	N	N	$ 187.98	$ 187.98	
78635		Csf ventric	A	XXX	N	N	D	N	N	$ 208.47	$ 208.47	
78645	26	Csf shunt e	A	XXX	N	N	D	N	N	$ 17.83	$ 17.83	
78645	TC	Csf shunt e	A	XXX	N	N	D	N	N	$ 181.23	$ 181.23	
78645		Csf shunt e	A	XXX	N	N	D	N	N	$ 199.31	$ 199.31	
78650	26	Csf leakag	A	XXX	N	N	D	N	N	$ 17.11	$ 17.11	
78650	TC	Csf leakag	A	XXX	N	N	D	N	N	$ 154.24	$ 154.24	
78650		Csf leakag	A	XXX	N	N	D	N	N	$ 171.59	$ 171.59	
78660	26	Nuclear ex	A	XXX	N	N	D	N	N	$ 17.59	$ 17.59	
78660	TC	Nuclear ex	A	XXX	N	N	D	N	N	$ 100.26	$ 100.26	
78660		Nuclear ex	A	XXX	N	N	D	N	N	$ 117.85	$ 117.85	
78699	26	Nervous sy	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78699	TC	Nervous sy	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78699		Nervous sy	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78700	26	Kidney ima	A	XXX	N	N	D	N	N	$ 14.46	$ 14.46	
78700	TC	Kidney ima	A	XXX	N	N	D	N	N	$ 92.06	$ 92.06	
78700		Kidney ima	A	XXX	N	N	D	N	N	$ 106.52	$ 106.52	
78701	26	Kidney ima	A	XXX	N	N	D	N	N	$ 15.91	$ 15.91	
78701	TC	Kidney ima	A	XXX	N	N	D	N	N	$ 120.26	$ 120.26	
78701		Kidney ima	A	XXX	N	N	D	N	N	$ 136.17	$ 136.17	
78707	26	K flow/fun	A	XXX	N	N	D	N	N	$ 30.85	$ 30.85	
78707	TC	K flow/fun	A	XXX	N	N	D	N	N	$ 113.99	$ 113.99	
78707		K flow/fun	A	XXX	N	N	D	N	N	$ 144.60	$ 144.60	
78708	26	K flow/fun	A	XXX	N	N	D	N	N	$ 38.80	$ 38.80	
78708	TC	K flow/fun	A	XXX	N	N	D	N	N	$ 73.51	$ 73.51	
78708		K flow/fun	A	XXX	N	N	D	N	N	$ 112.31	$ 112.31	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
78709	26	K flow/fun	A	XXX	N	N	D	N	N	$ 44.83	$ 44.83	
78709	TC	K flow/fun	A	XXX	N	N	D	N	N	$ 184.12	$ 184.12	
78709		K flow/fun	A	XXX	N	N	D	N	N	$ 229.19	$ 229.19	
78725	26	Kidney fur	A	XXX	N	N	D	N	N	$ 12.05	$ 12.05	
78725	TC	Kidney fur	A	XXX	N	N	D	N	N	$ 58.08	$ 58.08	
78725		Kidney fur	A	XXX	N	N	D	N	N	$ 70.13	$ 70.13	
78730	26	Urinary bla	A	ZZZ	N	N	D	N	N	$ 5.06	$ 5.06	
78730	TC	Urinary bla	A	ZZZ	N	N	D	N	N	$ 42.18	$ 42.18	
78730		Urinary bla	A	ZZZ	N	N	D	N	N	$ 47.24	$ 47.24	
78740	26	Ureteral re	A	XXX	N	N	D	N	N	$ 18.08	$ 18.08	
78740	TC	Ureteral re	A	XXX	N	N	D	N	N	$ 118.33	$ 118.33	
78740		Ureteral re	A	XXX	N	N	D	N	N	$ 136.65	$ 136.65	
78761	26	Testicular	A	XXX	N	N	D	N	N	$ 23.62	$ 23.62	
78761	TC	Testicular	A	XXX	N	N	D	N	N	$ 108.21	$ 108.21	
78761		Testicular	A	XXX	N	N	D	N	N	$ 132.07	$ 132.07	
78799	26	Genitourin	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78799	TC	Genitourin	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78799		Genitourin	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78800	26	Rp loclzj tı	A	XXX	N	N	D	N	N	$ 21.45	$ 21.45	
78800	TC	Rp loclzj tı	A	XXX	N	N	D	N	N	$ 137.37	$ 137.37	
78800		Rp loclzj tı	A	XXX	N	N	D	N	N	$ 158.58	$ 158.58	
78801	26	Rp loclzj tı	A	XXX	N	N	D	N	N	$ 24.10	$ 24.10	
78801	TC	Rp loclzj tı	A	XXX	N	N	D	N	N	$ 151.11	$ 151.11	
78801		Rp loclzj tı	A	XXX	N	N	D	N	N	$ 175.21	$ 175.21	
78802	26	Rp loclzj tı	A	XXX	Y	N	D	N	N	$ 25.79	$ 25.79	
78802	TC	Rp loclzj tı	A	XXX	Y	N	D	N	N	$ 167.98	$ 167.98	
78802		Rp loclzj tı	A	XXX	Y	N	D	N	N	$ 194.01	$ 194.01	
78803	26	Rp loclzj tı	A	XXX	Y	N	D	N	N	$ 34.46	$ 34.46	
78803	TC	Rp loclzj tı	A	XXX	Y	N	D	N	N	$ 205.33	$ 205.33	
78803		Rp loclzj tı	A	XXX	Y	N	D	N	N	$ 239.80	$ 239.80	
78804	26	Rp loclzj tı	A	XXX	N	N	D	N	N	$ 32.29	$ 32.29	
78804	TC	Rp loclzj tı	A	XXX	N	N	D	N	N	$ 373.79	$ 373.79	
78804		Rp loclzj tı	A	XXX	N	N	D	N	N	$ 406.09	$ 406.09	
78808		Iv inj ra dr	Not Covered	XXX	N	N	D	N	N	$ 25.31	$ 25.31	
78811	26	Pet image l	A	XXX	N	N	D	N	N	$ 44.10	$ 44.10	RVU totals adj. refer to working notes
78811	TC	Pet image l	A	XXX	N	N	D	N	N	$ 774.05	$ 774.05	Imaging Cap Applied
78811		Pet image l	A	XXX	N	N	D	N	N	$ 818.28	$ 818.28	Imaging Cap Applied
78812	26	Pet image s	A	XXX	N	N	D	N	N	$ 55.19	$ 55.19	RVU totals adj. refer to working notes
78812	TC	Pet image s	A	XXX	N	N	D	N	N	$ 877.38	$ 877.38	Imaging Cap Applied
78812		Pet image s	A	XXX	N	N	D	N	N	$ 932.56	$ 932.56	Imaging Cap Applied
78813	26	Pet image t	A	XXX	N	N	D	N	N	$ 54.71	$ 54.71	RVU totals adj. refer to working notes
78813	TC	Pet image t	A	XXX	N	N	D	N	N	$ 877.38	$ 877.38	Imaging Cap Applied
78813		Pet image t	A	XXX	N	N	D	N	N	$ 932.30	$ 932.30	Imaging Cap Applied
78814	26	Pet image v	A	XXX	N	N	D	N	N	$ 62.42	$ 62.42	RVU totals adj. refer to working notes
78814	TC	Pet image v	A	XXX	N	N	D	N	N	$ 877.38	$ 877.38	Imaging Cap Applied
78814		Pet image v	A	XXX	N	N	D	N	N	$ 939.91	$ 939.91	Imaging Cap Applied
78815	26	Pet image v	A	XXX	N	N	D	N	N	$ 70.13	$ 70.13	RVU totals adj. refer to working notes
78815	TC	Pet image v	A	XXX	N	N	D	N	N	$ 877.38	$ 877.38	Imaging Cap Applied
78815		Pet image v	A	XXX	N	N	D	N	N	$ 947.72	$ 947.72	Imaging Cap Applied
78816	26	Pet image v	A	XXX	N	N	D	N	N	$ 70.61	$ 70.61	RVU totals adj. refer to working notes
78816	TC	Pet image v	A	XXX	N	N	D	N	N	$ 877.38	$ 877.38	Imaging Cap Applied
78816		Pet image v	A	XXX	N	N	D	N	N	$ 948.17	$ 948.17	Imaging Cap Applied
78830	26	Rp loclzj tı	A	XXX	N	N	D	N	N	$ 47.00	$ 47.00	
78830	TC	Rp loclzj tı	A	XXX	N	N	D	N	N	$ 257.87	$ 257.87	
78830		Rp loclzj tı	A	XXX	N	N	D	N	N	$ 304.87	$ 304.87	
78831	26	Rp loclzj tı	A	XXX	N	N	D	N	N	$ 57.36	$ 57.36	
78831	TC	Rp loclzj tı	A	XXX	N	N	D	N	N	$ 381.74	$ 381.74	
78831		Rp loclzj tı	A	XXX	N	N	D	N	N	$ 439.10	$ 439.10	
78832	26	Rp loclzj tı	A	XXX	N	N	D	N	N	$ 67.48	$ 67.48	
78832	TC	Rp loclzj tı	A	XXX	N	N	D	N	N	$ 503.45	$ 503.45	
78832		Rp loclzj tı	A	XXX	N	N	D	N	N	$ 571.17	$ 571.17	
78835	26	Rp quan m	A	ZZZ	N	N	D	N	N	$ 14.70	$ 14.70	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
78835	TC	Rp quan m	A	ZZZ	N	N	D	N	N	$ 48.92	$ 48.92	
78835		Rp quan m	A	ZZZ	N	N	D	N	N	$ 64.11	$ 64.11	
78999	26	Nuclear di	Unlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78999	TC	Nuclear di	Unlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
78999		Nuclear di	Unlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
79005	26	Nuclear rx	A	XXX	N	N	D	N	N	$ 57.60	$ 57.60	
79005	TC	Nuclear rx	A	XXX	N	N	D	N	N	$ 31.33	$ 31.33	
79005		Nuclear rx	A	XXX	N	N	D	N	N	$ 89.17	$ 89.17	
79101	26	Nuclear rx	A	XXX	N	N	D	N	N	$ 64.11	$ 64.11	
79101	TC	Nuclear rx	A	XXX	N	N	D	N	N	$ 32.29	$ 32.29	
79101		Nuclear rx	A	XXX	N	N	D	N	N	$ 96.88	$ 96.88	
79200	26	Nuclear rx	A	XXX	N	N	D	N	N	$ 55.43	$ 55.43	
79200	TC	Nuclear rx	A	XXX	N	N	D	N	N	$ 33.26	$ 33.26	
79200		Nuclear rx	A	XXX	N	N	D	N	N	$ 88.93	$ 88.93	
79300	26	Nuclr rx in	A	XXX	N	N	D	N	N	$ 44.59	$ 44.59	
79300	TC	Nuclr rx in	C	XXX	N	N	D	N	N	$ -	$ -	$76.42 Priced on UCR, eff. 1/1/92
79300		Nuclr rx in	C	XXX	N	N	D	N	N	$ -	$ -	$76.42 Priced on UCR, eff. 1/1/92
79403	26	Hematopoi	A	XXX	N	N	D	N	N	$ 70.85	$ 70.85	
79403	TC	Hematopoi	A	XXX	N	N	D	N	N	$ 49.89	$ 49.89	
79403		Hematopoi	A	XXX	N	N	D	N	N	$ 120.74	$ 120.74	
79440	26	Nuclear rx	A	XXX	N	N	D	N	N	$ 55.43	$ 55.43	
79440	TC	Nuclear rx	A	XXX	N	N	D	N	N	$ 24.82	$ 24.82	
79440		Nuclear rx	A	XXX	N	N	D	N	N	$ 80.49	$ 80.49	
79445	26	Nuclear rx	A	XXX	N	N	D	N	N	$ 75.92	$ 75.92	
79445	TC	Nuclear rx	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
79445		Nuclear rx	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
79999	26	Nuclear m	Unlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
79999	TC	Nuclear m	Unlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
79999		Nuclear m	Unlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
80047		Metabolic	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80048		Metabolic	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80050		General he	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80051		Electrolyte	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80053		Comprehe	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80055		Obstetric p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80061		Lipid pane	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80069		Renal func	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80074		Acute hepa	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80076		Hepatic fu	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80081		Obstetric p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80143		Drug assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
80145		Drug assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80150		Assay of a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80151		Drug assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
80155		Drug assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80156		Assay carb	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80157		Assay carb	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80158		Drug assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80159		Drug assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80161		Asy carbar	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
80162		Assay of d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80163		Assay of d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80164		Assay dipr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80165		Dipropylac	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80167		Drug assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
80168		Assay of e	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80169		Drug assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80170		Assay of g	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80171		Drug scree	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80173		Assay of h	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80175		Drug scree	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80176		Assay of li	CLFS	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
80177		Drug scrn (	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80178		Assay of li	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80179		Drug assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
80180		Drug scrn (	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80181		Drug assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
80183		Drug scrn (	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80184		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80185		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80186		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80187		Drug assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80188		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80189		Drug assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
80190		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80192		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80193		Drug assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
80194		Assay of q	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80195		Assay of si	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80197		Assay of ta	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80198		Assay of th	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80199		Drug scree	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80200		Assay of tc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80201		Assay of tc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80202		Assay of v	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80203		Drug scree	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80204		Drug assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
80210		Drug assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
80230		Drug assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80235		Drug assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80280		Drug assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80285		Drug assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80299		Quantitativ	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80305		Drug test p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80306		Drug test p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80307		Drug test p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80320		Drug scree	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80321		Alcohols b	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80322		Alcohols b	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80323		Alkaloids n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80324		Drug scree	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80325		Amphetam	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80326		Amphetam	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80327		Anabolic s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80328		Anabolic s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80329		Analgesics	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80330		Analgesics	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80331		Analgesics	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80332		Antidepres	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80333		Antidepres	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80334		Antidepres	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80335		Antidepres	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80336		Antidepres	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80337		Tricyclic &	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80338		Antidepres	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80339		Antiepilep	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80340		Antiepilep	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80341		Antiepilep	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80342		Antipsych	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80343		Antipsych	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80344		Antipsych	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80345		Drug scree	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80346		Benzodiaz	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80347		Benzodiaz	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
80348		Drug scree	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80349		Cannabino	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80350		Cannabino	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80351		Cannabino	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80352		Cannabino	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80353		Drug scree	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80354		Drug scree	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80355		Gabapentin	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80356		Heroin me	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80357		Ketamine a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80358		Drug scree	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80359		Methylene	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80360		Methylphe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80361		Opiates 1 (	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80362		Opioids &	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80363		Opioids &	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80364		Opioid &o	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80365		Drug scree	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80366		Drug scree	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80367		Drug scree	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80368		Sedative h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80369		Skeletal m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80370		Skel musc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80371		Stimulants	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80372		Drug scree	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80373		Drug scree	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80374		Stereoisom	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80375		Drug/subst	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80376		Drug/subst	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80377		Drug/subst	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
80400		Acth stimu	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80402		Acth stimu	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80406		Acth stimu	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80408		Aldosteron	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80410		Calcitonin	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80412		Crh stimul	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80414		Testostero	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80415		Tot estradi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80416		Renin stim	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80417		Renin stim	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80418		Pituitary ev	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80420		Dexametha	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80422		Glucagon t	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80424		Glucagon t	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80426		Gonadotro	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80428		Growth ho	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80430		Growth ho	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80432		Insulin sup	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80434		Insulin tole	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80435		Insulin tole	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80436		Metyrapon	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80438		Trh stimul	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80439		Trh stimul	CLFS	XXX	N	N	N	N	N	$ -	$ -	
80500		Lab pathol	A	XXX	N	N	D	N	N	$ 12.77	$ 14.46	
80502		Lab pathol	A	XXX	N	N	D	N	N	$ 46.03	$ 47.96	
81000		Urinalysis	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81001		Urinalysis	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81002		Urinalysis	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81003		Urinalysis	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81005		Urinalysis	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81007		Urine scre	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81015		Microscop	CLFS	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
81020		Urinalysis	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81025		Urine preg	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81050		Urinalysis	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81099		Urinalysis	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81105		Hpa-1 gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81106		Hpa-2 gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81107		Hpa-3 gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81108		Hpa-4 gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81109		Hpa-5 gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81110		Hpa-6 gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81111		Hpa-9 gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81112		Hpa-15 ge	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81120		Idh1 comn	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81121		Idh2 comn	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81161		Dmd dup/d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81162		Brca1&2 g	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81163		Brca1&2 g	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81164		Brca1&2 g	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81165		Brca1 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81166		Brca1 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81167		Brca2 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81168		Ccnd1/igh	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81170		Abl1 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81171		Aff2 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81172		Aff2 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81173		Ar gene fu	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81174		Ar gene kn	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81175		Asxl1 full	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81176		Asxl1 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81177		Atn1 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81178		Atxn1 gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81179		Atxn2 gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81180		Atxn3 gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81181		Atxn7 gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81182		Atxn8os g	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81183		Atxn10 ge	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81184		Cacna1a g	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81185		Cacna1a g	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81186		Cacna1a g	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81187		Cnbp gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81188		Cstb gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81189		Cstb gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81190		Cstb gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81191		Ntrk1 trans	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81192		Ntrk2 trans	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81193		Ntrk3 trans	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81194		Ntrk transl	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81200		Aspa gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81201		Apc gene f	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81202		Apc gene k	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81203		Apc gene c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81204		Ar gene ch	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81205		Bckdhb ge	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81206		Bcr/abl1 g	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81207		Bcr/abl1 g	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81208		Bcr/abl1 g	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81209		Blm gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81210		Braf gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81212		Brca1&2 1	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81215		Brca1 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81216		Brca2 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81217		Brca2 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
81218		Cebpa gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81219		Calr gene v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81220		Cftr gene c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81221		Cftr gene k	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81222		Cftr gene c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81223		Cftr gene f	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81224		Cftr gene i	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81225		Cyp2c19 g	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81226		Cyp2d6 ge	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81227		Cyp2c9 ge	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81228		Cytogen m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81229		Cytogen m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81230		Cyp3a4 ge	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81231		Cyp3a5 ge	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81232		Dpyd gene	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81233		Btk gene c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81234		Dmpk gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81235		Egfr gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81236		Ezh2 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81237		Ezh2 gene	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81238		F9 full gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81239		Dmpk gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81240		F2 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81241		F5 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81242		Fancc gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81243		Fmr1 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81244		Fmr1 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81245		Flt3 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81246		Flt3 gene a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81247		G6pd gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81248		G6pd knov	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81249		G6pd full g	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81250		G6pc gene	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81251		Gba gene	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81252		Gjb2 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81253		Gjb2 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81254		Gjb6 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81255		Hexa gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81256		Hfe gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81257		Hba1/hba2	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81258		Hba1/hba2	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81259		Hba1/hba2	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81260		Ikbkap gen	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81261		Igh gene re	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81262		Igh gene re	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81263		Igh vari re	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81264		Igk rearran	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81265		Str marker	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81266		Str marker	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81267		Chimerism	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81268		Chimerism	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81269		Hba1/hba2	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81270		Jak2 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81271		Htt gene d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81272		Kit gene ta	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81273		Kit gene ar	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81274		Htt gene cl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81275		Kras gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81276		Kras gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81277		Cytogenon	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81278		Igh@/bcl2	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81279		Jak2 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
81283		Ifnl3 gene V	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81284		Fxn gene d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81285		Fxn gene c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81286		Fxn gene f	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81287		Mgmt gene	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81288		Mlh1 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81289		Fxn gene k	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81290		Mcoln1 ge	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81291		Mthfr gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81292		Mlh1 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81293		Mlh1 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81294		Mlh1 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81295		Msh2 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81296		Msh2 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81297		Msh2 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81298		Msh6 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81299		Msh6 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81300		Msh6 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81301		Microsatel	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81302		Mecp2 gen	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81303		Mecp2 gen	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81304		Mecp2 gen	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81305		Myd88 ge	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81306		Nudt15 ge	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81307		Palb2 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81308		Palb2 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81309		Pik3ca gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81310		Npm1 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81311		Nras gene V	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81312		Pabpn1 ge	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81313		Pca3/klk3 V	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81314		Pdgfra gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81315		Pml/raralpl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81316		Pml/raralpl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81317		Pms2 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81318		Pms2 knov	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81319		Pms2 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81320		Plcg2 gene	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81321		Pten gene I	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81322		Pten gene I	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81323		Pten gene (	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81324		Pmp22 ger	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81325		Pmp22 ger	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81326		Pmp22 ger	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81327		Sept9 gen	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81328		Slco1b1 ge	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81329		Smn1 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81330		Smpd1 ger	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81331		Snrpn/ube	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81332		Serpina1 g	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81333		Tgfbi gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81334		Runx1 gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81335		Tpmt gene	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81336		Smn1 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81337		Smn1 gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81338		Mpl gene c	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81339		Mpl gene s	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81340		Trb@ gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81341		Trb@ gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81342		Trg gene re	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81343		Ppp2r2b ge	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81344		Tbp gene c	CLFS	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
81345		Tert gene t	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81346		Tyms gene	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81347		Sf3b1 gene	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81348		Srsf2 gene	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81350		Ugt1a1 ge	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81351		Tp53 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81352		Tp53 gene	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81353		Tp53 gene	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81355		Vkorc1 ge	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81357		U2af1 gen	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81360		Zrsr2 gene	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81361		Hbb gene (	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81362		Hbb gene l	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81363		Hbb gene (	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81364		Hbb full ge	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81370		Hla i & ii t	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81371		Hla i & ii t	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81372		Hla i typin	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81373		Hla i typin	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81374		Hla i typin	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81375		Hla ii typir	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81376		Hla ii typir	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81377		Hla ii type	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81378		Hla i & ii t	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81379		Hla i typin	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81380		Hla i typin	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81381		Hla i typin	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81382		Hla ii typir	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81383		Hla ii typir	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81400		Mopath pr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81401		Mopath pr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81402		Mopath pr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81403		Mopath pr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81404		Mopath pr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81405		Mopath pr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81406		Mopath pr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81407		Mopath pr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81408		Mopath pr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81410		Aortic dys	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81411		Aortic dys	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81412		Ashkenazi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81413		Car ion ch	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81414		Car ion ch	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81415		Exome seq	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81416		Exome seq	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81417		Exome re-	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81419		Epilepsy g	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81420		Fetal chrm	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81422		Fetal chrm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81425		Genome se	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81426		Genome se	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81427		Genome re	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81430		Hearing lo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81431		Hearing lo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81432		Hrdtry brst	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81433		Hrdtry brst	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81434		Hereditary	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81435		Hereditary	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81436		Hereditary	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81437		Heredtry n	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81438		Heredtry n	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81439		Hrdtry can	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
81440		Mitochond	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81442		Noonan sp	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81443		Genetic tst	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81445		Targeted g	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81448		Hrdtry per	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81450		Targeted g	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81455		Targeted g	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81460		Whole mit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81465		Whole mit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81470		X-linked ir	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81471		X-linked ir	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81479		Unlisted m	nlstd/Manua	XXX	N	N	N	N	N	$ -	$ -	
81490		Autoimmu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81493		Cor artery	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81500		Onco (ova	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81503		Onco (ova	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81504		Oncology	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81506		Endo assa	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81507		Fetal aneu	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81508		Ftl cgen ab	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81509		Ftl cgen ab	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81510		Ftl cgen ab	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81511		Ftl cgen ab	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81512		Ftl cgen ab	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81513		Nfct ds bv	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81514		Nfct ds bv	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81518		Onc brst m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81519		Oncology l	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81520		Onc breast	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81521		Onc breast	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81522		Onc breast	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81525		Oncology	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81528		Oncology	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81529		Onc cutan	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81535		Oncology	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81536		Oncology	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81538		Oncology	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81539		Oncology	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81540		Oncology	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81541		Onc prosta	CLFS	XXX	N	N	N	N	N	$ -	$ -	Covered as of 04/01/19
81542		Onc prosta	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81546		Onc thyr m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81551		Onc prosta	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81552		Onc uveal	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
81554		Pulm ds ip	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
81595		Cardiology	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81596		Nfct ds chr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
81599		Unlisted m	nlstd/Manua	XXX	N	N	N	N	N	$ -	$ -	
82009		Test for ac	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82010		Acetone as	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82013		Acetylchol	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82016		Acylcarniti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82017		Acylcarniti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82024		Assay of a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82030		Assay of a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82040		Assay of s	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82042		Other sour	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82043		Ur albumir	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82044		Ur albumir	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82045		Albumin is	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82075		Assay of b	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82077		Assay spec	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
82085		Assay of al	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82088		Assay of al	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82103		Alpha-1-ar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82104		Alpha-1-ar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82105		Alpha-feto	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82106		Alpha-feto	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82107		Alpha-feto	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82108		Assay of al	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82120		Amines va	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82127		Amino acic	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82128		Amino acic	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82131		Amino acic	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82135		Assay amir	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82136		Amino acic	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82139		Amino acic	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82140		Assay of ar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82143		Amniotic f	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82150		Assay of ar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82154		Androstane	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82157		Assay of ar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82160		Assay of ar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82163		Assay of ar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82164		Angiotensi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82172		Assay of ap	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82175		Assay of ar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82180		Assay of as	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82190		Atomic abs	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82232		Assay of be	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82239		Bile acids t	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82240		Bile acids t	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82247		Bilirubin to	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82248		Bilirubin d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82252		Fecal bilirı	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82261		Assay of bi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82270		Occult bloc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82271		Occult bloc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82272		Occult bld	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82274		Assay test	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82286		Assay of bi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82300		Assay of ca	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82306		Vitamin d 1	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82308		Assay of ca	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82310		Assay of ca	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82330		Assay of ca	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82331		Calcium in	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82340		Assay of ca	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82355		Calculus ar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82360		Calculus as	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82365		Calculus sp	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82370		X-ray assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82373		Assay c-d t	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82374		Assay bloc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82375		Assay carb	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82376		Assay carb	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82378		Carcinoem	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82379		Assay of ca	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82380		Assay of ca	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82382		Assay urin	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82383		Assay bloc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82384		Assay three	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82387		Assay of ca	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82390		Assay of ce	CLFS	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
82397		Chemilumi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82415		Assay of cl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82435		Assay of b	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82436		Assay of u	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82438		Assay othe	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82441		Test for ch	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82465		Assay bld/	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82480		Assay seru	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82482		Assay rbc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82485		Assay chor	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82495		Assay of cl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82507		Assay of ci	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82523		Collagen c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82525		Assay of c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82528		Assay of c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82530		Cortisol fr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82533		Total corti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82540		Assay of c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82542		Col chrom	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82550		Assay of cl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82552		Assay of c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82553		Creatine m	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82554		Creatine is	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82565		Assay of c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82570		Assay of u	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82575		Creatinine	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82585		Assay of c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82595		Assay of c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82600		Assay of c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82607		Vitamin b-	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82608		B-12 bindi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82610		Cystatin c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82615		Test for ur	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82626		Dehydroep	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82627		Dehydroep	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82633		Desoxycor	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82634		Deoxycorti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82638		Assay of d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82642		Dihydrotes	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82652		Vit d 1 25-	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82656		Pancreatic	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82657		Enzyme ce	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82658		Enzyme ce	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82664		Electropho	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82668		Assay of e	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82670		Assay of tc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82671		Assay of e	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82672		Assay of e	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82677		Assay of e	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82679		Assay of e	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82681		Assay dir r	CLFS	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
82693		Assay of e	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82696		Assay of e	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82705		Fats/lipids	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82710		Fats/lipids	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82715		Assay of fe	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82725		Assay of b	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82726		Long chair	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82728		Assay of fe	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82731		Assay of fe	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82735		Assay of fl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82746		Assay of fo	CLFS	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
82747		Assay of fo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82757		Assay of se	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82759		Assay of rb	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82760		Assay of ga	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82775		Assay gala	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82776		Galactose t	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82777		Galectin-3	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
82784		Assay iga/i	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82785		Assay of ig	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82787		Igg 1 2 3 o	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82800		Blood ph	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82803		Blood gase	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82805		Blood gase	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82810		Blood gase	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82820		Hemoglobi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82930		Gastric ana	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82938		Gastrin tes	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82941		Assay of ga	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82943		Assay of ga	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82945		Glucose ot	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82946		Glucagon t	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82947		Assay gluc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82948		Reagent str	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82950		Glucose te	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82951		Glucose to	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82952		Gtt-added	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82955		Assay of g6	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82960		Test for g6	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82962		Glucose bl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82963		Assay of ga	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82965		Assay of ga	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82977		Assay of ga	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82978		Assay of gl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82979		Assay rbc g	CLFS	XXX	N	N	N	N	N	$ -	$ -	
82985		Assay of gl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83001		Assay of ga	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83002		Assay of ga	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83003		Assay grov	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83006		Growth stir	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
83009		H pylori (c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83010		Assay of ha	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83012		Assay of ha	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83013		H pylori (c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83014		H pylori dr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83015		Heavy met	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83018		Heavy met	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83020	26	Hemoglobi	CLFS	XXX	N	N	D	N	N	$ 12.29	$ 12.29	
83020		Hemoglobi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83021		Hemoglobi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83026		Hemoglobi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83030		Fetal hemo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83033		Fetal hemo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83036		Glycosylat	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83037		Glycosylat	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83045		Blood meth	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83050		Blood meth	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83051		Assay of pl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83060		Blood sulfh	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83065		Assay of hb	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83068		Hemoglobi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83069		Assay of ur	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83070		Assay of hb	CLFS	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
83080		Assay of b	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83088		Assay of h	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83090		Assay of h	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83150		Assay of h	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83491		Assay of c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83497		Assay of 5	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83498		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83500		Assay free	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83505		Assay total	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83516		Immunoas	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83518		Immunoas	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83519		Ria nonant	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83520		Immunoas	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83525		Assay of ir	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83527		Assay of ir	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83528		Assay of ir	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83540		Assay of ir	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83550		Iron bindir	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83570		Assay of ic	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83582		Assay of k	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83586		Assay 17-	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83593		Fractionati	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83605		Assay of la	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83615		Lactate (ld	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83625		Assay of lc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83630		Lactoferrir	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83631		Lactoferrir	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83632		Placental la	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83633		Test urine	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83655		Assay of le	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83661		L/s ratio fe	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83662		Foam stabi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83663		Fluoro pola	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83664		Lamellar b	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83670		Assay of la	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83690		Assay of li	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83695		Assay of li	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83698		Assay lipo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83700		Lipopro blo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83701		Lipoprotein	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83704		Lipoprotein	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83718		Assay of li	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83719		Assay of b	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83721		Assay of b	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83722		Lipoprtn d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
83727		Assay of lr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83735		Assay of m	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83775		Assay mala	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83785		Assay of m	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83789		Mass spect	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83825		Assay of m	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83835		Assay of m	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83857		Assay of m	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83861		Microfluid	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83864		Mucopolys	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83872		Assay sync	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83873		Assay of cs	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83874		Assay of m	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83876		Assay mye	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83880		Assay of n	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83883		Assay nepl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83885		Assay of n	CLFS	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
83915		Assay of n	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83916		Oligoclona	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83918		Organic ac	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83919		Organic ac	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83921		Organic ac	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83930		Assay of b	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83935		Assay of u	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83937		Assay of o	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83945		Assay of o	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83950		Oncoprote	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83951		Oncoprote	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83970		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83986		Assay ph b	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83987		Exhaled br	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
83992		Assay for p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
83993		Assay for c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84030		Assay of b	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84035		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84060		Assay acid	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84066		Assay pros	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84075		Assay alka	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84078		Assay alka	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84080		Assay alka	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84081		Assay phos	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84085		Assay of rb	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84087		Assay phos	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84100		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84105		Assay of u	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84106		Test for po	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84110		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84112		Eval amnic	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84119		Test urine	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84120		Assay of u	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84126		Assay of fe	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84132		Assay of so	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84133		Assay of u	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84134		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84135		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84138		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84140		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84143		Assay of 1	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84144		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84145		Procalcitor	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
84146		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84150		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84152		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84153		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84154		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84155		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84156		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84157		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84160		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84163		Pappa seru	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84165	26	Protein e-p	A	XXX	N	N	D	N	N	$ 12.29	$ 12.29	
84165		Protein e-p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84166	26	Protein e-p	A	XXX	N	N	D	N	N	$ 12.29	$ 12.29	
84166		Protein e-p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84181	26	Western bl	A	XXX	N	N	D	N	N	$ 12.29	$ 12.29	
84181		Western bl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84182	26	Protein we	A	XXX	N	N	D	N	N	$ 12.29	$ 12.29	
84182		Protein we	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84202		Assay rbc p	CLFS	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 Facility	Statewide 31.83 OB/GYN Non-Facility	Notes
84203		Test rbc pr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84206		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84207		Assay of v	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84210		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84220		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84228		Assay of q	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84233		Assay of e	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84234		Assay of p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84235		Assay of e	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84238		Assay non	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84244		Assay of re	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84252		Assay of v	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84255		Assay of s	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84260		Assay of s	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84270		Assay of s	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84275		Assay of si	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84285		Assay of si	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84295		Assay of s	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84300		Assay of u	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84302		Assay of s	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84305		Assay of s	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84307		Assay of s	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84311		Spectroph	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84315		Body fluid	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84375		Chromatog	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84376		Sugars sing	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84377		Sugars mu	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84378		Sugars sing	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84379		Sugars mu	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84392		Assay of u	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84402		Assay of fr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84403		Assay of t	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84410		Testostero	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84425		Assay of v	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84430		Assay of th	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84431		Thromboxa	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
84432		Assay of th	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84436		Assay of t	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84437		Assay of n	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84439		Assay of fr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84442		Assay of th	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84443		Assay thyr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84445		Assay of ts	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84446		Assay of v	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84449		Assay of tr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84450		Transferas	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84460		Alanine am	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84466		Assay of tr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84478		Assay of tr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84479		Assay of th	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84480		Assay triio	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84481		Free assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84482		T3 reverse	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84484		Assay of tr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84485		Assay duo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84488		Test feces	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84490		Assay of fe	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84510		Assay of ty	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84512		Assay of tr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84520		Assay of u	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84525		Urea nitrog	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84540		Assay of u	CLFS	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
84545		Urea-n clea	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84550		Assay of b	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84560		Assay of u	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84577		Assay of fe	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84578		Test urine	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84580		Assay of u	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84583		Assay of u	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84585		Assay of u	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84586		Assay of v	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84588		Assay of v	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84590		Assay of v	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84591		Assay of n	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84597		Assay of v	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84600		Assay of v	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84620		Xylose tole	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84630		Assay of zi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84681		Assay of c-	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84702		Chorionic g	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84703		Chorionic g	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84704		Hcg free b	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84830		Ovulation t	CLFS	XXX	N	N	N	N	N	$ -	$ -	
84999		Clinical ch	nlstd/Manua	XXX	N	N	N	N	N	$ -	$ -	
85002		Bleeding ti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85004		Automated	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85007		Bl smear w	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85008		Bl smear w	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85009		Manual dif	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85013		Spun micro	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85014		Hematocrit	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85018		Hemoglobi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85025		Complete c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85027		Complete c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85032		Manual cel	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85041		Automated	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85044		Manual ret	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85045		Automated	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85046		Reticyte/hg	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85048		Automated	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85049		Automated	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85055		Reticulatec	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85060		Blood sme	A	XXX	N	N	D	N	N	$ 16.63	$ 16.63	
85097		Bone marr	A	XXX	N	N	D	N	N	$ 32.78	$ 45.07	
85130		Chromoge	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85170		Blood clot	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85175		Blood clot	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85210		Clot factor	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85220		Blooc clot	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85230		Clot factor	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85240		Clot factor	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85244		Clot factor	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85245		Clot factor	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85246		Clot factor	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85247		Clot factor	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85250		Clot factor	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85260		Clot factor	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85270		Clot factor	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85280		Clot factor	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85290		Clot factor	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85291		Clot factor	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85292		Clot factor	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85293		Clot factor	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85300		Antithroml	CLFS	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
85301		Antithroml	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85302		Clot inhibi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85303		Clot inhibi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85305		Clot inhibi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85306		Clot inhibi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85307		Assay activ	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85335		Factor inhi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85337		Thrombom	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85345		Coagulatio	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85347		Coagulatio	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85348		Coagulatio	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85360		Euglobulin	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85362		Fibrin degr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85366		Fibrinogen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85370		Fibrinogen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85378		Fibrin degr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85379		Fibrin degr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85380		Fibrin degr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85384		Fibrinogen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85385		Fibrinogen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85390	26	Fibrinolysi	A	XXX	N	N	D	N	N	$ 25.31	$ 25.31	
85390		Fibrinolysi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85396		Clotting as	A	XXX	N	N	D	N	N	$ 13.01	$ 13.01	
85397		Clotting fu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
85400		Fibrinolyti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85410		Fibrinolyti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85415		Fibrinolyti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85420		Fibrinolyti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85421		Fibrinolyti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85441		Heinz bodi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85445		Heinz bodi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85460		Hemoglobi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85461		Hemoglobi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85475		Hemolysin	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85520		Heparin as	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85525		Heparin ne	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85530		Heparin-pr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85536		Iron stain p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85540		Wbc alkali	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85547		Rbc mecha	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85549		Muramida	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85555		Rbc osmot	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85557		Rbc osmot	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85576	26	Blood plat	A	XXX	N	N	D	N	N	$ 12.29	$ 12.29	
85576		Blood plat	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85597		Phospholip	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85598		Hexagnal p	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85610		Prothromb	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85611		Prothromb	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85612		Viper venc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85613		Russell vip	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85635		Reptilase t	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85651		Rbc sed ra	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85652		Rbc sed ra	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85660		Rbc sickle	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85670		Thrombin	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85675		Thrombin	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85705		Thrombop	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85730		Thrombop	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85732		Thrombop	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85810		Blood visc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
85999		Hematolog	Unlstd/Manua	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
86000		Agglutinin	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86001		Allergen sp	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86003		Allg spec i	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86005		Allg spec i	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86008		Allg spec i	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86021		Wbc antibo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86022		Platelet ant	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86023		Immunogl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86038		Antinuclea	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86039		Antinuclea	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86060		Antistreptc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86063		Antistreptc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86077		Phys blood	A	XXX	N	N	D	N	N	$ 33.50	$ 35.91	
86078		Phys blood	A	XXX	N	N	D	N	N	$ 33.50	$ 35.91	
86079		Phys blood	A	XXX	N	N	D	N	N	$ 33.50	$ 35.67	
86140		C-reactive	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86141		C-reactive	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86146		Beta-2 gly	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86147		Cardiolipir	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86148		Anti-phosp	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86152		Cell enume	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86153	26	Cell enume	A	XXX	N	N	D	N	N	$ 23.38	$ 23.38	
86155		Chemotaxi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86156		Cold agglu	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86157		Cold agglu	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86160		Compleme	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86161		Compleme	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86162		Compleme	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86171		Compleme	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86200		Ccp antibo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86215		Deoxyribo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86225		Dna antibo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86226		Dna antibo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86235		Nuclear an	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86255	26	Fluorescen	A	XXX	N	N	D	N	N	$ 12.29	$ 12.29	
86255		Fluorescen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86256	26	Fluorescen	A	XXX	N	N	D	N	N	$ 12.29	$ 12.29	
86256		Fluorescen	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86277		Growth ho	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86280		Hemagglut	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86294		Immunoas	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86300		Immunoas	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86301		Immunoas	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86304		Immunoas	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86305		Human epi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
86308		Heterophil	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86309		Heterophil	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86310		Heterophil	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86316		Immunoas	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86317		Immunoas	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86318		Ia infectiou	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86320	26	Serum imn	A	XXX	N	N	D	N	N	$ 12.29	$ 12.29	
86320		Serum imn	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86325	26	Other imm	A	XXX	N	N	D	N	N	$ 12.29	$ 12.29	
86325		Other imm	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86327	26	Immunoele	A	XXX	N	N	D	N	N	$ 14.70	$ 14.70	
86327		Immunoele	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86328		Ia nfct ab s	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86329		Immunodif	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86331		Immunodif	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86332		Immune cc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86334	26	Immunofix	A	XXX	N	N	D	N	N	$ 12.29	$ 12.29	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
86334		Immunofix	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86335	26	Immunfix (	A	XXX	N	N	D	N	N	$ 12.29	$ 12.29	
86335		Immunfix (	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86336		Inhibin a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86337		Insulin anti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86340		Intrinsic fa	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86341		Islet cell ar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86343		Leukocyte	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86344		Leukocyte	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86352		Cell functi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
86353		Lymphocyt	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86355		B cells tota	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86356		Mononucle	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86357		Nk cells to	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86359		T cells tota	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86360		T cell abso	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86361		T cell abso	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86367		Stem cells	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86376		Microsoma	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86382		Neutralizat	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86384		Nitroblue t	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86386		Nuclear ma	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86403		Particle ag	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86406		Particle ag	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86408		Neutrlzg ar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86409		Neutrlzg ar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86413		Sars-cov-2	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86430		Rheumatoi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86431		Rheumatoi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86480		Tb test cell	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86481		Tb ag resp	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86485		Skin test ca	CLFS	XXX	N	N	D	N	N	$ -	$ -	
86486		Skin test n	A	XXX	N	N	D	N	N	$ 3.62	$ 3.62	
86490		Coccidioid	A	XXX	N	N	D	N	N	$ 54.71	$ 54.71	
86510		Histoplasm	A	XXX	N	N	D	N	N	$ 4.34	$ 4.34	
86580		Tb intrader	A	XXX	N	N	D	N	N	$ 6.03	$ 6.03	
86590		Streptokina	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86592		Syphilis te	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86593		Syphilis te	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86602		Antinomyc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86603		Adenoviru	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86606		Aspergillus	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86609		Bacterium	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86611		Bartonella	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86612		Blastomyc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86615		Bordetella	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86617		Lyme disea	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86618		Lyme disea	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86619		Borrelia ar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86622		Brucella ar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86625		Campyloba	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86628		Candida ar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86631		Chlamydia	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86632		Chlamydia	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86635		Coccidioid	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86638		Q fever ant	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86641		Cryptococ	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86644		Cmv antibo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86645		Cmv antibo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86648		Diphtheria	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86651		Encephalit	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86652		Encephalti	CLFS	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
86653		Encephaliti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86654		Encephaliti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86658		Enteroviru	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86663		Epstein-ba	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86664		Epstein-ba	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86665		Epstein-ba	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86666		Ehrlichia a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86668		Francisella	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86671		Fungus nes	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86674		Giardia lan	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86677		Helicobact	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86682		Helminth a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86684		Hemophilu	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86687		Htlv-i antil	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86688		Htlv-ii anti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86689		Htlv/hiv cc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86692		Hepatitis d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86694		Herpes sim	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86695		Herpes sim	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86696		Herpes sim	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86698		Histoplasm	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86701		Hiv-1antib	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86702		Hiv-2 antil	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86703		Hiv-1/hiv-2	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86704		Hep b core	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86705		Hep b core	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86706		Hep b surfa	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86707		Hepatitis b	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86708		Hepatitis a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86709		Hepatitis a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86710		Influenza v	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86711		John cunni	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86713		Legionella	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86717		Leishmania	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86720		Leptospira	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86723		Listeria mo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86727		Lymph cho	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86732		Mucormyc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86735		Mumps an	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86738		Mycoplasm	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86741		Neisseria m	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86744		Nocardia a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86747		Parvovirus	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86750		Malaria an	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86753		Protozoa a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86756		Respiratory	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86757		Rickettsia a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86759		Rotavirus a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86762		Rubella an	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86765		Rubeola an	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86768		Salmonella	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86769		Sars-cov-2	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86771		Shigella an	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86774		Tetanus an	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86777		Toxoplasm	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86778		Toxoplasm	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86780		Treponema	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86784		Trichinella	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86787		Varicella-z	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86788		West nile v	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86789		West nile v	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86790		Virus antib	CLFS	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
86793		Yersinia ar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86794		Zika virus	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86800		Thyroglobu	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86803		Hepatitis c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86804		Hep c ab te	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86805		Lymphocyt	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86806		Lymphocyt	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86807		Cytotoxic a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86808		Cytotoxic a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86812		Hla typing	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86813		Hla typing	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86816		Hla typing	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86817		Hla typing	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86821		Lymphocyt	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86825		Hla x-matl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86826		Hla x-matc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86828		Hla class i(	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86829		Hla class i/	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86830		Hla class i	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86831		Hla class ii	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86832		Hla class i	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86833		Hla class ii	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86834		Hla class i	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86835		Hla class ii	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86849		Immunolog	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86850		Rbc antibo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86860		Rbc antibo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86870		Rbc antibo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86880		Coombs te	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86885		Coombs te	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86886		Coombs te	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86890		Autologou	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86891		Autologou	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86900		Blood typi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86901		Blood typi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86902		Blood type	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86904		Blood typi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86905		Blood typi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86906		Bld typing	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86910		Blood typi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
86911		Blood typi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
86920		Compatibil	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86921		Compatibil	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86922		Compatibil	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86923		Compatibil	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86927		Plasma fre	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86930		Frozen blo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86931		Frozen blo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86932		Frozen blo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86940		Hemolysin	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86941		Hemolysin	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86945		Blood proc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86950		Leukacyte	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86960		Vol reduct	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86965		Pooling blo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86970		Rbc pretx i	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86971		Rbc pretx i	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86972		Rbc pretx i	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86975		Rbc serum	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86976		Rbc serum	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86977		Rbc serum	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86978		Rbc pretrea	CLFS	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
86985		Split blood	CLFS	XXX	N	N	N	N	N	$ -	$ -	
86999		Transfusio	nlstd/Manua	XXX	N	N	N	N	N	$ -	$ -	
87003		Small anir	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87015		Specimen i	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87040		Blood cult	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87045		Feces cultu	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87046		Stool cultr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87070		Culture otl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87071		Culture aer	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87073		Culture bac	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87075		Cultr bacte	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87076		Culture ana	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87077		Culture aer	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87081		Culture scr	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87084		Culture of	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87086		Urine cultu	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87088		Urine bact	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87101		Skin fungi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87102		Fungus iso	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87103		Blood fung	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87106		Fungi iden	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87107		Fungi iden	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87109		Mycoplasn	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87110		Chlamydia	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87116		Mycobacte	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87118		Mycobacte	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87140		Culture typ	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87143		Culture typ	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87147		Culture typ	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87149		Dna/rna di	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87150		Dna/rna an	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87152		Culture typ	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87153		Dna/rna se	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87158		Culture typ	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87164	26	Dark field	A	XXX	N	N	D	N	N	$ 12.77	$ 12.77	
87164		Dark field	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87166		Dark field	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87168		Macroscop	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87169		Macroscop	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87172		Pinworm e	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87176		Tissue hon	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87177		Ova and pa	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87181		Microbe su	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87184		Microbe su	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87185		Microbe su	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87186		Microbe su	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87187		Microbe su	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87188		Microbe su	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87190		Microbe su	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87197		Bactericida	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87205		Smear grar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87206		Smear fluo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87207	26	Smear spe	A	XXX	N	N	D	N	N	$ 12.29	$ 12.29	
87207		Smear spe	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87209		Smear com	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87210		Smear wet	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87220		Tissue exa	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87230		Assay toxi	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87250		Virus inoc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87252		Virus inoc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87253		Virus inoc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87254		Virus inoc	CLFS	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
87255		Genet viru	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87260		Adenoviru	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87265		Pertussis a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87267		Enteroviru	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87269		Giardia ag	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87270		Chlamydia	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87271		Cytomegal	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87272		Cryptospor	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87273		Herpes sim	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87274		Herpes sim	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87275		Influenza b	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87276		Influenza a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87278		Legion pne	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87279		Parainfluer	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87280		Respirator	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87281		Pneumocys	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87283		Rubeola ag	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87285		Treponema	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87290		Varicella z	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87299		Antibody d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87300		Ag detecti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87301		Adenoviru	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87305		Aspergillus	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87320		Chylmd tra	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87324		Clostridiur	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87327		Cryptococ	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87328		Cryptospor	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87329		Giardia ag	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87332		Cytomegal	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87335		E coli 015	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87336		Entamoeb	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87337		Entamoeb	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87338		Hpylori stc	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87339		H pylori ag	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87340		Hepatitis b	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87341		Hepatitis b	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87350		Hepatitis b	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87380		Hepatitis d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87385		Histoplasm	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87389		Hiv-1 ag w	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87390		Hiv-1 ag ia	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87391		Hiv-2 ag ia	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87400		Influenza a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87420		Resp syncy	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87425		Rotavirus a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87426		Sarscov co	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87427		Shiga-like	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87428		Sarscov &	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
87430		Strep a ag	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87449		Nos each o	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87451		Polyvalent	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87471		Bartonella	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87472		Bartonella	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87475		Lyme dis d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87476		Lyme dis d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87480		Candida dı	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87481		Candida dı	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87482		Candida dı	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87483		Cns dna an	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87485		Chylmd pn	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87486		Chylmd pn	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87487		Chylmd pn	CLFS	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
87490		Chylmd tra	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87491		Chylmd tra	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87492		Chylmd tra	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87493		C diff amp	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87495		Cytomeg d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87496		Cytomeg d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87497		Cytomeg d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87498		Enteroviru	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87500		Vanomycii	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87501		Influenza c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87502		Influenza c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87503		Influenza c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87505		Nfct agent	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87506		Iadna-dna/	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87507		Iadna-dna/	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87510		Gardner va	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87511		Gardner va	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87512		Gardner va	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87516		Hepatitis b	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87517		Hepatitis b	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87520		Hepatitis c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87521		Hepatitis c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87522		Hepatitis c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87525		Hepatitis g	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87526		Hepatitis g	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87527		Hepatitis g	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87528		Hsv dna di	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87529		Hsv dna ar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87530		Hsv dna qu	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87531		Hhv-6 dna	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87532		Hhv-6 dna	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87533		Hhv-6 dna	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87534		Hiv-1 dna	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87535		Hiv-1 prob	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87536		Hiv-1 quar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87537		Hiv-2 dna	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87538		Hiv-2 prob	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87539		Hiv-2 quar	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87540		Legion pne	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87541		Legion pne	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87542		Legion pne	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87550		Mycobacte	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87551		Mycobacte	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87552		Mycobacte	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87555		M.tubercul	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87556		M.tubercul	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87557		M.tubercul	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87560		M.avium-i	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87561		M.avium-i	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87562		M.avium-i	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87563		M. genitali	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87580		M.pneumo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87581		M.pneumo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87582		M.pneumo	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87590		N.gonorrh	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87591		N.gonorrh	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87592		N.gonorrh	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87623		Hpv low-ri	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87624		Hpv high-r	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87625		Hpv types	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87631		Resp virus	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87632		Resp virus	CLFS	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
87633		Resp virus	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87634		Rsv dna/rn	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87635		Sars-cov-2	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87636		Sarscov2 &	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87637		Sarscov2&	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87640		Staph a dn	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87641		Mr-staph d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87650		Strep a dna	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87651		Strep a dna	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87652		Strep a dna	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87653		Strep b dna	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87660		Trichomon	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87661		Trichomon	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87662		Zika virus	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87797		Detect age	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87798		Detect age	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87799		Detect age	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87800		Detect agn	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87801		Detect agn	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87802		Strep b ass	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87803		Clostridiur	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87804		Influenza a	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87806		Hiv w/hiv1	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87807		Rsv assay	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87808		Trichomon	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87809		Adenoviru	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87810		Chylmd tra	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87811		Sars-cov-2	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87850		N. gonorrh	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87880		Strep a ass	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87899		Agent nos	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87900		Phenotype	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87901		Genotype (	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87902		Genotype (	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87903		Phenotype	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87904		Phenotype	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87905		Sialidase e	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
87906		Genotype (	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87910		Genotype (	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87912		Genotype (	CLFS	XXX	N	N	N	N	N	$ -	$ -	
87999		Microbiolc	nlstd/Manua	XXX	N	N	N	N	N	$ -	$ -	
88000		Autopsy (n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
88005		Autopsy (n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
88007		Autopsy (n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
88012		Autopsy (n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
88014		Autopsy (n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
88016		Autopsy (n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
88020		Autopsy (n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
88025		Autopsy (n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
88027		Autopsy (n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
88028		Autopsy (n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
88029		Autopsy (n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
88036		Limited au	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
88037		Limited au	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
88040		Forensic au	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
88045		Coroners a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
88099		Necropsy (N	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
88104	26	Cytopath f	A	XXX	N	N	D	N	N	$ 18.32	$ 18.32	
88104	TC	Cytopath f	A	XXX	N	N	D	N	N	$ 23.62	$ 23.62	
88104		Cytopath f	A	XXX	N	N	D	N	N	$ 41.93	$ 41.93	
88106	26	Cytopath f	A	XXX	N	N	D	N	N	$ 12.77	$ 12.77	
88106	TC	Cytopath f	A	XXX	N	N	D	N	N	$ 28.20	$ 28.20	

2021 National Physician Fee Schedule Relative Value File January Release
CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
88106		Cytopath f	A	XXX	N	N	D	N	N	$ 40.97	$ 40.97	
88108	26	Cytopath c	A	XXX	N	N	D	N	N	$ 14.94	$ 14.94	
88108	TC	Cytopath c	A	XXX	N	N	D	N	N	$ 24.34	$ 24.34	
88108		Cytopath c	A	XXX	N	N	D	N	N	$ 39.52	$ 39.52	
88112	26	Cytopath c	A	XXX	N	N	D	N	N	$ 18.56	$ 18.56	
88112	TC	Cytopath c	A	XXX	N	N	D	N	N	$ 23.62	$ 23.62	
88112		Cytopath c	A	XXX	N	N	D	N	N	$ 42.18	$ 42.18	
88120	26	Cytp urne :	A	XXX	N	N	D	N	N	$ 38.80	$ 38.80	
88120	TC	Cytp urne :	A	XXX	N	N	D	N	N	$ 340.53	$ 340.53	
88120		Cytp urne :	A	XXX	N	N	D	N	N	$ 379.58	$ 379.58	
88121	26	Cytp urine	A	XXX	N	N	D	N	N	$ 32.29	$ 32.29	
88121	TC	Cytp urine	A	XXX	N	N	D	N	N	$ 241.96	$ 241.96	
88121		Cytp urine	A	XXX	N	N	D	N	N	$ 274.50	$ 274.50	
88125	26	Forensic cy	A	XXX	N	N	D	N	N	$ 9.16	$ 9.16	
88125	TC	Forensic cy	A	XXX	N	N	D	N	N	$ 7.71	$ 7.71	
88125		Forensic cy	A	XXX	N	N	D	N	N	$ 16.87	$ 16.87	
88130		Sex chrom	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88140		Sex chrom	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88141		Cytopath c	A	XXX	N	N	D	N	N	$ 13.98	$ 13.98	
88142		Cytopath c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88143		Cytopath c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88147		Cytopath c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88148		Cytopath c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88150		Cytopath c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88152		Cytopath c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88153		Cytopath c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88155		Cytopath c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88160	26	Cytopath s	A	XXX	N	N	D	N	N	$ 17.11	$ 17.11	
88160	TC	Cytopath s	A	XXX	N	N	D	N	N	$ 27.23	$ 27.23	
88160		Cytopath s	A	XXX	N	N	D	N	N	$ 44.34	$ 44.34	
88161	26	Cytopath s	A	XXX	N	N	D	N	N	$ 16.87	$ 16.87	
88161	TC	Cytopath s	A	XXX	N	N	D	N	N	$ 27.47	$ 27.47	
88161		Cytopath s	A	XXX	N	N	D	N	N	$ 44.34	$ 44.34	
88162	26	Cytopath s	A	XXX	N	N	D	N	N	$ 25.79	$ 25.79	
88162	TC	Cytopath s	A	XXX	N	N	D	N	N	$ 38.80	$ 38.80	
88162		Cytopath s	A	XXX	N	N	D	N	N	$ 64.83	$ 64.83	
88164		Cytopath tl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88165		Cytopath tl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88166		Cytopath tl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88167		Cytopath tl	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88172	26	Cytp dx ev	A	XXX	N	N	D	N	N	$ 23.62	$ 23.62	
88172	TC	Cytp dx ev	A	XXX	N	N	D	N	N	$ 11.81	$ 11.81	
88172		Cytp dx ev	A	XXX	N	N	D	N	N	$ 35.43	$ 35.43	
88173	26	Cytopath e	A	XXX	N	N	D	N	N	$ 47.24	$ 47.24	
88173	TC	Cytopath e	A	XXX	N	N	D	N	N	$ 50.61	$ 50.61	
88173		Cytopath e	A	XXX	N	N	D	N	N	$ 98.09	$ 98.09	
88174		Cytopath c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88175		Cytopath c	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88177	26	Cytp fna ev	A	ZZZ	N	N	D	N	N	$ 14.46	$ 14.46	
88177	TC	Cytp fna ev	A	ZZZ	N	N	D	N	N	$ 4.34	$ 4.34	
88177		Cytp fna ev	A	ZZZ	N	N	D	N	N	$ 18.80	$ 18.80	
88182	26	Cell marke	A	XXX	N	N	D	N	N	$ 25.55	$ 25.55	
88182	TC	Cell marke	A	XXX	N	N	D	N	N	$ 60.73	$ 60.73	
88182		Cell marke	A	XXX	N	N	D	N	N	$ 86.28	$ 86.28	
88184		Flowcytom	A	XXX	N	N	D	N	N	$ 41.45	$ 41.45	
88185		Flowcytom	A	ZZZ	N	N	D	N	N	$ 13.74	$ 13.74	
88187		Flowcytom	A	XXX	N	N	D	N	N	$ 24.58	$ 24.58	
88188		Flowcytom	A	XXX	N	N	D	N	N	$ 41.69	$ 41.69	
88189		Flowcytom	A	XXX	N	N	D	N	N	$ 57.12	$ 57.12	
88199	26	Cytopathol	CLFS	XXX	N	N	D	N	N	$ -	$ -	
88199	TC	Cytopathol	CLFS	XXX	N	N	D	N	N	$ -	$ -	
88199		Cytopathol	CLFS	XXX	N	N	D	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
88230		Tissue cult	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88233		Tissue cult	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88235		Tissue cult	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88237		Tissue cult	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88239		Tissue cult	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88240		Cell cryopı	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88241		Frozen cell	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88245		Chromosoı	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88248		Chromosoı	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88249		Chromosoı	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88261		Chromosoı	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88262		Chromosoı	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88263		Chromosoı	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88264		Chromosoı	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88267		Chromosoı	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88269		Chromosoı	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88271		Cytogeneti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88272		Cytogeneti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88273		Cytogeneti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88274		Cytogeneti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88275		Cytogeneti	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88280		Chromosoı	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88283		Chromosoı	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88285		Chromosoı	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88289		Chromosoı	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88291		Cyto/molec	A	XXX	N	N	D	N	N	$ 22.17	$ 22.17	
88299		Cytogeneti	CLFS	XXX	N	N	D	N	N	$ -	$ -	
88300	26	Surgical pa	A	XXX	N	N	D	N	N	$ 2.89	$ 2.89	
88300	TC	Surgical pa	A	XXX	N	N	D	N	N	$ 6.75	$ 6.75	
88300		Surgical pa	A	XXX	N	N	D	N	N	$ 9.64	$ 9.64	
88302	26	Tissue exa	A	XXX	N	N	D	N	N	$ 4.58	$ 4.58	
88302	TC	Tissue exa	A	XXX	N	N	D	N	N	$ 14.94	$ 14.94	
88302		Tissue exa	A	XXX	N	N	D	N	N	$ 19.52	$ 19.52	
88304	26	Tissue exa	A	XXX	N	N	D	N	N	$ 7.71	$ 7.71	
88304	TC	Tissue exa	A	XXX	N	N	D	N	N	$ 18.32	$ 18.32	
88304		Tissue exa	A	XXX	N	N	D	N	N	$ 25.79	$ 25.79	
88305	26	Tissue exa	A	XXX	N	N	D	N	N	$ 24.82	$ 24.82	
88305	TC	Tissue exa	A	XXX	N	N	D	N	N	$ 20.00	$ 20.00	
88305		Tissue exa	A	XXX	N	N	D	N	N	$ 45.07	$ 45.07	
88307	26	Tissue exa	A	XXX	N	N	D	N	N	$ 55.19	$ 55.19	
88307	TC	Tissue exa	A	XXX	N	N	D	N	N	$ 122.91	$ 122.91	
88307		Tissue exa	A	XXX	N	N	D	N	N	$ 178.34	$ 178.34	
88309	26	Tissue exa	A	XXX	N	N	D	N	N	$ 97.12	$ 97.12	
88309	TC	Tissue exa	A	XXX	N	N	D	N	N	$ 175.21	$ 175.21	
88309		Tissue exa	A	XXX	N	N	D	N	N	$ 272.09	$ 272.09	
88311	26	Decalcify t	A	XXX	N	N	D	N	N	$ 8.19	$ 8.19	
88311	TC	Decalcify t	A	XXX	N	N	D	N	N	$ 5.30	$ 5.30	
88311		Decalcify t	A	XXX	N	N	D	N	N	$ 13.50	$ 13.50	
88312	26	Special sta	A	XXX	N	N	D	N	N	$ 17.83	$ 17.83	
88312	TC	Special sta	A	XXX	N	N	D	N	N	$ 51.09	$ 51.09	
88312		Special sta	A	XXX	N	N	D	N	N	$ 68.93	$ 68.93	
88313	26	Special sta	A	XXX	N	N	D	N	N	$ 8.19	$ 8.19	
88313	TC	Special sta	A	XXX	N	N	D	N	N	$ 41.21	$ 41.21	
88313		Special sta	A	XXX	N	N	D	N	N	$ 49.16	$ 49.16	
88314	26	Histochem	A	XXX	N	N	D	N	N	$ 14.46	$ 14.46	
88314	TC	Histochem	A	XXX	N	N	D	N	N	$ 47.48	$ 47.48	
88314		Histochem	A	XXX	N	N	D	N	N	$ 61.70	$ 61.70	
88319	26	Enzyme hi	A	XXX	N	N	D	N	N	$ 18.08	$ 18.08	
88319	TC	Enzyme hi	A	XXX	N	N	D	N	N	$ 60.97	$ 60.97	
88319		Enzyme hi	A	XXX	N	N	D	N	N	$ 79.29	$ 79.29	
88321		Microslide	A	XXX	N	N	D	N	N	$ 56.64	$ 65.07	
88323	26	Microslide	A	XXX	N	N	D	N	N	$ 58.32	$ 58.32	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
88323	TC	Microslide	A	XXX	N	N	D	N	N	$ 16.15	$ 16.15	
88323		Microslide	A	XXX	N	N	D	N	N	$ 74.71	$ 74.71	
88325		Comprehe	A	XXX	N	N	D	N	N	$ 94.71	$ 109.90	
88329		Path consu	A	XXX	N	N	D	N	N	$ 23.86	$ 37.84	
88331	26	Path consu	A	XXX	N	N	D	N	N	$ 41.21	$ 41.21	
88331	TC	Path consu	A	XXX	N	N	D	N	N	$ 25.06	$ 25.06	
88331		Path consu	A	XXX	N	N	D	N	N	$ 66.52	$ 66.52	
88332	26	Path consu	A	XXX	N	N	D	N	N	$ 20.49	$ 20.49	
88332	TC	Path consu	A	XXX	N	N	D	N	N	$ 14.22	$ 14.22	
88332		Path consu	A	XXX	N	N	D	N	N	$ 34.70	$ 34.70	
88333	26	Intraop cyt	A	XXX	N	N	D	N	N	$ 41.21	$ 41.21	
88333	TC	Intraop cyt	A	XXX	N	N	D	N	N	$ 20.00	$ 20.00	
88333		Intraop cyt	A	XXX	N	N	D	N	N	$ 61.46	$ 61.46	
88334	26	Intraop cyt	A	ZZZ	N	N	D	N	N	$ 25.06	$ 25.06	
88334	TC	Intraop cyt	A	ZZZ	N	N	D	N	N	$ 11.33	$ 11.33	
88334		Intraop cyt	A	ZZZ	N	N	D	N	N	$ 36.39	$ 36.39	
88341	26	Immunohis	A	ZZZ	N	N	D	N	N	$ 18.80	$ 18.80	
88341	TC	Immunohis	A	ZZZ	N	N	D	N	N	$ 38.56	$ 38.56	
88341		Immunohis	A	ZZZ	N	N	D	N	N	$ 57.60	$ 57.60	
88342	26	Immunohis	A	XXX	N	N	D	N	N	$ 23.38	$ 23.38	
88342	TC	Immunohis	A	XXX	N	N	D	N	N	$ 41.93	$ 41.93	
88342		Immunohis	A	XXX	N	N	D	N	N	$ 65.31	$ 65.31	
88344	26	Immunohis	A	XXX	N	N	D	N	N	$ 25.31	$ 25.31	
88344	TC	Immunohis	A	XXX	N	N	D	N	N	$ 82.90	$ 82.90	
88344		Immunohis	A	XXX	N	N	D	N	N	$ 108.45	$ 108.45	
88346	26	Immunoflu	A	XXX	N	N	D	N	N	$ 24.10	$ 24.10	
88346	TC	Immunoflu	A	XXX	N	N	D	N	N	$ 65.07	$ 65.07	
88346		Immunoflu	A	XXX	N	N	D	N	N	$ 88.93	$ 88.93	
88348	26	Electron m	A	XXX	N	N	D	N	N	$ 51.82	$ 51.82	
88348	TC	Electron m	A	XXX	N	N	D	N	N	$ 210.39	$ 210.39	
88348		Electron m	A	XXX	N	N	D	N	N	$ 262.45	$ 262.45	
88350	26	Immunoflu	A	ZZZ	N	N	D	N	N	$ 19.52	$ 19.52	
88350	TC	Immunoflu	A	ZZZ	N	N	D	N	N	$ 48.20	$ 48.20	
88350		Immunoflu	A	ZZZ	N	N	D	N	N	$ 67.72	$ 67.72	
88355	26	Analysis sk	A	XXX	N	N	D	N	N	$ 56.15	$ 56.15	
88355	TC	Analysis sk	A	XXX	N	N	D	N	N	$ 36.39	$ 36.39	
88355		Analysis sk	A	XXX	N	N	D	N	N	$ 92.54	$ 92.54	
88356	26	Analysis n	A	XXX	N	N	D	N	N	$ 87.00	$ 87.00	
88356	TC	Analysis n	A	XXX	N	N	D	N	N	$ 67.72	$ 67.72	
88356		Analysis n	A	XXX	N	N	D	N	N	$ 154.96	$ 154.96	
88358	26	Analysis tu	A	XXX	N	N	D	N	N	$ 33.02	$ 33.02	
88358	TC	Analysis tu	A	XXX	N	N	D	N	N	$ 53.74	$ 53.74	
88358		Analysis tu	A	XXX	N	N	D	N	N	$ 87.24	$ 87.24	
88360	26	Tumor imr	A	XXX	N	N	D	N	N	$ 27.96	$ 27.96	
88360	TC	Tumor imr	A	XXX	N	N	D	N	N	$ 48.92	$ 48.92	
88360		Tumor imr	A	XXX	N	N	D	N	N	$ 77.12	$ 77.12	
88361	26	Tumor imr	A	XXX	N	N	D	N	N	$ 29.40	$ 29.40	
88361	TC	Tumor imr	A	XXX	N	N	D	N	N	$ 47.48	$ 47.48	
88361		Tumor imr	A	XXX	N	N	D	N	N	$ 76.88	$ 76.88	
88362	26	Nerve teas	A	XXX	N	N	D	N	N	$ 74.95	$ 74.95	
88362	TC	Nerve teas	A	XXX	N	N	D	N	N	$ 66.03	$ 66.03	
88362		Nerve teas	A	XXX	N	N	D	N	N	$ 140.99	$ 140.99	
88363		Xm archiv	A	XXX	N	N	D	N	N	$ 13.01	$ 15.18	
88364	26	Insitu hybr	A	ZZZ	N	N	D	N	N	$ 23.14	$ 23.14	
88364	TC	Insitu hybr	A	ZZZ	N	N	D	N	N	$ 65.07	$ 65.07	
88364		Insitu hybr	A	ZZZ	N	N	D	N	N	$ 87.97	$ 87.97	
88365	26	Insitu hybr	A	XXX	N	N	D	N	N	$ 29.16	$ 29.16	
88365	TC	Insitu hybr	A	XXX	N	N	D	N	N	$ 84.11	$ 84.11	
88365		Insitu hybr	A	XXX	N	N	D	N	N	$ 113.51	$ 113.51	
88366	26	Insitu hybr	A	XXX	N	N	D	N	N	$ 41.21	$ 41.21	
88366	TC	Insitu hybr	A	XXX	N	N	D	N	N	$ 136.89	$ 136.89	
88366		Insitu hybr	A	XXX	N	N	D	N	N	$ 178.58	$ 178.58	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
88367	26	Insitu hybr	A	XXX	N	N	D	N	N	$ 22.65	$ 22.65	
88367	TC	Insitu hybr	A	XXX	N	N	D	N	N	$ 48.68	$ 48.68	
88367		Insitu hybr	A	XXX	N	N	D	N	N	$ 71.34	$ 71.34	
88368	26	Insitu hybr	A	XXX	N	N	D	N	N	$ 27.72	$ 27.72	
88368	TC	Insitu hybr	A	XXX	N	N	D	N	N	$ 56.64	$ 56.64	
88368		Insitu hybr	A	XXX	N	N	D	N	N	$ 84.59	$ 84.59	
88369	26	M/phmtrc	A	ZZZ	N	N	D	N	N	$ 21.69	$ 21.69	
88369	TC	M/phmtrc	A	ZZZ	N	N	D	N	N	$ 50.85	$ 50.85	
88369		M/phmtrc	A	ZZZ	N	N	D	N	N	$ 72.54	$ 72.54	
88371	26	Protein we	CLFS	XXX	N	N	D	N	N	$ 12.77	$ 12.77	
88371		Protein we	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88372	26	Protein ana	CLFS	XXX	N	N	D	N	N	$ 12.29	$ 12.29	
88372		Protein ana	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88373	26	M/phmtrc	A	ZZZ	N	N	D	N	N	$ 17.59	$ 17.59	
88373	TC	M/phmtrc	A	ZZZ	N	N	D	N	N	$ 27.96	$ 27.96	
88373		M/phmtrc	A	ZZZ	N	N	D	N	N	$ 45.55	$ 45.55	
88374	26	M/phmtrc	A	XXX	N	N	D	N	N	$ 29.16	$ 29.16	
88374	TC	M/phmtrc	A	XXX	N	N	D	N	N	$ 182.92	$ 182.92	
88374		M/phmtrc	A	XXX	N	N	D	N	N	$ 212.08	$ 212.08	
88375		Optical enc	Not Covered	XXX	N	N	D	N	N	$ 32.78	$ 32.78	
88377	26	M/phmtrc	A	XXX	N	N	D	N	N	$ 43.14	$ 43.14	
88377	TC	M/phmtrc	A	XXX	N	N	D	N	N	$ 213.53	$ 213.53	
88377		M/phmtrc	A	XXX	N	N	D	N	N	$ 256.91	$ 256.91	
88380	26	Microdisse	A	XXX	N	N	D	N	N	$ 36.87	$ 36.87	
88380	TC	Microdisse	A	XXX	N	N	D	N	N	$ 46.75	$ 46.75	
88380		Microdisse	A	XXX	N	N	D	N	N	$ 83.87	$ 83.87	
88381	26	Microdisse	A	XXX	N	N	D	N	N	$ 16.63	$ 16.63	
88381	TC	Microdisse	A	XXX	N	N	D	N	N	$ 107.00	$ 107.00	
88381		Microdisse	A	XXX	N	N	D	N	N	$ 123.63	$ 123.63	
88387	26	Tiss exam	A	XXX	N	N	D	N	N	$ 18.56	$ 18.56	
88387	TC	Tiss exam	A	XXX	N	N	D	N	N	$ 4.82	$ 4.82	
88387		Tiss exam	A	XXX	N	N	D	N	N	$ 23.38	$ 23.38	
88388	26	Tiss ex mo	A	XXX	N	N	D	N	N	$ 15.67	$ 15.67	
88388	TC	Tiss ex mo	A	XXX	N	N	D	N	N	$ 8.19	$ 8.19	
88388		Tiss ex mo	A	XXX	N	N	D	N	N	$ 23.86	$ 23.86	
88399	26	Surgical pa	CLFS	XXX	N	N	D	N	N	$ -	$ -	
88399	TC	Surgical pa	CLFS	XXX	N	N	D	N	N	$ -	$ -	
88399		Surgical pa	CLFS	XXX	N	N	D	N	N	$ -	$ -	
88720		Bilirubin t	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88738		Hgb quant	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88740		Transcutan	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88741		Transcutan	CLFS	XXX	N	N	N	N	N	$ -	$ -	
88749		In vivo lab	CLFS	XXX	N	N	N	N	N	$ -	$ -	
89049		Chct for m	A	XXX	N	N	D	N	N	$ 42.66	$ 165.33	
89050		Body fluid	CLFS	XXX	N	N	N	N	N	$ -	$ -	
89051		Body fluid	CLFS	XXX	N	N	N	N	N	$ -	$ -	
89055		Leukocyte	CLFS	XXX	N	N	N	N	N	$ -	$ -	
89060	26	Exam sync	CLFS	XXX	N	N	D	N	N	$ 12.29	$ 12.29	
89060		Exam sync	CLFS	XXX	N	N	N	N	N	$ -	$ -	
89125		Specimen f	CLFS	XXX	N	N	N	N	N	$ -	$ -	
89160		Exam feces	CLFS	XXX	N	N	N	N	N	$ -	$ -	
89190		Nasal smea	CLFS	XXX	N	N	N	N	N	$ -	$ -	
89220		Sputum spe	A	XXX	N	N	D	N	N	$ 11.09	$ 11.09	
89230		Collect swe	A	XXX	N	N	D	N	N	$ 1.45	$ 1.45	
89240		Pathology ı	listed/Manu	XXX	N	N	D	N	N	$ -	$ -	
89250		Cultr oocy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89251		Cultr oocy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89253		Embryo ha	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89254		Oocyte ide	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89255		Prepare em	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89257		Sperm iden	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89258		Cryopreser	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
89259		Cryopreser	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89260		Sperm isol	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89261		Sperm isol	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89264		Identify sp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89268		Inseminati	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89272		Extended c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89280		Assist ooc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89281		Assist ooc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89290		Biopsy ooc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89291		Biopsy ooc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89300		Semen ana	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89310		Semen ana	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89320		Semen ana	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89321		Semen ana	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89322		Semen ana	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89325		Sperm anti	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89329		Sperm eva	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89330		Evaluation	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89331		Retrograde	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89335		Cryopreser	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89337		Cryopreser	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89342		Storage/ye	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89343		Storage/ye	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89344		Storage/ye	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89346		Storage/ye	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89352		Thawing cr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89353		Thawing cr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89354		Thaw cryo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89356		Thawing cr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
89398		Unlisted re	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90281		Human ig i	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90283		Human ig i	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90284		Human ig s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90287		Botulinum	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90288		Botulism ig	Unlstd/Manua	XXX	N	N	N	N	N	$ -	$ -	
90291		Cmv ig iv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90296		Diphtheria	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/99
90371		Hep b ig in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90375		Rabies ig i	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 10/1/17
90376		Rabies ig h	C	XXX	N	N	N	N	N	$ -	$ -	Not on Benefit, but is on fee schedule;
90377		Rabies ig h	C	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code - Priced via
90378		Rsv mab ir	C	XXX	N	N	N	N	N	$ -	$ -	Fee termed on UCR
90384		Rh ig full-s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90385		Rh ig mini	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90386		Rh ig iv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90389		Tetanus ig	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90393		Vaccina ig	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
90396		Varicella-z	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/06
90399		Immune gl	Unlstd/Manua	XXX	N	N	N	N	N	$ -	$ -	
90460		Im admin	Not Covered	XXX	N	N	D	N	N	$ 10.85	$ 10.85	
90461		Im admin e	Not Covered	ZZZ	N	N	D	N	N	$ 8.19	$ 8.19	
90471		Immunizat	A	XXX	N	N	D	N	N	$ 12.00	$ 12.00	$12 Fee per WV Medicaid State Plan
90472		Immunizat	A	ZZZ	N	N	D	N	N	$ 12.00	$ 12.00	$12 Fee per WV Medicaid State Plan
90473		Immune ac	A	XXX	N	N	D	N	N	$ 10.85	$ 10.85	
90474		Immune ac	A	ZZZ	N	N	D	N	N	$ 8.19	$ 8.19	
90476		Adenoviru	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90477		Adenoviru	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90581		Anthrax va	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/1/04
90585		Bcg vaccin	C	XXX	N	N	N	N	N	$ -	$ -	
90586		Bcg vaccin	C	XXX	N	N	N	N	N	$ -	$ -	
90587		Dengue va	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90619		Menacwy-	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release
CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
90620		Menb-4c v	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 2/26/15
90621		Menb-fhbp	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
90625		Cholera va	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90630		Flu vacc iiv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90632		Hepa vacci	C	XXX	N	N	N	N	N	$ -	$ -	
90633		Hepa vacc	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 4/1/10
90634		Hepa vacc	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 10/1/16
90636		Hep a/hep	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 9/1/06
90644		Hib-mency	Not Covered	XXX	N	N	N	N	N	$ -	$ -	0
90647		Hib prp-on	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 4/1/10
90648		Hib prp-t v	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 4/1/10
90649		4vhpv vac	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/8/06
90650		2vhpv vac	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 4/1/10
90651		9vhpv vac	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 8/1/2019
90653		Iiv adjuvar	C	XXX	N	N	N	N	N	$ -	$ -	0
90654		Flu vacc ii	C	XXX	N	N	N	N	N	$ -	$ -	0
90655		Iiv3 vacc n	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/1/14
90656		Iiv3 vacc n	C	XXX	N	N	N	N	N	$ -	$ -	
90657		Iiv3 vaccin	C	XXX	N	N	N	N	N	$ -	$ -	0
90658		Iiv3 vaccin	C	XXX	N	N	N	N	N	$ -	$ -	
90660		Laiv3 vacc	C	XXX	N	N	N	N	N	$ -	$ -	0
90661		Cciiv3 vac	C	XXX	N	N	N	N	N	$ -	$ -	0
90662		Iiv no prsv	C	XXX	N	N	N	N	N	$ -	$ -	
90664		Laiv vacc p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	0
90666		Flu vac pa	Not Covered	XXX	N	N	N	N	N	$ -	$ -	0
90667		Iiv vacc pa	Not Covered	XXX	N	N	N	N	N	$ -	$ -	0
90668		Iiv vaccine	Not Covered	XXX	N	N	N	N	N	$ -	$ -	0
90670		Pcv13 vac	C	XXX	N	N	N	N	N	$ -	$ -	
90672		Laiv4 vacc	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/01/17
90673		Riv3 vacci	C	XXX	N	N	N	N	N	$ -	$ -	
90674		Cciiv4 vac	C	XXX	N	N	N	N	N	$ -	$ -	
90675		Rabies vac	C	XXX	N	N	N	N	N	$ -	$ -	
90676		Rabies vac	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
90680		Rv5 vacc 3	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
90681		Rv1 vacc 2	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
90682		Riv4 vacc	C	XXX	N	N	N	N	N	$ -	$ -	Changed from Not Covered to "C" on 1
90685		Iiv4 vacc n	C	XXX	N	N	N	N	N	$ -	$ -	
90686		Iiv4 vacc n	C	XXX	N	N	N	N	N	$ -	$ -	
90687		Iiv4 vaccin	C	XXX	N	N	N	N	N	$ -	$ -	
90688		Iiv4 vaccin	C	XXX	N	N	N	N	N	$ -	$ -	
90689		Vacc iiv4 n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90690		Typhoid va	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90691		Typhoid va	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90694		Vacc aiiv4	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90696		Dtap-ipv v	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
90697		Dtap-ipv-h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90698		Dtap-ipv/h	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
90700		Dtap vacci	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 4/1/10
90702		Dt vaccine	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 4/1/10
90707		Mmr vacci	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 4/1/10
90710		Mmrv vac	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
90713		Poliovirus	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 4/1/10
90714		Td vacc nc	C	XXX	N	N	N	N	N	$ -	$ -	
90715		Tdap vacci	C	XXX	N	N	N	N	N	$ -	$ -	
90716		Var vaccin	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 4/1/10
90717		Yellow fev	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 10/1/13
90723		Dtap-hep b	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/1/04
90732		Ppsv23 vac	C	XXX	N	N	N	N	N	$ -	$ -	
90733		Mpsv4 vac	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 10/1/14
90734		Menacwyd	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/04
90736		Hzv vaccir	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/07
90738		Inactivated	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
90739		Hepb vacc	C	XXX	N	N	N	N	N	$ -	$ -	
90740		Hepb vacc	C	XXX	N	N	N	N	N	$ -	$ -	
90743		Hepb vacc	C	XXX	N	N	N	N	N	$ -	$ -	
90744		Hepb vacc	C	XXX	N	N	N	N	N	$ -	$ -	
90746		Hepb vacc	C	XXX	N	N	N	N	N	$ -	$ -	
90747		Hepb vacc	C	XXX	N	N	N	N	N	$ -	$ -	
90748		Hib-hepb v	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/98
90749		Vaccine to	Unlstd/Manua	XXX	N	N	N	N	N	$ -	$ -	
90750		Hzv vacc r	A	XXX	N	N	N	N	N	$ -	$ -	UCR (Blank) $140.00; New Code for 2
90756		Cciiv4 vac	A	XXX	N	N	N	N	N	$ -	$ -	
90785		Psytx com	Not Covered	ZZZ	N	N	N	N	N	$ 8.92	$ 10.12	
90791		Psych diag	A	XXX	N	N	N	N	N	$ 107.00	$ 121.46	
90792		Psych diag	A	XXX	N	N	N	N	N	$ 120.02	$ 134.96	This code was increased to $128.80 by
90832		Psytx w pt	A	XXX	N	N	N	N	N	$ 47.00	$ 52.30	
90833		Psytx w pt	A	ZZZ	N	N	N	N	N	$ 43.14	$ 47.72	
90834		Psytx w pt	A	XXX	N	N	N	N	N	$ 62.42	$ 69.65	
90836		Psytx w pt	A	ZZZ	N	N	N	N	N	$ 54.47	$ 60.25	
90837		Psytx w pt	A	XXX	N	N	N	N	N	$ 92.30	$ 102.91	
90838		Psytx w pt	Not Covered	ZZZ	N	N	N	N	N	$ 72.54	$ 80.01	
90839		Psytx crisi	A	XXX	N	N	D	N	N	$ 87.72	$ 97.85	Adult SUD pays UCR; other BH pays I
90840		Psytx crisi	A	ZZZ	N	N	D	N	N	$ 41.45	$ 46.27	
90845		Psychoana	Not Covered	XXX	N	N	D	N	N	$ 59.77	$ 66.03	
90846		Family psy	A	XXX	N	N	D	N	N	$ 67.24	$ 67.72	
90847		Family psy	A	XXX	N	N	D	N	N	$ 69.65	$ 70.13	
90849		Multiple fa	Not Covered	XXX	N	N	D	N	N	$ 18.80	$ 22.90	
90853		Group psy	A	XXX	N	N	D	N	N	$ 16.39	$ 18.32	
90863		Pharmacol	A	XXX	N	N	N	N	N	$ 16.63	$ 17.59	
90865		Narcosynth	Not Covered	XXX	N	N	D	N	N	$ 85.07	$ 111.10	
90867		Tcranial m	Not Covered	000	N	N	N	N	N	$ -	$ -	
90868		Tcranial m	Not Covered	000	N	N	N	N	N	$ -	$ -	
90869		Tcran mag	Not Covered	000	N	N	N	N	N	$ -	$ -	
90870		Electrocon	A	000	N	N	D	N	N	$ 73.51	$ 114.48	
90875		Psychophy	A	XXX	N	N	N	N	N	$ 41.21	$ 41.69	
90876		Psychophy	A	XXX	N	N	N	N	N	$ 65.31	$ 71.58	
90880		Hypnother	Not Covered	XXX	N	N	D	N	N	$ 61.70	$ 72.06	
90882		Environme	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90885		Psy evalua	B	XXX	N	N	N	N	N	$ 33.98	$ 33.98	
90887		Consultatio	B	XXX	N	N	N	N	N	$ 51.33	$ 58.80	Not on UCR Fee Table; Open in benefi
90889		Preparatio	B	XXX	N	N	N	N	N	$ -	$ -	
90899		Psychiatric	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
90901		Biofeedbac	Not Covered	000	N	N	D	N	N	$ 13.26	$ 26.27	
90912		Bfb trainin	Not Covered	000	N	N	D	N	N	$ 29.64	$ 52.78	
90913		Bfb trainin	Not Covered	ZZZ	N	N	D	N	N	$ 16.87	$ 21.45	
90935		Hemodialy	A	000	N	N	D	N	N	$ 49.16	$ 49.16	
90937		Hemodialy	A	000	N	N	D	N	N	$ 70.85	$ 70.85	
90940		Hemodialy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
90945		Dialysis or	A	000	N	N	D	N	N	$ 57.60	$ 57.60	
90947		Dialysis re	A	000	N	N	D	N	N	$ 83.87	$ 83.87	
90951		Esrd serv 4	A	XXX	N	N	D	N	N	$ 804.94	$ 804.94	
90952		Esrd serv 2	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
90953		Esrd serv 1	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
90954		Esrd serv 4	A	XXX	N	N	D	N	N	$ 531.16	$ 531.16	
90955		Esrd srv 2-	A	XXX	N	N	D	N	N	$ 356.92	$ 356.92	
90956		Esrd srv 1	A	XXX	N	N	D	N	N	$ 236.66	$ 236.66	
90957		Esrd srv 4	A	XXX	N	N	D	N	N	$ 528.27	$ 528.27	
90958		Esrd srv 2-	A	XXX	N	N	D	N	N	$ 343.18	$ 343.18	
90959		Esrd serv 1	A	XXX	N	N	D	N	N	$ 220.76	$ 220.76	
90960		Esrd srv 4	A	XXX	N	N	D	N	N	$ 241.48	$ 241.48	
90961		Esrd srv 2-	A	XXX	N	N	D	N	N	$ 199.55	$ 199.55	
90962		Esrd serv 1	A	XXX	N	N	D	N	N	$ 135.68	$ 135.68	
90963		Esrd home	A	XXX	N	N	D	N	N	$ 414.76	$ 414.76	
90964		Esrd home	A	XXX	N	N	D	N	N	$ 355.96	$ 355.96	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
90965		Esrd home	A	XXX	N	N	D	N	N	$ 342.22	$ 342.22	
90966		Esrd home	A	XXX	N	N	D	N	N	$ 199.31	$ 199.31	
90967		Esrd svc pı	A	XXX	N	N	D	N	N	$ 12.05	$ 12.05	
90968		Esrd svc pı	A	XXX	N	N	D	N	N	$ 11.81	$ 11.81	
90969		Esrd svc pı	A	XXX	N	N	D	N	N	$ 11.33	$ 11.33	
90970		Esrd svc pı	A	XXX	N	N	D	N	N	$ 6.51	$ 6.51	
90989		Dialysis tra	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93; Not priced
90993		Dialysis tra	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93; Not priced
90997		Hemoperft	A	000	N	N	D	N	N	$ 60.73	$ 60.73	
90999		Dialysis prnlstd/Manua		XXX	N	N	D	N	N	$ -	$ -	
91010	26	Esophagus	A	000	N	N	D	N	N	$ 43.86	$ 43.86	
91010	TC	Esophagus	A	000	N	N	D	N	N	$ 95.92	$ 95.92	
91010		Esophagus	A	000	N	N	D	N	N	$ 139.78	$ 139.78	
91013	26	Esophgl m	A	ZZZ	N	N	D	N	N	$ 6.27	$ 6.27	
91013	TC	Esophgl m	A	ZZZ	N	N	D	N	N	$ 10.60	$ 10.60	
91013		Esophgl m	A	ZZZ	N	N	D	N	N	$ 16.87	$ 16.87	
91020	26	Gastric mo	A	000	N	N	D	N	N	$ 49.41	$ 49.41	
91020	TC	Gastric mo	A	000	N	N	D	N	N	$ 127.01	$ 127.01	
91020		Gastric mo	A	000	N	N	D	N	N	$ 176.41	$ 176.41	
91022	26	Duodenal ı	A	000	N	N	D	N	N	$ 49.16	$ 49.16	
91022	TC	Duodenal ı	A	000	N	N	D	N	N	$ 62.42	$ 62.42	
91022		Duodenal ı	A	000	N	N	D	N	N	$ 111.58	$ 111.58	
91030	26	Acid perfu	A	000	N	N	D	N	N	$ 31.33	$ 31.33	
91030	TC	Acid perfu	A	000	N	N	D	N	N	$ 61.94	$ 61.94	
91030		Acid perfu	A	000	N	N	D	N	N	$ 93.27	$ 93.27	
91034	26	Gastroesop	A	000	N	N	D	N	N	$ 33.50	$ 33.50	
91034	TC	Gastroesop	A	000	N	N	D	N	N	$ 91.34	$ 91.34	
91034		Gastroesop	A	000	N	N	D	N	N	$ 124.84	$ 124.84	
91035	26	G-esoph re	A	000	N	N	D	N	N	$ 55.43	$ 55.43	
91035	TC	G-esoph re	A	000	N	N	D	N	N	$ 257.15	$ 257.15	
91035		G-esoph re	A	000	N	N	D	N	N	$ 312.58	$ 312.58	
91037	26	Esoph imp	A	000	N	N	D	N	N	$ 33.26	$ 33.26	
91037	TC	Esoph imp	A	000	N	N	D	N	N	$ 76.40	$ 76.40	
91037		Esoph imp	A	000	N	N	D	N	N	$ 109.66	$ 109.66	
91038	26	Esoph imp	A	000	N	N	D	N	N	$ 37.60	$ 37.60	
91038	TC	Esoph imp	A	000	N	N	D	N	N	$ 240.04	$ 240.04	
91038		Esoph imp	A	000	N	N	D	N	N	$ 277.63	$ 277.63	
91040	26	Esoph ball	A	000	N	N	D	N	N	$ 33.26	$ 33.26	
91040	TC	Esoph ball	A	000	N	N	D	N	N	$ 303.66	$ 303.66	
91040		Esoph ball	A	000	N	N	D	N	N	$ 336.92	$ 336.92	
91065	26	Breath hyd	A	000	N	N	D	N	N	$ 6.99	$ 6.99	
91065	TC	Breath hyd	A	000	N	N	D	N	N	$ 49.65	$ 49.65	
91065		Breath hyd	A	000	N	N	D	N	N	$ 56.64	$ 56.64	
91110	26	Gi tract caլ	A	XXX	N	N	D	N	N	$ 85.31	$ 85.31	
91110	TC	Gi tract caլ	A	XXX	N	N	D	N	N	$ 448.74	$ 448.74	
91110		Gi tract caլ	A	XXX	N	N	D	N	N	$ 534.06	$ 534.06	
91111	26	EsophageaNot Covered		XXX	N	N	D	N	N	$ 31.09	$ 31.09	RVU totals adj. refer to working notes ı
91111	TC	EsophageaNot Covered		XXX	N	N	D	N	N	$ 479.83	$ 479.83	Imaging Cap Applied
91111		EsophageaNot Covered		XXX	N	N	D	N	N	$ 510.86	$ 510.86	Imaging Cap Applied
91112	26	Gi wireless	A	XXX	N	N	D	N	N	$ 71.58	$ 71.58	
91112	TC	Gi wireless	A	XXX	N	N	D	N	N	$ 953.64	$ 953.64	
91112		Gi wireless	A	XXX	N	N	D	N	N	########	$ 1,025.21	
91117		Colon motNot Covered		000	N	N	D	N	N	$ 91.58	$ 91.58	
91120	26	Rectal sens	A	XXX	N	N	D	N	N	$ 33.02	$ 33.02	
91120	TC	Rectal sens	A	XXX	N	N	D	N	N	$ 295.47	$ 295.47	
91120		Rectal sens	A	XXX	N	N	D	N	N	$ 328.72	$ 328.72	
91122	26	Anal pressı	A	000	N	N	D	N	N	$ 59.77	$ 59.77	
91122	TC	Anal pressı	A	000	N	N	D	N	N	$ 112.31	$ 112.31	
91122		Anal pressı	A	000	N	N	D	N	N	$ 172.07	$ 172.07	
91132	26	ElectrogasNot Covered		XXX	N	N	D	N	N	$ 17.83	$ 17.83	
91132	TC	ElectrogasNot Covered		XXX	N	N	D	N	N	$ 237.87	$ 237.87	
91132		ElectrogasNot Covered		XXX	N	N	D	N	N	$ 255.94	$ 255.94	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
91133	26	Electrogas	Not Covered	XXX	N	N	D	N	N	$ 22.41	$ 22.41	
91133	TC	Electrogas	Not Covered	XXX	N	N	D	N	N	$ 247.51	$ 247.51	
91133		Electrogas	Not Covered	XXX	N	N	D	N	N	$ 270.16	$ 270.16	
91200	26	Liver elast	A	XXX	N	N	D	N	N	$ 7.47	$ 7.47	
91200	TC	Liver elast	A	XXX	N	N	D	N	N	$ 12.77	$ 12.77	
91200		Liver elast	A	XXX	N	N	D	N	N	$ 20.24	$ 20.24	
91299	26	Gastroente	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
91299	TC	Gastroente	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
91299		Gastroente	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
91300		Sarscov2 v	C	XXX	N	N	N	N	N	$ -	$ -	
91301		Sarscov2 v	C	XXX	N	N	N	N	N	$ -	$ -	
92002		Eye exam	A	XXX	N	B	D	N	N	$ 31.57	$ 55.19	
92004		Eye exam	A	XXX	N	B	D	N	N	$ 63.87	$ 97.12	
92012		Eye exam	A	XXX	N	B	D	N	N	$ 34.22	$ 57.60	
92014		Eye exam&	A	XXX	N	B	D	N	N	$ 51.33	$ 81.46	
92015		Determine	Not Covered	XXX	N	N	N	N	N	$ 13.50	$ 13.74	
92018		New eye e	A	XXX	N	N	D	N	N	$ 93.27	$ 93.27	
92019		Eye exam	A	XXX	N	N	D	N	N	$ 47.96	$ 47.96	
92020		Special eye	A	XXX	N	B	D	N	N	$ 13.50	$ 18.08	
92025	26	Corneal to	A	XXX	7	B	D	N	N	$ 12.77	$ 12.77	
92025	TC	Corneal to	A	XXX	7	B	D	N	N	$ 10.60	$ 10.60	
92025		Corneal to	A	XXX	7	B	D	N	N	$ 23.38	$ 23.38	
92060	26	Special eye	A	XXX	7	B	D	N	N	$ 24.58	$ 24.58	
92060	TC	Special eye	A	XXX	7	B	D	N	N	$ 15.91	$ 15.91	
92060		Special eye	A	XXX	7	B	D	N	N	$ 40.49	$ 40.49	
92065	26	Orthoptic/	A	XXX	N	B	D	N	N	$ 11.81	$ 11.81	
92065	TC	Orthoptic/	A	XXX	N	B	D	N	N	$ 21.69	$ 21.69	
92065		Orthoptic/	A	XXX	N	B	D	N	N	$ 33.50	$ 33.50	
92071		Contact len	Not Covered	XXX	N	Y	D	N	N	$ 21.69	$ 24.34	
92072		Fit contac	Not Covered	XXX	N	B	D	N	N	$ 64.83	$ 84.35	
92081	26	Visual fiel	A	XXX	7	B	D	N	N	$ 10.60	$ 10.60	
92081	TC	Visual fiel	A	XXX	7	B	D	N	N	$ 10.85	$ 10.85	
92081		Visual fiel	A	XXX	7	B	D	N	N	$ 21.45	$ 21.45	
92082	26	Visual fiel	A	XXX	7	B	D	N	N	$ 13.98	$ 13.98	
92082	TC	Visual fiel	A	XXX	7	B	D	N	N	$ 15.91	$ 15.91	
92082		Visual fiel	A	XXX	7	B	D	N	N	$ 29.88	$ 29.88	
92083	26	Visual fiel	A	XXX	7	B	D	N	N	$ 17.83	$ 17.83	
92083	TC	Visual fiel	A	XXX	7	B	D	N	N	$ 21.93	$ 21.93	
92083		Visual fiel	A	XXX	7	B	D	N	N	$ 39.77	$ 39.77	
92100		Serial tono	A	XXX	N	B	D	N	N	$ 21.69	$ 53.50	
92132	26	Cmptr oph	Not Covered	XXX	7	B	D	N	N	$ 10.85	$ 10.85	
92132	TC	Cmptr oph	Not Covered	XXX	7	B	D	N	N	$ 9.40	$ 9.40	
92132		Cmptr oph	Not Covered	XXX	7	B	D	N	N	$ 20.00	$ 20.00	
92133	26	Cmptr oph	A	XXX	7	B	D	N	N	$ 14.46	$ 14.46	
92133	TC	Cmptr oph	A	XXX	7	B	D	N	N	$ 9.40	$ 9.40	
92133		Cmptr oph	A	XXX	7	B	D	N	N	$ 23.86	$ 23.86	
92134	26	Cptr ophth	A	XXX	7	B	D	N	N	$ 16.63	$ 16.63	
92134	TC	Cptr ophth	A	XXX	7	B	D	N	N	$ 9.64	$ 9.64	
92134		Cptr ophth	A	XXX	7	B	D	N	N	$ 26.27	$ 26.27	
92136	26	Ophthalmi	A	XXX	7	N	D	N	N	$ 20.00	$ 20.00	
92136	TC	Ophthalmi	A	XXX	7	B	D	N	N	$ 14.70	$ 14.70	
92136		Ophthalmi	A	XXX	7	B	D	N	N	$ 34.70	$ 34.70	
92145	26	Corneal hy	Not Covered	XXX	7	B	D	N	N	$ 4.10	$ 4.10	
92145	TC	Corneal hy	Not Covered	XXX	7	B	D	N	N	$ 4.34	$ 4.34	
92145		Corneal hy	Not Covered	XXX	7	B	D	N	N	$ 8.44	$ 8.44	
92201		Opscpy ext	A	XXX	N	B	D	N	N	$ 15.18	$ 16.39	
92202		Opscpy ext	A	XXX	N	B	D	N	N	$ 9.64	$ 10.36	
92227		Img rta det	A	XXX	N	B	D	N	N	$ 9.64	$ 9.64	
92228	26	Img rta det	A	XXX	7	B	D	N	N	$ 11.81	$ 11.81	
92228	TC	Img rta det	A	XXX	7	B	D	N	N	$ 7.71	$ 7.71	
92228		Img rta det	A	XXX	7	B	D	N	N	$ 19.52	$ 19.52	
92229		Img rta det	Not Covered	XXX	7	B	D	N	N	$ -	$ -	2021 New Procedure Code

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
92230		Eye exam	A	XXX	N	N	D	N	N	$ 22.41	$ 57.12	
92235	26	Fluorescei	A	XXX	7	B	D	N	N	$ 27.72	$ 27.72	
92235	TC	Fluorescei	A	XXX	7	B	D	N	N	$ 45.55	$ 45.55	
92235		Fluorescei	A	XXX	7	B	D	N	N	$ 73.26	$ 73.26	
92240	26	Icg angiog	A	XXX	7	B	D	N	N	$ 30.85	$ 30.85	
92240	TC	Icg angiog	A	XXX	7	B	D	N	N	$ 94.95	$ 94.95	
92240		Icg angiog	A	XXX	7	B	D	N	N	$ 125.80	$ 125.80	
92242	26	Fluorescei	A	XXX	7	B	D	N	N	$ 35.67	$ 35.67	
92242	TC	Fluorescei	A	XXX	7	B	D	N	N	$ 119.78	$ 119.78	
92242		Fluorescei	A	XXX	7	B	D	N	N	$ 155.69	$ 155.69	
92250	26	Eye exam	A	XXX	7	B	D	N	N	$ 13.98	$ 13.98	
92250	TC	Eye exam	A	XXX	7	B	D	N	N	$ 11.09	$ 11.09	
92250		Eye exam	A	XXX	7	B	D	N	N	$ 25.06	$ 25.06	
92260		Ophthalmc	A	XXX	N	B	D	N	N	$ 7.23	$ 12.77	
92265	26	Eye muscl	A	XXX	7	B	D	N	N	$ 30.13	$ 30.13	
92265	TC	Eye muscl	A	XXX	7	B	D	N	N	$ 25.31	$ 25.31	
92265		Eye muscl	A	XXX	7	B	D	N	N	$ 55.43	$ 55.43	
92270	26	Electro-oc	A	XXX	7	B	D	N	N	$ 27.72	$ 27.72	
92270	TC	Electro-oc	A	XXX	7	B	D	N	N	$ 37.11	$ 37.11	
92270		Electro-oc	A	XXX	7	B	D	N	N	$ 64.83	$ 64.83	
92273	26	Full field e	A	XXX	7	B	D	N	N	$ 24.34	$ 24.34	
92273	TC	Full field e	A	XXX	7	B	D	N	N	$ 57.36	$ 57.36	
92273		Full field e	A	XXX	7	B	D	N	N	$ 81.94	$ 81.94	
92274	26	Multifocal	A	XXX	7	B	D	N	N	$ 21.45	$ 21.45	
92274	TC	Multifocal	A	XXX	7	B	D	N	N	$ 34.46	$ 34.46	
92274		Multifocal	A	XXX	7	B	D	N	N	$ 55.91	$ 55.91	
92283	26	Color visic	A	XXX	7	B	D	N	N	$ 6.03	$ 6.03	
92283	TC	Color visic	A	XXX	7	B	D	N	N	$ 27.47	$ 27.47	
92283		Color visic	A	XXX	7	B	D	N	N	$ 33.50	$ 33.50	
92284	26	Dark adapt	A	XXX	7	B	D	N	N	$ 8.19	$ 8.19	
92284	TC	Dark adapt	A	XXX	7	B	D	N	N	$ 28.44	$ 28.44	
92284		Dark adapt	A	XXX	7	B	D	N	N	$ 36.63	$ 36.63	
92285	26	Eye photog	A	XXX	7	B	D	N	N	$ 2.17	$ 2.17	
92285	TC	Eye photog	A	XXX	7	B	D	N	N	$ 12.05	$ 12.05	
92285		Eye photog	A	XXX	7	B	D	N	N	$ 13.98	$ 13.98	
92286	26	Internal ey	A	XXX	7	B	D	N	N	$ 14.46	$ 14.46	
92286	TC	Internal ey	A	XXX	7	B	D	N	N	$ 10.60	$ 10.60	
92286		Internal ey	A	XXX	7	B	D	N	N	$ 25.06	$ 25.06	
92287	26	Internal ey	A	XXX	N	B	D	N	N	$ 27.23	$ 27.23	RVU totals adj. refer to working notes
92287	TC	Internal ey	A	XXX	N	B	D	N	N	$ 66.60	$ 66.60	Imaging Cap Applied
92287		Internal ey	A	XXX	N	B	D	N	N	$ 93.70	$ 93.70	Imaging Cap Applied
92310		Contact ler	A	XXX	N	N	N	N	N	$ 40.49	$ 67.00	
92311		Contact ler	A	XXX	N	N	D	N	N	$ 35.91	$ 68.44	
92312		Contact ler	A	XXX	N	B	D	N	N	$ 41.21	$ 78.81	
92313		Contact ler	A	XXX	N	N	D	N	N	$ 29.40	$ 64.11	
92314		Prescriptio	A	XXX	N	N	N	N	N	$ 23.62	$ 56.15	
92315		Rx cntact l	A	XXX	N	N	D	N	N	$ 14.22	$ 51.33	
92316		Rx cntact l	A	XXX	N	B	D	N	N	$ 21.45	$ 63.87	
92317		Rx corneos	A	XXX	N	N	D	N	N	$ 14.22	$ 53.98	
92325		Modificati	A	XXX	N	N	D	N	N	$ 28.68	$ 28.68	
92326		Replaceme	A	XXX	N	N	D	N	N	$ 23.86	$ 23.86	
92340		Fit spectac	Not Covered	XXX	N	N	N	N	N	$ 13.01	$ 22.65	
92341		Fit spectac	Not Covered	XXX	N	N	N	N	N	$ 16.15	$ 26.03	
92342		Fit spectac	Not Covered	XXX	N	N	N	N	N	$ 18.32	$ 27.72	
92352		Fit aphakia	B	XXX	N	N	N	N	N	$ 13.01	$ 29.64	
92353		Fit aphakia	B	XXX	N	N	N	N	N	$ 17.11	$ 33.74	
92354		Fit spectac	B	XXX	N	N	N	N	N	$ 8.19	$ 8.19	
92355		Fit spectac	B	XXX	N	N	N	N	N	$ 12.77	$ 12.77	
92358		Aphakia pr	B	XXX	N	N	N	N	N	$ 6.75	$ 6.75	
92370		Repair & a	A	XXX	N	N	N	N	N	$ 11.33	$ 20.49	
92371		Repair & a	B	XXX	N	N	N	N	N	$ 6.75	$ 6.75	
92499	26	Eye servic	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
92499	TC	Eye servic	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
92499		Eye servic	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
92502		Ear and th	A	000	N	N	D	N	N	$ 62.42	$ 62.42	
92504		Ear micros	A	XXX	N	N	D	N	N	$ 6.27	$ 18.32	
92507		Speech/he	A	XXX	5	N	D	N	N	$ 51.09	$ 51.09	
92508		Speech/he	A	XXX	5	N	D	N	N	$ 15.42	$ 15.42	
92511		Nasophary	A	000	N	N	D	N	N	$ 24.82	$ 73.75	
92512		Nasal func	A	XXX	N	N	D	N	N	$ 18.80	$ 38.56	
92516		Facial nerv	A	XXX	N	N	D	N	N	$ 15.67	$ 43.86	
92517		Vemp test	Not Covered	XXX	N	B	D	N	N	$ 29.16	$ 54.71	2021 New Procedure Code
92518		Vemp test	Not Covered	XXX	N	B	D	N	N	$ 29.16	$ 51.33	2021 New Procedure Code
92519		Vemp tst i	Not Covered	XXX	N	B	D	N	N	$ 43.62	$ 84.83	2021 New Procedure Code
92520		Laryngeal	A	XXX	N	N	D	N	N	$ 26.75	$ 51.82	
92521		Evaluation	A	XXX	5	N	D	N	N	$ 89.41	$ 89.41	
92522		Evaluate s	A	XXX	5	N	D	N	N	$ 75.19	$ 75.19	
92523		Speech sou	A	XXX	5	N	D	N	N	$ 153.76	$ 153.76	
92524		Behavral q	A	XXX	5	N	D	N	N	$ 73.75	$ 73.75	
92526		Oral functi	A	XXX	5	N	D	N	N	$ 56.39	$ 56.39	
92531		Spontaneo	B	XXX	N	N	N	N	N	$ -	$ -	
92532		Positional	B	XXX	N	N	N	N	N	$ -	$ -	
92533		Caloric ves	B	XXX	N	N	N	N	N	$ -	$ -	
92534		Optokineti	B	XXX	N	N	N	N	N	$ -	$ -	
92537	26	Caloric vst	A	XXX	N	B	D	N	N	$ 20.97	$ 20.97	
92537	TC	Caloric vst	A	XXX	N	B	D	N	N	$ 6.51	$ 6.51	
92537		Caloric vst	A	XXX	N	B	D	N	N	$ 27.23	$ 27.23	
92538	26	Caloric vst	A	XXX	N	B	D	N	N	$ 10.60	$ 10.60	
92538	TC	Caloric vst	A	XXX	N	B	D	N	N	$ 4.10	$ 4.10	
92538		Caloric vst	A	XXX	N	B	D	N	N	$ 14.70	$ 14.70	
92540	26	Basic vesti	A	XXX	N	N	D	N	N	$ 52.54	$ 52.54	
92540	TC	Basic vesti	A	XXX	N	N	D	N	N	$ 19.52	$ 19.52	
92540		Basic vesti	A	XXX	N	N	D	N	N	$ 71.82	$ 71.82	
92541	26	Spontaneo	A	XXX	N	N	D	N	N	$ 13.98	$ 13.98	
92541	TC	Spontaneo	A	XXX	N	N	D	N	N	$ 2.65	$ 2.65	
92541		Spontaneo	A	XXX	N	N	D	N	N	$ 16.63	$ 16.63	
92542	26	Positional	A	XXX	N	N	D	N	N	$ 16.87	$ 16.87	
92542	TC	Positional	A	XXX	N	N	D	N	N	$ 2.65	$ 2.65	
92542		Positional	A	XXX	N	N	D	N	N	$ 19.52	$ 19.52	
92544	26	Optokineti	A	XXX	N	N	D	N	N	$ 9.64	$ 9.64	
92544	TC	Optokineti	A	XXX	N	N	D	N	N	$ 2.41	$ 2.41	
92544		Optokineti	A	XXX	N	N	D	N	N	$ 12.05	$ 12.05	
92545	26	Oscillating	A	XXX	N	N	D	N	N	$ 8.92	$ 8.92	
92545	TC	Oscillating	A	XXX	N	N	D	N	N	$ 2.17	$ 2.17	
92545		Oscillating	A	XXX	N	N	D	N	N	$ 11.09	$ 11.09	
92546	26	Sinusoidal	A	XXX	N	N	D	N	N	$ 9.88	$ 9.88	
92546	TC	Sinusoidal	A	XXX	N	N	D	N	N	$ 63.14	$ 63.14	
92546		Sinusoidal	A	XXX	N	N	D	N	N	$ 73.26	$ 73.26	
92547		Supplemen	A	ZZZ	N	N	D	N	N	$ 6.03	$ 6.03	
92548	26	Cdp-sot 6	A	XXX	N	N	D	N	N	$ 23.14	$ 23.14	
92548	TC	Cdp-sot 6	A	XXX	N	N	D	N	N	$ 9.40	$ 9.40	
92548		Cdp-sot 6	A	XXX	N	N	D	N	N	$ 32.54	$ 32.54	
92549	26	Cdp-sot 6	Not Covered	XXX	N	N	D	N	N	$ 30.37	$ 30.37	
92549	TC	Cdp-sot 6	Not Covered	XXX	N	N	D	N	N	$ 11.33	$ 11.33	
92549		Cdp-sot 6	Not Covered	XXX	N	N	D	N	N	$ 41.93	$ 41.93	
92550		Tympanom	A	XXX	N	B	D	N	N	$ 14.70	$ 14.70	
92551		Pure tone h	A	XXX	N	N	N	N	N	$ 6.99	$ 6.99	
92552		Pure tone a	A	XXX	N	B	D	N	N	$ 19.52	$ 19.52	
92553		Audiometr	A	XXX	N	B	D	N	N	$ 23.86	$ 23.86	
92555		Speech thr	A	XXX	N	B	D	N	N	$ 14.94	$ 14.94	
92556		Speech auc	A	XXX	N	B	D	N	N	$ 23.62	$ 23.62	
92557		Comprehe	A	XXX	N	B	D	N	N	$ 22.17	$ 25.55	
92558		Evoked au	Not Covered	XXX	N	N	N	N	N	$ 5.78	$ 6.51	
92559		Group aud	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
92560		Bekesy auc	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
92561		Bekesy auc	A	XXX	N	B	D	N	N	$ 23.86	$ 23.86	
92562		Loudness b	A	XXX	N	B	D	N	N	$ 27.96	$ 27.96	
92563		Tone decay	A	XXX	N	B	D	N	N	$ 18.80	$ 18.80	
92564		Sisi hearing	A	XXX	N	B	D	N	N	$ 14.22	$ 14.22	
92565		Stenger tes	A	XXX	N	B	D	N	N	$ 10.60	$ 10.60	
92567		Tympanom	A	XXX	N	B	D	N	N	$ 7.23	$ 10.60	
92568		Acoustic re	A	XXX	N	B	D	N	N	$ 10.12	$ 10.36	
92570		Acoustic in	A	XXX	N	B	D	N	N	$ 20.24	$ 22.41	
92571		Filtered spe	A	XXX	N	B	D	N	N	$ 16.87	$ 16.87	
92572		Staggered	A	XXX	N	B	D	N	N	$ 21.45	$ 21.45	
92575		Sensorineu	A	XXX	N	B	D	N	N	$ 41.21	$ 41.21	
92576		Synthetic s	A	XXX	N	B	D	N	N	$ 22.90	$ 22.90	
92577		Stenger tes	A	XXX	N	B	D	N	N	$ 9.16	$ 9.16	
92579		Visual aud	A	XXX	N	B	D	N	N	$ 25.79	$ 31.09	
92582		Conditioni	A	XXX	N	B	D	N	N	$ 45.31	$ 45.31	
92583		Select pictu	A	XXX	N	B	D	N	N	$ 30.37	$ 30.37	
92584		Electrococ	A	XXX	N	B	D	N	N	$ 75.67	$ 75.67	
92587	26	Evoked aud	A	XXX	N	B	D	N	N	$ 12.29	$ 12.29	
92587	TC	Evoked aud	A	XXX	N	B	D	N	N	$ 2.41	$ 2.41	
92587		Evoked aud	A	XXX	N	B	D	N	N	$ 14.70	$ 14.70	
92588	26	Evoked aud	A	XXX	N	B	D	N	N	$ 19.04	$ 19.04	
92588	TC	Evoked aud	A	XXX	N	B	D	N	N	$ 3.37	$ 3.37	
92588		Evoked aud	A	XXX	N	B	D	N	N	$ 22.41	$ 22.41	
92590		Hearing aid	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
92591		Hearing aid	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
92592		Hearing aid	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
92593		Hearing aid	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
92594		Electro hea	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
92595		Electro hea	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
92596		Ear protect	A	XXX	N	B	D	N	N	$ 40.49	$ 40.49	
92597		Oral speech	A	XXX	5	N	D	N	N	$ 47.72	$ 47.72	
92601		Cochlear in	A	XXX	N	N	D	N	N	$ 83.63	$ 109.66	
92602		Reprogram	A	XXX	N	N	D	N	N	$ 47.24	$ 68.93	
92603		Cochlear in	A	XXX	N	N	D	N	N	$ 81.46	$ 102.43	
92604		Reprogram	A	XXX	N	N	D	N	N	$ 45.31	$ 61.46	
92605		Ex for non	B	XXX	N	N	N	N	N	$ 60.25	$ 63.87	
92606		Non-speech	B	XXX	N	N	N	N	N	$ 48.68	$ 56.39	
92607		Ex for spee	A	XXX	5	N	D	N	N	$ 82.42	$ 82.42	
92608		Ex for spee	A	ZZZ	N	N	D	N	N	$ 33.26	$ 33.26	
92609		Use of spe	A	XXX	5	N	D	N	N	$ 68.93	$ 68.93	
92610		Evaluate sv	A	XXX	N	N	D	N	N	$ 46.75	$ 56.15	
92611		Motion flu	A	XXX	N	N	D	N	N	$ 60.97	$ 60.97	
92612		Endoscopy	A	XXX	N	N	D	N	N	$ 44.59	$ 124.12	
92613		Endoscopy	Not Covered	XXX	N	N	D	N	N	$ 24.82	$ 24.82	
92614		Laryngosc	A	XXX	N	N	D	N	N	$ 44.10	$ 93.75	
92615		Laryngosc	A	XXX	N	N	D	N	N	$ 22.17	$ 22.17	
92616		Fees w/lary	A	XXX	N	N	D	N	N	$ 66.52	$ 138.09	
92617		Fees w/lary	A	XXX	N	N	D	N	N	$ 27.72	$ 27.72	
92618		Ex for non	Not Covered	ZZZ	N	N	N	N	N	$ 22.17	$ 22.41	
92620		Auditory fu	A	XXX	N	B	D	N	N	$ 53.98	$ 61.46	
92621		Auditory fu	A	ZZZ	N	N	D	N	N	$ 12.53	$ 14.94	
92625		Tinnitus as	A	XXX	N	B	D	N	N	$ 41.45	$ 46.27	
92626		Eval aud fu	A	XXX	N	B	D	N	N	$ 50.37	$ 59.29	
92627		Eval aud fu	A	ZZZ	N	N	D	N	N	$ 11.81	$ 13.98	
92630		Aud rehab	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
92633		Aud rehab	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
92640		Aud brains	A	XXX	N	B	D	N	N	$ 63.62	$ 74.95	
92650		Aep scr aud	A	XXX	N	B	D	N	N	$ 18.08	$ 18.08	2021 New Procedure Code
92651		Aep hearin	A	XXX	N	B	D	N	N	$ 58.08	$ 58.08	2021 New Procedure Code
92652		Aep thrshld	A	XXX	N	B	D	N	N	$ 76.88	$ 76.88	2021 New Procedure Code
92653		Aep neuroe	A	XXX	N	B	D	N	N	$ 55.91	$ 55.91	2021 New Procedure Code

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
92700		Ent proced	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
92920		Prq cardiac	A	000	Y	N	D	N	N	$ 370.90	$ 370.90	
92921		Prq cardiac	B	ZZZ	N	N	N	N	N	$ -	$ -	Not priced on UCR; Open in benefits; I
92924		Prq card ar	A	000	Y	N	D	N	N	$ 442.24	$ 442.24	
92925		Prq card ar	B	ZZZ	N	N	N	N	N	$ -	$ -	Not priced on UCR; Open in benefits; I
92928		Prq card st	A	000	Y	N	D	N	N	$ 412.83	$ 412.83	
92929		Prq card st	B	ZZZ	N	N	N	N	N	$ -	$ -	Not priced on UCR; Open in benefits; I
92933		Prq card st	A	000	Y	N	D	N	N	$ 463.44	$ 463.44	
92934		Prq card st	B	ZZZ	N	N	N	N	N	$ -	$ -	Not priced on UCR; Open in benefits; I
92937		Prq revasc	A	000	Y	N	D	N	N	$ 412.35	$ 412.35	
92938		Prq revasc	B	ZZZ	N	N	N	N	N	$ -	$ -	Not priced on UCR; Open in benefits; I
92941		Prq card re	A	000	Y	N	D	N	N	$ 463.68	$ 463.68	
92943		Prq card re	A	000	Y	N	D	N	N	$ 464.17	$ 464.17	
92944		Prq card re	B	ZZZ	N	N	N	N	N	$ -	$ -	Not priced on UCR; Open in benefits; I
92950		Heart/lung	A	000	N	N	D	N	N	$ 127.97	$ 217.86	
92953		Temporary	A	000	N	N	D	N	N	$ 0.72	$ 0.72	
92960		Cardiovers	A	000	N	N	D	N	N	$ 73.51	$ 104.11	
92961		Cardiovers	A	000	N	N	N	N	N	$ 171.59	$ 171.59	
92970		Cardioassi	A	000	N	N	D	N	N	$ 132.07	$ 132.07	
92971		Cardioassi	A	000	N	N	D	N	N	$ 69.89	$ 69.89	
92973		Prq corona	A	ZZZ	N	N	D	N	N	$ 124.12	$ 124.12	
92974		Cath place	A	ZZZ	N	N	D	N	N	$ 113.03	$ 113.03	
92975		Dissolve cl	A	000	Y	N	D	N	N	$ 263.65	$ 263.65	
92977		Dissolve cl	A	XXX	N	N	D	N	N	$ 33.74	$ 33.74	
92978	26	Endolumin	A	ZZZ	N	N	D	N	N	$ 66.28	$ 66.28	
92978	TC	Endolumin	C	ZZZ	N	N	D	N	N	$ -	$ -	$184.74 Priced on UCR, eff. 1/1/10
92978		Endolumin	C	ZZZ	N	N	D	N	N	$ -	$ -	Priced on UCR, eff. 1/1/10
92979	26	Endolumin	A	ZZZ	N	N	D	N	N	$ 52.54	$ 52.54	
92979	TC	Endolumin	C	ZZZ	N	N	D	N	N	$ -	$ -	Not priced on UCR
92979		Endolumin	C	ZZZ	N	N	D	N	N	$ -	$ -	Not priced on UCR
92986		Revision o	A	090	Y	N	D	N	N	$ 913.39	$ 913.39	
92987		Revision o	A	090	Y	N	D	N	N	$ 944.72	$ 944.72	
92990		Revision o	A	090	Y	N	D	N	N	$ 752.64	$ 752.64	
92997		Pul art ball	A	000	Y	N	D	N	N	$ 442.24	$ 442.24	
92998		Pul art ball	A	ZZZ	N	N	D	N	N	$ 220.52	$ 220.52	
93000		Electrocar	A	XXX	6	N	D	N	N	$ 9.64	$ 9.64	
93005		Electrocar	A	XXX	6	N	D	N	N	$ 3.86	$ 3.86	
93010		Electrocar	A	XXX	N	N	D	N	N	$ 5.54	$ 5.54	
93015		Cardiovasc	A	XXX	6	N	D	N	N	$ 45.55	$ 45.55	
93016		Cardiovasc	A	XXX	N	N	D	N	N	$ 14.70	$ 14.70	
93017		Cardiovasc	A	XXX	6	N	D	N	N	$ 20.97	$ 20.97	
93018		Cardiovasc	A	XXX	N	N	D	N	N	$ 9.64	$ 9.64	
93024	26	Cardiac dr	A	XXX	6	N	D	N	N	$ 37.84	$ 37.84	
93024	TC	Cardiac dr	A	XXX	6	N	D	N	N	$ 31.81	$ 31.81	
93024		Cardiac dr	A	XXX	6	N	D	N	N	$ 69.89	$ 69.89	
93025	26	Microvolt	A	XXX	6	N	D	N	N	$ 25.06	$ 25.06	
93025	TC	Microvolt	A	XXX	6	N	D	N	N	$ 59.29	$ 59.29	
93025		Microvolt	A	XXX	6	N	D	N	N	$ 84.35	$ 84.35	
93040		Rhythm ec	A	XXX	6	N	D	N	N	$ 8.19	$ 8.19	
93041		Rhythm ec	A	XXX	6	N	D	N	N	$ 3.62	$ 3.62	
93042		Rhythm ec	A	XXX	N	N	D	N	N	$ 4.58	$ 4.58	
93050	26	Art pressu	Not Covered	XXX	6	B	D	N	N	$ 5.54	$ 5.54	
93050	TC	Art pressu	Not Covered	XXX	6	B	D	N	N	$ 4.82	$ 4.82	
93050		Art pressu	Not Covered	XXX	6	B	D	N	N	$ 10.36	$ 10.36	
93224		Ecg monit/	A	XXX	6	N	D	N	N	$ 49.41	$ 49.41	
93225		Ecg monit/	A	XXX	6	N	D	N	N	$ 12.05	$ 12.05	
93226		Ecg monit/	A	XXX	6	N	D	N	N	$ 24.58	$ 24.58	
93227		Ecg monit/	A	XXX	N	N	D	N	N	$ 12.53	$ 12.53	
93228		Remote 30	A	XXX	N	N	D	N	N	$ 17.59	$ 17.59	
93229		Remote 30	A	XXX	6	N	D	N	N	$ 425.61	$ 425.61	
93241		Ext ecg>48	C	XXX	6	N	D	N	N	$ -	$ -	2021 New Procedure Code
93242		Ext ecg>48	A	XXX	6	N	D	N	N	$ 9.16	$ 9.16	2021 New Procedure Code

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
93243		Ext ecg>48	C	XXX	6	N	D	N	N	$ -	$ -	2021 New Procedure Code
93244		Ext ecg>48	A	XXX	N	N	D	N	N	$ 16.39	$ 16.39	2021 New Procedure Code
93245		Ext ecg>7(	C	XXX	6	N	D	N	N	$ -	$ -	2021 New Procedure Code
93246		Ext ecg>7(	A	XXX	6	N	D	N	N	$ 9.16	$ 9.16	2021 New Procedure Code
93247		Ext ecg>7(	C	XXX	6	N	D	N	N	$ -	$ -	2021 New Procedure Code
93248		Ext ecg>7(	A	XXX	N	N	D	N	N	$ 18.08	$ 18.08	2021 New Procedure Code
93260	26	Prgrmg dev	Not Covered	XXX	6	N	D	N	N	$ 28.92	$ 28.92	
93260	TC	Prgrmg dev	Not Covered	XXX	6	N	D	N	N	$ 20.00	$ 20.00	
93260		Prgrmg dev	Not Covered	XXX	6	N	D	N	N	$ 48.92	$ 48.92	
93261	26	Interrogate	Not Covered	XXX	6	N	D	N	N	$ 24.58	$ 24.58	
93261	TC	Interrogate	Not Covered	XXX	6	N	D	N	N	$ 20.00	$ 20.00	
93261		Interrogate	Not Covered	XXX	6	N	D	N	N	$ 44.59	$ 44.59	
93264		Rem mntr v	Not Covered	XXX	N	N	D	N	N	$ 24.10	$ 32.78	
93268		Ecg record	A	XXX	6	N	D	N	N	$ 121.71	$ 121.71	
93270		Remote 30	A	XXX	6	N	D	N	N	$ 5.30	$ 5.30	
93271		Ecg/monito	A	XXX	6	N	D	N	N	$ 99.29	$ 99.29	
93272		Ecg/review	A	XXX	N	N	D	N	N	$ 16.63	$ 16.63	
93278	26	Ecg/signal	A	XXX	6	N	D	N	N	$ 8.44	$ 8.44	
93278	TC	Ecg/signal	A	XXX	6	N	D	N	N	$ 10.60	$ 10.60	
93278		Ecg/signal	A	XXX	6	N	D	N	N	$ 18.80	$ 18.80	
93279	26	Prgrmg de	A	XXX	6	N	D	N	N	$ 21.21	$ 21.21	
93279	TC	Prgrmg de	A	XXX	6	N	D	N	N	$ 20.97	$ 20.97	
93279		Prgrmg de	A	XXX	6	N	D	N	N	$ 42.42	$ 42.42	
93280	26	Pm device	A	XXX	6	N	D	N	N	$ 26.03	$ 26.03	
93280	TC	Pm device	A	XXX	6	N	D	N	N	$ 24.34	$ 24.34	
93280		Pm device	A	XXX	6	N	D	N	N	$ 50.37	$ 50.37	
93281	26	Pm device	A	XXX	6	N	D	N	N	$ 28.92	$ 28.92	
93281	TC	Pm device	A	XXX	6	N	D	N	N	$ 24.82	$ 24.82	
93281		Pm device	A	XXX	6	N	D	N	N	$ 53.74	$ 53.74	
93282	26	Prgrmg eva	A	XXX	6	N	D	N	N	$ 28.68	$ 28.68	
93282	TC	Prgrmg eva	A	XXX	6	N	D	N	N	$ 22.65	$ 22.65	
93282		Prgrmg eva	A	XXX	6	N	D	N	N	$ 51.33	$ 51.33	
93283	26	Prgrmg eva	A	XXX	6	N	D	N	N	$ 38.32	$ 38.32	
93283	TC	Prgrmg eva	A	XXX	6	N	D	N	N	$ 24.58	$ 24.58	
93283		Prgrmg eva	A	XXX	6	N	D	N	N	$ 63.14	$ 63.14	
93284	26	Prgrmg eva	A	XXX	6	N	D	N	N	$ 41.93	$ 41.93	
93284	TC	Prgrmg eva	A	XXX	6	N	D	N	N	$ 26.27	$ 26.27	
93284		Prgrmg eva	A	XXX	6	N	D	N	N	$ 68.20	$ 68.20	
93285	26	Prgrmg de	A	XXX	6	N	D	N	N	$ 17.35	$ 17.35	
93285	TC	Prgrmg de	A	XXX	6	N	D	N	N	$ 20.24	$ 20.24	
93285		Prgrmg de	A	XXX	6	N	D	N	N	$ 37.84	$ 37.84	
93286	26	Peri-px eva	Not Covered	XXX	6	N	D	N	N	$ 10.12	$ 10.12	
93286	TC	Peri-px eva	Not Covered	XXX	6	N	D	N	N	$ 18.32	$ 18.32	
93286		Peri-px eva	Not Covered	XXX	6	N	D	N	N	$ 28.44	$ 28.44	
93287	26	Peri-px dev	Not Covered	XXX	6	N	D	N	N	$ 15.18	$ 15.18	
93287	TC	Peri-px dev	Not Covered	XXX	6	N	D	N	N	$ 18.32	$ 18.32	
93287		Peri-px dev	Not Covered	XXX	6	N	D	N	N	$ 33.74	$ 33.74	
93288	26	Interrog ev	A	XXX	6	N	D	N	N	$ 13.98	$ 13.98	
93288	TC	Interrog ev	A	XXX	6	N	D	N	N	$ 20.73	$ 20.73	
93288		Interrog ev	A	XXX	6	N	D	N	N	$ 34.70	$ 34.70	
93289	26	Interrog de	A	XXX	6	N	D	N	N	$ 25.31	$ 25.31	
93289	TC	Interrog de	A	XXX	6	N	D	N	N	$ 20.97	$ 20.97	
93289		Interrog de	A	XXX	6	N	D	N	N	$ 46.27	$ 46.27	
93290	26	Interrog dev	Not Covered	XXX	6	N	D	N	N	$ 14.46	$ 14.46	
93290	TC	Interrog dev	Not Covered	XXX	6	N	D	N	N	$ 18.80	$ 18.80	
93290		Interrog dev	Not Covered	XXX	6	N	D	N	N	$ 33.50	$ 33.50	
93291	26	Interrog de	A	XXX	6	N	D	N	N	$ 12.29	$ 12.29	
93291	TC	Interrog de	A	XXX	6	N	D	N	N	$ 18.32	$ 18.32	
93291		Interrog de	A	XXX	6	N	D	N	N	$ 30.61	$ 30.61	
93292	26	Wcd devic	A	XXX	6	N	D	N	N	$ 14.22	$ 14.22	
93292	TC	Wcd devic	A	XXX	6	N	D	N	N	$ 17.11	$ 17.11	
93292		Wcd devic	A	XXX	6	N	D	N	N	$ 31.57	$ 31.57	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
93293	26	Pm phone	A	XXX	N	N	D	N	N	$ 9.88	$ 9.88	
93293	TC	Pm phone	A	XXX	N	N	D	N	N	$ 21.69	$ 21.69	
93293		Pm phone	A	XXX	N	N	D	N	N	$ 31.81	$ 31.81	
93294		Rem interr	A	XXX	N	N	D	N	N	$ 20.73	$ 20.73	
93295		Dev interro	A	XXX	N	N	D	N	N	$ 25.55	$ 25.55	
93296		Rem interr	A	XXX	N	N	D	N	N	$ 15.42	$ 15.42	
93297		Rem interr	A	XXX	N	N	D	N	N	$ 18.08	$ 18.08	
93298		Rem interr	A	XXX	N	N	D	N	N	$ 18.08	$ 18.08	
93303	26	Echo trans	A	XXX	6	N	D	N	N	$ 41.93	$ 41.93	
93303	TC	Echo trans	A	XXX	6	N	D	N	N	$ 103.87	$ 103.87	
93303		Echo trans	A	XXX	6	N	D	N	N	$ 145.81	$ 145.81	
93304	26	Echo trans	A	XXX	6	N	D	N	N	$ 24.82	$ 24.82	
93304	TC	Echo trans	A	XXX	6	N	D	N	N	$ 76.88	$ 76.88	
93304		Echo trans	A	XXX	6	N	D	N	N	$ 101.94	$ 101.94	
93306	26	Tte w/dopp	A	XXX	6	N	D	N	N	$ 47.48	$ 47.48	
93306	TC	Tte w/dopp	A	XXX	6	N	D	N	N	$ 81.22	$ 81.22	
93306		Tte w/dopp	A	XXX	6	N	D	N	N	$ 128.69	$ 128.69	
93307	26	Tte w/o do	A	XXX	6	N	D	N	N	$ 30.37	$ 30.37	
93307	TC	Tte w/o do	A	XXX	6	N	D	N	N	$ 60.25	$ 60.25	
93307		Tte w/o do	A	XXX	6	N	D	N	N	$ 90.62	$ 90.62	
93308	26	Tte f-up or	A	XXX	6	N	D	N	N	$ 16.87	$ 16.87	
93308	TC	Tte f-up or	A	XXX	6	N	D	N	N	$ 46.03	$ 46.03	
93308		Tte f-up or	A	XXX	6	N	D	N	N	$ 63.14	$ 63.14	
93312	26	Echo trans	A	XXX	6	N	D	N	N	$ 73.26	$ 73.26	
93312	TC	Echo trans	A	XXX	6	N	D	N	N	$ 84.83	$ 84.83	
93312		Echo trans	A	XXX	6	N	D	N	N	$ 158.34	$ 158.34	
93313		Echo trans	A	XXX	N	N	D	N	N	$ 7.71	$ 7.71	
93314	26	Echo trans	A	XXX	6	N	D	N	N	$ 61.70	$ 61.70	
93314	TC	Echo trans	A	XXX	6	N	D	N	N	$ 90.13	$ 90.13	
93314		Echo trans	A	XXX	6	N	D	N	N	$ 152.31	$ 152.31	
93315	26	Echo trans	A	XXX	N	N	D	N	N	$ 78.08	$ 78.08	RVU totals adj. refer to working notes
93315	TC	Echo trans	A	XXX	N	N	D	N	N	$ 286.24	$ 286.24	Imaging Cap Applied
93315		Echo trans	A	XXX	N	N	D	N	N	$ 364.45	$ 364.45	Imaging Cap Applied
93316		Echo trans	A	XXX	N	N	D	N	N	$ 18.80	$ 18.80	
93317	26	Echo trans	A	XXX	N	N	D	N	N	$ 61.21	$ 61.21	
93317	TC	Echo trans	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
93317		Echo trans	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
93318	26	Echo transN	ot Covered	XXX	6	N	D	N	N	$ 63.14	$ 63.14	RVU totals adj. refer to working notes
93318	TC	Echo transN	ot Covered	XXX	6	N	D	N	N	$ 286.24	$ 286.24	Imaging Cap Applied
93318		Echo transN	ot Covered	XXX	6	N	D	N	N	$ 349.53	$ 349.53	Imaging Cap Applied
93320	26	Doppler ec	A	ZZZ	N	N	D	N	N	$ 12.05	$ 12.05	
93320	TC	Doppler ec	A	ZZZ	N	N	D	N	N	$ 21.45	$ 21.45	
93320		Doppler ec	A	ZZZ	N	N	D	N	N	$ 33.74	$ 33.74	
93321	26	Doppler ec	A	ZZZ	N	N	D	N	N	$ 4.82	$ 4.82	
93321	TC	Doppler ec	A	ZZZ	N	N	D	N	N	$ 11.81	$ 11.81	
93321		Doppler ec	A	ZZZ	N	N	D	N	N	$ 16.63	$ 16.63	
93325	26	Doppler cc	A	ZZZ	N	N	D	N	N	$ 2.17	$ 2.17	
93325	TC	Doppler cc	A	ZZZ	N	N	D	N	N	$ 13.26	$ 13.26	
93325		Doppler cc	A	ZZZ	N	N	D	N	N	$ 15.42	$ 15.42	
93350	26	Stress tte o	A	XXX	6	N	D	N	N	$ 47.48	$ 47.48	
93350	TC	Stress tte o	A	XXX	6	N	D	N	N	$ 74.71	$ 74.71	
93350		Stress tte o	A	XXX	6	N	D	N	N	$ 122.19	$ 122.19	
93351	26	Stress tte c	A	XXX	6	N	N	N	N	$ 56.39	$ 56.39	
93351	TC	Stress tte c	A	XXX	6	N	N	N	N	$ 94.47	$ 94.47	
93351		Stress tte c	A	XXX	6	N	N	N	N	$ 150.87	$ 150.87	
93352		Admin ecg	A	ZZZ	N	N	D	N	N	$ 20.97	$ 20.97	
93355		Echo trans	A	XXX	N	N	D	N	N	$ 155.20	$ 155.20	
93356		Myocrd strN	ot Covered	ZZZ	N	N	D	N	N	$ 8.19	$ 25.31	
93451	26	Right heart	A	000	Y	N	D	N	N	$ 90.86	$ 90.86	
93451	TC	Right heart	A	000	N	N	D	N	N	$ 475.25	$ 475.25	
93451		Right heart	A	000	Y	N	D	N	N	$ 566.11	$ 566.11	
93452	26	Left hrt cat	A	000	Y	N	D	N	N	$ 164.36	$ 164.36	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
93452	TC	Left hrt cat	A	000	N	N	D	N	N	$ 440.07	$ 440.07	
93452		Left hrt cat	A	000	Y	N	D	N	N	$ 604.19	$ 604.19	
93453	26	R&l hrt cat	A	000	Y	N	D	N	N	$ 220.27	$ 220.27	
93453	TC	R&l hrt cat	A	000	N	N	D	N	N	$ 552.37	$ 552.37	
93453		R&l hrt cat	A	000	Y	N	D	N	N	$ 772.65	$ 772.65	
93454	26	Coronary a	A	000	Y	N	D	N	N	$ 166.53	$ 166.53	
93454	TC	Coronary a	A	000	N	N	D	N	N	$ 439.10	$ 439.10	
93454		Coronary a	A	000	Y	N	D	N	N	$ 605.63	$ 605.63	
93455	26	Coronary a	A	000	Y	N	D	N	N	$ 194.25	$ 194.25	
93455	TC	Coronary a	A	000	N	N	D	N	N	$ 487.06	$ 487.06	
93455		Coronary a	A	000	Y	N	D	N	N	$ 681.07	$ 681.07	
93456	26	R hrt coron	A	000	Y	N	D	N	N	$ 216.90	$ 216.90	
93456	TC	R hrt coron	A	000	N	N	D	N	N	$ 543.46	$ 543.46	
93456		R hrt coron	A	000	Y	N	D	N	N	$ 760.11	$ 760.11	
93457	26	R hrt art/gr	A	000	Y	N	D	N	N	$ 244.13	$ 244.13	
93457	TC	R hrt art/gr	A	000	N	N	D	N	N	$ 590.69	$ 590.69	
93457		R hrt art/gr	A	000	Y	N	D	N	N	$ 834.82	$ 834.82	
93458	26	L hrt artery	A	000	Y	N	D	N	N	$ 204.85	$ 204.85	
93458	TC	L hrt artery	A	000	N	N	D	N	N	$ 496.46	$ 496.46	
93458		L hrt artery	A	000	Y	N	D	N	N	$ 701.31	$ 701.31	
93459	26	L hrt art/gr	A	000	Y	N	D	N	N	$ 233.05	$ 233.05	
93459	TC	L hrt art/gr	A	000	N	N	D	N	N	$ 527.31	$ 527.31	
93459		L hrt art/gr	A	000	Y	N	D	N	N	$ 760.36	$ 760.36	
93460	26	R&l hrt art	A	000	Y	N	D	N	N	$ 261.00	$ 261.00	
93460	TC	R&l hrt art	A	000	N	N	D	N	N	$ 582.98	$ 582.98	
93460		R&l hrt art	A	000	Y	N	D	N	N	$ 843.98	$ 843.98	
93461	26	R&l hrt art	A	000	Y	N	D	N	N	$ 287.75	$ 287.75	
93461	TC	R&l hrt art	A	000	N	N	D	N	N	$ 647.33	$ 647.33	
93461		R&l hrt art	A	000	Y	N	D	N	N	$ 935.32	$ 935.32	
93462		L hrt cath t	A	ZZZ	N	N	D	N	N	$ 146.53	$ 146.53	
93463		Drug admi	A	ZZZ	N	N	D	N	N	$ 67.00	$ 67.00	
93464	26	Exercise w	A	ZZZ	N	N	D	N	N	$ 59.77	$ 59.77	
93464	TC	Exercise w	A	ZZZ	N	N	D	N	N	$ 91.58	$ 91.58	
93464		Exercise w	A	ZZZ	N	N	D	N	N	$ 151.35	$ 151.35	
93503		Insert/plac	A	000	N	N	D	N	N	$ 60.97	$ 60.97	
93505	26	Biopsy of l	A	000	Y	N	D	N	N	$ 154.96	$ 154.96	
93505	TC	Biopsy of l	A	000	N	N	D	N	N	$ 293.30	$ 293.30	
93505		Biopsy of l	A	000	Y	N	D	N	N	$ 448.26	$ 448.26	
93530	26	Rt heart ca	A	000	Y	N	D	N	N	$ 138.58	$ 138.58	
93530	TC	Rt heart ca	C	000	N	N	D	N	N	$ -	$ -	$771.49Priced on UCR, eff. 1/1/08
93530		Rt heart ca	C	000	Y	N	D	N	N	$ -	$ -	$119.69 Priced on UCR, eff. 1/1/08
93531	26	R & l heart	A	000	Y	N	D	N	N	$ 289.44	$ 289.44	
93531	TC	R & l heart	C	000	N	N	D	N	N	$ -	$ -	$1605.32 Priced on UCR, eff. 1/1/08
93531		R & l heart	C	000	Y	N	D	N	N	$ -	$ -	$2016.33 Priced on UCR, eff. 1/1/08
93532	26	R & l heart	A	000	Y	N	D	N	N	$ 367.28	$ 367.28	
93532	TC	R & l heart	C	000	N	N	D	N	N	$ -	$ -	Not priced on UCR
93532		R & l heart	C	000	Y	N	D	N	N	$ -	$ -	Not priced on UCR
93533	26	R & l heart	A	000	Y	N	D	N	N	$ 245.58	$ 245.58	
93533	TC	R & l heart	C	000	N	N	D	N	N	$ -	$ -	Not priced on UCR
93533		R & l heart	C	000	Y	N	D	N	N	$ -	$ -	Not priced on UCR
93561	26	Cardiac ou	A	ZZZ	N	N	D	N	N	$ 30.85	$ 30.85	
93561	TC	Cardiac ou	C	ZZZ	N	N	D	N	N	$ -	$ -	$81.50 Priced on UCR, eff. 6/1/93
93561		Cardiac ou	C	ZZZ	N	N	D	N	N	$ -	$ -	$81.50 Priced on UCR, eff. 6/1/93
93562	26	Card outpu	A	ZZZ	N	N	D	N	N	$ 25.31	$ 25.31	
93562	TC	Card outpu	C	ZZZ	N	N	D	N	N	$ -	$ -	$38.65 Priced on UCR, eff. 6/1/93
93562		Card outpu	C	ZZZ	N	N	D	N	N	$ -	$ -	$38.65 Priced on UCR, eff. 6/1/93
93563		Inject cong	A	ZZZ	N	N	D	N	N	$ 39.52	$ 39.52	
93564		Inject hrt c	A	ZZZ	N	N	D	N	N	$ 42.42	$ 42.42	
93565		Inject l ver	A	ZZZ	N	N	D	N	N	$ 31.09	$ 31.09	
93566		Inject r ver	A	ZZZ	N	N	D	N	N	$ 31.57	$ 90.13	
93567		Inject supr	A	ZZZ	N	N	D	N	N	$ 36.39	$ 77.60	
93568		Inject pulm	A	ZZZ	N	N	D	N	N	$ 33.26	$ 84.83	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
93571	26	Heart flow	A	ZZZ	N	N	D	N	N	$ 50.61	$ 50.61	
93571	TC	Heart flow	C	ZZZ	N	N	D	N	N	$ -	$ -	$ 134.10 Priced on UCR, eff. 1/1/99
93571		Heart flow	C	ZZZ	N	N	D	N	N	$ -	$ -	$202.57 Priced on UCR, eff. 1/1/99
93572	26	Heart flow	A	ZZZ	N	N	D	N	N	$ 36.87	$ 36.87	
93572	TC	Heart flow	C	ZZZ	N	N	D	N	N	$ -	$ -	$131.27 Priced on UCR, eff. 1/1/99
93572		Heart flow	C	ZZZ	N	N	D	N	N	$ -	$ -	$186.61 Priced on UCR, eff. 1/1/99
93580		Transcath	A	000	Y	N	D	N	N	$ 679.62	$ 679.62	
93581		Transcath	A	000	Y	N	D	N	N	$ 928.09	$ 928.09	
93582		Perq transc	A	000	Y	N	D	N	N	$ 464.89	$ 464.89	
93583		Perq transc	A	000	Y	N	D	N	N	$ 519.60	$ 519.60	
93590		Perq transc	Not Covered	000	Y	N	Y	D	N	$ 735.53	$ 735.53	
93591		Perq transc	Not Covered	000	Y	N	D	Y	D	$ 607.08	$ 607.08	
93592		Perq transc	Not Covered	ZZZ	N	N	Y	D	N	$ 267.99	$ 267.99	
93600	26	Bundle of	A	000	N	N	D	N	N	$ 82.66	$ 82.66	
93600	TC	Bundle of	C	000	N	N	D	N	N	$ -	$ -	$232.58 Priced on UCR, eff. 6/1/93
93600		Bundle of	C	000	N	N	D	N	N	$ -	$ -	$232.58 Priced on UCR, eff. 6/1/93
93602	26	Intra-atrial	A	000	N	N	D	N	N	$ 81.22	$ 81.22	
93602	TC	Intra-atrial	C	000	N	N	D	N	N	$ -	$ -	$165.01 Priced on UCR, eff. 6/1/93
93602		Intra-atrial	C	000	N	N	D	N	N	$ -	$ -	$165.01 Priced on UCR, eff. 6/1/93
93603	26	Right ventı	A	000	N	N	D	N	N	$ 81.22	$ 81.22	
93603	TC	Right ventı	C	000	N	N	D	N	N	$ -	$ -	$197.08 Priced on UCR, eff. 6/1/93
93603		Right ventı	C	000	N	N	D	N	N	$ -	$ -	$197.08 Priced on UCR, eff. 6/1/93
93609	26	Map tachy	A	ZZZ	N	N	D	N	N	$ 192.32	$ 192.32	
93609	TC	Map tachy	C	ZZZ	N	N	D	N	N	$ -	$ -	$547.01 Priced on UCR, eff. 1/1/90
93609		Map tachy	C	ZZZ	N	N	D	N	N	$ -	$ -	$547.01 Priced on UCR, eff. 1/1/90
93610	26	Intra-atrial	A	000	N	N	D	N	N	$ 114.23	$ 114.23	
93610	TC	Intra-atrial	C	000	N	N	D	N	N	$ -	$ -	$220.39 Priced on UCR, eff. 6/1/93
93610		Intra-atrial	C	000	N	N	D	N	N	$ -	$ -	$220.39 Priced on UCR, eff. 6/1/93
93612	26	Intraventri	A	000	N	N	D	N	N	$ 113.27	$ 113.27	
93612	TC	Intraventri	C	000	N	N	D	N	N	$ -	$ -	$230.02 Priced on UCR, eff. 6/1/93
93612		Intraventri	C	000	N	N	D	N	N	$ -	$ -	$230.02 Priced on UCR, eff. 6/1/93
93613		Electrophy	A	ZZZ	N	N	D	N	N	$ 206.78	$ 206.78	
93615	26	Esophagea	A	000	N	N	D	N	N	$ 25.06	$ 25.06	
93615	TC	Esophagea	C	000	N	N	D	N	N	$ -	$ -	$53.96 Priced on UCR, eff. 1/1/90
93615		Esophagea	C	000	N	N	D	N	N	$ -	$ -	$53.96 Priced on UCR, eff. 1/1/90
93616	26	Esophagea	A	000	N	N	D	N	N	$ 40.01	$ 40.01	
93616	TC	Esophagea	C	000	N	N	D	N	N	$ -	$ -	$104.48 Priced on UCR, eff. 1/1/90
93616		Esophagea	C	000	N	N	D	N	N	$ -	$ -	$104.48 Priced on UCR, eff. 1/1/90
93618	26	Heart rhyth	A	000	N	N	D	N	N	$ 152.31	$ 152.31	
93618	TC	Heart rhyth	C	000	N	N	D	N	N	$ -	$ -	$457.31 Priced on UCR, eff. 6/1/93
93618		Heart rhyth	C	000	N	N	D	N	N	$ -	$ -	$457.31 Priced on UCR, eff. 6/1/93
93619	26	Electrophy	A	000	Y	N	D	N	N	$ 271.61	$ 271.61	
93619	TC	Electrophy	C	000	N	N	D	N	N	$ -	$ -	$850.49 Priced on UCR, eff. 1/1/94
93619		Electrophy	C	000	Y	N	D	N	N	$ -	$ -	$850.49 Priced on UCR, eff. 1/1/94
93620	26	Electrophy	A	000	Y	N	D	N	N	$ 434.76	$ 434.76	
93620	TC	Electrophy	C	000	N	N	D	N	N	$ -	$ -	$1122.39 Priced on UCR, eff. 6/1/93
93620		Electrophy	C	000	Y	N	D	N	N	$ -	$ -	$1122.39 Priced on UCR, eff. 6/1/93
93621	26	Electrophy	A	ZZZ	N	N	D	N	N	$ 81.22	$ 81.22	
93621	TC	Electrophy	C	ZZZ	N	N	D	N	N	$ -	$ -	Not priced on UCR
93621		Electrophy	C	ZZZ	N	N	D	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
93622	26	Electrophy	A	ZZZ	N	N	D	N	N	$ 119.30	$ 119.30	
93622	TC	Electrophy	C	ZZZ	N	N	D	N	N	$ -	$ -	Not priced on UCR
93622		Electrophy	C	ZZZ	N	N	D	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
93623	26	Stimulatio	A	ZZZ	N	N	D	N	N	$ 81.94	$ 81.94	
93623	TC	Stimulatio	C	ZZZ	N	N	D	N	N	$ -	$ -	Price added per Palmetto 8/2019
93623		Stimulatio	C	ZZZ	N	N	D	N	N	$ -	$ -	Price added per Palmetto 8/2019
93624	26	Electrophy	A	000	Y	N	D	N	N	$ 167.01	$ 167.01	
93624	TC	Electrophy	C	000	N	N	D	N	N	$ -	$ -	$321.82 Priced on UCR, eff. 6/1/93
93624		Electrophy	C	000	Y	N	D	N	N	$ -	$ -	$321.82 Priced on UCR, eff. 6/1/93
93631	26	Heart paci	A	000	N	N	D	N	N	$ 276.19	$ 276.19	
93631	TC	Heart paci	C	000	N	N	D	N	N	$ -	$ -	$652.83 Priced on UCR, eff. 6/1/93
93631		Heart paci	C	000	N	N	D	N	N	$ -	$ -	$652.83 Priced on UCR, eff. 6/1/93

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
93640	26	Evaluation	A	000	Y	N	D	N	N	$ 124.36	$ 124.36	
93640	TC	Evaluation	C	000	N	N	D	N	N	$ -	$ -	$85.05 Priced on UCR, eff. 6/1/93
93640		Evaluation	C	000	Y	N	D	N	N	$ -	$ -	$85.05 Priced on UCR, eff. 6/1/93
93641	26	Electrophy	A	000	Y	N	D	N	N	$ 216.18	$ 216.18	
93641	TC	Electrophy	C	000	N	N	D	N	N	$ -	$ -	$662.46 Priced on UCR, eff. 1/1/94
93641		Electrophy	C	000	Y	N	D	N	N	$ -	$ -	$662.46 Priced on UCR, eff. 1/1/94
93642	26	Electrophy	A	000	Y	N	D	N	N	$ 176.41	$ 176.41	
93642	TC	Electrophy	A	000	N	N	D	N	N	$ 50.61	$ 50.61	
93642		Electrophy	A	000	Y	N	D	N	N	$ 226.78	$ 226.78	
93644	26	Electrophy	Not Covered	000	Y	N	D	N	N	$ 97.85	$ 97.85	
93644	TC	Electrophy	Not Covered	000	N	N	D	N	N	$ 32.29	$ 32.29	
93644		Electrophy	Not Covered	000	Y	N	D	N	N	$ 130.14	$ 130.14	
93650		Ablate hea	A	000	Y	N	D	N	N	$ 410.91	$ 410.91	
93653		Ep & ablat	A	000	Y	N	D	N	N	$ 582.74	$ 582.74	
93654		Ep & ablat	A	000	Y	N	D	N	N	$ 780.12	$ 780.12	
93655		Ablate arrh	A	ZZZ	N	N	D	N	N	$ 296.67	$ 296.67	
93656		Tx atrial fi	A	000	Y	N	D	N	N	$ 782.53	$ 782.53	
93657		Tx l/r atria	A	ZZZ	N	N	D	N	N	$ 296.43	$ 296.43	
93660	26	Tilt table e	A	000	Y	N	D	N	N	$ 61.94	$ 61.94	
93660	TC	Tilt table e	A	000	N	N	D	N	N	$ 40.25	$ 40.25	
93660		Tilt table e	A	000	Y	N	D	N	N	$ 102.18	$ 102.18	
93662	26	Intracardia	A	ZZZ	N	N	D	N	N	$ 73.51	$ 73.51	
93662	TC	Intracardia	C	ZZZ	N	N	D	N	N	$ -	$ -	
93662		Intracardia	C	ZZZ	N	N	D	N	N	$ -	$ -	
93668		Peripheral	Not Covered	XXX	N	N	D	N	N	$ 8.44	$ 8.44	
93701		Bioimpeda	A	XXX	6	N	D	N	N	$ 16.87	$ 16.87	
93702		Bis xtracel	Not Covered	XXX	6	N	D	N	N	$ 88.93	$ 88.93	
93724	26	Analyze pa	A	000	6	N	D	N	N	$ 162.43	$ 162.43	
93724	TC	Analyze pa	A	000	6	N	D	N	N	$ 26.27	$ 26.27	
93724		Analyze pa	A	000	6	N	D	N	N	$ 188.70	$ 188.70	
93740		Temperatu	B	XXX	N	N	N	N	N	$ 5.30	$ 5.30	
93745	26	Set-up carc	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
93745	TC	Set-up carc	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
93745		Set-up carc	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
93750		Interrogati	Not Covered	XXX	N	N	D	N	N	$ 26.99	$ 33.26	
93770		Measure v	B	XXX	N	N	N	N	N	$ 5.30	$ 5.30	
93784		Ambl bp m	A	XXX	6	N	D	N	N	$ 29.64	$ 29.64	
93786		Ambl bp m	Not Covered	XXX	6	N	D	N	N	$ 13.98	$ 13.98	
93788		Ambl bp m	Not Covered	XXX	6	N	D	N	N	$ 3.13	$ 3.13	
93790		Ambl bp m	Not Covered	XXX	N	N	D	N	N	$ 12.29	$ 12.29	
93792		Pt/caregive	Not Covered	XXX	N	N	D	N	N	$ 40.49	$ 40.49	
93793		Anticoag m	Not Covered	XXX	N	N	D	N	N	$ 7.47	$ 7.47	
93797		Cardiac rel	A	000	N	N	D	N	N	$ 6.27	$ 10.85	
93798		Cardiac rel	A	000	N	N	D	N	N	$ 9.40	$ 16.63	
93799	26	Cardiovasc	Unlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
93799	TC	Cardiovasc	Unlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
93799		Cardiovasc	Unlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
93880	26	Extracrania	A	XXX	6	B	D	N	N	$ 26.27	$ 26.27	
93880	TC	Extracrania	A	XXX	6	B	D	N	N	$ 97.85	$ 97.85	
93880		Extracrania	A	XXX	6	B	D	N	N	$ 124.36	$ 124.36	
93882	26	Extracrania	A	XXX	6	N	D	N	N	$ 16.87	$ 16.87	
93882	TC	Extracrania	A	XXX	6	N	D	N	N	$ 64.11	$ 64.11	
93882		Extracrania	A	XXX	6	N	D	N	N	$ 81.22	$ 81.22	
93886	26	Intracrania	A	XXX	6	N	D	N	N	$ 31.33	$ 31.33	
93886	TC	Intracrania	A	XXX	6	N	D	N	N	$ 140.50	$ 140.50	
93886		Intracrania	A	XXX	6	N	D	N	N	$ 171.83	$ 171.83	
93888	26	Intracrania	A	XXX	6	N	D	N	N	$ 15.67	$ 15.67	RVU totals adj. refer to working notes
93888	TC	Intracrania	A	XXX	6	N	D	N	N	$ 64.88	$ 64.88	Imaging Cap Applied
93888		Intracrania	A	XXX	6	N	D	N	N	$ 80.54	$ 80.54	Imaging Cap Applied
93890	26	Tcd vasore	A	XXX	6	N	D	N	N	$ 30.61	$ 30.61	RVU totals adj. refer to working notes
93890	TC	Tcd vasore	A	XXX	6	N	D	N	N	$ 136.59	$ 136.59	Imaging Cap Applied
93890		Tcd vasore	A	XXX	6	N	D	N	N	$ 167.23	$ 167.23	Imaging Cap Applied

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
93892	26	Tcd embol	A	XXX	6	N	D	N	N	$ 36.15	$ 36.15	RVU totals adj. refer to working notes
93892	TC	Tcd embol	A	XXX	6	N	D	N	N	$ 64.61	$ 64.61	Imaging Cap Applied
93892		Tcd embol	A	XXX	6	N	D	N	N	$ 100.63	$ 100.63	Imaging Cap Applied
93893	26	Tcd embol	A	XXX	6	N	D	N	N	$ 36.87	$ 36.87	RVU totals adj. refer to working notes
93893	TC	Tcd embol	A	XXX	6	N	D	N	N	$ 64.61	$ 64.61	Imaging Cap Applied
93893		Tcd embol	A	XXX	6	N	D	N	N	$ 101.47	$ 101.47	Imaging Cap Applied
93895	26	Carotid intv	Not Covered	XXX	6	N	D	N	N	$ -	$ -	
93895	TC	Carotid intv	Not Covered	XXX	6	N	D	N	N	$ -	$ -	
93895		Carotid intv	Not Covered	XXX	6	N	D	N	N	$ -	$ -	
93922	26	Upr/l xtren	A	XXX	6	B	D	N	N	$ 8.92	$ 8.92	
93922	TC	Upr/l xtren	A	XXX	6	B	D	N	N	$ 44.10	$ 44.10	
93922		Upr/l xtren	A	XXX	6	B	D	N	N	$ 53.02	$ 53.02	
93923	26	Upr/lxtr ar	A	XXX	6	B	D	N	N	$ 14.94	$ 14.94	
93923	TC	Upr/lxtr ar	A	XXX	6	B	D	N	N	$ 67.00	$ 67.00	
93923		Upr/lxtr ar	A	XXX	6	B	D	N	N	$ 81.94	$ 81.94	
93924	26	Lwr xtr vas	A	XXX	6	B	D	N	N	$ 16.63	$ 16.63	
93924	TC	Lwr xtr vas	A	XXX	6	B	D	N	N	$ 84.83	$ 84.83	
93924		Lwr xtr vas	A	XXX	6	B	D	N	N	$ 101.46	$ 101.46	
93925	26	Lower extr	A	XXX	6	B	D	N	N	$ 25.79	$ 25.79	
93925	TC	Lower extr	A	XXX	6	B	D	N	N	$ 131.59	$ 131.59	
93925		Lower extr	A	XXX	6	B	D	N	N	$ 157.61	$ 157.61	
93926	26	Lower extr	A	XXX	6	N	D	N	N	$ 14.70	$ 14.70	RVU totals adj. refer to working notes
93926	TC	Lower extr	A	XXX	6	N	D	N	N	$ 64.68	$ 64.68	Imaging Cap Applied
93926		Lower extr	A	XXX	6	N	D	N	N	$ 79.28	$ 79.28	Imaging Cap Applied
93930	26	Upper extr	A	XXX	6	B	D	N	N	$ 26.99	$ 26.99	
93930	TC	Upper extr	A	XXX	6	B	D	N	N	$ 101.94	$ 101.94	
93930		Upper extr	A	XXX	6	B	D	N	N	$ 128.94	$ 128.94	
93931	26	Upper extr	A	XXX	6	N	D	N	N	$ 16.63	$ 16.63	
93931	TC	Upper extr	A	XXX	6	N	D	N	N	$ 63.87	$ 63.87	
93931		Upper extr	A	XXX	6	N	D	N	N	$ 80.25	$ 80.25	
93970	26	Extremity s	A	XXX	6	B	D	N	N	$ 22.90	$ 22.90	
93970	TC	Extremity s	A	XXX	6	B	D	N	N	$ 98.81	$ 98.81	
93970		Extremity s	A	XXX	6	B	D	N	N	$ 121.46	$ 121.46	
93971	26	Extremity s	A	XXX	6	N	D	N	N	$ 14.94	$ 14.94	
93971	TC	Extremity s	A	XXX	6	N	D	N	N	$ 61.70	$ 61.70	
93971		Extremity s	A	XXX	6	N	D	N	N	$ 76.64	$ 76.64	
93975	26	Vascular st	A	XXX	6	N	D	N	N	$ 38.56	$ 38.56	
93975	TC	Vascular st	A	XXX	6	N	D	N	N	$ 134.96	$ 134.96	
93975		Vascular st	A	XXX	6	N	D	N	N	$ 173.52	$ 173.52	
93976	26	Vascular st	A	XXX	6	N	D	N	N	$ 23.62	**$ 23.62**	RVU totals adj. refer to working notes
93976	TC	Vascular st	A	XXX	6	N	D	N	N	$ 64.68	$ 64.68	Imaging Cap Applied
93976		Vascular st	A	XXX	6	N	D	N	N	$ 88.15	$ 88.15	Imaging Cap Applied
93978	26	Vascular st	A	XXX	6	N	D	N	N	$ 26.99	$ 26.99	
93978	TC	Vascular st	A	XXX	6	N	D	N	N	$ 91.10	$ 91.10	
93978		Vascular st	A	XXX	6	N	D	N	N	$ 118.09	$ 118.09	
93979	26	Vascular st	A	XXX	6	N	D	N	N	$ 16.39	$ 16.39	
93979	TC	Vascular st	A	XXX	6	N	D	N	N	$ 59.53	$ 59.53	
93979		Vascular st	A	XXX	6	N	D	N	N	$ 75.92	$ 75.92	
93980	26	Penile vasc	A	XXX	6	N	D	N	N	$ 40.97	$ 40.97	
93980	TC	Penile vasc	A	XXX	6	N	D	N	N	$ 36.63	$ 36.63	
93980		Penile vasc	A	XXX	6	N	D	N	N	$ 77.60	$ 77.60	
93981	26	Penile vasc	A	XXX	6	N	D	N	N	$ 14.22	$ 14.22	
93981	TC	Penile vasc	A	XXX	6	N	D	N	N	$ 31.57	$ 31.57	
93981		Penile vasc	A	XXX	6	N	D	N	N	$ 46.03	$ 46.03	
93985	26	Dup-scan h	A	XXX	6	B	D	N	N	$ 26.75	$ 26.75	
93985	TC	Dup-scan h	A	XXX	6	B	D	N	N	$ 139.30	$ 139.30	
93985		Dup-scan h	A	XXX	6	B	D	N	N	$ 166.05	$ 166.05	
93986	26	Dup-scan h	A	XXX	6	N	D	N	N	$ 15.42	**$ 15.42**	RVU totals adj. refer to working notes
93986	TC	Dup-scan h	A	XXX	6	N	D	N	N	$ 64.88	$ 64.88	Imaging Cap Applied
93986		Dup-scan h	A	XXX	6	N	D	N	N	$ 80.27	$ 80.27	Imaging Cap Applied
93990	26	Doppler flo	A	XXX	6	N	D	N	N	$ 15.18	**$ 15.18**	RVU totals adj. refer to working notes
93990	TC	Doppler flo	A	XXX	6	N	D	N	N	$ 64.68	$ 64.68	Imaging Cap Applied

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
93990		Doppler flo	A	XXX	6	N	D	N	N	$ 79.70	$ 79.70	Imaging Cap Applied
93998		Noninvas vnlstd/Manua		XXX	N	N	D	D	D	$ -	$ -	
94002		Vent mgmtNot Covered		XXX	N	N	D	N	N	$ 63.14	$ 63.14	
94003		Vent mgmtNot Covered		XXX	N	N	D	N	N	$ 44.83	$ 44.83	
94004		Vent mgmtNot Covered		XXX	N	N	D	N	N	$ 32.78	$ 32.78	
94005		Home vent	B	XXX	N	N	N	N	N	$ 61.46	$ 61.46	
94010	26	Breathing (	A	XXX	N	N	D	N	N	$ 5.54	$ 5.54	
94010	TC	Breathing (	A	XXX	N	N	D	N	N	$ 12.77	$ 12.77	
94010		Breathing (	A	XXX	N	N	D	N	N	$ 18.32	$ 18.32	
94011		Spirometry	A	XXX	N	N	D	N	N	$ 58.80	$ 58.80	
94012		Spirmtry w	A	XXX	N	N	D	N	N	$ 95.44	$ 95.44	
94013		Meas lung	A	XXX	N	N	D	N	N	$ 13.50	$ 13.50	
94014		Patient recNot Covered		XXX	N	N	D	N	N	$ 35.67	$ 35.67	
94015		Patient recNot Covered		XXX	N	N	D	N	N	$ 18.56	$ 18.56	
94016		Review paNot Covered		XXX	N	N	D	N	N	$ 16.63	$ 16.63	
94060	26	Evaluation	A	XXX	N	N	D	N	N	$ 6.99	$ 6.99	
94060	TC	Evaluation	A	XXX	N	N	D	N	N	$ 21.69	$ 21.69	
94060		Evaluation	A	XXX	N	N	D	N	N	$ 28.68	$ 28.68	
94070	26	EvaluationNot Covered		XXX	N	N	D	N	N	$ 19.04	$ 19.04	
94070	TC	EvaluationNot Covered		XXX	N	N	D	N	N	$ 20.49	$ 20.49	
94070		EvaluationNot Covered		XXX	N	N	D	N	N	$ 39.77	$ 39.77	
94150	26	Vital capac	B	XXX	N	N	N	N	N	$ 2.65	$ 2.65	
94150	TC	Vital capac	B	XXX	N	N	N	N	N	$ 12.77	$ 12.77	
94150		Vital capac	B	XXX	N	N	N	N	N	$ 15.42	$ 15.42	
94200	26	Lung funct	A	XXX	N	N	D	N	N	$ 2.41	$ 2.41	
94200	TC	Lung funct	A	XXX	N	N	D	N	N	$ 8.44	$ 8.44	
94200		Lung funct	A	XXX	N	N	D	N	N	$ 11.09	$ 11.09	
94375	26	Respiratory	A	XXX	N	N	D	N	N	$ 9.88	$ 9.88	
94375	TC	Respiratory	A	XXX	N	N	D	N	N	$ 14.70	$ 14.70	
94375		Respiratory	A	XXX	N	N	D	N	N	$ 24.58	$ 24.58	
94450	26	Hypoxia reNot Covered		XXX	N	N	D	N	N	$ 12.29	$ 12.29	
94450	TC	Hypoxia reNot Covered		XXX	N	N	D	N	N	$ 26.03	$ 26.03	
94450		Hypoxia reNot Covered		XXX	N	N	D	N	N	$ 38.80	$ 38.80	
94452	26	Hast w/repNot Covered		XXX	N	N	D	N	N	$ 9.64	$ 9.64	
94452	TC	Hast w/repNot Covered		XXX	N	N	D	N	N	$ 22.41	$ 22.41	
94452		Hast w/repNot Covered		XXX	N	N	D	N	N	$ 32.05	$ 32.05	
94453	26	Hast w/oxyNot Covered		XXX	N	N	D	N	N	$ 12.53	$ 12.53	
94453	TC	Hast w/oxyNot Covered		XXX	N	N	D	N	N	$ 31.33	$ 31.33	
94453		Hast w/oxyNot Covered		XXX	N	N	D	N	N	$ 44.10	$ 44.10	
94610		Surfactant vNot Covered		XXX	N	N	D	N	N	$ 37.84	$ 37.84	OP-STVX-Packaged code
94617	26	Exercise ts	A	XXX	N	N	D	N	N	$ 22.90	$ 22.90	
94617	TC	Exercise ts	A	XXX	N	N	D	N	N	$ 36.63	$ 36.63	
94617		Exercise ts	A	XXX	N	N	D	N	N	$ 59.53	$ 59.53	
94618	26	Pulmonary	A	XXX	N	N	D	N	N	$ 15.18	$ 15.18	
94618	TC	Pulmonary	A	XXX	N	N	D	N	N	$ 6.75	$ 6.75	
94618		Pulmonary	A	XXX	N	N	D	N	N	$ 21.93	$ 21.93	
94619	26	Exercise ts	A	XXX	N	N	D	N	N	$ 15.91	$ 15.91	2021 New Procedure Code
94619	TC	Exercise ts	A	XXX	N	N	D	N	N	$ 30.13	$ 30.13	2021 New Procedure Code
94619		Exercise ts	A	XXX	N	N	D	N	N	$ 46.03	$ 46.03	2021 New Procedure Code
94621	26	Cardiopulr	A	XXX	N	N	D	N	N	$ 46.27	$ 46.27	
94621	TC	Cardiopulr	A	XXX	N	N	D	N	N	$ 54.47	$ 54.47	
94621		Cardiopulr	A	XXX	N	N	D	N	N	$ 100.50	$ 100.50	
94640		Airway inh	A	XXX	N	N	D	N	N	$ 8.44	$ 8.44	
94642		Aerosol inl	C	XXX	N	N	D	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
94644		Cbt 1st hoNot Covered		XXX	N	N	D	N	N	$ 36.39	$ 36.39	
94645		Cbt each aNot Covered		XXX	N	N	D	N	N	$ 9.88	$ 9.88	Items and services packaged into APC
94660		Pos airwayNot Covered		XXX	N	N	D	N	N	$ 25.55	$ 40.97	
94662		Neg press vNot Covered		XXX	N	N	D	N	N	$ 24.34	$ 24.34	
94664		Evaluate p	A	XXX	N	N	D	N	N	$ 10.12	$ 10.12	
94667		Chest wall vNot Covered		XXX	N	N	D	N	N	$ 12.77	$ 12.77	
94668		Chest wall vNot Covered		XXX	N	N	D	N	N	$ 20.00	$ 20.00	
94669		MechanicaNot Covered		XXX	N	N	D	N	N	$ 13.98	$ 13.98	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
94680	26	Exhaled ai	Not Covered	XXX	N	N	D	N	N	$ 8.44	$ 8.44	
94680	TC	Exhaled ai	Not Covered	XXX	N	N	D	N	N	$ 24.58	$ 24.58	
94680		Exhaled ai	Not Covered	XXX	N	N	D	N	N	$ 33.02	$ 33.02	
94681	26	Exhaled ai	Not Covered	XXX	N	N	D	N	N	$ 6.75	$ 6.75	
94681	TC	Exhaled ai	Not Covered	XXX	N	N	D	N	N	$ 24.82	$ 24.82	
94681		Exhaled ai	Not Covered	XXX	N	N	D	N	N	$ 31.57	$ 31.57	
94690	26	Exhaled ai	Not Covered	XXX	N	N	D	N	N	$ 2.65	$ 2.65	
94690	TC	Exhaled ai	Not Covered	XXX	N	N	D	N	N	$ 24.34	$ 24.34	
94690		Exhaled ai	Not Covered	XXX	N	N	D	N	N	$ 26.75	$ 26.75	
94726	26	Pulm funct	A	XXX	N	N	D	N	N	$ 8.19	$ 8.19	
94726	TC	Pulm funct	A	XXX	N	N	D	N	N	$ 25.79	$ 25.79	
94726		Pulm funct	A	XXX	N	N	D	N	N	$ 34.22	$ 34.22	
94727	26	Pulm funct	A	XXX	N	N	D	N	N	$ 8.19	$ 8.19	
94727	TC	Pulm funct	A	XXX	N	N	D	N	N	$ 19.28	$ 19.28	
94727		Pulm funct	A	XXX	N	N	D	N	N	$ 27.47	$ 27.47	
94728	26	Airwy resi	Not Covered	XXX	N	N	D	N	N	$ 8.44	$ 8.44	
94728	TC	Airwy resi	Not Covered	XXX	N	N	D	N	N	$ 17.11	$ 17.11	
94728		Airwy resi	Not Covered	XXX	N	N	D	N	N	$ 25.55	$ 25.55	
94729	26	Co/memba	A	ZZZ	N	N	D	N	N	$ 6.03	$ 6.03	
94729	TC	Co/memba	A	ZZZ	N	N	D	N	N	$ 30.37	$ 30.37	
94729		Co/memba	A	ZZZ	N	N	D	N	N	$ 36.39	$ 36.39	
94760		Measure bl	T	XXX	N	N	D	N	N	$ 1.45	$ 1.45	
94761		Measure bl	T	XXX	N	N	D	N	N	$ 2.41	$ 2.41	
94762		Measure bl	Not Covered	XXX	N	N	D	N	N	$ 16.39	$ 16.39	
94772	26	Breath rec	C	XXX	N	N	D	N	N	$ -	$ -	$178.84 Priced on UCR, eff. 9/1/99
94772	TC	Breath rec	C	XXX	N	N	D	N	N	$ -	$ -	$178.84 Priced on UCR, eff. 6/1/93
94772		Breath rec	C	XXX	N	N	D	N	N	$ -	$ -	$178.84 Priced on UCR, eff. 9/1/99
94774		Ped home M	Not Covered	YYY	N	N	D	N	N	$ -	$ -	Not sure it should be considered bundle
94775		Ped home M	Not Covered	YYY	N	N	D	N	N	$ -	$ -	OP - Significant procedure, not discour
94776		Ped home M	Not Covered	YYY	N	N	D	N	N	$ -	$ -	OP - Significant procedure, not discour
94777		Ped home M	Not Covered	YYY	N	N	D	N	N	$ -	$ -	Not sure it should be considered bundle
94780		Cars/bd tst	Not Covered	XXX	N	N	N	N	N	$ 16.39	$ 32.54	
94781		Cars/bd tst	Not Covered	ZZZ	N	N	N	N	N	$ 5.54	$ 12.53	
94799	26	Pulmonary	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
94799	TC	Pulmonary	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
94799		Pulmonary	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
95004		Percut alle	A	XXX	N	N	D	N	N	$ 2.65	$ 2.65	
95012		Exhaled ni	Not Covered	XXX	N	N	D	N	N	$ 12.05	$ 12.05	
95017		Perq & icu	A	XXX	N	N	D	N	N	$ 2.65	$ 5.54	
95018		Perq&ic al	A	XXX	N	N	D	N	N	$ 4.82	$ 13.26	
95024		Icut allergy	A	XXX	N	N	D	N	N	$ 0.72	$ 5.30	
95027		Icut allergy	A	XXX	N	N	D	N	N	$ 2.89	$ 2.89	
95028		Icut allergy	A	XXX	N	N	D	N	N	$ 7.95	$ 7.95	
95044		Allergy pat	A	XXX	N	N	D	N	N	$ 3.37	$ 3.37	
95052		Photo patc	A	XXX	N	N	D	N	N	$ 4.10	$ 4.10	
95056		Photosensi	A	XXX	N	N	D	N	N	$ 29.16	$ 29.16	
95060		Eye allergy	A	XXX	N	N	D	N	N	$ 21.93	$ 21.93	
95065		Nose allerg	A	XXX	N	N	D	N	N	$ 16.15	$ 16.15	
95070		Bronchial a	A	XXX	N	N	D	N	N	$ 21.21	$ 21.21	
95076		Ingest chal	A	XXX	N	N	D	N	N	$ 49.89	$ 76.64	
95079		Ingest chal	A	ZZZ	N	N	D	N	N	$ 45.79	$ 55.67	
95115		Immunothe	A	XXX	N	N	D	N	N	$ 5.54	$ 5.54	
95117		Immunothe	A	XXX	N	N	D	N	N	$ 6.75	$ 6.75	
95120		Immunothe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
95125		Immunothe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
95130		Immntx 1 s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
95131		Immntx 2 s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
95132		Immntx 3 s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
95133		Immntx 4 s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
95134		Immntx 5 s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
95144		Antigen th	A	XXX	N	N	D	N	N	$ 2.17	$ 10.12	
95145		Antigen th	A	XXX	N	N	D	N	N	$ 2.17	$ 20.97	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
95146		Antigen th	A	XXX	N	N	D	N	N	$ 2.17	$ 38.32	
95147		Antigen th	A	XXX	N	N	D	N	N	$ 2.17	$ 37.84	
95148		Antigen th	A	XXX	N	N	D	N	N	$ 2.17	$ 55.19	
95149		Antigen th	A	XXX	N	N	D	N	N	$ 2.17	$ 73.51	
95165		Antigen th	A	XXX	N	N	D	N	N	$ 2.17	$ 9.64	
95170		Antigen th	A	XXX	N	N	D	N	N	$ 2.17	$ 7.23	
95180		Rapid dese	A	XXX	N	N	D	N	N	$ 69.17	$ 89.41	
95199		Allergy im	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
95249		Cont gluc	Not Covered	XXX	N	N	D	N	N	$ 35.19	$ 35.19	
95250		Cont gluc	Not Covered	XXX	N	N	D	N	N	$ 93.75	$ 93.75	
95251		Cont gluc	Not Covered	XXX	N	N	D	N	N	$ 23.86	$ 23.86	
95700		Eeg cont re	C	XXX	N	N	D	N	N	$ -	$ -	
95705		Eeg w/o vi	C	XXX	N	N	D	N	N	$ -	$ -	
95706		Eeg wo vic	C	XXX	N	N	D	N	N	$ -	$ -	
95707		Eeg w/o vi	C	XXX	N	N	D	N	N	$ -	$ -	
95708		Eeg wo vic	C	XXX	N	N	D	N	N	$ -	$ -	
95709		Eeg w/o vi	C	XXX	N	N	D	N	N	$ -	$ -	
95710		Eeg w/o vi	C	XXX	N	N	D	N	N	$ -	$ -	
95711		Veeg 2-12	C	XXX	N	N	D	N	N	$ -	$ -	
95712		Veeg 2-12	C	XXX	N	N	D	N	N	$ -	$ -	
95713		Veeg 2-12	C	XXX	N	N	D	N	N	$ -	$ -	
95714		Veeg ea 12	C	XXX	N	N	D	N	N	$ -	$ -	
95715		Veeg ea 12	C	XXX	N	N	D	N	N	$ -	$ -	
95716		Veeg ea 12	C	XXX	N	N	D	N	N	$ -	$ -	
95717		Eeg phys/q	A	XXX	N	N	D	N	N	$ 68.69	$ 69.17	
95718		Eeg phys/q	A	XXX	N	N	D	N	N	$ 90.38	$ 91.82	
95719		Eeg phys/q	A	XXX	N	N	D	N	N	$ 105.56	$ 106.76	
95720		Eeg phy/qh	A	XXX	N	N	D	N	N	$ 138.82	$ 140.74	
95721		Eeg phy/qh	A	XXX	N	N	D	N	N	$ 139.06	$ 141.47	
95722		Eeg phy/qh	A	XXX	N	N	D	N	N	$ 169.42	$ 172.32	
95723		Eeg phy/qh	A	XXX	N	N	D	N	N	$ 172.32	$ 175.69	
95724		Eeg phy/qh	A	XXX	N	N	D	N	N	$ 216.42	$ 220.03	
95725		Eeg phy/qh	A	XXX	N	N	D	N	N	$ 196.66	$ 200.99	
95726		Eeg phy/qh	A	XXX	N	N	D	N	N	$ 274.02	$ 279.08	
95782	26	Polysom <	A	XXX	N	N	D	N	N	$ 84.59	$ 84.59	
95782	TC	Polysom <	A	XXX	N	N	D	N	N	$ 488.03	$ 488.03	
95782		Polysom <	A	XXX	N	N	D	N	N	$ 572.62	$ 572.62	
95783	26	Polysom <	A	XXX	N	N	D	N	N	$ 91.82	$ 91.82	
95783	TC	Polysom <	A	XXX	N	N	D	N	N	$ 515.26	$ 515.26	
95783		Polysom <	A	XXX	N	N	D	N	N	$ 607.08	$ 607.08	
95800	26	Slp stdy ur	Not Covered	XXX	N	N	D	N	N	$ 28.20	$ 28.20	
95800	TC	Slp stdy ur	Not Covered	XXX	N	N	D	N	N	$ 76.16	$ 76.16	
95800		Slp stdy ur	Not Covered	XXX	N	N	D	N	N	$ 104.11	$ 104.11	
95801	26	Slp stdy ur	Not Covered	XXX	N	N	D	N	N	$ 28.20	$ 28.20	
95801	TC	Slp stdy ur	Not Covered	XXX	N	N	D	N	N	$ 29.40	$ 29.40	
95801		Slp stdy ur	Not Covered	XXX	N	N	D	N	N	$ 57.60	$ 57.60	
95803	26	Actigraphy	Not Covered	XXX	N	N	D	N	N	$ 30.13	$ 30.13	
95803	TC	Actigraphy	Not Covered	XXX	N	N	D	N	N	$ 66.52	$ 66.52	
95803		Actigraphy	Not Covered	XXX	N	N	D	N	N	$ 96.64	$ 96.64	
95805	26	Multiple sl	A	XXX	N	N	D	N	N	$ 39.28	$ 39.28	
95805	TC	Multiple sl	A	XXX	N	N	D	N	N	$ 220.27	$ 220.27	
95805		Multiple sl	A	XXX	N	N	D	N	N	$ 259.56	$ 259.56	
95806	26	Sleep study	A	XXX	N	N	D	N	N	$ 30.37	$ 30.37	
95806	TC	Sleep study	A	XXX	N	N	D	N	N	$ 33.98	$ 33.98	
95806		Sleep study	A	XXX	N	N	D	N	N	$ 64.35	$ 64.35	
95807	26	Sleep study	A	XXX	N	N	D	N	N	$ 41.21	$ 41.21	
95807	TC	Sleep study	A	XXX	N	N	D	N	N	$ 205.57	$ 205.57	
95807		Sleep study	A	XXX	N	N	D	N	N	$ 246.78	$ 246.78	
95808	26	Polysom ai	A	XXX	N	N	D	N	N	$ 58.32	$ 58.32	
95808	TC	Polysom ai	A	XXX	N	N	D	N	N	$ 348.73	$ 348.73	
95808		Polysom ai	A	XXX	N	N	D	N	N	$ 407.05	$ 407.05	
95810	26	Polysom 6	A	XXX	N	N	D	N	N	$ 81.22	$ 81.22	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
95810	TC	Polysom 6	A	XXX	N	N	D	N	N	$ 301.73	$ 301.73	
95810		Polysom 6	A	XXX	N	N	D	N	N	$ 382.95	$ 382.95	
95811	26	Polysom 6	A	XXX	N	N	D	N	N	$ 84.35	$ 84.35	
95811	TC	Polysom 6	A	XXX	N	N	D	N	N	$ 315.47	$ 315.47	
95811		Polysom 6	A	XXX	N	N	D	N	N	$ 399.58	$ 399.58	
95812	26	Eeg 41-60	A	XXX	N	N	D	N	N	$ 38.32	$ 38.32	
95812	TC	Eeg 41-60	A	XXX	N	N	D	N	N	$ 175.45	$ 175.45	
95812		Eeg 41-60	A	XXX	N	N	D	N	N	$ 214.01	$ 214.01	
95813	26	Eeg extnd	A	XXX	N	N	D	N	N	$ 58.56	$ 58.56	
95813	TC	Eeg extnd	A	XXX	N	N	D	N	N	$ 205.81	$ 205.81	
95813		Eeg extnd	A	XXX	N	N	D	N	N	$ 264.38	$ 264.38	
95816	26	Eeg awake	A	XXX	N	N	D	N	N	$ 38.32	$ 38.32	
95816	TC	Eeg awake	A	XXX	N	N	D	N	N	$ 195.21	$ 195.21	
95816		Eeg awake	A	XXX	N	N	D	N	N	$ 233.53	$ 233.53	
95819	26	Eeg awake	A	XXX	N	N	D	N	N	$ 38.56	$ 38.56	
95819	TC	Eeg awake	A	XXX	N	N	D	N	N	$ 240.76	$ 240.76	
95819		Eeg awake	A	XXX	N	N	D	N	N	$ 279.32	$ 279.32	
95822	26	Eeg coma	A	XXX	N	N	D	N	N	$ 38.56	$ 38.56	
95822	TC	Eeg coma	A	XXX	N	N	D	N	N	$ 216.42	$ 216.42	
95822		Eeg coma	A	XXX	N	N	D	N	N	$ 255.22	$ 255.22	
95824	26	Eeg cerebr	A	XXX	N	N	D	N	N	$ 26.51	$ 26.51	
95824	TC	Eeg cerebr	C	XXX	N	N	D	N	N	$ -	$ -	$83.47 Priced on UCR, eff. 6/1/93
95824		Eeg cerebr	C	XXX	N	N	D	N	N	$ -	$ -	$83.47 Priced on UCR, eff. 6/1/93
95829	26	Surgery ele	A	XXX	N	N	D	N	N	$ 225.34	$ 225.34	
95829	TC	Surgery ele	A	XXX	N	N	D	N	N	$ 965.45	$ 965.45	
95829		Surgery ele	A	XXX	N	N	D	N	N	########	$ 1,190.78	
95830		Insert elect	A	XXX	N	N	D	N	N	$ 62.66	$ 399.58	
95836		Ecog implt	Not Covered	XXX	N	N	D	N	N	$ 71.58	$ 71.58	
95851		Range of n	A	XXX	N	N	D	N	N	$ 5.06	$ 14.22	
95852		Range of n	A	XXX	N	N	D	N	N	$ 3.62	$ 11.33	
95857		Cholineste	A	XXX	N	N	D	N	N	$ 20.00	$ 35.91	
95860	26	Muscle tes	A	XXX	N	N	D	N	N	$ 34.46	$ 34.46	
95860	TC	Muscle tes	A	XXX	N	N	D	N	N	$ 41.45	$ 41.45	
95860		Muscle tes	A	XXX	N	N	D	N	N	$ 75.92	$ 75.92	
95861	26	Muscle tes	A	XXX	N	N	D	N	N	$ 54.71	$ 54.71	
95861	TC	Muscle tes	A	XXX	N	N	D	N	N	$ 55.19	$ 55.19	
95861		Muscle tes	A	XXX	N	N	D	N	N	$ 109.90	$ 109.90	
95863	26	Muscle tes	A	XXX	N	N	D	N	N	$ 66.52	$ 66.52	
95863	TC	Muscle tes	A	XXX	N	N	D	N	N	$ 76.40	$ 76.40	
95863		Muscle tes	A	XXX	N	N	D	N	N	$ 142.67	$ 142.67	
95864	26	Muscle tes	A	XXX	N	N	D	N	N	$ 71.58	$ 71.58	
95864	TC	Muscle tes	A	XXX	N	N	D	N	N	$ 88.21	$ 88.21	
95864		Muscle tes	A	XXX	N	N	D	N	N	$ 159.54	$ 159.54	
95865	26	Muscle tes	A	XXX	N	B	D	N	N	$ 55.43	$ 55.43	
95865	TC	Muscle tes	A	XXX	N	B	D	N	N	$ 45.07	$ 45.07	
95865		Muscle tes	A	XXX	N	B	D	N	N	$ 100.50	$ 100.50	
95866	26	Muscle tes	A	XXX	N	N	D	N	N	$ 43.86	$ 43.86	
95866	TC	Muscle tes	A	XXX	N	N	D	N	N	$ 43.14	$ 43.14	
95866		Muscle tes	A	XXX	N	N	D	N	N	$ 87.24	$ 87.24	
95867	26	Muscle tes	A	XXX	N	N	D	N	N	$ 28.20	$ 28.20	
95867	TC	Muscle tes	A	XXX	N	N	D	N	N	$ 42.90	$ 42.90	
95867		Muscle tes	A	XXX	N	N	D	N	N	$ 71.10	$ 71.10	
95868	26	Muscle tes	A	XXX	N	B	D	N	N	$ 42.18	$ 42.18	
95868	TC	Muscle tes	A	XXX	N	B	D	N	N	$ 51.09	$ 51.09	
95868		Muscle tes	A	XXX	N	B	D	N	N	$ 93.27	$ 93.27	
95869	26	Muscle tes	A	XXX	N	N	D	N	N	$ 13.26	$ 13.26	
95869	TC	Muscle tes	A	XXX	N	N	D	N	N	$ 50.13	$ 50.13	
95869		Muscle tes	A	XXX	N	N	D	N	N	$ 63.62	$ 63.62	
95870	26	Muscle tes	A	XXX	N	N	D	N	N	$ 13.01	$ 13.01	
95870	TC	Muscle tes	A	XXX	N	N	D	N	N	$ 43.62	$ 43.62	
95870		Muscle tes	A	XXX	N	N	D	N	N	$ 57.12	$ 57.12	
95872	26	Muscle tes	A	XXX	N	N	D	N	N	$ 102.91	$ 102.91	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
95872	TC	Muscle tes	A	XXX	N	N	D	N	N	$ 32.54	$ 32.54	
95872		Muscle tes	A	XXX	N	N	D	N	N	$ 135.44	$ 135.44	
95873	26	Guide nerv	A	ZZZ	N	N	D	N	N	$ 13.26	$ 13.26	
95873	TC	Guide nerv	A	ZZZ	N	N	D	N	N	$ 36.15	$ 36.15	
95873		Guide nerv	A	ZZZ	N	N	D	N	N	$ 49.41	$ 49.41	
95874	26	Guide nerv	A	ZZZ	N	N	D	N	N	$ 13.01	$ 13.01	
95874	TC	Guide nerv	A	ZZZ	N	N	D	N	N	$ 38.56	$ 38.56	
95874		Guide nerv	A	ZZZ	N	N	D	N	N	$ 51.57	$ 51.57	
95875	26	Limb exerc	A	XXX	N	N	D	N	N	$ 39.28	$ 39.28	
95875	TC	Limb exerc	A	XXX	N	N	D	N	N	$ 48.20	$ 48.20	
95875		Limb exerc	A	XXX	N	N	D	N	N	$ 87.48	$ 87.48	
95885	26	Musc tst d	A	ZZZ	N	N	D	N	N	$ 12.29	$ 12.29	
95885	TC	Musc tst d	A	ZZZ	N	N	D	N	N	$ 29.16	$ 29.16	
95885		Musc tst d	A	ZZZ	N	N	D	N	N	$ 41.45	$ 41.45	
95886	26	Musc test c	A	ZZZ	N	N	D	N	N	$ 30.85	$ 30.85	
95886	TC	Musc test c	A	ZZZ	N	N	D	N	N	$ 34.22	$ 34.22	
95886		Musc test c	A	ZZZ	N	N	D	N	N	$ 65.07	$ 65.07	
95887	26	Musc tst d	A	ZZZ	N	N	D	N	N	$ 25.31	$ 25.31	
95887	TC	Musc tst d	A	ZZZ	N	N	D	N	N	$ 31.09	$ 31.09	
95887		Musc tst d	A	ZZZ	N	N	D	N	N	$ 56.39	$ 56.39	
95905	26	Motor &/ s	A	XXX	N	N	D	N	N	$ 1.93	$ 1.93	
95905	TC	Motor &/ s	A	XXX	N	N	D	N	N	$ 27.23	$ 27.23	
95905		Motor &/ s	A	XXX	N	N	D	N	N	$ 28.92	$ 28.92	
95907	26	Nvr cndj ts	A	XXX	N	N	D	N	N	$ 35.91	$ 35.91	
95907	TC	Nvr cndj ts	A	XXX	N	N	D	N	N	$ 25.55	$ 25.55	
95907		Nvr cndj ts	A	XXX	N	N	D	N	N	$ 61.21	$ 61.21	
95908	26	Nrv cndj ts	A	XXX	N	N	D	N	N	$ 44.83	$ 44.83	
95908	TC	Nrv cndj ts	A	XXX	N	N	D	N	N	$ 32.54	$ 32.54	
95908		Nrv cndj ts	A	XXX	N	N	D	N	N	$ 77.36	$ 77.36	
95909	26	Nrv cndj ts	A	XXX	N	N	D	N	N	$ 53.26	$ 53.26	
95909	TC	Nrv cndj ts	A	XXX	N	N	D	N	N	$ 38.80	$ 38.80	
95909		Nrv cndj ts	A	XXX	N	N	D	N	N	$ 92.30	$ 92.30	
95910	26	Nrv cndj te	A	XXX	N	N	D	N	N	$ 72.06	$ 72.06	
95910	TC	Nrv cndj te	A	XXX	N	N	D	N	N	$ 49.65	$ 49.65	
95910		Nrv cndj te	A	XXX	N	N	D	N	N	$ 121.71	$ 121.71	
95911	26	Nrv cndj te	A	XXX	N	N	D	N	N	$ 89.17	$ 89.17	
95911	TC	Nrv cndj te	A	XXX	N	N	D	N	N	$ 56.88	$ 56.88	
95911		Nrv cndj te	A	XXX	N	N	D	N	N	$ 146.05	$ 146.05	
95912	26	Nrv cndj te	A	XXX	N	N	D	N	N	$ 107.00	$ 107.00	
95912	TC	Nrv cndj te	A	XXX	N	N	D	N	N	$ 62.66	$ 62.66	
95912		Nrv cndj te	A	XXX	N	N	D	N	N	$ 169.66	$ 169.66	
95913	26	Nrv cndj te	A	XXX	N	N	D	N	N	$ 126.53	$ 126.53	
95913	TC	Nrv cndj te	A	XXX	N	N	D	N	N	$ 70.61	$ 70.61	
95913		Nrv cndj te	A	XXX	N	N	D	N	N	$ 197.14	$ 197.14	
95921	26	Autonomic	A	XXX	N	N	D	N	N	$ 30.61	$ 30.61	
95921	TC	Autonomic	A	XXX	N	N	D	N	N	$ 26.99	$ 26.99	
95921		Autonomic	A	XXX	N	N	D	N	N	$ 57.36	$ 57.36	
95922	26	Autonomic	A	XXX	N	N	D	N	N	$ 32.29	$ 32.29	
95922	TC	Autonomic	A	XXX	N	N	D	N	N	$ 35.67	$ 35.67	
95922		Autonomic	A	XXX	N	N	D	N	N	$ 67.72	$ 67.72	
95923	26	Autonomic	A	XXX	N	N	D	N	N	$ 30.61	$ 30.61	
95923	TC	Autonomic	A	XXX	N	N	D	N	N	$ 52.06	$ 52.06	
95923		Autonomic	A	XXX	N	N	D	N	N	$ 82.66	$ 82.66	
95924	26	Ans parasy	A	XXX	N	N	D	N	N	$ 58.80	$ 58.80	
95924	TC	Ans parasy	A	XXX	N	N	D	N	N	$ 39.28	$ 39.28	
95924		Ans parasy	A	XXX	N	N	D	N	N	$ 98.09	$ 98.09	
95925	26	Somatosen	A	XXX	N	B	D	N	N	$ 19.28	$ 19.28	
95925	TC	Somatosen	A	XXX	N	B	D	N	N	$ 78.33	$ 78.33	
95925		Somatosen	A	XXX	N	B	D	N	N	$ 97.85	$ 97.85	
95926	26	Somatosen	A	XXX	N	B	D	N	N	$ 18.56	$ 18.56	
95926	TC	Somatosen	A	XXX	N	B	D	N	N	$ 71.58	$ 71.58	
95926		Somatosen	A	XXX	N	B	D	N	N	$ 90.38	$ 90.38	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
95927	26	Somatosen	A	XXX	N	N	D	N	N	$ 18.08	$ 18.08	
95927	TC	Somatosen	A	XXX	N	N	D	N	N	$ 70.61	$ 70.61	
95927		Somatosen	A	XXX	N	N	D	N	N	$ 88.69	$ 88.69	
95928	26	C motor ev	A	XXX	N	B	D	N	N	$ 53.26	$ 53.26	
95928	TC	C motor ev	A	XXX	N	B	D	N	N	$ 96.16	$ 96.16	
95928		C motor ev	A	XXX	N	B	D	N	N	$ 149.42	$ 149.42	
95929	26	C motor ev	A	XXX	N	B	D	N	N	$ 52.78	$ 52.78	
95929	TC	C motor ev	A	XXX	N	B	D	N	N	$ 100.74	$ 100.74	
95929		C motor ev	A	XXX	N	B	D	N	N	$ 153.52	$ 153.52	
95930	26	Visual ep t	A	XXX	N	B	D	N	N	$ 12.29	$ 12.29	
95930	TC	Visual ep t	A	XXX	N	B	D	N	N	$ 29.64	$ 29.64	
95930		Visual ep t	A	XXX	N	B	D	N	N	$ 41.93	$ 41.93	
95933	26	Blink refle	A	XXX	N	N	D	N	N	$ 21.45	$ 21.45	
95933	TC	Blink refle	A	XXX	N	N	D	N	N	$ 33.26	$ 33.26	
95933		Blink refle	A	XXX	N	N	D	N	N	$ 54.71	$ 54.71	
95937	26	Neuromus	A	XXX	N	N	D	N	N	$ 23.38	$ 23.38	
95937	TC	Neuromus	A	XXX	N	N	D	N	N	$ 42.66	$ 42.66	
95937		Neuromus	A	XXX	N	N	D	N	N	$ 66.03	$ 66.03	
95938	26	Somatosen	A	XXX	N	B	D	N	N	$ 30.85	$ 30.85	
95938	TC	Somatosen	A	XXX	N	B	D	N	N	$ 191.60	$ 191.60	
95938		Somatosen	A	XXX	N	B	D	N	N	$ 222.44	$ 222.44	
95939	26	C motor ev	A	XXX	N	B	D	N	N	$ 80.01	$ 80.01	
95939	TC	C motor ev	A	XXX	N	B	D	N	N	$ 260.04	$ 260.04	
95939		C motor ev	A	XXX	N	B	D	N	N	$ 340.29	$ 340.29	
95940		Ionm in op	A	XXX	N	N	D	N	N	$ 22.17	$ 22.17	
95941		Ionm remo	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/13
95943	26	Parasymp&	C	XXX	N	N	D	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
95943	TC	Parasymp&	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
95943		Parasymp&	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
95954	26	Eeg monit	A	XXX	N	N	D	N	N	$ 75.67	$ 75.67	
95954	TC	Eeg monit	A	XXX	N	N	D	N	N	$ 173.04	$ 173.04	
95954		Eeg monit	A	XXX	N	N	D	N	N	$ 248.71	$ 248.71	
95955	26	Eeg during	A	XXX	N	N	D	N	N	$ 36.15	$ 36.15	
95955	TC	Eeg during	A	XXX	N	N	D	N	N	$ 99.29	$ 99.29	
95955		Eeg during	A	XXX	N	N	D	N	N	$ 135.44	$ 135.44	
95957	26	Eeg digital	A	XXX	N	N	D	N	N	$ 68.69	$ 68.69	
95957	TC	Eeg digital	A	XXX	N	N	D	N	N	$ 92.30	$ 92.30	
95957		Eeg digital	A	XXX	N	N	D	N	N	$ 160.99	$ 160.99	
95958	26	Eeg monit	A	XXX	N	N	D	N	N	$ 152.07	$ 152.07	
95958	TC	Eeg monit	A	XXX	N	N	D	N	N	$ 228.23	$ 228.23	
95958		Eeg monit	A	XXX	N	N	D	N	N	$ 380.54	$ 380.54	
95961	26	Electrode s	A	XXX	N	N	D	N	N	$ 109.17	$ 109.17	
95961	TC	Electrode s	A	XXX	N	N	D	N	N	$ 94.47	$ 94.47	
95961		Electrode s	A	XXX	N	N	D	N	N	$ 203.89	$ 203.89	
95962	26	Electrode s	A	ZZZ	N	N	D	N	N	$ 116.40	$ 116.40	
95962	TC	Electrode s	A	ZZZ	N	N	D	N	N	$ 55.91	$ 55.91	
95962		Electrode s	A	ZZZ	N	N	D	N	N	$ 172.56	$ 172.56	
95965	26	Meg spont	A	XXX	N	N	D	N	N	$ 278.84	$ 278.84	
95965	TC	Meg spont	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
95965		Meg spont	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
95966	26	Meg evoke	A	XXX	N	N	D	N	N	$ 142.43	$ 142.43	
95966	TC	Meg evoke	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
95966		Meg evoke	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR
95967	26	Meg evoke	A	ZZZ	N	N	D	N	N	$ 124.60	$ 124.60	
95967	TC	Meg evoke	C	ZZZ	N	N	D	N	N	$ -	$ -	Not priced on UCR
95967		Meg evoke	C	ZZZ	N	N	D	N	N	$ -	$ -	Not priced on UCR
95970		Alys npgt v	A	XXX	N	N	D	N	N	$ 13.01	$ 13.26	
95971		Alys smpl s	A	XXX	N	N	D	N	N	$ 26.99	$ 32.78	
95972		Alys cplx s	A	XXX	N	N	D	N	N	$ 28.44	$ 37.60	
95976		Alys smpl	A	XXX	N	N	D	N	N	$ 26.75	$ 27.23	
95977		Alys cplx c	A	XXX	N	N	D	N	N	$ 35.91	$ 36.63	
95980		Io anal gas	Not Covered	XXX	N	N	D	N	N	$ 31.33	$ 31.33	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
95981		Io anal gas	Not Covered	XXX	N	N	D	N	N	$ 12.29	$ 23.86	
95982		Io ga n-stir	Not Covered	XXX	N	N	D	N	N	$ 26.03	$ 38.80	
95983		Alys brn nj	A	XXX	N	N	D	N	N	$ 34.22	$ 34.70	
95984		Alys brn nj	A	ZZZ	N	N	D	N	N	$ 30.13	$ 30.37	
95990		Spin/brain	A	XXX	N	N	D	N	N	$ 56.64	$ 56.64	
95991		Spin/brain	A	XXX	N	N	D	N	N	$ 27.72	$ 73.02	
95992		Canalith re	A	XXX	N	N	D	N	N	$ 25.06	$ 29.40	
95999		Neurologic	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
96000		Motion an	Not Covered	XXX	N	B	D	N	N	$ 60.25	$ 60.25	
96001		Motion tes	Not Covered	XXX	N	B	D	N	N	$ 75.67	$ 75.67	
96002		Dynamic s	Not Covered	XXX	N	B	D	N	N	$ 15.18	$ 15.18	
96003		Dynamic fi	Not Covered	XXX	N	B	D	N	N	$ 11.33	$ 11.33	
96004		Phys revie	Not Covered	XXX	N	B	D	N	N	$ 75.19	$ 75.19	
96020	26	Functional	Not Covered	XXX	N	N	D	N	N	$ 109.17	$ 109.17	
96020	TC	Functional	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
96020		Functional	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
96040		Genetic co	B	XXX	N	N	N	N	N	$ 28.20	$ 28.20	
96105		Assessmen	Not Covered	XXX	N	N	D	N	N	$ 67.00	$ 67.00	
96110		Developme	A	XXX	N	N	N	N	N	$ 6.03	$ 6.03	
96112		Devel tst p	A	XXX	N	N	D	N	N	$ 86.76	$ 87.97	
96113		Devel tst p	A	ZZZ	N	N	D	N	N	$ 36.63	$ 39.04	
96116		Nubhvl xm	A	XXX	N	N	D	N	N	$ 56.88	$ 64.59	
96121		Nubhvl xm	Not Covered	ZZZ	N	N	D	N	N	$ 50.61	$ 55.43	
96125		Cognitive n	Not Covered	XXX	5	N	D	N	N	$ 70.13	$ 70.13	
96127		Brief emot	A	XXX	N	N	D	N	N	$ 2.89	$ 2.89	Eff. 10/1/20
96130		Psycl tst ev	A	XXX	N	N	D	N	N	$ 73.99	$ 81.22	
96131		Psycl tst ev	A	ZZZ	N	N	D	N	N	$ 55.91	$ 61.70	
96132		Nrpsyc tst	A	XXX	N	N	D	N	N	$ 72.54	$ 88.69	
96133		Nrpsyc tst	A	ZZZ	N	N	D	N	N	$ 54.47	$ 68.69	
96136		Psycl/nrps	A	XXX	N	N	D	N	N	$ 16.63	$ 29.88	
96137		Psycl/nrps	A	ZZZ	N	N	D	N	N	$ 12.77	$ 26.51	
96138		Psycl/nrps	Not Covered	XXX	N	N	D	N	N	$ 22.17	$ 22.17	
96139		Psycl/nrps	Not Covered	ZZZ	N	N	D	N	N	$ 22.17	$ 22.17	
96146		Psycl/nrps	A	XXX	N	N	D	N	N	$ 1.21	$ 1.21	
96156		Hlth bhv a	A	XXX	N	N	D	N	N	$ 59.05	$ 65.55	
96158		Hlth bhv iv	Not Covered	XXX	N	N	D	N	N	$ 40.25	$ 44.83	
96159		Hlth bhv iv	Not Covered	ZZZ	N	N	D	N	N	$ 13.98	$ 15.42	
96160		Pt-focused	A	ZZZ	N	N	N	N	N	$ 1.69	$ 1.69	
96161		Caregiver l	A	ZZZ	N	N	N	N	N	$ 1.69	$ 1.69	
96164		Hlth bhv iv	Not Covered	XXX	N	N	D	N	N	$ 6.03	$ 6.51	
96165		Hlth bhv iv	Not Covered	ZZZ	N	N	D	N	N	$ 2.65	$ 3.13	
96167		Hlth bhv iv	Not Covered	XXX	N	N	D	N	N	$ 42.90	$ 47.96	
96168		Hlth bhv iv	Not Covered	ZZZ	N	N	D	N	N	$ 15.18	$ 17.11	
96170		Hlth bhv iv	Not Covered	XXX	N	N	N	N	N	$ 52.06	$ 54.71	
96171		Hlth bhv iv	Not Covered	ZZZ	N	N	N	N	N	$ 18.56	$ 19.52	
96360		Hydration	A	XXX	N	N	D	N	N	$ 22.17	$ 22.17	
96361		Hydrate iv	A	ZZZ	N	N	D	N	N	$ 8.68	$ 8.68	
96365		Ther/proph	A	XXX	N	N	D	N	N	$ 44.83	$ 44.83	
96366		Ther/proph	A	ZZZ	N	N	D	N	N	$ 13.98	$ 13.98	
96367		Tx/proph/d	A	ZZZ	N	N	D	N	N	$ 19.76	$ 19.76	
96368		Ther/diag c	A	ZZZ	N	N	D	N	N	$ 13.26	$ 13.26	
96369		Sc ther infu	Not Covered	XXX	N	N	D	N	N	$ 94.95	$ 94.95	
96370		Sc ther infu	Not Covered	ZZZ	N	N	D	N	N	$ 9.64	$ 9.64	
96371		Sc ther infu	Not Covered	ZZZ	N	N	D	N	N	$ 39.04	$ 39.04	
96372		Ther/proph	A	XXX	N	N	D	N	N	$ 9.16	$ 9.16	
96373		Ther/proph	A	XXX	N	N	D	N	N	$ 11.57	$ 11.57	
96374		Ther/proph	A	XXX	N	N	D	N	N	$ 25.55	$ 25.55	
96375		Tx/pro/dx	A	ZZZ	N	N	D	N	N	$ 10.60	$ 10.60	
96376		Tx/pro/dx	C	ZZZ	N	N	N	N	N	$ -	$ -	Priced on UCR, $14.95 eff. 1/1/14
96377		Applicaton	A	XXX	N	N	D	N	N	$ 12.53	$ 12.53	Open in benefits; Hosp-RVs; Phys-RVS
96379		Ther/prop/	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
96401		Chemo ant	A	XXX	N	N	D	N	N	$ 49.89	$ 49.89	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
96402		Chemo hor	A	XXX	N	N	D	N	N	$ 20.24	$ 20.24	
96405		Chemo intı	A	000	Y	N	N	N	N	$ 19.52	$ 53.98	
96406		Chemo intı	A	000	Y	N	N	N	N	$ 30.13	$ 83.87	
96409		Chemo iv p	A	XXX	N	N	D	N	N	$ 68.44	$ 68.44	
96411		Chemo iv p	A	ZZZ	N	N	D	N	N	$ 37.84	$ 37.84	
96413		Chemo iv i	A	XXX	N	N	D	N	N	$ 89.65	$ 89.65	
96415		Chemo iv i	A	ZZZ	N	N	D	N	N	$ 19.28	$ 19.28	
96416		Chemo prc	A	XXX	N	N	D	N	N	$ 88.69	$ 88.69	
96417		Chemo iv i	A	ZZZ	N	N	D	N	N	$ 43.62	$ 43.62	
96420		Chemo ia p	A	XXX	N	N	D	N	N	$ 69.41	$ 69.41	
96422		Chemo ia i	A	XXX	N	N	D	N	N	$ 108.21	$ 108.21	
96423		Chemo ia i	A	ZZZ	N	N	D	N	N	$ 49.89	$ 49.89	
96425		Chemother	A	XXX	N	N	D	N	N	$ 116.16	$ 116.16	
96440		Chemother	A	000	N	N	D	N	N	$ 85.80	$ 601.54	
96446		Chemotx a	A	XXX	N	N	D	N	N	$ 17.83	$ 130.38	
96450		Chemother	A	000	N	N	D	N	N	$ 53.02	$ 114.48	
96521		Refill/mair	A	XXX	N	N	D	N	N	$ 92.06	$ 92.06	
96522		Refill/mair	A	XXX	N	N	D	N	N	$ 79.05	$ 79.05	
96523		Irrig drug (	Not Covered	XXX	N	N	D	N	N	$ 17.35	$ 17.35	
96542		Chemother	A	XXX	N	N	D	N	N	$ 27.96	$ 86.04	
96549		Chemotherı	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
96567		Pdt dstr pr	A	XXX	N	N	D	N	N	$ 87.97	$ 87.97	
96570		Photodynn	A	ZZZ	N	N	N	N	N	$ 38.32	$ 38.32	
96571		Photodyna	A	ZZZ	N	N	N	N	N	$ 17.83	$ 17.83	
96573		Pdt dstr pr	A	000	N	N	D	N	N	$ 144.36	$ 144.36	
96574		Dbrdmt pr	A	000	N	N	D	N	N	$ 179.30	$ 179.30	
96900		Ultraviolet	A	XXX	N	N	D	N	N	$ 13.98	$ 13.98	
96902		Trichogran	B	XXX	N	N	N	N	N	$ 14.46	$ 15.67	
96904		Whole bod	Not Covered	XXX	N	N	D	N	N	$ 44.10	$ 44.10	
96910		Photochem	A	XXX	N	N	D	N	N	$ 72.54	$ 72.54	
96912		Photochem	A	XXX	N	N	D	N	N	$ 62.18	$ 62.18	
96913		Photochem	A	XXX	N	N	D	N	N	$ 91.82	$ 91.82	
96920		Laser tx sk	A	000	Y	N	N	N	N	$ 42.90	$ 102.67	
96921		Laser tx sk	A	000	Y	N	N	N	N	$ 47.96	$ 112.31	
96922		Laser tx sk	A	000	Y	N	N	N	N	$ 77.84	$ 153.76	
96931		Rcm celulr	A	XXX	N	N	D	N	N	$ 109.41	$ 109.41	
96932		Rcm celulr	A	XXX	N	N	D	N	N	$ 79.53	$ 79.53	
96933		Rcm celulr	A	XXX	N	N	D	N	N	$ 29.88	$ 29.88	
96934		Rcm celulr	A	ZZZ	N	N	D	N	N	$ 72.06	$ 72.06	
96935		Rcm celulr	A	ZZZ	N	N	D	N	N	$ 43.38	$ 43.38	
96936		Rcm celulr	A	ZZZ	N	N	D	N	N	$ 28.68	$ 28.68	
96999		Dermatolo	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
97010		Hot or cold	B	XXX	N	N	N	N	N	$ 3.86	$ 3.86	
97012		Mechanica	A	XXX	5	N	D	N	N	$ 9.88	$ 9.88	
97014		Electric sti	A	XXX	N	N	N	N	N	$ 8.68	$ 8.68	
97016		Vasopneur	A	XXX	5	N	D	N	N	$ 7.95	$ 7.95	
97018		Paraffin ba	A	XXX	5	N	D	N	N	$ 3.86	$ 3.86	
97022		Whirlpool	A	XXX	5	N	D	N	N	$ 11.33	$ 11.33	
97024		Diathermy	A	XXX	5	N	D	N	N	$ 4.58	$ 4.58	
97026		Infrared th	A	XXX	5	N	D	N	N	$ 4.10	$ 4.10	
97028		Ultraviolet	A	XXX	5	N	D	N	N	$ 5.30	$ 5.30	
97032		Electrical s	A	XXX	5	N	D	N	N	$ 9.88	$ 9.88	
97033		Electric cu	Not Covered	XXX	5	N	D	N	N	$ 13.01	$ 13.01	
97034		Contrast ba	A	XXX	5	N	D	N	N	$ 9.64	$ 9.64	
97035		Ultrasound	A	XXX	5	N	D	N	N	$ 9.40	$ 9.40	
97036		Hydrothera	A	XXX	5	N	D	N	N	$ 21.93	$ 21.93	
97039		Physical th	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
97110		Therapeuti	A	XXX	5	N	D	N	N	$ 19.52	$ 19.52	
97112		Neuromus	A	XXX	5	N	D	N	N	$ 22.65	$ 22.65	
97113		Aquatic the	A	XXX	5	N	D	N	N	$ 24.34	$ 24.34	
97116		Gait trainir	A	XXX	5	N	D	N	N	$ 19.52	$ 19.52	
97124		Massage th	A	XXX	5	N	D	N	N	$ 18.80	$ 18.80	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
97129		Ther ivntj	Not Covered	XXX	N	N	D	N	N	$ 15.67	$ 15.67	
97130		Ther ivntj	Not Covered	ZZZ	N	N	D	N	N	$ 14.94	$ 15.18	
97139		Physical m	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
97140		Manual the	A	XXX	5	N	D	N	N	$ 18.08	$ 18.08	
97150		Group ther	A	XXX	5	N	D	N	N	$ 11.81	$ 11.81	
97151		Bhv id ass	A	XXX	N	N	D	N	N	$ -	$ -	Custom Fee Eff 04/01/20 $29.14
97152		Bhv id sup	A	XXX	N	N	D	N	N	$ -	$ -	Custom Fee Eff 04/01/20 $5.50
97153		Adaptive b	A	XXX	N	N	D	N	N	$ -	$ -	Custom Fee Eff 04/01/20 $5.50
97154		Grp adapt	A	XXX	N	N	D	N	N	$ -	$ -	Custom Fee Eff 04/01/20 $2.50
97155		Adapt beha	A	XXX	N	N	D	N	N	$ -	$ -	Custom Fee Eff 04/01/20 $29.14
97156		Fam adapt	A	XXX	N	N	D	N	N	$ -	$ -	Custom Fee Eff 04/01/20 $17.43
97157		Mult fam a	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
97158		Grp adapt	A	XXX	N	N	D	N	N	$ -	$ -	Custom Fee Eff 04/01/20 $11.79
97161		Pt eval low	A	XXX	5	N	D	N	N	$ 66.03	$ 66.03	
97162		Pt eval mo	A	XXX	5	N	D	N	N	$ 66.03	$ 66.03	
97163		Pt eval hig	A	XXX	5	N	D	N	N	$ 66.03	$ 66.03	
97164		Pt re-eval e	A	XXX	5	N	D	N	N	$ 45.07	$ 45.07	
97165		Ot eval low	A	XXX	5	N	D	N	N	$ 64.11	$ 64.11	
97166		Ot eval mo	A	XXX	5	N	D	N	N	$ 64.11	$ 64.11	
97167		Ot eval hig	A	XXX	5	N	D	N	N	$ 64.11	$ 64.11	
97168		Ot re-eval	A	XXX	5	N	D	N	N	$ 43.14	$ 43.14	
97169		Athletic tra	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
97170		Athletic tra	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
97171		Athletic tra	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
97172		Athletic tra	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
97530		Therapeuti	A	XXX	5	N	D	N	N	$ 24.82	$ 24.82	
97533		Sensory in	A	XXX	5	N	D	N	N	$ 37.60	$ 37.60	
97535		Self care m	Not Covered	XXX	5	N	D	N	N	$ 21.69	$ 21.69	
97537		Community	Not Covered	XXX	5	N	D	N	N	$ 20.97	$ 20.97	
97542		Wheelchai	Not Covered	XXX	5	N	D	N	N	$ 21.21	$ 21.21	
97545		Work hard	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
97546		Work hard	Not Covered	ZZZ	N	N	D	N	N	$ -	$ -	
97597		Rmvl devit	A	000	N	N	D	N	N	$ 24.58	$ 63.87	
97598		Rmvl devit	A	ZZZ	N	N	D	N	N	$ 17.11	$ 29.88	
97602		Wound(s)	B	XXX	N	N	N	N	N	$ -	$ -	Termed 06/2020
97605		Neg press	A	XXX	N	N	D	N	N	$ 17.11	$ 27.47	
97606		Neg press	A	XXX	N	N	D	N	N	$ 18.56	$ 32.54	
97607		Neg press	Not Covered	XXX	N	N	D	N	N	$ 16.15	$ 210.63	
97608		Neg press	Not Covered	XXX	N	N	D	N	N	$ 17.59	$ 205.33	
97610		Low frequ	Not Covered	XXX	N	N	D	N	N	$ 12.29	$ 247.99	
97750		Physical pe	A	XXX	5	N	D	N	N	$ 22.17	$ 22.17	
97755		Assistive te	Not Covered	XXX	5	N	D	N	N	$ 25.06	$ 25.06	
97760		Orthotic m	Not Covered	XXX	5	N	D	N	N	$ 31.57	$ 31.57	
97761		Prosthetic	Not Covered	XXX	5	N	D	N	N	$ 26.99	$ 26.99	
97763		Orthc/pros	Not Covered	XXX	5	N	D	N	N	$ 34.46	$ 34.46	
97799		Physical m	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
97802		Medical nu	A	XXX	N	N	D	N	N	$ 21.45	$ 24.10	
97803		Med nutrit	A	XXX	N	N	D	N	N	$ 18.32	$ 20.73	
97804		Medical nu	Not Covered	XXX	N	N	D	N	N	$ 10.12	$ 11.09	
97810		Acupunct w	Not Covered	XXX	N	N	N	N	N	$ 20.73	$ 24.34	
97811		Acupunct w	Not Covered	ZZZ	N	N	N	N	N	$ 17.11	$ 18.56	
97813		Acupunct w	Not Covered	XXX	N	N	N	N	N	$ 22.17	$ 27.72	
97814		Acupunct w	Not Covered	ZZZ	N	N	N	N	N	$ 19.04	$ 22.90	
98925		Osteopath	A	000	N	N	D	N	N	$ 16.39	$ 20.97	
98926		Osteopath	A	000	N	N	D	N	N	$ 24.10	$ 29.64	
98927		Osteopath	A	000	N	N	D	N	N	$ 31.81	$ 38.80	
98928		Osteopath	A	000	N	N	D	N	N	$ 39.77	$ 47.24	
98929		Osteopath	A	000	N	N	D	N	N	$ 48.68	$ 57.36	
98940		Chiropract	A	000	N	N	D	N	N	$ 14.94	$ 18.32	
98941		Chiropract	A	000	N	N	D	N	N	$ 22.65	$ 26.51	
98942		Chiropract	A	000	N	N	D	N	N	$ 31.09	$ 34.70	
98943		Chiropract	Not Covered	XXX	N	N	N	N	N	$ 15.91	$ 18.32	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
98960		Self-mgmt	Not Covered	XXX	N	N	N	N	N	$ 16.63	$ 16.63	
98961		Self-mgmt	Not Covered	XXX	N	N	N	N	N	$ 8.19	$ 8.19	
98962		Self-mgmt	Not Covered	XXX	N	N	N	N	N	$ 6.03	$ 6.03	
98966		Hc pro phc	Not Covered	XXX	N	N	D	N	N	$ 8.68	$ 9.16	
98967		Hc pro phc	Not Covered	XXX	N	N	D	N	N	$ 17.11	$ 18.08	
98968		Hc pro phc	Not Covered	XXX	N	N	D	N	N	$ 25.55	$ 26.27	
98970		Qnhp ol di	Not Covered	XXX	N	N	D	N	N	$ 7.71	$ 7.95	
98971		Qnhp ol di	Not Covered	XXX	N	N	D	N	N	$ 13.74	$ 13.98	
98972		Qnhp ol di	Not Covered	XXX	N	N	D	N	N	$ 22.17	$ 22.17	
99000		Specimen l	B	XXX	N	N	N	N	N	$ -	$ -	
99001		Specimen l	B	XXX	N	N	N	N	N	$ -	$ -	
99002		Device har	B	XXX	N	N	N	N	N	$ -	$ -	
99024		Postop foll	B	XXX	N	N	N	N	N	$ -	$ -	
99026		In-hospital	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99027		Out-of-hos	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99050		Medical se	B	XXX	N	N	N	N	N	$ -	$ -	
99051		Med serv e	B	XXX	N	N	N	N	N	$ -	$ -	
99053		Med serv 1	B	XXX	N	N	N	N	N	$ -	$ -	
99056		Med servic	B	XXX	N	N	N	N	N	$ -	$ -	
99058		Office eme	B	XXX	N	N	N	N	N	$ -	$ -	
99060		Out of offi	B	XXX	N	N	N	N	N	$ -	$ -	
99070		Special sup	B	XXX	N	N	N	N	N	$ -	$ -	
99071		Patient edu	B	XXX	N	N	N	N	N	$ -	$ -	
99072		Addl supl i	B	XXX	N	N	N	N	N	$ -	$ -	
99075		Medical te	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99078		Group heal	B	XXX	N	N	N	N	N	$ -	$ -	
99080		Special rep	B	XXX	N	N	N	N	N	$ -	$ -	
99082		Unusual ph	C	XXX	N	N	D	N	N	$ -	$ -	
99091		Collj & int	Not Covered	XXX	N	N	D	N	N	$ 37.84	$ 37.84	OP-Items and Services packaged into A
99100		Special ane	B	ZZZ	N	N	N	N	N	$ -	$ -	
99116		Anesthesia	B	ZZZ	N	N	N	N	N	$ -	$ -	
99135		Special ane	B	ZZZ	N	N	N	N	N	$ -	$ -	
99140		Emergency	C	ZZZ	N	N	N	N	N	$ -	$ -	Anesthesia?
99151		Mod sed sa	A	XXX	N	N	N	N	N	$ 17.11	$ 54.71	
99152		Mod sed sa	A	XXX	N	N	N	N	N	$ 8.44	$ 32.05	
99153		Mod sed sa	A	ZZZ	N	N	N	N	N	$ 6.51	$ 6.51	
99155		Mod sed o	A	XXX	N	N	N	N	N	$ 58.32	$ 58.32	
99156		Mod sed o	A	XXX	N	N	N	N	N	$ 52.78	$ 52.78	
99157		Mod sed o	A	ZZZ	N	N	N	N	N	$ 42.90	$ 42.90	
99170		Anogenital	A	000	Y	N	N	N	N	$ 58.80	$ 104.11	
99172		Ocular fun	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99173		Visual acu	A	XXX	N	N	N	N	N	$ 1.93	$ 1.93	
99174		Ocular inst	Not Covered	XXX	N	N	N	N	N	$ 3.37	$ 3.37	
99175		Induction c	A	XXX	N	N	D	N	N	$ 17.83	$ 17.83	
99177		Ocular inst	A	XXX	N	N	N	N	N	$ 2.65	$ 2.65	Eff. 10/1/20
99183		Hyperbaric	A	XXX	N	N	D	N	N	$ 74.47	$ 74.47	
99184		Hypotherm	Not Covered	XXX	N	N	D	N	N	$ 149.42	$ 149.42	
99188		App topica	A	XXX	N	N	D	N	N	$ 20.00	$ 20.00	BMS will continue to pay $20; Phys co
99190		Special pu	C	XXX	N	N	N	N	N	$ -	$ -	Medicine Other?
99191		Special pu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99192		Special pu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99195		Phlebotom	A	XXX	N	N	D	N	N	$ 64.83	$ 64.83	
99199		Special ser	nlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
99202		Office o/p	A	XXX	N	N	D	N	N	$ 33.50	$ 47.72	
99203		Office o/p	A	XXX	N	N	D	N	N	$ 56.64	$ 74.23	
99204		Office o/p	A	XXX	N	N	D	N	N	$ 92.30	$ 111.58	
99205		Office o/p	A	XXX	N	N	D	N	N	$ 125.08	$ 147.49	
99211		Office o/p	A	XXX	N	N	D	N	N	$ 6.03	$ 14.22	
99212		Office o/p	A	XXX	N	N	D	N	N	$ 24.34	$ 36.63	
99213		Office o/p	A	XXX	N	N	D	N	N	$ 45.55	$ 60.01	
99213	TH	Office o/p	A	XXX	N	N	D	N	N	$ 60.16	$ 79.26	Maternity code
99214		Office o/p	A	XXX	N	N	D	N	N	$ 67.24	$ 85.56	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
99215		Office o/p	A	XXX	N	N	D	N	N	$ 99.05	$ 119.78	
99217		Observatio	A	XXX	N	N	D	N	N	$ 47.96	$ 47.96	
99218		Initial obse	A	XXX	N	N	D	N	N	$ 66.03	$ 66.03	
99219		Initial obse	A	XXX	N	N	D	N	N	$ 90.13	$ 90.13	
99220		Initial obse	A	XXX	N	N	D	N	N	$ 121.95	$ 121.95	
99221		Initial hosp	A	XXX	N	N	D	N	N	$ 68.20	$ 68.20	
99222		Initial hosp	A	XXX	N	N	D	N	N	$ 91.34	$ 91.34	
99223		Initial hosp	A	XXX	N	N	D	N	N	$ 134.24	$ 134.24	
99224		Subsequen	A	XXX	N	N	D	N	N	$ 26.03	$ 26.03	
99225		Subsequen	A	XXX	N	N	D	N	N	$ 48.20	$ 48.20	
99226		Subsequen	A	XXX	N	N	D	N	N	$ 69.17	$ 69.17	
99231		Subsequen	A	XXX	N	N	D	N	N	$ 25.79	$ 25.79	
99232		Subsequen	A	XXX	N	N	D	N	N	$ 48.20	$ 48.20	
99233		Subsequen	A	XXX	N	N	D	N	N	$ 69.17	$ 69.17	
99234		Observ/hos	A	XXX	N	N	D	N	N	$ 88.45	$ 88.45	
99235		Observ/hos	A	XXX	N	N	D	N	N	$ 112.07	$ 112.07	
99236		Observ/hos	A	XXX	N	N	D	N	N	$ 144.12	$ 144.12	
99238		Hospital di	A	XXX	N	N	D	N	N	$ 47.96	$ 47.96	
99239		Hospital di	A	XXX	N	N	D	N	N	$ 70.85	$ 70.85	
99241		Office con	Not Covered	XXX	N	N	N	N	N	$ 21.93	$ 30.61	
99242		Office con	Not Covered	XXX	N	N	N	N	N	$ 46.03	$ 58.08	
99243		Office con	Not Covered	XXX	N	N	N	N	N	$ 64.35	$ 79.77	
99244		Office con	Not Covered	XXX	N	N	N	N	N	$ 103.63	$ 120.50	
99245		Office con	Not Covered	XXX	N	N	N	N	N	$ 127.97	$ 147.01	
99251		Inpatient c	Not Covered	XXX	N	N	N	N	N	$ 33.26	$ 33.26	
99252		Inpatient c	Not Covered	XXX	N	N	N	N	N	$ 50.85	$ 50.85	
99253		Inpatient c	Not Covered	XXX	N	N	N	N	N	$ 77.60	$ 77.60	
99254		Inpatient c	Not Covered	XXX	N	N	N	N	N	$ 112.31	$ 112.31	
99255		Inpatient c	Not Covered	XXX	N	N	N	N	N	$ 135.44	$ 135.44	
99281		Emergency	A	XXX	N	N	D	N	N	$ 15.18	$ 15.18	
99282		Emergency	A	XXX	N	N	D	N	N	$ 29.64	$ 29.64	
99283		Emergency	A	XXX	N	N	D	N	N	$ 49.89	$ 49.89	
99284		Emergency	A	XXX	N	N	D	N	N	$ 84.83	$ 84.83	
99285		Emergency	A	XXX	N	N	D	N	N	$ 124.36	$ 124.36	
99288		Direct adv	B	XXX	N	N	N	N	N	$ -	$ -	
99291		Critical car	A	XXX	N	N	D	N	N	$ 149.66	$ 186.53	
99292		Critical car	A	ZZZ	N	N	D	N	N	$ 75.19	$ 82.90	
99304		Nursing fa	A	XXX	N	N	D	N	N	$ 59.53	$ 59.53	
99305		Nursing fa	A	XXX	N	N	D	N	N	$ 86.04	$ 86.04	
99306		Nursing fa	A	XXX	N	N	D	N	N	$ 110.86	$ 110.86	
99307		Nursing fa	A	XXX	N	N	D	N	N	$ 29.16	$ 29.16	
99308		Nursing fa	A	XXX	N	N	D	N	N	$ 45.79	$ 45.79	
99309		Nursing fa	A	XXX	N	N	D	N	N	$ 60.01	$ 60.01	
99310		Nursing fa	A	XXX	N	N	D	N	N	$ 89.41	$ 89.41	
99315		Nursing fa	Not Covered	XXX	N	N	D	N	N	$ 48.44	$ 48.44	Code was closed by WV Medicaid 07
99316		Nursing fa	Not Covered	XXX	N	N	D	N	N	$ 69.89	$ 69.89	Code was closed by WV Medicaid 07
99318		Annual nu	Not Covered	XXX	N	N	D	N	N	$ 63.38	$ 63.38	Code was closed by WV Medicaid 07
99324		Domicil/r-h	A	XXX	N	N	D	N	N	$ 35.91	$ 35.91	
99325		Domicil/r-h	A	XXX	N	N	D	N	N	$ 53.02	$ 53.02	
99326		Domicil/r-h	A	XXX	N	N	D	N	N	$ 92.30	$ 92.30	
99327		Domicil/r-h	A	XXX	N	N	D	N	N	$ 123.39	$ 123.39	
99328		Domicil/r-h	A	XXX	N	N	D	N	N	$ 145.56	$ 145.56	
99334		Domicil/r-h	A	XXX	N	N	D	N	N	$ 39.52	$ 39.52	
99335		Domicil/r-h	A	XXX	N	N	D	N	N	$ 63.38	$ 63.38	
99336		Domicil/r-h	A	XXX	N	N	D	N	N	$ 89.89	$ 89.89	
99337		Domicil/r-h	A	XXX	N	N	D	N	N	$ 128.69	$ 128.69	
99339		Domicil/r-h	B	XXX	N	N	N	N	N	$ 51.09	$ 51.09	
99340		Domicil/r-h	Not Covered	XXX	N	N	N	N	N	$ 71.58	$ 71.58	
99341		Home visit	A	XXX	N	N	D	N	N	$ 36.15	$ 36.15	
99342		Home visit	A	XXX	N	N	D	N	N	$ 51.09	$ 51.09	
99343		Home visit	A	XXX	N	N	D	N	N	$ 85.07	$ 85.07	
99344		Home visit	A	XXX	N	N	D	N	N	$ 120.50	$ 120.50	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
99345		Home visit	A	XXX	N	N	D	N	N	$ 147.25	$ 147.25	
99347		Home visit	A	XXX	N	N	D	N	N	$ 36.39	$ 36.39	
99348		Home visit	A	XXX	N	N	D	N	N	$ 55.67	$ 55.67	
99349		Home visit	A	XXX	N	N	D	N	N	$ 85.80	$ 85.80	
99350		Home visit	A	XXX	N	N	D	N	N	$ 118.81	$ 118.81	
99354		Prolng svc	A	ZZZ	N	N	D	N	N	$ 80.74	$ 85.80	
99355		Prolng svc	A	ZZZ	N	N	D	N	N	$ 59.53	$ 64.11	
99356		Prolng svc	A	ZZZ	N	N	D	N	N	$ 60.97	$ 60.97	
99357		Prolng svc	A	ZZZ	N	N	D	N	N	$ 60.97	$ 60.97	
99358		Prolong se	Not Covered	XXX	N	N	D	N	N	$ 74.71	$ 74.71	OP-Items and Services packaged into A
99359		Prolong se	Not Covered	ZZZ	N	N	D	N	N	$ 35.43	$ 35.43	OP-Items and Services packaged into A
99360		Physician s	Not Covered	XXX	N	N	N	N	N	$ 41.21	$ 41.21	
99366		Team conf	Not Covered	XXX	N	N	N	N	N	$ 27.96	$ 28.68	
99367		Team conf	Not Covered	XXX	N	N	N	N	N	$ 38.08	$ 38.08	
99368		Team conf	Not Covered	XXX	N	N	N	N	N	$ 24.58	$ 24.58	
99374		Home heal	B	XXX	N	N	N	N	N	$ 38.08	$ 45.79	
99375		Home heal	A	XXX	N	N	N	N	N	$ 59.53	$ 69.17	
99377		Hospice ca	B	XXX	N	N	N	N	N	$ 38.08	$ 45.79	
99378		Hospice ca	A	XXX	N	N	N	N	N	$ 59.53	$ 69.17	
99379		Nursing fa	B	XXX	N	N	N	N	N	$ 38.08	$ 45.79	
99380		Nursing fa	B	XXX	N	N	N	N	N	$ 59.53	$ 69.17	
99381		Init pm e/n	A	XXX	N	N	N	N	N	$ 52.06	$ 72.78	
99382		Init pm e/n	A	XXX	N	N	N	N	N	$ 55.19	$ 76.16	
99383		Prev visit r	A	XXX	N	N	N	N	N	$ 58.80	$ 79.29	
99384		Prev visit r	A	XXX	N	N	N	N	N	$ 68.69	$ 89.17	
99385		Prev visit r	A	XXX	N	N	N	N	N	$ 65.79	$ 86.52	
99386		Prev visit r	A	XXX	N	N	N	N	N	$ 80.25	$ 100.74	
99387		Init pm e/n	A	XXX	N	N	N	N	N	$ 86.28	$ 109.17	
99391		Per pm ree	A	XXX	N	N	N	N	N	$ 47.00	$ 65.31	
99392		Prev visit e	A	XXX	N	N	N	N	N	$ 52.06	$ 70.13	
99393		Prev visit e	A	XXX	N	N	N	N	N	$ 52.06	$ 69.89	
99394		Prev visit e	A	XXX	N	N	N	N	N	$ 58.80	$ 76.64	
99395		Prev visit e	A	XXX	N	N	N	N	N	$ 60.25	$ 78.33	
99396		Prev visit e	A	XXX	N	N	N	N	N	$ 65.31	$ 83.39	
99397		Per pm ree	A	XXX	N	N	N	N	N	$ 68.69	$ 89.41	
99401		Preventive	A	XXX	N	N	N	N	N	$ 16.63	$ 25.55	
99402		Preventive	A	XXX	N	N	N	N	N	$ 34.22	$ 42.90	
99403		Preventive	Not Covered	XXX	N	N	N	N	N	$ 50.85	$ 59.77	
99404		Preventive	Not Covered	XXX	N	N	N	N	N	$ 67.00	$ 75.92	
99406		Behav chn	A	XXX	N	N	D	N	N	$ 8.44	$ 10.12	
99407		Behav chn	A	XXX	N	N	D	N	N	$ 17.35	$ 19.28	
99408		Audit/dast	Not Covered	XXX	N	N	N	N	N	$ 22.17	$ 24.10	
99409		Audit/dast	Not Covered	XXX	N	N	N	N	N	$ 44.83	$ 46.75	
99411		Preventive	Not Covered	XXX	N	N	N	N	N	$ 5.06	$ 13.01	
99412		Preventive	Not Covered	XXX	N	N	N	N	N	$ 8.68	$ 16.39	
99415		Prolng clin	Not Covered	ZZZ	N	N	D	N	N	$ 6.03	$ 6.03	
99416		Prolng clin	Not Covered	ZZZ	N	N	D	N	N	$ 3.13	$ 3.13	
99417		Prolng off/	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
99421		Ol dig e/m	Not Covered	XXX	N	N	D	N	N	$ 8.68	$ 9.88	
99422		Ol dig e/m	Not Covered	XXX	N	N	D	N	N	$ 17.59	$ 19.76	
99423		Ol dig e/m	Not Covered	XXX	N	N	D	N	N	$ 27.47	$ 31.33	
99429		Unlisted pr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99439		Chrnc care	Not Covered	ZZZ	N	N	D	N	N	$ 19.04	$ 24.58	2021 New Procedure Code
99441		Phone e/m	Not Covered	XXX	N	N	D	N	N	$ 24.34	$ 36.63	
99442		Phone e/m	Not Covered	XXX	N	N	D	N	N	$ 45.79	$ 60.25	
99443		Phone e/m	Not Covered	XXX	N	N	D	N	N	$ 67.48	$ 85.80	
99446		Ntrprof ph	Not Covered	XXX	N	N	D	N	N	$ 12.77	$ 12.77	
99447		Ntrprof ph	Not Covered	XXX	N	N	D	N	N	$ 22.90	$ 22.90	
99448		Ntrprof ph	Not Covered	XXX	N	N	D	N	N	$ 36.15	$ 36.15	
99449		Ntrprof ph	Not Covered	XXX	N	N	D	N	N	$ 49.16	$ 49.16	
99450		Basic life c	C	XXX	N	N	N	N	N	$ -	$ -	Not on benefit
99451		Ntrprof ph	Not Covered	XXX	N	N	D	N	N	$ 24.34	$ 24.34	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
99452		Ntrprof ph	Not Covered	XXX	N	N	D	N	N	$ 24.58	$ 24.58	
99453		Rem mntr	Not Covered	XXX	N	N	D	N	N	$ 11.33	$ 11.33	
99454		Rem mntr	Not Covered	XXX	N	N	D	N	N	$ 37.36	$ 37.36	
99455		Work relat	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
99456		Disability e	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
99457		Rem physi	Not Covered	XXX	N	N	D	N	N	$ 21.21	$ 32.54	
99458		Rem physi	Not Covered	ZZZ	N	N	D	N	N	$ 21.21	$ 26.75	
99460		Init nb em	A	XXX	N	N	D	N	N	$ 64.35	$ 64.35	
99461		Init nb em	A	XXX	N	N	D	N	N	$ 42.42	$ 60.01	
99462		Sbsq nb en	A	XXX	N	N	D	N	N	$ 27.96	$ 27.96	
99463		Same day i	A	XXX	N	N	D	N	N	$ 73.75	$ 73.75	
99464		Attendance	A	XXX	N	N	D	N	N	$ 50.13	$ 50.13	
99465		Nb resusci	A	XXX	N	N	D	N	N	$ 98.09	$ 98.09	
99466		Ped crit ca	A	XXX	N	N	D	N	N	$ 159.78	$ 159.78	
99467		Ped crit ca	A	ZZZ	N	N	D	N	N	$ 80.01	$ 80.01	
99468		Neonate cr	A	XXX	N	N	D	N	N	$ 615.27	$ 615.27	
99469		Neonate cr	A	XXX	N	N	D	N	N	$ 266.06	$ 266.06	
99471		Ped critica	A	XXX	N	N	D	N	N	$ 532.37	$ 532.37	
99472		Ped critica	A	XXX	N	N	D	N	N	$ 270.64	$ 270.64	
99473		Self-meas	Not Covered	XXX	N	N	D	N	N	$ 6.75	$ 6.75	
99474		Self-meas	Not Covered	XXX	N	N	D	N	N	$ 5.78	$ 9.64	
99475		Ped crit ca	A	XXX	N	N	D	N	N	$ 384.40	$ 384.40	
99476		Ped crit ca	A	XXX	N	N	D	N	N	$ 230.88	$ 230.88	
99477		Init day ho	A	XXX	N	N	D	N	N	$ 233.29	$ 233.29	
99478		Ic lbw inf <	A	XXX	N	N	D	N	N	$ 91.34	$ 91.34	
99479		Ic lbw inf 1	A	XXX	N	N	D	N	N	$ 83.15	$ 83.15	
99480		Ic inf pbw	A	XXX	N	N	D	N	N	$ 80.01	$ 80.01	
99483		Assmt & c	Not Covered	XXX	N	N	D	N	N	$ 133.03	$ 182.44	
99484		Care mgmt	Not Covered	XXX	N	N	D	N	N	$ 20.73	$ 30.13	
99485		Suprv inter	Not Covered	XXX	N	N	N	N	N	$ 52.06	$ 52.06	
99486		Suprv inter	Not Covered	XXX	N	N	N	N	N	$ 44.83	$ 44.83	
99487		Cplx chrnc	Not Covered	XXX	N	N	D	N	N	$ 34.22	$ 58.32	
99489		Cplx chrnc	Not Covered	ZZZ	N	N	D	N	N	$ 17.35	$ 28.20	
99490		Chrnc care	Not Covered	XXX	N	N	D	N	N	$ 21.21	$ 26.75	
99491		Chrnc care	Not Covered	XXX	N	N	D	N	N	$ 54.47	$ 54.47	
99492		1st psyc co	Not Covered	XXX	N	N	D	N	N	$ 63.14	$ 99.05	
99493		Sbsq psyc	Not Covered	XXX	N	N	D	N	N	$ 68.93	$ 99.53	
99494		1st/sbsq ps	Not Covered	ZZZ	N	N	D	N	N	$ 27.47	$ 38.08	
99495		Trans care	A	XXX	N	N	D	N	N	$ 96.88	$ 134.00	
99496		Trans care	A	XXX	N	N	D	N	N	$ 132.07	$ 181.71	
99497		Advncd ca	Not Covered	XXX	N	N	D	N	N	$ 52.54	$ 56.88	
99498		Advncd ca	Not Covered	ZZZ	N	N	D	N	N	$ 49.41	$ 49.65	
99499		Unlisted e	Unlstd/Manua	XXX	N	N	D	N	N	$ -	$ -	
99500		Home visit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99501		Home visit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99502		Home visit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99503		Home visit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99504		Home visit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99505		Home visit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99506		Home visit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99507		Home visit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99509		Home visit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99510		Home visit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99511		Home visit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99512		Home visit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99600		Home visit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99601		Home infu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99602		Home infu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99605		Mtms by p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99606		Mtms by p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
99607		Mtms by p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0001A		Adm sarsc	A	XXX	N	N	N	N	N	$ -	$ -	Eff 11/10/20

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
0001F		Heart failu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0002A		Adm sarsc	A	XXX	N	N	N	N	N	$ -	$ -	Eff 11/10/20
0005F		Osteoarthr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
00100		Anesth sali	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00102		Anesth rep	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00103		Anesth ble	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00104		Anesth ele	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
0011A		Adm sarsc	A	XXX	N	N	N	N	N	$ -	$ -	Eff 11/10/20
00120		Anesth ear	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00124		Anesth ear	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00126		Anesth tyn	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
0012A		Adm sarsc	A	XXX	N	N	N	N	N	$ -	$ -	Eff 11/10/20
0012F		Cap bacter	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
00140		Anesth pro	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00142		Anesth len	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00144		Anesth cor	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00145		Anesth vitı	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00147		Anesth irid	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00148		Anesth eye	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
0014F		Comp prec	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0015F		Melan foll	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
00160		Anesth nos	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00162		Anesth nos	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00164		Anesth bio	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00170		Anesth pro	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00172		Anesth cle	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00174		Anesth pha	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00176		Anesth pha	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00190		Anesth fac	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00192		Anesth fac	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00210		Anesth cra	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00211		Anesth cra	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00212		Anesth sku	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00214		Anesth sku	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00215		Anesth sku	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00216		Anesth hea	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00218		Anesth spe	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00220		Anesth intı	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00222		Anesth hea	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00300		Anesth hea	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00320		Anesth nec	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00322		Anesth bio	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00326		Anesth lar	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00350		Anesth nec	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00352		Anesth nec	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00400		Anesth ski	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00402		Anesth sur	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00404		Anesth sur	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00406		Anesth sur	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00410		Anesth cor	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
0042T		Ct perfusic	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
00450		Anesth sur	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00454		Anesth col	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00470		Anesth ren	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00472		Anesth che	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00474		Anesth sur	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00500		Anesth eso	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00520		Anesth che	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00522		Anesth che	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00524		Anesth che	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00528		Anes medi	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00529		Anes meds	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 Facility	Conversion Factors Statewide 31.83 OB/GYN Non-Facility	Notes
00530		Anesth pac	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00532		Anesth vas	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00534		Anesth car	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00537		Anesth car	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00539		Anesth tra	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00540		Anesth che	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00541		Anesth one	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00542		Anesthesia	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00546		Anesth lun	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00548		Anesth tra	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
0054T		Bone srgry	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
00550		Anesth ste	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
0055T		Bone srgry	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
00560		Anesth hea	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00561		Anesth hea	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00562		Anesth hrt	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00563		Anesth hea	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00566		Anesth cab	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00567		Anesth cab	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00580		Anesth hea	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00600		Anesth spi	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00604		Anesth sitt	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00620		Anesth spi	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00625		Anes spine	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00626		Anes spine	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00630		Anesth spi	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00632		Anesth ren	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00635		Anesth lun	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00640		Anesth spi	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00670		Anesth spi	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00700		Anesth abc	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00702		Anesth for	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
0071T		Us leiomy	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0072T		Us leiomy	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
00730		Anesth abc	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00731		Anes upr g	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00732		Anes upr g	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00750		Anesth rep	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00752		Anesth rep	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00754		Anesth rep	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00756		Anesth rep	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
0075T	26	Perq stent/	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0075T	TC	Perq stent/	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0075T		Perq stent/	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0076T	26	S&i stent/c	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0076T	TC	S&i stent/c	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0076T		S&i stent/c	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
00770		Anesth blo	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00790		Anesth sur	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00792		Anesth her	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00794		Anesth par	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00796		Anesth for	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00797		Anesth sur	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00800		Anesth abc	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00802		Anesth fat	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00811		Anes lwr ir	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00812		Anes lwr ir	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00813		Anes upr l	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00820		Anesth abc	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00830		Anesth rep	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00832		Anesth rep	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00834		Anesth her	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 Facility	31.83 Statewide OB/GYN Non-Facility	Notes
00836		Anesth her	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00840		Anesth sur	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00842		Anesth am	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00844		Anesth pel	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00846		Anesth hys	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00848		Anesth pel	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00851		Anesth tub	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00860		Anesth sur	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00862		Anesth kid	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00864		Anesth ren	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00865		Anesth ren	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00866		Anesth ren	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00868		Anesth kid	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00870		Anesth bla	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00872		Anesth kid	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00873		Anesth kid	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00880		Anesth abd	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00882		Anesth ma	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00902		Anesth anc	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00904		Anesth per	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00906		Anesth ren	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00908		Anesth ren	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00910		Anesth bla	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00912		Anesth bla	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00914		Anesth ren	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00916		Anesth ble	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00918		Anesth sto	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00920		Anesth ger	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00921		Anesth vas	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00922		Anesth spe	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00924		Anesth tes	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00926		Anesth ren	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00928		Anesth ren	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00930		Anesth tes	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00932		Anesth am	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00934		Anesth per	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00936		Anesth per	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00938		Anesth ins	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00940		Anesth vag	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00942		Anesth sur	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00944		Anesth vag	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00948		Anesth rep	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00950		Anesth vag	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
00952		Anesth hys	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
0095T		Rmvl artifi	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0098T		Rev artific	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0100T		Prosth reti	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0101T		Extracorp	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0102T		Extracorp	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0106T		Touch qua	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0107T		Vibrate qu	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0108T		Cool quant	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0109T		Heat quant	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0110T		Nos quant	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
01112		Anesth bor	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01120		Anesth pel	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01130		Anesth bod	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01140		Anesth am	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01150		Anesth pel	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01160		Anesth pel	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01170		Anesth pel	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01173		Anesth fx	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 Facility	Conversion Factors Statewide 31.83 OB/GYN Non-Facility	Notes
01200		Anesth hip	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01202		Anesth artl	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01210		Anesth hip	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01212		Anesth hip	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01214		Anesth hip	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01215		Anesth rev	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01220		Anesth pro	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01230		Anesth sur	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01232		Anesth am	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01234		Anesth rad	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01250		Anesth upp	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01260		Anesth upp	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01270		Anesth thig	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01272		Anesth fen	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01274		Anesth fen	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01320		Anesth kne	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01340		Anesth kne	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01360		Anesth kne	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01380		Anesth kne	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01382		Anesth dx	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01390		Anesth kne	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01392		Anesth kne	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01400		Anesth kne	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01402		Anesth kne	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01404		Anesth am	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01420		Anesth kne	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01430		Anesth kne	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01432		Anesth kne	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01440		Anesth kne	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01442		Anesth kne	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01444		Anesth kne	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01462		Anesth low	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01464		Anesth ank	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01470		Anesth low	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01472		Anesth ach	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01474		Anesth low	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01480		Anesth low	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01482		Anesth rad	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01484		Anesth low	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01486		Anesth ank	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01490		Anesth low	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01500		Anesth leg	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01502		Anesth lwr	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01520		Anesth low	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01522		Anesth low	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01610		Anesth sur	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01620		Anesth shc	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01622		Anes dx sh	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01630		Anesth sur	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01634		Anesth shc	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01636		Anesth for	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01638		Anesth shc	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
0163T		Lumb artif	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0164T		Remove lu	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
01650		Anesth shc	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01652		Anesth shc	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01654		Anesth shc	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01656		Anesth arn	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
0165T		Revise lum	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
01670		Anesth shc	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01680		Anesth shc	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01710		Anesth elb	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
01712		Anesth upp	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01714		Anesth upp	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01716		Anesth bic	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01730		Anesth upp	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01732		Anesth dx	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01740		Anesth upp	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01742		Anesth hur	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01744		Anesth hur	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
0174T		Cad cxr wi	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
01756		Anesth rad	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01758		Anesth hur	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
0175T		Cad cxr re	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
01760		Anesth elb	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01770		Anesth upp	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01772		Anesth upp	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01780		Anesth upp	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01782		Anesth upp	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01810		Anesth low	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01820		Anesth low	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01829		Anesth dx	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01830		Anesth low	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01832		Anesth wri	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01840		Anesth lwr	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01842		Anesth lwr	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01844		Anesth vas	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
0184T		Exc rectal	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
01850		Anesth low	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01852		Anesth lwr	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01860		Anesth low	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01916		Anesth dx	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
0191T		Insert ant s	C	XXX	N	N	D	N	N	$ -	$ -	Not priced on UCR; Priced per Palmett
01920		Anesth cat	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01922		Anesth cat	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01924		Anes ther i	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01925		Anes ther i	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01926		Anes tx int	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01930		Anes ther i	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01931		Anes ther i	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01932		Anes tx int	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01933		Anes tx int	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01935		Anesth per	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01936		Anesth per	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01951		Anesth bur	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01952		Anesth bur	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01953		Anesth bur	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01958		Anesth ant	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01960		Anesth vag	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01961		Anesth cs (	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01962		Anesth em	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01963		Anesth cs l	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01965		Anesth inc	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01966		Anesth ind	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01967		Anesth/ana	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01968		Anes/analg	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01969		Anesth/ana	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
0198T		Ocular blo	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
01990		Support fo	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01991		Anesth ner	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01992		Anesth n b	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01996		Hosp mana	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
01999		Unlisted ar	Anesthesia	XXX	N	N	N	N	N	$ -	$ -	
0200T		Perq sacra	Not Covered	XXX	N	Y	D	N	N	$ -	$ -	Not on a benefit

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
0201T		Perq sacral	Not Covered	XXX	N	B	D	N	N	$ -	$ -	Not on a benefit
0202T		Post vert a	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0207T		Clear eyeli	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0208T		Audiometr	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0209T		Audiometr	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0210T		Speech auc	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0211T		Speech auc	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0212T		Compre au	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0213T		Njx parave	Not Covered	XXX	N	Y	D	N	N	$ -	$ -	Not on a benefit
0214T		Njx parave	Not Covered	ZZZ	N	Y	D	N	N	$ -	$ -	Not on a benefit
0215T		Njx parave	Not Covered	ZZZ	N	Y	D	N	N	$ -	$ -	Not on a benefit
0216T		Njx parave	Not Covered	XXX	N	Y	D	N	N	$ -	$ -	Not on a benefit
0217T		Njx parave	Not Covered	ZZZ	N	Y	D	N	N	$ -	$ -	Not on a benefit
0218T		Njx parave	Not Covered	ZZZ	N	Y	D	N	N	$ -	$ -	Not on a benefit
0219T		Plmt post f	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0220T		Plmt post f	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0221T		Plmt post f	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0222T		Plmt post f	Not Covered	ZZZ	N	N	D	N	N	$ -	$ -	Not on a benefit
0232T		Njx platele	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0234T		Trluml per	Not Covered	YYY	N	N	D	N	N	$ -	$ -	Not on a benefit
0235T		Trluml per	Not Covered	YYY	N	N	D	N	N	$ -	$ -	Not on a benefit
0236T		Trluml per	Not Covered	YYY	N	N	D	N	N	$ -	$ -	Not on a benefit
0237T		Trluml per	Not Covered	YYY	N	N	D	N	N	$ -	$ -	Not on a benefit
0238T		Trluml per	Not Covered	YYY	N	N	D	N	N	$ -	$ -	Not on a benefit
0253T		Insert aque	Not Covered	YYY	N	N	D	N	N	$ -	$ -	Not on a benefit
0263T		Im b1 mrw	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0264T		Im b1 mrw	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0265T		Im b1 mrw	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0266T		Implt/rpl c	Not Covered	YYY	N	N	D	N	N	$ -	$ -	Not on a benefit
0267T		Implt/rpl c	Not Covered	YYY	N	N	D	N	N	$ -	$ -	Not on a benefit
0268T		Implt/rpl c	Not Covered	YYY	N	N	D	N	N	$ -	$ -	Not on a benefit
0269T		Rev/remvl	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0270T		Rev/remvl	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0271T		Rev/remvl	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0272T		Interrogate	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0273T		Interrogate	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0274T		Perq lamot	Not Covered	YYY	N	N	D	N	N	$ -	$ -	Not on a benefit
0275T		Perq lamot	Not Covered	YYY	N	N	D	N	N	$ -	$ -	Not on a benefit
0278T		Tempr	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0290T		Laser inc f	Not Covered	ZZZ	N	N	D	N	N	$ -	$ -	Not on a benefit
0308T		Insj ocular	Not Covered	YYY	Y	Y	N	N	N	$ -	$ -	Not on a benefit
0312T		Laps implt	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0313T		Laps rmvl	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0314T		Laps rmvl	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0315T		Rmvl vagu	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0316T		Replc vagi	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0317T		Elec alys v	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0329T		Mntr io pre	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0330T		Tear film i	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0331T		Heart sym	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0332T		Heart sym	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0333T		Visual ep s	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0335T		Insj sinus t	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0338T		Trnscth rer	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0339T		Trnscth rer	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0342T		Thxp aphe	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0345T		Transcath	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0347T		Ins bone d	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0348T		Rsa spine e	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0349T		Rsa upper	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0350T		Rsa lower	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0351T		Intraop oct	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
0352T		Oct brst/nc	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0353T		Intraop oct	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0354T		Oct breast	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0355T		Gi tract ca	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0356T		Insrt drug	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0358T		Bia whole	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0362T		Bhv id sup	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0373T		Adapt bhv	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0376T		Insert ant s	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0378T		Visual fiel	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0379T		Vis field a	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0394T		Hdr elctrn	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0395T		Hdr elctr n	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0397T		Ercp w/opt	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0398T		Mrgfus str	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0402T		Colgn cros	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0403T		Diabetes p	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0404T		Trnscrv ut	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0408T		Insj/rplc c	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0409T		Insj/rplc c	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0410T		Insj/rplc c	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0411T		Insj/rplc c	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0412T		Rmvl cardi	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0413T		Rmvl car n	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0414T		Rmvl & rp	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0415T		Repos car	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0416T		Reloc skin	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0417T		Prgrmg ev	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0418T		Interro eva	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0419T		Dstrj neurc	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0420T		Dstrj neurc	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0421T		Waterjet p	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0422T		Tactile bre	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0423T		Assay secr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0424T		Insj/rplc ns	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0425T		Insj/rplc ns	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0426T		Insj/rplc ns	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0427T		Insj/rplc ns	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0428T		Rmvl nstin	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0429T		Rmvl nstin	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0430T		Rmvl nstin	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0431T		Rmvl/rplc	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0432T		Repos nsti	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0433T		Repos nsti	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0434T		Interro eva	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0435T		Prgrmg ev	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0436T		Prgrmg ev	Not Covered	XXX	N	N	D	N	N	$ -	$ -	Not on a benefit
0437T		Impltj synt	Not Covered	ZZZ	N	N	D	N	N	$ -	$ -	Not on a benefit
0439T		Myocrd co	Not Covered	ZZZ	N	N	D	N	N	$ -	$ -	Not on a benefit
0440T		Abltj perc	Not Covered	YYY	N	N	D	N	N	$ -	$ -	Not on a benefit
0441T		Abltj perc	Not Covered	YYY	N	N	D	N	N	$ -	$ -	Not on a benefit
0442T		Abltj perc	Not Covered	YYY	N	N	D	N	N	$ -	$ -	Not on a benefit
0443T		R-t spctrl a	Not Covered	ZZZ	N	N	D	N	N	$ -	$ -	Not on a benefit
0444T		1st plmt dr	Not Covered	YYY	N	N	D	N	N	$ -	$ -	Not on a benefit
0445T		Sbsqt plmt	Not Covered	YYY	N	N	D	N	N	$ -	$ -	Not on a benefit
0446T		Insj impltb	Not Covered	000	Y	N	N	N	N	$ 39.28	$ 1,140.41	Not on a benefit
0447T		Rmvl impl	Not Covered	000	Y	N	N	N	N	$ 46.27	$ 67.48	Not on a benefit
0448T		Remvl insj	Not Covered	000	Y	N	N	N	N	$ 65.55	$ 1,149.57	Not on a benefit
0449T		Insj aqueo	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0450T		Insj aqueo	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0451T		Insj/rplcmt	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0452T		Insj/rplcmt	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
0453T		Insj/rplcmt	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0454T		Insj/rplcmt	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0455T		Remvl aort	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0456T		Remvl aort	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0457T		Remvl mec	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0458T		Remvl sub	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0459T		Relocaj rpl	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0460T		Repos aort	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0461T		Repos aort	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0462T		Prgrmg ev	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0463T		Interrog ac	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0464T		Visual ep t	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0465T		Supchrdl n	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0466T		Insj ch wal	Not Covered	ZZZ	N	N	N	N	N	$ -	$ -	Not on a benefit
0467T		Revj/rplmr	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0468T		Rmvl ch w	Not Covered	YYY	N	N	N	N	N	$ -	$ -	Not on a benefit
0469T		Rta polariz	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0470T	26	Oct skn im	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0470T	TC	Oct skn im	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0470T		Oct skn im	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0471T	26	Oct skn im	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0471T	TC	Oct skn im	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0471T		Oct skn im	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0472T		Prgrmg io	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0473T		Reprgrmg	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0474T		Insj aqueo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0475T		Rec ftl car	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0476T		Rec ftl car	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0477T		Rec ftl car	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0478T		Rec ftl car	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0479T		Fxjl abl lsr	Not Covered	000	Y	N	N	N	N	$ -	$ -	Not on a benefit
0480T		Fxjl abl lsr	Not Covered	ZZZ	N	N	N	N	N	$ -	$ -	Not on a benefit
0481T		Njx autol v	Not Covered	000	N	N	N	N	N	$ -	$ -	Not on a benefit
0483T		Tmvi perc	Not Covered	000	Y	N	D	Y	D	$ -	$ -	Not on a benefit
0484T		Tmvi trans	Not Covered	000	Y	N	D	Y	D	$ -	$ -	Not on a benefit
0485T	26	Oct mid ea	Not Covered	XXX	N	Y	N	N	N	$ -	$ -	Not on a benefit
0485T	TC	Oct mid ea	Not Covered	XXX	N	Y	N	N	N	$ -	$ -	Not on a benefit
0485T		Oct mid ea	Not Covered	XXX	N	Y	N	N	N	$ -	$ -	Not on a benefit
0486T	26	Oct mid ea	Not Covered	XXX	N	B	N	N	N	$ -	$ -	Not on a benefit
0486T	TC	Oct mid ea	Not Covered	XXX	N	B	N	N	N	$ -	$ -	Not on a benefit
0486T		Oct mid ea	Not Covered	XXX	N	B	N	N	N	$ -	$ -	Not on a benefit
0487T		Trvg biom	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0488T		Diabetes p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0489T		Regn cell t	Not Covered	000	N	N	N	N	N	$ -	$ -	Not on a benefit
0490T		Regn cell t	Not Covered	000	N	N	N	N	N	$ -	$ -	Not on a benefit
0491T		Abl lsr opr	Not Covered	000	N	N	N	N	N	$ -	$ -	Not on a benefit
0492T		Abl lsr opr	Not Covered	ZZZ	N	N	N	N	N	$ -	$ -	Not on a benefit
0493T		Near ifr sp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0494T		Prep & car	Not Covered	XXX	Y	B	Y	D	N	$ -	$ -	Not on a benefit
0495T		Mntr cdvr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0496T		Mntr cdvr	Not Covered	ZZZ	N	N	N	N	N	$ -	$ -	Not on a benefit
0497T		Xtrnl pt ac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0498T		Xtrnl pt ac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0499T		Cysto f/urt	Not Covered	000	Y	N	N	N	N	$ -	$ -	Not on a benefit
0500F		Initial pren	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0500T		Hpv 5+ hi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0501F		Prenatal fl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0501T		Cor ffr der	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0502F		Subsequen	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not on a benefit
0502T		Cor ffr dat	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0503F		Postpartun	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0503T		Cor ffr aly	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
0504T		Cor ffr dat	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0505F		Hemodialy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0505T		Ev fempop	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0506T	26	Mac pgmt	Not Covered	XXX	7	N	D	N	N	$ -	$ -	
0506T	TC	Mac pgmt	Not Covered	XXX	7	N	D	N	N	$ -	$ -	
0506T		Mac pgmt	Not Covered	XXX	7	N	D	N	N	$ -	$ -	
0507F		Periton dia	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0507T	26	Near ifr 2i	Not Covered	XXX	7	N	D	N	N	$ -	$ -	
0507T	TC	Near ifr 2i	Not Covered	XXX	7	N	D	N	N	$ -	$ -	
0507T		Near ifr 2i	Not Covered	XXX	7	N	D	N	N	$ -	$ -	
0508T	26	Pls echo us	Not Covered	XXX	7	N	D	N	N	$ -	$ -	
0508T	TC	Pls echo us	Not Covered	XXX	7	N	D	N	N	$ -	$ -	
0508T		Pls echo us	Not Covered	XXX	7	N	D	N	N	$ -	$ -	
0509F		Urine inco	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0509T	26	Pattern erg	Not Covered	XXX	7	B	D	N	N	$ 14.22	$ 14.22	
0509T	TC	Pattern erg	Not Covered	XXX	7	B	D	N	N	$ 33.98	$ 33.98	
0509T		Pattern erg	Not Covered	XXX	7	B	D	N	N	$ 48.20	$ 48.20	
0510T		Rmvl sinus	Not Covered	YYY	Y	Y	N	N	N	$ -	$ -	
0511T		Rmvl&rins	Not Covered	YYY	Y	Y	N	N	N	$ -	$ -	
0512T		Esw integ	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0513F		Elev bp pl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0513T		Esw integ	Not Covered	ZZZ	N	N	D	N	N	$ -	$ -	
0514F		Care plan	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0514T		Intraop vis	Not Covered	ZZZ	N	N	N	N	N	$ -	$ -	
0515T		Insj wcs lv	Not Covered	YYY	Y	N	N	N	N	$ -	$ -	
0516F		Anemia pl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0516T		Insj wcs lv	Not Covered	YYY	Y	N	N	N	N	$ -	$ -	
0517F		Glaucoma	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0517T		Insj wcs lv	Not Covered	YYY	Y	N	N	N	N	$ -	$ -	
0518F		Fall plan o	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0518T		Rmvl pg c	Not Covered	YYY	Y	N	N	N	N	$ -	$ -	
0519F		Pland chem	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0519T		Rmvl & rp	Not Covered	YYY	Y	N	N	N	N	$ -	$ -	
0520F		Rad dos lir	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0520T		Rmvl&rpl	Not Covered	YYY	Y	N	N	N	N	$ -	$ -	
0521F		Plan of car	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0521T	26	Interrog de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0521T	TC	Interrog de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0521T		Interrog de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0522T	26	Prgrmg de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0522T	TC	Prgrmg de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0522T		Prgrmg de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0523T		Ntrapx c f	Not Covered	ZZZ	N	N	D	N	N	$ -	$ -	
0524T		Ev cath dir	Not Covered	YYY	Y	Y	N	N	N	$ -	$ -	
0525F		Initial visit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0525T		Insj/rplcmt	Not Covered	YYY	Y	N	N	N	N	$ -	$ -	
0526F		Subs visit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0526T		Insj/rplcmt	Not Covered	YYY	Y	N	N	N	N	$ -	$ -	
0527T		Insj/rplcmt	Not Covered	YYY	Y	N	N	N	N	$ -	$ -	
0528F		Rcmnd flw	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0528T	26	Prgrmg de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0528T	TC	Prgrmg de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0528T		Prgrmg de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0529F		Intrvl 3/>y	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0529T	26	Interrog de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0529T	TC	Interrog de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0529T		Interrog de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0530T		Removal c	Not Covered	YYY	Y	N	N	N	N	$ -	$ -	
0531T		Removal ii	Not Covered	YYY	Y	N	N	N	N	$ -	$ -	
0532T		Removal ii	Not Covered	YYY	Y	N	N	N	N	$ -	$ -	
0533T	26	Cont rec m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0533T	TC	Cont rec m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
0533T		Cont rec m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0534T	26	Cont rec m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0534T	TC	Cont rec m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0534T		Cont rec m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0535F		Dyspnea m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0535T	26	Cont rec m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0535T	TC	Cont rec m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0535T		Cont rec m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0536T	26	Cont rec m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0536T	TC	Cont rec m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0536T		Cont rec m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0537T		Bld drv t ly	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0538T		Bld drv t ly	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0539T		Receipt&p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0540F		Gluco mng	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0540T		Car-t cll ac	Not Covered	YYY	N	N	N	N	N	$ -	$ -	
0541T		Myocardia	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0542T		Myocardia	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0543T		Ta mv rpr	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0544T		Tcat mv ar	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0545F		Follow up	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0545T		Tcat tv an	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0546T		Rf spectrs	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0547T		B1 matrl q	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0548T		Tprnl balo	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0549T		Tprnl balo	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0550F		Cytopath r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0550T		Tprnl balo	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0551F		Cytopath r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0551T		Tprnl balo	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0552T		Low-level	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0553T		Perq tcat il	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0554T		B1 str & f	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0555F		Symptom r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0555T		B1 str&fx	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0556F		Plan care l	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0556T		B1 str & f	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0557F		Plan carem	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0557T		B1 str & f	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0558T		Ct scan f/b	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0559T		Antmc md	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0560T		Antmc md	Not Covered	ZZZ	N	N	D	N	N	$ -	$ -	
0561T		Antmc gui	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
0562T		Antmc gui	Not Covered	ZZZ	N	N	D	N	N	$ -	$ -	
0563T		Evac meib	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0564T		Onc chem	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0565T		Autol cell i	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0566T		Autol cell i	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0567T		Perm flp tu	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0568T		Intro mix s	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0569T		Ttvr perq a	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0570T		Ttvr perq a	Not Covered	ZZZ	N	N	D	N	N	$ -	$ -	
0571T		Insj/rplcmt	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0572T		Insertion s	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0573T		Removal s	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0574T		Repos prev	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0575F		Hiv rna pla	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0575T		Prgrmg de	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0576T		Interrog de	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0577T		Ephys eval	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0578T		Rem interr	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0579T		Rem interr	Not Covered	YYY	N	N	D	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
0580F		Multidisci	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0580T		Rmvl ss ir	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0581F		Pt trnsfrd f	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0581T		Abltj mal b	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0582F		No trnsfr f	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0582T		Trurl abltj	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0583F		Transfer c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0583T		Tmpst autc	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0584F		No transfe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
0584T		Perq islet c	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0585T		Laps islet c	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0586T		Open islet	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0587T		Perq implt	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0588T		Revision/r	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0589T		Elec alys s	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0590T		Elec alys c	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0591T		Hlth&wb c	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0592T		Hlth&wb c	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0593T		Hlth&wb c	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
0594T		Osteot hun	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0596T		Temp fml i	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0597T		Temp fml i	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0598T		Ncntc r-t f	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0599T		Ncntc r-t f	Not Covered	ZZZ	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0600T		Ire abltj 1+	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0601T		Ire abltj 1+	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0602T		Transderm	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0603T		Transderm	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0604T		Rem oct rt	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0605T		Rem oct rt	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0606T		Rem oct rt	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0607T		Rem mntr	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0608T		Rem mntr	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0609T		Mrs disc p	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0610T		Mrs disc p	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0611T		Mrs disc p	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0612T		Mrs disco	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0613T		Perq tcat ir	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0614T		Rmvl&rpl	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0615T		Eye mvmt	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0616T		Insertion o	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0617T		Insj iris pr	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0618T		Insj iris pr	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0619T		Cysto w/pr	Not Covered	YYY	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0620T		Evasc ven	Not Covered	YYY	Y	Y	D	N	N	$ -	$ -	2021 New Procedure Code
0621T		Trabeculos	Not Covered	YYY	Y	Y	D	N	N	$ -	$ -	2021 New Procedure Code
0622T		Trabeculos	Not Covered	YYY	Y	Y	D	N	N	$ -	$ -	2021 New Procedure Code
0623T		Auto quan	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0624T		Auto quan	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0625T		Auto quan	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0626T		Auto quan	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0627T		Perq njx al	Not Covered	YYY	Y	B	D	N	N	$ -	$ -	2021 New Procedure Code
0628T		Perq njx al	Not Covered	ZZZ	N	B	D	N	N	$ -	$ -	2021 New Procedure Code
0629T		Perq njx al	Not Covered	YYY	Y	B	D	N	N	$ -	$ -	2021 New Procedure Code
0630T		Perq njx al	Not Covered	ZZZ	N	B	D	N	N	$ -	$ -	2021 New Procedure Code
0631T		Tc vis lit h	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0632T		Perq tcat u	Not Covered	YYY	Y	N	D	N	N	$ -	$ -	2021 New Procedure Code
0633T	26	Ct breast w	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0633T	TC	Ct breast w	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0633T		Ct breast w	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0634T	26	Ct breast w	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0634T	TC	Ct breast w	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
0634T		Ct breast w	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0635T	26	Ct breast w	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0635T	TC	Ct breast w	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0635T		Ct breast w	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0636T	26	Ct breast w	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0636T	TC	Ct breast w	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0636T		Ct breast w	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0637T	26	Ct breast w	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0637T	TC	Ct breast w	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0637T		Ct breast w	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0638T	26	Ct breast w	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0638T	TC	Ct breast w	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0638T		Ct breast w	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
0639T		Wrls skn s	Not Covered	XXX	N	N	D	N	N	$ -	$ -	2021 New Procedure Code
1000F		Tobacco u	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1002F		Assess ang	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1003F		Level of ac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1004F		Clin symp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1005F		Asthma sy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1006F		Osteoarthr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1007F		Anti-inflm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1008F		Gi/renal ris	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1010F		Severity ar	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1011F		Angina pre	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1012F		Angina ab	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1015F		Copd sym	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1018F		Assess dys	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1019F		Assess dys	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1022F		Pneumo in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1026F		Co-morbid	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1030F		Influenza i	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1031F		Smoking &	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1032F		Smoker/ex	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1033F		Tobacco n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1034F		Current to	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1035F		Smokeless	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1036F		Tobacco n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1038F		Persistent	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1039F		Intermitten	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1040F		Dsm-5 inf	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1050F		History of	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1052F		Type locat	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1055F		Visual fun	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1060F		Doc perm/	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1061F		Doc lack p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1065F		Ischm stro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1066F		Ischm stro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1070F		Alarm sym	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1071F		Alarm sym	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1090F		Pres/absn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1091F		Urine inco	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1100F		Ptfalls asse	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1101F		Pt falls ass	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1110F		Pt lft inpt f	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1111F		Dschrg me	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1116F		Auric/peri	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1118F		Gerd symp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1119F		Init eval fo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1121F		Subs eval f	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1123F		Acp discus	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1124F		Acp discus	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1125F		Amnt pain	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
1126F		Amnt pain v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1127F		New episo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1128F		Subs episo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1130F		Bk pain &	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1134F		Epsd bk pa	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1135F		Epsd bk pa	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1136F		Epsd bk pa	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1137F		Epsd bk pa	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1150F		Doc pt rsk	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1151F		Doc no pt	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1152F		Doc advnc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1153F		Doc advnc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1157F		Advnc care	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1158F		Advnc care	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1159F		Med list d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1160F		Rvw meds	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1170F		Fxnl status	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1175F		Function st	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1180F		Thromboe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1181F		Neuropsyc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1182F		Neuropsyc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1183F		Neuropsyc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1200F		Seizure typ	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1205F		Epi etiol sy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1220F		Pt screene	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1400F		Prkns diag	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1450F		Symptoms	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1451F		Sympt sho	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1460F		Qual card	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1461F		No qual ca	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1490F		Dem sever	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1491F		Dem sever	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1493F		Dem sever	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1494F		Cognit ass	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1500F		Symptom+	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1501F		Not initial	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1502F		Pt queried	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1503F		Pt queried	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1504F		Pt has resp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
1505F		Pt has no r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2000F		Blood pres	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2001F		Weight rec	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2002F		Clin sign v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2004F		Initial exar	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2010F		Vital signs	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2014F		Mental sta	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2015F		Asthma im	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2016F		Asthma ris	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2018F		Hydration	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2019F		Dilated ma	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2020F		Dilated fur	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2021F		Dilat macu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2022F		Dilat rta xr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2023F		Dilat rta xr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2024F		7 fld rta ph	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2025F		7 fld rta ph	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2026F		Eye img va	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2027F		Optic nerv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2028F		Foot exam	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2029F		Complete	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2030F		H2o stat d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2031F		H2o stat d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
2033F		Eye img va	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2035F		Tymp mem	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2040F		Bk pn xm (	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2044F		Doc mntl t	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2050F		Wound ch	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
2060F		Pt talk eva	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3006F		Cxr doc re	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3008F		Body mass	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3011F		Lipid pane	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3014F		Screen ma	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3015F		Cerv cance	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3016F		Pt scrnd ur	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3017F		Colorectal	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3018F		Pre-prxd rs	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3019F		Lvef asses	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3020F		Lvf assess	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3021F		Lvef mod/	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3022F		Lvef >/=40	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3023F		Spirom do	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3025F		Spirom fev	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3027F		Spirom fev	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3028F		O2 saturati	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3035F		O2 saturati	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3037F		O2 saturati	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3038F		Pulm fx w/	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3040F		Fev <40%	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3042F		Fev >/=40%	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3044F		Hg a1c lev	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3046F		Hemoglob	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3048F		Ldl-c <100	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3049F		Ldl-c 100-	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3050F		Ldl-c >/=	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3051F		Hg a1c>eq	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3052F		Hg a1c>eq	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3055F		Lvef less t	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3056F		Lvef greate	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3060F		Pos micro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3061F		Neg micro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3062F		Pos macro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3066F		Nephropat	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3072F		Low risk fo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3073F		Pre-surg ey	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3074F		Syst bp lt	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3075F		Syst bp ge	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3077F		Syst bp >/=	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3078F		Diast bp <	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3079F		Diast bp 8	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3080F		Diast bp >/	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3082F		Kt/v <1.2	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3083F		Kt/v =/> 1.	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3084F		Kt/v >= 1.	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3085F		Suicide ris	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3088F		Mdd mild	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3089F		Mdd mode	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3090F		Mdd sever	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3091F		Mdd sever	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3092F		Mdd in rer	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3093F		Doc new d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3095F		Central de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3096F		Central de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3100F		Image test	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3110F		Pres/absn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
3111F		Ct/mri brai	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3112F		Ct/mri brai	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3115F		Quant resu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3117F		Hf assessm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3118F		Ny heart as	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3119F		No eval ac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3120F		12-lead ecg	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3126F		Esoph bx r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3130F		Upper gi en	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3132F		Doc ref up	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3140F		Upper gi en	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3141F		Upper gi en	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3142F		Barium sw	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3150F		Forceps es	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3155F		Cytogen te	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3160F		Doc fe+ st	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3170F		Baselin flo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3200F		Barium sw	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3210F		Grp a strep	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3215F		Pt immuni	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3216F		Pt immuni	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3218F		Rna tstng h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3220F		Hep c quar	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3230F		Note hring	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3250F		Nonprim lv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3260F		Pt cat/pn c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3265F		Rna tstng h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3266F		Hepc gn ts	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3267F		Path rprt w	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3268F		Psa/t/glsc c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3269F		Bone scn b	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3270F		No bone sc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3271F		Low risk p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3272F		Med risk p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3273F		High risk p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3274F		Prost cncr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3278F		Serum lvls	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3279F		Hgb lvl >/=	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3280F		Hgb lvl 11	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3281F		Hgb lvl <11	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3284F		Iop down >	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3285F		Iop down <	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3288F		Fall risk as	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3290F		Pt=d(rh)- a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3291F		Pt=d(rh)+	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3292F		Hiv tstng a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3293F		Abo rh blo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3294F		Grp b strep	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3300F		Ajcc stage	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3301F		Cancer sta	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3315F		Er+ or pr+	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3316F		Er- or pr- h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3317F		Path rpt ma	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3318F		Path rpt ma	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3319F		X-ray/ct/ul	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3320F		No xray/ct	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3321F		Ajcc cncr (	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3322F		Melanoma	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3323F		Clin node s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3324F		Mri ct scar	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3325F		Preop asse	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3328F		Prfrmnc dc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
3330F		Imaging st	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3331F		Bk imagin	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3340F		Mammo as	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3341F		Mammo as	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3342F		Mammo as	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3343F		Mammo pr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3344F		Mammo as	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3345F		Mammo as	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3350F		Mammo b	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3351F		Neg scrn d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3352F		No sig dep	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3353F		Mild-mod	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3354F		Clin sig de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3370F		Ajcc brst c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3372F		Ajcc brst c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3374F		Ajcc brst c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3376F		Ajcc brstcr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3378F		Ajcc brstcr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3380F		Ajcc brstcr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3382F		Ajcc cln cr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3384F		Ajcc cln cr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3386F		Ajcc cln cr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3388F		Ajcc cln cr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3390F		Ajcc cln cr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3394F		Quant her2	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3395F		Quant non	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3450F		Dyspnea s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3451F		Dyspnea s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3452F		Dyspnea n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3455F		Tb scrng d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3470F		Ra disease	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3471F		Ra disease	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3472F		Ra disease	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3475F		Disease pr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3476F		Disease pr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3490F		History aid	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3491F		Hiv unsure	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3492F		History cd	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3493F		No hist cd	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3494F		Cd4+cell c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3495F		Cd4+cell c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3496F		Cd4+ cell	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3497F		Cd4+ cell	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3498F		Cd4+ cell	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3500F		Cd4+cell c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3502F		Hiv rna vrl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3503F		Hiv rna vrl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3510F		Doc tb scr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3511F		Chlmyd/gc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3512F		Syph scrng	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3513F		Hep b scrn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3514F		Hep c scrn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3515F		Pt has doc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3517F		Hbv assess	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3520F		Cdifficile t	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3550F		Low rsk th	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3551F		Intrmed rs	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3552F		Hgh risk fc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3555F		Pt inr mea	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3570F		Rprt bone	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3572F		Pt consid p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3573F		Pt not cons	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
3650F		Eeg ordere	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3700F		Psych diso	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3720F		Cognit imp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3725F		Screen dep	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3750F		Ptnotrcvng	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3751F		Electrodiag	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3752F		No electro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3753F		Pt has sym	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3754F		Screening	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3755F		Cog&beha	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3756F		Pt w/pseud	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3757F		Pt w/o pse	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3758F		Pt ref pulr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3759F		Pt scrn dys	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3760F		Pt w/ dysp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3761F		Pt w/o dys	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3762F		Patient is d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3763F		Patient is n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3775F		Adenoma	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
3776F		Adenoma	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4000F		Tobacco u	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4001F		Tobacco u	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4003F		Pt ed write	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4004F		Pt tobacco	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4005F		Pharm thx	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4008F		Beta-block	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4010F		Ace/arb th	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4011F		Oral antipl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4012F		Warfarin th	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4013F		Statin ther	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4014F		Written dis	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4015F		Persist ast	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4016F		Anti-inflm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4017F		Gi prophyl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4018F		Therapy ex	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4019F		Doc recpt	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4025F		Inhaled br	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4030F		Oxygen th	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4033F		Pulmonary	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4035F		Influenza i	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4037F		Influenza i	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4040F		Pneumoc v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4041F		Doc order	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4042F		Doc antibi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4043F		Doc order	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4044F		Doc order	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4045F		Empiric an	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4046F		Doc antibi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4047F		Doc antibi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4048F		Doc antibi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4049F		Doc order	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4050F		Ht care pla	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4051F		Referred fo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4052F		Hemodialy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4053F		Hemodialy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4054F		Hemodialy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4055F		Pt rcvng pe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4056F		Approp or	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4058F		Ped gastro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4060F		Psych svcs	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4062F		Pt referral	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4063F		Antidepres	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
4064F		Antidepres	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4065F		Antipsych	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4066F		Ect provid	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4067F		Pt referral	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4069F		Vte prophy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4070F		Dvt prophy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4073F		Oral antipl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4075F		Anticoag th	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4077F		Doc t-pa a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4079F		Doc rehab	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4084F		Aspirin rec	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4086F		Aspirin/clc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4090F		Pt rcvng e	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4095F		Pt not rcvn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4100F		Biphos thx	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4110F		Int mam ar	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4115F		Beta blckr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4120F		Antibiot rx	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4124F		Antibiot n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4130F		Topical pr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4131F		Syst antim	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4132F		No syst an	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4133F		Antihist/de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4134F		No antihist	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4135F		Systemic c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4136F		Syst cortic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4140F		Inhaled co	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4142F		Corticoste	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4144F		Alt long-te	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4145F		2+ anti-hy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4148F		Hep a vac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4149F		Hep b vac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4150F		Pt recvng c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4151F		Pt not recv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4153F		Combo pe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4155F		Hep a vac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4157F		Hep b vac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4158F		Pt edu re a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4159F		Contrcp ta	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4163F		Pt couns 4	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4164F		Adjv hrmn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4165F		3d-crt/imrt	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4167F		Hd bed tilt	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4168F		Pt care icu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4169F		No pt care	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4171F		Pt rcvng es	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4172F		Pt not rcvn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4174F		Couns pote	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4175F		Vis 20/40/	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4176F		Talk re uv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4177F		Talk pt/crg	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4178F		Antid glblr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4179F		Tamoxifen	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4180F		Adjv thxpy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4181F		Conformal	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4182F		No conform	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4185F		Continuou	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4186F		No cont pr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4187F		Anti rheum	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4188F		Approp ac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4189F		Approp dig	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4190F		Approp diu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
4191F		Approp an	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4192F		Pt not rcvn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4193F		Pt rcvng<1	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4194F		Pt rcvng10	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4195F		Pt rcvng ar	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4196F		Ptnot rcvn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4200F		External b	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4201F		Extrnl bea	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4210F		Ace/arb th	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4220F		Digoxin th	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4221F		Diuretic th	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4230F		Anticonv t	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4240F		Instr xrcz	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4242F		Sprvsd xrc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4245F		Pt instr nr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4248F		Pt instr no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4250F		Wrmng 4 s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4255F		Anesth 60	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4256F		Anesthe <6	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4260F		Wound srf	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4261F		Tech other	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4265F		Wet-dry dr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4266F		No wet-dry	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4267F		Comprssio	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4268F		Pt ed re co	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4269F		Appropos	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4270F		Pt rcvng ar	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4271F		Pt rcvng ar	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4274F		Flu immun	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4276F		Potent anti	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4279F		Pcp proph	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4280F		Pcp proph	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4290F		Pt scrned f	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4293F		Pt scrnd hg	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4300F		Pt rcvng w	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4301F		Pt not rcvn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4305F		Pt ed re ft	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4306F		Pt tlk psyc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4320F		Pt talk psy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4322F		Crgvr prov	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4324F		Pt queried	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4325F		Med txmnt	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4326F		Pt asked re	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4328F		Pt asked re	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4330F		Cnslng epi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4340F		Cnslng chl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4350F		Cnslng pro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4400F		Rehab thx	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4450F		Self-care e	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4470F		Icd counse	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4480F		Pt rcvng ac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4481F		Pt rcvng ac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4500F		Ref to out	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4510F		Prev cardi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4525F		Neuropsyc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4526F		Neuropsyc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4540F		Disease m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4541F		Pt offered	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4550F		Noninvas r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4551F		Nutritional	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4552F		Pt ref for s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4553F		Pt asst re e	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
4554F		Pt recvd in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4555F		Pt recvd n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4556F		Pt w/3+ po	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4557F		Pt w/o 3+ p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4558F		Pt recvd 2	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4559F		1 bodytem	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4560F		Anesth w/c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4561F		Pt w/ coro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4562F		Pt w/o cor	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
4563F		Pt recvd as	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
5005F		Pt counsld	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
5010F		Macul resu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
5015F		Doc fx & t	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
5020F		Txmnts 2 p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
5050F		Plan 2 mai	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
5060F		Fndngs ma	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
5062F		Mammo re	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
5100F		Rsk fx ref	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
5200F		Eval appro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
5250F		Asthma dia	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
6005F		Care level	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
6010F		Dysphag te	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
6015F		Dysphag te	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
6020F		Npo (nothi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
6030F		Max sterile	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
6040F		Appro rad	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
6045F		Radxps in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
6070F		Pt asked/cr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
6080F		Pt/caregive	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
6090F		Pt/caregive	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
6100F		Verify pt s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
6101F		Safety cou	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
6102F		Safety cou	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
6110F		Counsel pr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
6150F		Pt notrcvn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
7010F		Pt info intc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
7020F		Mammo as	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
7025F		Pt infosys	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
9001F		Aortic ane	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
9002F		Aortic ane	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
9003F		Aortic anry	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
9004F		Aortic anry	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
9005F		Asympt ca	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
9006F		Sympt sten	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
9007F		Other caro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
A0021		Outside sta	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0080		Noninteres	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0090		Interest esc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0100		Nonemerg	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0110		Nonemerg	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0120		Noner tran	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0130		Noner tran	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0140		Nonemerg	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0160		Noner tran	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0170		Transport p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0180		Noner tran	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0190		Noner tran	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0200		Noner tran	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0210		Noner tran	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0225		Neonatal e	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0380		Basic life s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0382		Basic supp	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
A0384		Bls defibri	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0390		Advanced	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0392		Als defibri	X	XXX	N	N	N	N	N	$ -	$ -	
A0394		Als iv drug	X	XXX	N	N	N	N	N	$ -	$ -	
A0396		Als esopha	X	XXX	N	N	N	N	N	$ -	$ -	
A0398		Als routine	X	XXX	N	N	N	N	N	$ -	$ -	
A0420		Ambulance	X	XXX	N	N	N	N	N	$ -	$ -	
A0422		Ambulance	X	XXX	N	N	N	N	N	$ -	$ -	
A0424		Extra ambu	X	XXX	N	N	N	N	N	$ -	$ -	
A0425		Ground mi	X	XXX	N	N	N	N	N	$ -	$ -	
A0426		Als 1	X	XXX	N	N	N	N	N	$ -	$ -	
A0427		Als1-emer	X	XXX	N	N	N	N	N	$ -	$ -	
A0428		Bls	X	XXX	N	N	N	N	N	$ -	$ -	
A0429		Bls-emerge	X	XXX	N	N	N	N	N	$ -	$ -	
A0430		Fixed wing	X	XXX	N	N	N	N	N	$ -	$ -	
A0431		Rotary win	X	XXX	N	N	N	N	N	$ -	$ -	
A0432		Pi voluntee	X	XXX	N	N	N	N	N	$ -	$ -	
A0433		Als 2	X	XXX	N	N	N	N	N	$ -	$ -	
A0434		Specialty c	X	XXX	N	N	N	N	N	$ -	$ -	
A0435		Fixed wing	X	XXX	N	N	N	N	N	$ -	$ -	
A0436		Rotary win	X	XXX	N	N	N	N	N	$ -	$ -	
A0888		Noncovere	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0998		Ambulance	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A0999		Unlisted ar	X	XXX	N	N	N	N	N	$ -	$ -	
A4206		1 cc sterile	X	XXX	N	N	N	N	N	$ -	$ -	
A4207		2 cc sterile	X	XXX	N	N	N	N	N	$ -	$ -	
A4208		3 cc sterile	X	XXX	N	N	N	N	N	$ -	$ -	
A4209		5+ cc steril	X	XXX	N	N	N	N	N	$ -	$ -	
A4210		Nonneedle	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4211		Supp for se	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4212		Non coring	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4213		20+ cc syri	X	XXX	N	N	N	N	N	$ -	$ -	
A4215		Sterile nee	X	XXX	N	N	N	N	N	$ -	$ -	
A4216		Sterile wat	X	XXX	N	N	N	N	N	$ -	$ -	
A4217		Sterile wat	X	XXX	N	N	N	N	N	$ -	$ -	
A4218		Sterile sali	X	XXX	N	N	N	N	N	$ -	$ -	
A4220		Infusion pu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4221		Supp non-i	X	XXX	N	N	N	N	N	$ -	$ -	
A4222		Infusion su	X	XXX	N	N	N	N	N	$ -	$ -	
A4223		Infusion su	X	XXX	N	N	N	N	N	$ -	$ -	
A4224		Supply insu	X	XXX	N	N	N	N	N	$ -	$ -	
A4225		Sup/ext ins	X	XXX	N	N	N	N	N	$ -	$ -	
A4226		Weekly sup	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4230		Infus insuli	X	XXX	N	N	N	N	N	$ -	$ -	
A4231		Infusion in	X	XXX	N	N	N	N	N	$ -	$ -	
A4232		Syringe w/	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4233		Alkalin bat	X	XXX	N	N	N	N	N	$ -	$ -	
A4234		J-cell batt f	X	XXX	N	N	N	N	N	$ -	$ -	
A4235		Lithium ba	X	XXX	N	N	N	N	N	$ -	$ -	
A4236		Silvr oxide	X	XXX	N	N	N	N	N	$ -	$ -	
A4244		Alcohol or	X	XXX	N	N	N	N	N	$ -	$ -	
A4245		Alcohol wi	X	XXX	N	N	N	N	N	$ -	$ -	
A4246		Betadine/p	X	XXX	N	N	N	N	N	$ -	$ -	
A4247		Betadine/ic	X	XXX	N	N	N	N	N	$ -	$ -	
A4248		Chlorhexic	X	XXX	N	N	N	N	N	$ -	$ -	
A4250		Urine reag	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4252		Blood ketc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4253		Blood gluc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4255		Glucose m	X	XXX	N	N	N	N	N	$ -	$ -	
A4256		Calibrator	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4257		Replace le	X	XXX	N	N	N	N	N	$ -	$ -	
A4258		Lancet dev	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
A4259		Lancets pe	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4261		Cervical ca	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4262		Temporary	B	XXX	N	N	N	N	N	$ -	$ -	
A4263		Permanent	B	XXX	N	N	N	N	N	$ -	$ -	
A4264		Intratubal (	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4265		Paraffin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4266		Diaphragm	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4267		Male cond	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4268		Female cor	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4269		Spermicide	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4270		Disposable	B	XXX	N	N	N	N	N	$ -	$ -	
A4280		Brst prsths	X	XXX	N	N	N	N	N	$ -	$ -	
A4281		Replaceme	X	XXX	N	N	N	N	N	$ -	$ -	
A4282		Replaceme	X	XXX	N	N	N	N	N	$ -	$ -	
A4283		Replaceme	X	XXX	N	N	N	N	N	$ -	$ -	
A4284		Replcmnt b	X	XXX	N	N	N	N	N	$ -	$ -	
A4285		Replcmnt b	X	XXX	N	N	N	N	N	$ -	$ -	
A4286		Replcmnt b	X	XXX	N	N	N	N	N	$ -	$ -	
A4290		Sacral nerv	X	XXX	N	N	N	N	N	$ -	$ -	
A4300		Cath impl '	B	XXX	N	N	N	N	N	$ -	$ -	
A4301		Implantabl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4305		Drug deliv	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4306		Drug deliv	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4310		Insert tray	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4311		Catheter w	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4312		Cath w/o b	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4313		Catheter w	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4314		Cath w/dra	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4315		Cath w/dra	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4316		Cath w/dra	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4320		Irrigation t	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4321		Cath therap	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4322		Irrigation s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4326		Male exter	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4327		Fem urinar	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4328		Fem urinar	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4330		Stool colle	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4331		Extension (	X	XXX	N	N	N	N	N	$ -	$ -	
A4332		Lube steril	X	XXX	N	N	N	N	N	$ -	$ -	
A4333		Urinary cat	X	XXX	N	N	N	N	N	$ -	$ -	
A4334		Urinary cat	X	XXX	N	N	N	N	N	$ -	$ -	
A4335		Incontinen	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4336		Urethral in	X	XXX	N	N	N	N	N	$ -	$ -	
A4337		Incontinen	X	XXX	N	N	N	N	N	$ -	$ -	
A4338		Indwelling	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4340		Indwelling	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4344		Cath indw	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4346		Cath indw	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4349		Disposable	X	XXX	N	N	N	N	N	$ -	$ -	
A4351		Straight tip	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4352		Coude tip (	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4353		Intermitten	X	XXX	N	N	N	N	N	$ -	$ -	
A4354		Cath insert	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4355		Bladder irr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4356		Ext ureth c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4357		Bedside dr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4358		Urinary leg	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4360		Disposable	X	XXX	N	N	N	N	N	$ -	$ -	
A4361		Ostomy fac	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4362		Solid skin '	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4363		Ostomy cla	X	XXX	N	N	N	N	N	$ -	$ -	
A4364		Adhesive, '	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
A4366		Ostomy ve	X	XXX	N	N	N	N	N	$ -	$ -	
A4367		Ostomy be	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4368		Ostomy fil	X	XXX	N	N	N	N	N	$ -	$ -	
A4369		Skin barrie	X	XXX	N	N	N	N	N	$ -	$ -	
A4371		Skin barrie	X	XXX	N	N	N	N	N	$ -	$ -	
A4372		Skin barrie	X	XXX	N	N	N	N	N	$ -	$ -	
A4373		Skin barrie	X	XXX	N	N	N	N	N	$ -	$ -	
A4375		Drainable p	X	XXX	N	N	N	N	N	$ -	$ -	
A4376		Drainable p	X	XXX	N	N	N	N	N	$ -	$ -	
A4377		Drainable p	X	XXX	N	N	N	N	N	$ -	$ -	
A4378		Drainable p	X	XXX	N	N	N	N	N	$ -	$ -	
A4379		Urinary pla	X	XXX	N	N	N	N	N	$ -	$ -	
A4380		Urinary rul	X	XXX	N	N	N	N	N	$ -	$ -	
A4381		Urinary pla	X	XXX	N	N	N	N	N	$ -	$ -	
A4382		Urinary hv	X	XXX	N	N	N	N	N	$ -	$ -	
A4383		Urinary rul	X	XXX	N	N	N	N	N	$ -	$ -	
A4384		Ostomy fac	X	XXX	N	N	N	N	N	$ -	$ -	
A4385		Ost skn bar	X	XXX	N	N	N	N	N	$ -	$ -	
A4387		Ost clsd pc	X	XXX	N	N	N	N	N	$ -	$ -	
A4388		Drainable p	X	XXX	N	N	N	N	N	$ -	$ -	
A4389		Drainable p	X	XXX	N	N	N	N	N	$ -	$ -	
A4390		Drainable p	X	XXX	N	N	N	N	N	$ -	$ -	
A4391		Urinary po	X	XXX	N	N	N	N	N	$ -	$ -	
A4392		Urinary po	X	XXX	N	N	N	N	N	$ -	$ -	
A4393		Urine pch w	X	XXX	N	N	N	N	N	$ -	$ -	
A4394		Ostomy po	X	XXX	N	N	N	N	N	$ -	$ -	
A4395		Ostomy po	X	XXX	N	N	N	N	N	$ -	$ -	
A4396		Peristomal	X	XXX	N	N	N	N	N	$ -	$ -	
A4397		Irrigation s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4398		Ostomy irr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4399		Ostomy irr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4400		Ostomy irr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4402		Lubricant p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4404		Ostomy rir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4405		Nonpectin	X	XXX	N	N	N	N	N	$ -	$ -	
A4406		Pectin base	X	XXX	N	N	N	N	N	$ -	$ -	
A4407		Ext wear o	X	XXX	N	N	N	N	N	$ -	$ -	
A4408		Ext wear o	X	XXX	N	N	N	N	N	$ -	$ -	
A4409		Ost skn bar	X	XXX	N	N	N	N	N	$ -	$ -	
A4410		Ost skn bar	X	XXX	N	N	N	N	N	$ -	$ -	
A4411		Ost skn bar	X	XXX	N	N	N	N	N	$ -	$ -	
A4412		Ost pouch	X	XXX	N	N	N	N	N	$ -	$ -	
A4413		2 pc draina	X	XXX	N	N	N	N	N	$ -	$ -	
A4414		Ost sknbar	X	XXX	N	N	N	N	N	$ -	$ -	
A4415		Ost skn bar	X	XXX	N	N	N	N	N	$ -	$ -	
A4416		Ost pch cls	X	XXX	N	N	N	N	N	$ -	$ -	
A4417		Ost pch w	X	XXX	N	N	N	N	N	$ -	$ -	
A4418		Ost pch cls	X	XXX	N	N	N	N	N	$ -	$ -	
A4419		Ost pch for	X	XXX	N	N	N	N	N	$ -	$ -	
A4420		Ost pch cls	X	XXX	N	N	N	N	N	$ -	$ -	
A4421		Ostomy su	X	XXX	N	N	N	N	N	$ -	$ -	
A4422		Ost pouch	X	XXX	N	N	N	N	N	$ -	$ -	
A4423		Ost pch for	X	XXX	N	N	N	N	N	$ -	$ -	
A4424		Ost pch dra	X	XXX	N	N	N	N	N	$ -	$ -	
A4425		Ost pch dra	X	XXX	N	N	N	N	N	$ -	$ -	
A4426		Ost pch dra	X	XXX	N	N	N	N	N	$ -	$ -	
A4427		Ost pch dra	X	XXX	N	N	N	N	N	$ -	$ -	
A4428		Urine ost p	X	XXX	N	N	N	N	N	$ -	$ -	
A4429		Urine ost p	X	XXX	N	N	N	N	N	$ -	$ -	
A4430		Ost urine p	X	XXX	N	N	N	N	N	$ -	$ -	
A4431		Ost pch uri	X	XXX	N	N	N	N	N	$ -	$ -	
A4432		Os pch urin	X	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
A4433		Urine ost p	X	XXX	N	N	N	N	N	$ -	$ -	
A4434		Ost pch uri	X	XXX	N	N	N	N	N	$ -	$ -	
A4435		1pc ost pch	X	XXX	N	N	N	N	N	$ -	$ -	
A4450		Non-water	X	XXX	N	N	N	N	N	$ -	$ -	
A4452		Waterproo	X	XXX	N	N	N	N	N	$ -	$ -	
A4455		Adhesive r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4456		Adhesive r	X	XXX	N	N	N	N	N	$ -	$ -	
A4458		Reusable e	X	XXX	N	N	N	N	N	$ -	$ -	
A4459		Manual pu	X	XXX	N	N	N	N	N	$ -	$ -	
A4461		Surgicl dre	X	XXX	N	N	N	N	N	$ -	$ -	
A4463		Surgical dr	X	XXX	N	N	N	N	N	$ -	$ -	
A4465		Non-elastic	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4467		Belt strap s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4470		Gravlee jet	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4480		Vabra aspi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4481		Tracheostc	X	XXX	N	N	N	N	N	$ -	$ -	
A4483		Moisture e	X	XXX	N	N	N	N	N	$ -	$ -	
A4490		Above kne	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4495		Thigh leng	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4500		Below kne	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4510		Full length	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4520		Incontinen	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4550		Surgical tra	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4553		Nondisp ur	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4554		Disposable	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4555		Ca tx e-stir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4556		Electrodes,	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4557		Lead wires	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4558		Conductive	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4559		Coupling g	X	XXX	N	N	N	N	N	$ -	$ -	
A4561		Pessary rul	X	XXX	N	N	N	N	N	$ -	$ -	
A4562		Pessary, no	X	XXX	N	N	N	N	N	$ -	$ -	
A4563		Vag inser r	X	XXX	N	N	N	N	N	$ -	$ -	
A4565		Slings	X	XXX	N	N	N	N	N	$ -	$ -	
A4566		Should slir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4570		Splint	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4575		Hyperbaric	X	XXX	N	N	N	N	N	$ -	$ -	
A4580		Cast suppli	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4590		Special cas	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4595		Tens suppl	X	XXX	N	N	N	N	N	$ -	$ -	
A4600		Sleeve, inte	X	XXX	N	N	N	N	N	$ -	$ -	
A4601		Lith ion no	X	XXX	N	N	N	N	N	$ -	$ -	
A4602		Replace lit	X	XXX	N	N	N	N	N	$ -	$ -	
A4604		Tubing wit	X	XXX	N	N	N	N	N	$ -	$ -	
A4605		Trach sucti	X	XXX	N	N	N	N	N	$ -	$ -	
A4606		Oxygen pr	X	XXX	N	N	N	N	N	$ -	$ -	
A4608		Transtrach	X	XXX	N	N	N	N	N	$ -	$ -	
A4611		Heavy duty	X	XXX	N	N	N	N	N	$ -	$ -	
A4612		Battery cab	X	XXX	N	N	N	N	N	$ -	$ -	
A4613		Battery cha	X	XXX	N	N	N	N	N	$ -	$ -	
A4614		Hand-held	X	XXX	N	N	N	N	N	$ -	$ -	
A4615		Cannula na	X	XXX	N	N	N	N	N	$ -	$ -	
A4616		Tubing (ox	X	XXX	N	N	N	N	N	$ -	$ -	
A4617		Mouth piec	X	XXX	N	N	N	N	N	$ -	$ -	
A4618		Breathing c	X	XXX	N	N	N	N	N	$ -	$ -	
A4619		Face tent	X	XXX	N	N	N	N	N	$ -	$ -	
A4620		Variable co	X	XXX	N	N	N	N	N	$ -	$ -	
A4623		Tracheostc	X	XXX	N	N	N	N	N	$ -	$ -	
A4624		Tracheal su	X	XXX	N	N	N	N	N	$ -	$ -	
A4625		Trach care	X	XXX	N	N	N	N	N	$ -	$ -	
A4626		Tracheostc	X	XXX	N	N	N	N	N	$ -	$ -	
A4627		Spacer bag	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
A4628		Oropharyn	X	XXX	N	N	N	N	N	$ -	$ -	
A4629		Tracheostc	X	XXX	N	N	N	N	N	$ -	$ -	
A4630		Repl bat t.e	X	XXX	N	N	N	N	N	$ -	$ -	
A4633		Uvl replace	X	XXX	N	N	N	N	N	$ -	$ -	
A4634		Replaceme	X	XXX	N	N	N	N	N	$ -	$ -	
A4635		Underarm	X	XXX	N	N	N	N	N	$ -	$ -	
A4636		Handgrip f	X	XXX	N	N	N	N	N	$ -	$ -	
A4637		Repl tip ca	X	XXX	N	N	N	N	N	$ -	$ -	
A4638		Repl batt p	X	XXX	N	N	N	N	N	$ -	$ -	
A4639		Infrared ht	X	XXX	N	N	N	N	N	$ -	$ -	
A4640		Alternating	X	XXX	N	N	N	N	N	$ -	$ -	
A4641		Radiopharı	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A4642		In111 satu	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A4648		Implantabl	X	XXX	N	N	N	N	N	$ -	$ -	
A4649		Surgical su	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4650		Implant rac	X	XXX	N	N	N	N	N	$ -	$ -	
A4651		Calibrated	X	XXX	N	N	N	N	N	$ -	$ -	
A4652		Microcapil	X	XXX	N	N	N	N	N	$ -	$ -	
A4653		Pd catheter	X	XXX	N	N	N	N	N	$ -	$ -	
A4657		Syringe w/	X	XXX	N	N	N	N	N	$ -	$ -	
A4660		Sphyg/bp a	X	XXX	N	N	N	N	N	$ -	$ -	
A4663		Dialysis bl	X	XXX	N	N	N	N	N	$ -	$ -	
A4670		Automatic	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A4671		Disposable	X	XXX	N	N	N	N	N	$ -	$ -	
A4672		Drainage e	X	XXX	N	N	N	N	N	$ -	$ -	
A4673		Ext line w	X	XXX	N	N	N	N	N	$ -	$ -	
A4674		Chem/antis	X	XXX	N	N	N	N	N	$ -	$ -	
A4680		Activated c	X	XXX	N	N	N	N	N	$ -	$ -	
A4690		Dialyzer, e	X	XXX	N	N	N	N	N	$ -	$ -	
A4706		Bicarbonat	X	XXX	N	N	N	N	N	$ -	$ -	
A4707		Bicarbonat	X	XXX	N	N	N	N	N	$ -	$ -	
A4708		Acetate co	X	XXX	N	N	N	N	N	$ -	$ -	
A4709		Acid conc	X	XXX	N	N	N	N	N	$ -	$ -	
A4714		Treated wa	X	XXX	N	N	N	N	N	$ -	$ -	
A4719		"y set" tubi	X	XXX	N	N	N	N	N	$ -	$ -	
A4720		Dialysat so	X	XXX	N	N	N	N	N	$ -	$ -	
A4721		Dialysat so	X	XXX	N	N	N	N	N	$ -	$ -	
A4722		Dialys sol :	X	XXX	N	N	N	N	N	$ -	$ -	
A4723		Dialys sol :	X	XXX	N	N	N	N	N	$ -	$ -	
A4724		Dialys sol :	X	XXX	N	N	N	N	N	$ -	$ -	
A4725		Dialys sol :	X	XXX	N	N	N	N	N	$ -	$ -	
A4726		Dialys sol :	X	XXX	N	N	N	N	N	$ -	$ -	
A4728		Dialysate s	X	XXX	N	N	N	N	N	$ -	$ -	
A4730		Fistula can	X	XXX	N	N	N	N	N	$ -	$ -	
A4736		Topical an	X	XXX	N	N	N	N	N	$ -	$ -	
A4737		Inj anesthe	X	XXX	N	N	N	N	N	$ -	$ -	
A4740		Shunt acce	X	XXX	N	N	N	N	N	$ -	$ -	
A4750		Art or vend	X	XXX	N	N	N	N	N	$ -	$ -	
A4755		Comb art/v	X	XXX	N	N	N	N	N	$ -	$ -	
A4760		Dialysate s	X	XXX	N	N	N	N	N	$ -	$ -	
A4765		Dialysate c	X	XXX	N	N	N	N	N	$ -	$ -	
A4766		Dialysate c	X	XXX	N	N	N	N	N	$ -	$ -	
A4770		Blood coll	X	XXX	N	N	N	N	N	$ -	$ -	
A4771		Serum clot	X	XXX	N	N	N	N	N	$ -	$ -	
A4772		Blood gluc	X	XXX	N	N	N	N	N	$ -	$ -	
A4773		Occult bloc	X	XXX	N	N	N	N	N	$ -	$ -	
A4774		Ammonia t	X	XXX	N	N	N	N	N	$ -	$ -	
A4802		Protamine	X	XXX	N	N	N	N	N	$ -	$ -	
A4860		Disposable	X	XXX	N	N	N	N	N	$ -	$ -	
A4870		Plumb/elec	X	XXX	N	N	N	N	N	$ -	$ -	
A4890		Repair/mai	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A4911		Drain bag/	X	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
A4913		Misc dialys	X	XXX	N	N	N	N	N	$ -	$ -	
A4918		Venous pre	X	XXX	N	N	N	N	N	$ -	$ -	
A4927		Non-sterile	X	XXX	N	N	N	N	N	$ -	$ -	
A4928		Surgical m	X	XXX	N	N	N	N	N	$ -	$ -	
A4929		Tourniquet	X	XXX	N	N	N	N	N	$ -	$ -	
A4930		Sterile, glo	X	XXX	N	N	N	N	N	$ -	$ -	
A4931		Reusable o	X	XXX	N	N	N	N	N	$ -	$ -	
A4932		Reusable r	X	XXX	N	N	N	N	N	$ -	$ -	
A5051		Pouch clsd	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5052		Clsd ostom	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5053		Clsd ostom	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5054		Clsd ostom	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5055		Stoma cap	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5056		1 pc ost po	X	XXX	N	N	N	N	N	$ -	$ -	
A5057		1 pc ost po	X	XXX	N	N	N	N	N	$ -	$ -	
A5061		Pouch drai	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5062		Drnble ostc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5063		Drain ostor	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5071		Urinary po	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5072		Urinary po	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5073		Urinary po	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5081		Stoma plug	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5082		Continent s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5083		Stoma absc	X	XXX	N	N	N	N	N	$ -	$ -	
A5093		Ostomy ac	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5102		Bedside dr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5105		Urinary sus	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5112		Urinary leg	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5113		Latex leg s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5114		Foam/fabri	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5120		Skin barrie	X	XXX	N	N	N	N	N	$ -	$ -	
A5121		Solid skin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5122		Solid skin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5126		Disk/foam	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5131		Appliance	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A5200		Percutaneo	X	XXX	N	N	N	N	N	$ -	$ -	
A5500		Diab shoe	X	XXX	N	N	N	N	N	$ -	$ -	
A5501		Diabetic cu	X	XXX	N	N	N	N	N	$ -	$ -	
A5503		Diabetic sh	X	XXX	N	N	N	N	N	$ -	$ -	
A5504		Diabetic sh	X	XXX	N	N	N	N	N	$ -	$ -	
A5505		Diab shoe	X	XXX	N	N	N	N	N	$ -	$ -	
A5506		Diabetic sh	X	XXX	N	N	N	N	N	$ -	$ -	
A5507		Modificati	X	XXX	N	N	N	N	N	$ -	$ -	
A5508		Diabetic de	X	XXX	N	N	N	N	N	$ -	$ -	
A5510		Compressi	X	XXX	N	N	N	N	N	$ -	$ -	
A5512		Multi den i	X	XXX	N	N	N	N	N	$ -	$ -	
A5513		Multi den i	X	XXX	N	N	N	N	N	$ -	$ -	
A5514		Mult den in	X	XXX	N	N	N	N	N	$ -	$ -	
A6000		Wound wa	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6010		Collagen b	X	XXX	N	N	N	N	N	$ -	$ -	
A6011		Collagen g	X	XXX	N	N	N	N	N	$ -	$ -	
A6021		Collagen d	X	XXX	N	N	N	N	N	$ -	$ -	
A6022		Collagen d	X	XXX	N	N	N	N	N	$ -	$ -	
A6023		Collagen d	X	XXX	N	N	N	N	N	$ -	$ -	
A6024		Collagen d	X	XXX	N	N	N	N	N	$ -	$ -	
A6025		Silicone ge	X	XXX	N	N	N	N	N	$ -	$ -	
A6154		Wound pou	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6196		Alginate dr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6197		Alginate dr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6198		Alginate dr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6199		Alginate dr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6203		Composite	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
A6204		Composite	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6205		Composite	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6206		Contact lay	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6207		Contact lay	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6208		Contact lay	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6209		Foam drsg	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6210		Foam drg >	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6211		Foam drg >	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6212		Foam drg <	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6213		Foam drg >	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6214		Foam drg >	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6215		Foam dress	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6216		Non-sterile	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6217		Non-sterile	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6218		Non-sterile	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6219		Gauze <= 1	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6220		Gauze >16	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6221		Gauze > 48	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6222		Gauze <=1	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6223		Gauze >16	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6224		Gauze > 48	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6228		Gauze <= 1	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6229		Gauze >16	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6230		Gauze > 48	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6231		Hydrogel d	X	XXX	N	N	N	N	N	$ -	$ -	
A6232		Hydrogel d	X	XXX	N	N	N	N	N	$ -	$ -	
A6233		Hydrogel d	X	XXX	N	N	N	N	N	$ -	$ -	
A6234		Hydrocollo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6235		Hydrocollo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6236		Hydrocollo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6237		Hydrocollo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6238		Hydrocollo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6239		Hydrocollo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6240		Hydrocollo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6241		Hydrocollo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6242		Hydrogel d	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6243		Hydrogel d	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6244		Hydrogel d	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6245		Hydrogel d	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6246		Hydrogel d	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6247		Hydrogel d	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6248		Hydrogel d	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6250		Skin seal p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6251		Absorpt dr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6252		Absorpt dr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6253		Absorpt dr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6254		Absorpt dr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6255		Absorpt dr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6256		Absorpt dr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6257		Transparer	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6258		Transparer	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6259		Transparer	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6260		Wound cle	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6261		Wound fill	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6262		Wound fill	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6266		Impreg gau	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6402		Sterile gau	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6403		Sterile gau	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6404		Sterile gau	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6407		Packing stu	X	XXX	N	N	N	N	N	$ -	$ -	
A6410		Sterile eye	X	XXX	N	N	N	N	N	$ -	$ -	
A6411		Non-sterile	X	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
A6412		Occlusive (	X	XXX	N	N	N	N	N	$ -	$ -	
A6413		Adhesive b	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6441		Pad band v	X	XXX	N	N	N	N	N	$ -	$ -	
A6442		Conform b	X	XXX	N	N	N	N	N	$ -	$ -	
A6443		Conform b	X	XXX	N	N	N	N	N	$ -	$ -	
A6444		Conform b	X	XXX	N	N	N	N	N	$ -	$ -	
A6445		Conform b	X	XXX	N	N	N	N	N	$ -	$ -	
A6446		Conform b	X	XXX	N	N	N	N	N	$ -	$ -	
A6447		Conform b	X	XXX	N	N	N	N	N	$ -	$ -	
A6448		Lt compres	X	XXX	N	N	N	N	N	$ -	$ -	
A6449		Lt compres	X	XXX	N	N	N	N	N	$ -	$ -	
A6450		Lt compres	X	XXX	N	N	N	N	N	$ -	$ -	
A6451		Mod comp	X	XXX	N	N	N	N	N	$ -	$ -	
A6452		High comp	X	XXX	N	N	N	N	N	$ -	$ -	
A6453		Self-adher	X	XXX	N	N	N	N	N	$ -	$ -	
A6454		Self-adher	X	XXX	N	N	N	N	N	$ -	$ -	
A6455		Self-adher	X	XXX	N	N	N	N	N	$ -	$ -	
A6456		Zinc paste	X	XXX	N	N	N	N	N	$ -	$ -	
A6457		Tubular dr	X	XXX	N	N	N	N	N	$ -	$ -	
A6460		Synthetic c	X	XXX	N	N	N	N	N	$ -	$ -	
A6461		Synthetic c	X	XXX	N	N	N	N	N	$ -	$ -	
A6501		Compres b	X	XXX	N	N	N	N	N	$ -	$ -	
A6502		Compres b	X	XXX	N	N	N	N	N	$ -	$ -	
A6503		Compres b	X	XXX	N	N	N	N	N	$ -	$ -	
A6504		Cmprsburr	X	XXX	N	N	N	N	N	$ -	$ -	
A6505		Cmprsburr	X	XXX	N	N	N	N	N	$ -	$ -	
A6506		Cmprsburr	X	XXX	N	N	N	N	N	$ -	$ -	
A6507		Cmprs bur	X	XXX	N	N	N	N	N	$ -	$ -	
A6508		Cmprs bur	X	XXX	N	N	N	N	N	$ -	$ -	
A6509		Compres b	X	XXX	N	N	N	N	N	$ -	$ -	
A6510		Compres b	X	XXX	N	N	N	N	N	$ -	$ -	
A6511		Compres b	X	XXX	N	N	N	N	N	$ -	$ -	
A6512		Compres b	X	XXX	N	N	N	N	N	$ -	$ -	
A6513		Compress	X	XXX	N	N	N	N	N	$ -	$ -	
A6530		Compressi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6531		Compressi	X	XXX	N	N	N	N	N	$ -	$ -	
A6532		Compressi	X	XXX	N	N	N	N	N	$ -	$ -	
A6533		Gc stockin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6534		Gc stockin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6535		Gc stockin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6536		Gc stockin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6537		Gc stockin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6538		Gc stockin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6539		Gc stockin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6540		Gc stockin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6541		Gc stockin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6544		Gc stockin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6545		Grad comp	X	XXX	N	N	N	N	N	$ -	$ -	
A6549		G compres	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A6550		Neg pres w	X	XXX	N	N	N	N	N	$ -	$ -	
A7000		Disposable	X	XXX	N	N	N	N	N	$ -	$ -	
A7001		Nondispos	X	XXX	N	N	N	N	N	$ -	$ -	
A7002		Tubing use	X	XXX	N	N	N	N	N	$ -	$ -	
A7003		Nebulizer a	X	XXX	N	N	N	N	N	$ -	$ -	
A7004		Disposable	X	XXX	N	N	N	N	N	$ -	$ -	
A7005		Nondispos	X	XXX	N	N	N	N	N	$ -	$ -	
A7006		Filtered ne	X	XXX	N	N	N	N	N	$ -	$ -	
A7007		Lg vol neb	X	XXX	N	N	N	N	N	$ -	$ -	
A7008		Disposable	X	XXX	N	N	N	N	N	$ -	$ -	
A7009		Nebulizer r	X	XXX	N	N	N	N	N	$ -	$ -	
A7010		Disposable	X	XXX	N	N	N	N	N	$ -	$ -	
A7012		Nebulizer v	X	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
A7013		Disposable	X	XXX	N	N	N	N	N	$ -	$ -	
A7014		Compressc	X	XXX	N	N	N	N	N	$ -	$ -	
A7015		Aerosol ma	X	XXX	N	N	N	N	N	$ -	$ -	
A7016		Nebulizer (	X	XXX	N	N	N	N	N	$ -	$ -	
A7017		Nebulizer r	X	XXX	N	N	N	N	N	$ -	$ -	
A7018		Water disti	X	XXX	N	N	N	N	N	$ -	$ -	
A7020		Interface, (	X	XXX	N	N	N	N	N	$ -	$ -	
A7025		Replace ch	X	XXX	N	N	N	N	N	$ -	$ -	
A7026		Replace ch	X	XXX	N	N	N	N	N	$ -	$ -	
A7027		Combinati	X	XXX	N	N	N	N	N	$ -	$ -	
A7028		Repl oral c	X	XXX	N	N	N	N	N	$ -	$ -	
A7029		Repl nasal	X	XXX	N	N	N	N	N	$ -	$ -	
A7030		Cpap full f	X	XXX	N	N	N	N	N	$ -	$ -	
A7031		Replaceme	X	XXX	N	N	N	N	N	$ -	$ -	
A7032		Replaceme	X	XXX	N	N	N	N	N	$ -	$ -	
A7033		Replaceme	X	XXX	N	N	N	N	N	$ -	$ -	
A7034		Nasal appl	X	XXX	N	N	N	N	N	$ -	$ -	
A7035		Pos airway	X	XXX	N	N	N	N	N	$ -	$ -	
A7036		Pos airway	X	XXX	N	N	N	N	N	$ -	$ -	
A7037		Pos airway	X	XXX	N	N	N	N	N	$ -	$ -	
A7038		Pos airway	X	XXX	N	N	N	N	N	$ -	$ -	
A7039		Filter, non	X	XXX	N	N	N	N	N	$ -	$ -	
A7040		One way cl	X	XXX	N	N	N	N	N	$ -	$ -	
A7041		Water seal	X	XXX	N	N	N	N	N	$ -	$ -	
A7044		Pap oral in	X	XXX	N	N	N	N	N	$ -	$ -	
A7045		Repl exhal	X	XXX	N	N	N	N	N	$ -	$ -	
A7046		Repl water	X	XXX	N	N	N	N	N	$ -	$ -	
A7047		Resp suctic	X	XXX	N	N	N	N	N	$ -	$ -	
A7048		Vacuum di	X	XXX	N	N	N	N	N	$ -	$ -	
A7501		Tracheostc	X	XXX	N	N	N	N	N	$ -	$ -	
A7502		Replaceme	X	XXX	N	N	N	N	N	$ -	$ -	
A7503		Hmes filter	X	XXX	N	N	N	N	N	$ -	$ -	
A7504		Tracheostc	X	XXX	N	N	N	N	N	$ -	$ -	
A7505		Hmes or tr	X	XXX	N	N	N	N	N	$ -	$ -	
A7506		Hmes/trach	X	XXX	N	N	N	N	N	$ -	$ -	
A7507		Integrated	X	XXX	N	N	N	N	N	$ -	$ -	
A7508		Housing &	X	XXX	N	N	N	N	N	$ -	$ -	
A7509		Heat & mo	X	XXX	N	N	N	N	N	$ -	$ -	
A7520		Trach/laryı	X	XXX	N	N	N	N	N	$ -	$ -	
A7521		Trach/laryı	X	XXX	N	N	N	N	N	$ -	$ -	
A7522		Trach/laryı	X	XXX	N	N	N	N	N	$ -	$ -	
A7523		Tracheostc	X	XXX	N	N	N	N	N	$ -	$ -	
A7524		Tracheostc	X	XXX	N	N	N	N	N	$ -	$ -	
A7525		Tracheostc	X	XXX	N	N	N	N	N	$ -	$ -	
A7526		Tracheostc	X	XXX	N	N	N	N	N	$ -	$ -	
A7527		Trach/laryı	X	XXX	N	N	N	N	N	$ -	$ -	
A8000		Soft protec	X	XXX	N	N	N	N	N	$ -	$ -	
A8001		Hard prote	X	XXX	N	N	N	N	N	$ -	$ -	
A8002		Soft protec	X	XXX	N	N	N	N	N	$ -	$ -	
A8003		Hard prote	X	XXX	N	N	N	N	N	$ -	$ -	
A8004		Repl soft ir	X	XXX	N	N	N	N	N	$ -	$ -	
A9150		Misc/expei	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9152		Single vita	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9153		Multi-vitar	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9155		Artificial s	X	XXX	N	N	N	N	N	$ -	$ -	
A9180		Lice treatm	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9270		Non-cover	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9272		Disp woun	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9273		Hot/cold b	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9274		Ext amb in	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9275		Disp home	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9276		Disposable	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
A9277		External tr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9278		External re	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9279		Monitoring	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9280		Alert devic	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9281		Reaching/g	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9282		Wig any ty	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9283		Foot press	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9284		Non-electr	X	XXX	N	N	N	N	N	$ -	$ -	
A9285		Inversion e	X	XXX	N	N	N	N	N	$ -	$ -	
A9286		Any hygier	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9300		Exercise ec	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9500		Tc99m ses	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9501		Technetiur	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9502		Tc99m tetr	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9503		Tc99m me	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9504		Tc99m apc	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9505		Tl201 thall	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9507		In111 capr	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9508		I131 iodob	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9509		Iodine i-12	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9510		Tc99m dis	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9512		Tc99m per	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9513		Lutetium lu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9515		Choline c-1	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9516		Iodine i-12	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9517		I131 iodid	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9520		Tc99 tilma	X	XXX	N	N	N	N	N	$ -	$ -	
A9521		Tc99m exa	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9524		I131 serum	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9526		Nitrogen n	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9527		Iodine i-12	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9528		Iodine i-13	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9529		I131 iodid	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9530		I131 iodid	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9531		I131 max 1	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9532		I125 serum	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9536		Tc99m dep	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9537		Tc99m me	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9538		Tc99m pyr	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9539		Tc99m per	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9540		Tc99m ma	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9541		Tc99m sul	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9542		In111 ibrit	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9543		Y90 ibritu	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9546		Co57/58	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9547		In111 oxyc	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9548		In111 pent	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9550		Tc99m glu	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9551		Tc99m suc	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9552		F18 fdg	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9553		Cr51 chror	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9554		I125 iothal	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9555		Rb82 rubic	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9556		Ga67 galli	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9557		Tc99m bic	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9558		Xe133 xen	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9559		Co57 cyan	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9560		Tc99m lab	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9561		Tc99m oxi	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9562		Tc99m me	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9563		P32 na phc	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9564		P32 chrom	#N/A	XXX	N	N	D	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
A9566		Tc99m fan	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9567		Technetiur	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9568		Technetiur	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9569		Technetiur	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9570		Indium in-	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9571		Indium in-	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9572		Indium in-	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9575		Inj gadoter	X	XXX	N	N	N	N	N	$ -	$ -	
A9576		Inj prohanc	X	XXX	N	N	N	N	N	$ -	$ -	
A9577		Inj multiha	X	XXX	N	N	N	N	N	$ -	$ -	
A9578		Inj multiha	X	XXX	N	N	N	N	N	$ -	$ -	
A9579		Gad-base r	X	XXX	N	N	N	N	N	$ -	$ -	
A9580		Sodium flu	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9581		Gadoxetate	X	XXX	N	N	N	N	N	$ -	$ -	
A9582		Iodine i-12	X	XXX	N	N	N	N	N	$ -	$ -	
A9583		Gadofosve	X	XXX	N	N	N	N	N	$ -	$ -	
A9584		Iodine i-12	X	XXX	N	N	N	N	N	$ -	$ -	
A9585		Gadobutro	X	XXX	N	N	N	N	N	$ -	$ -	
A9586		Florbetapir	#N/A	YYY	N	N	N	N	N	$ -	$ -	
A9587		Gallium ga	X	XXX	N	N	N	N	N	$ -	$ -	
A9588		Fluciclovir	X	XXX	N	N	N	N	N	$ -	$ -	
A9589		Insti hexan	X	XXX	N	N	N	N	N	$ -	$ -	
A9590		Iodine i-13	X	XXX	N	N	N	N	N	$ -	$ -	
A9591		Fluoroestra	X	XXX	N	N	N	N	N	$ -	$ -	
A9597		Pet, dx, for	X	XXX	N	N	N	N	N	$ -	$ -	
A9598		Pet dx for	X	XXX	N	N	N	N	N	$ -	$ -	
A9600		Sr89 stron	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9604		Sm 153 lex	X	XXX	N	N	N	N	N	$ -	$ -	
A9606		Radium ra2	X	XXX	N	N	N	N	N	$ -	$ -	
A9698		Non-rad cc	X	XXX	N	N	N	N	N	$ -	$ -	
A9699		Radiopharı	#N/A	XXX	N	N	D	N	N	$ -	$ -	
A9700		Echocardic	#N/A	XXX	N	N	N	N	N	$ -	$ -	
A9900		Supply/acc	X	XXX	N	N	N	N	N	$ -	$ -	
A9901		Delivery/se	X	XXX	N	N	N	N	N	$ -	$ -	
A9999		Dme suppl	X	XXX	N	N	N	N	N	$ -	$ -	
D0120		Periodic or	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0140		Limit oral	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0145		Oral evalua	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0150		Comprehei	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D0160		Extensv or	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0170		Re-eval,est	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0171		Re-eval po	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0180		Comp peri	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0190		Screening	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0191		Assessmen	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0210		Intraor cor	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0220		Intraoral p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0230		Intraoral p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0240		Intraoral o	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D0250		Extraoral 2	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D0251		Extraoral p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0270		Dental bite	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D0272		Dental bite	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D0273		Bitewings	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0274		Bitewings	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D0277		Vert bitew	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0310		Dental sali	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0320		Dental tmj	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0321		Other tmj i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0322		Dental tom	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0330		Panoramic	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0340		2d cephalo	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
D0350		Oral/facial	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0351		3d photogr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0364		Cone beam	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0365		Cone beam	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0366		Cone beam	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0367		Cone beam	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0368		Cone beam	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0369		Max mri ca	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0370		Max ultras	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0371		Sialoendos	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0380		Cone beam	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0381		Cone beam	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0382		Cone beam	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0383		Cone beam	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0384		Cone beam	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0385		Max mri in	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0386		Max ultras	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0391		Imterprete	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0393		Trtmnt sim	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0394		Digital sub	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0395		Fusion 2 o	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0411		Hba1c in o	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0412		Blood gluc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0414		Lab proces	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0415		Collection	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0416		Viral cultu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0417		Collect & p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0418		Analysis of	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0419		Assess of s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0422		Collect & p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0423		Genetic tes	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0425		Caries susc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0431		Diag tst de	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0460		Pulp vitalit	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D0470		Diagnostic	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0472		Gross exar	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0473		Micro exar	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0474		Micro w ex	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0475		Decalcifica	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0476		Spec stains	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0477		Spec stains	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0478		Immunohis	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0479		Tissue in-s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0480		Cytopath s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0481		Electron m	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0482		Direct imm	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0483		Indirect im	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0484		Consult sli	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0485		Consult inc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0486		Access of t	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0502		Other oral	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D0600		Non-ionizi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0601		Caries risk	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0602		Caries risk	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0603		Caries risk	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0604		Antigen tes	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0605		Antibody t	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0701		Pano radio	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0702		2d cephal r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0703		2d oral/fac	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0704		3d photo in	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0705		Extra oral p	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
D0706		Intraoral o	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0707		Intraoral p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0708		Intraoral b	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0709		Intraoral c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D0999		Unspecifie	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D1110		Dental pro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1120		Dental pro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1206		Topical flu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1208		Topical ap	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1310		Nutri coun	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1320		Tobacco c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1321		Couns for	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1330		Oral hygie	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1351		Dental seal	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1352		Prev resin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1353		Sealant rep	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1354		Int caries r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1355		Caries mec	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1510		Space mai	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D1516		Fixed bilat	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1517		Fixed bilat	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1520		Remove u	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D1526		Remove bi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1527		Remove bi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1551		Recement	#N/A	XXX	N	N	D	N	N	$ -	$ -	
D1552		Recement	#N/A	XXX	N	N	D	N	N	$ -	$ -	
D1553		Recement	#N/A	XXX	N	N	D	N	N	$ -	$ -	
D1556		Rem fixed	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1557		Remove fi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1558		Remove fi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1575		Dist space	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D1999		Unspecifie	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2140		Amalgam c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2150		Amalgam t	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2160		Amalgam t	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2161		Amalgam 4	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2330		Resin one	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2331		Resin two	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2332		Resin three	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2335		Resin 4/>	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2390		Ant resin-b	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2391		Post 1 srfc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2392		Post 2 srfc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2393		Post 3 srfc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2394		Post >=4sr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2410		Dental gol	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2420		Dental gol	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2430		Dental gol	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2510		Dental inla	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2520		Dental inla	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2530		Dental inla	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2542		Dental onl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2543		Dental onl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2544		Dental onl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2610		Inlay porce	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2620		Inlay porce	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2630		Dental onl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2642		Dental onl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2643		Dental onl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2644		Dental onl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2650		Inlay comp	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2651		Inlay comp	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
D2652		Dental inla	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2662		Dental onl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2663		Dental onl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2664		Dental onl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2710		Crown resi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2712		Crown 3/4	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2720		Crown resi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2721		Crown resi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2722		Crown resi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2740		Crown por	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2750		Crown por	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2751		Crown por	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2752		Crown por	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2753		Crown por	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2780		Crown 3/4	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2781		Crown 3/4	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2782		Crown 3/4	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2783		Crown 3/4	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2790		Crown full	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2791		Crown full	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2792		Crown full	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2794		Crown-tita	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2799		Provisiona	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2910		Recement	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2915		Recement	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2920		Re-cement	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2921		Reattach to	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2928		Prefab por	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2929		Prefab por	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2930		Prefab stnl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2931		Prefab stnl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2932		Prefabricat	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2933		Prefab stai	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2934		Prefab stee	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2940		Protective	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2941		Int therape	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2949		Restorative	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2950		Core build	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2951		Tooth pin r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2952		Post and co	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2953		Each addtr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2954		Prefab pos	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2955		Post remov	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2957		Each addtr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2960		Labial vene	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2961		Labial vene	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2962		Labial vene	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2971		Add proc c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2975		Coping	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2980		Crown repa	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2981		Inlay repai	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2982		Onlay repa	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2983		Veneer rep	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2990		Resin infilt	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D2999		Dental uns	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D3110		Pulp cap di	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3120		Pulp cap in	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3220		Therapeuti	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3221		Gross pulp	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3222		Part pulp f	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3230		Pulpal ther	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3240		Pulpal ther	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
D3310		End thxpy,	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3320		End thxpy,	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3330		End thxpy,	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3331		Non-surg t	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3332		Incomplete	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3333		Internal ro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3346		Retreat roc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3347		Retreat roc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3348		Retreat roc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3351		Apexificati	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3352		Apexificati	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3353		Apexificati	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3355		Pulpal rege	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3356		Pulpal rege	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3357		Pulpal rege	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3410		Apicoector	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3421		Root surge	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3425		Root surge	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3426		Root surge	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3428		Bone graft	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3429		Bone graft	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3430		Retrograde	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3431		Biological	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3432		Guided tiss	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3450		Root ampu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3460		Endodonti	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D3470		Intentional	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3471		Surg rep rc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3472		Surg rep rc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3473		Surg rep rc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3501		Surg exp r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3502		Surg exp r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3503		Surg exp r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3910		Isolation- t	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3920		Tooth split	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3950		Canal prep	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D3999		Endodonti	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D4210		Gingivecto	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4211		Gingivecto	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4212		Gingivecto	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4230		Ana crown	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4231		Ana crown	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4240		Gingival fl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4241		Gngvl flap	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4245		Apically p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4249		Crown leng	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4260		Osseous su	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D4261		Osseous su	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4263		Bone replc	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D4264		Bone replc	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D4265		Bio mtrls t	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4266		Guided tiss	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4267		Guided tiss	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4268		Surgical re	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4270		Pedicle sof	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D4273		Auto tissue	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D4274		Mesial/dist	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4275		Non-auto g	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4276		Con tissue	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4277		Soft tissue	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4278		Soft tissue	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4283		Auto tissue	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
D4285		Non-auto g	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4320		Provision s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4321		Provisiona	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4341		Periodonta	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4342		Periodonta	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4346		Scaling gir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4355		Full mouth	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D4381		Localized	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D4910		Periodonta	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4920		Unschedul	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4921		Gingival ir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D4999		Unspecifie	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5110		Dentures c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5120		Dentures c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5130		Dentures ir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5140		Dentures ir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5211		Dentures m	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5212		Dentures m	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5213		Dentures m	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5214		Dentures m	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5221		Immed ma	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5222		Immed ma	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5223		Immed ma	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5224		Immed ma	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5225		Maxillary p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5226		Mandibula	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5282		Remove ur	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5283		Remove ur	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5284		Rem unilat	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5286		Rem unilat	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5410		Dentures a	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5411		Dentures a	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5421		Dentures a	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5422		Dentures a	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5511		Rep broke	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5512		Rep broke	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5520		Replace de	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5611		Rep resin p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5612		Rep resin p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5621		Rep cast pa	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5622		Rep cast pa	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5630		Rep partial	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5640		Replace pa	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5650		Add tooth	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5660		Add clasp	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5670		Replc tth&	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5671		Replc tth&	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5710		Dentures n	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5711		Dentures n	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5720		Dentures n	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5721		Dentures n	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5730		Denture re	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5731		Denture re	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5740		Denture re	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5741		Denture re	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5750		Denture re	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5751		Denture re	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5760		Denture re	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5761		Denture re	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5810		Denture in	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5811		Denture in	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5820		Denture in	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
D5821		Denture in	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5850		Denture tis	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5851		Denture tis	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5862		Precision a	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5863		Overdentu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5864		Overdentu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5865		Overdentu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5866		Overdentu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5867		Replaceme	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5875		Prosthesis	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5876		Add metal	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5899		Removable	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5911		Facial mou	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D5912		Facial mou	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D5913		Nasal pros	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5914		Auricular p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5915		Orbital pro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5916		Ocular pro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5919		Facial pros	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5922		Nasal septa	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5923		Ocular pro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5924		Cranial pro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5925		Facial augr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5926		Replaceme	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5927		Auricular r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5928		Orbital rep	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5929		Facial repl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5931		Surgical ob	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5932		Postsurgica	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5933		Refitting o	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5934		Mandibula	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5935		Mandibula	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5936		Temp obtu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5937		Trismus ap	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5951		Feeding aic	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D5952		Pediatric sp	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5953		Adult spee	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5954		Superimpo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5955		Palatal lift	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5958		Intraoral c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5959		Intraoral c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5960		Modify spe	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5982		Surgical st	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5983		Radiation a	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D5984		Radiation s	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D5985		Radiation c	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D5986		Fluoride ap	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5987		Commissu	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D5988		Surgical sp	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5991		Vesiculobu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5992		Adjust max	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5993		Main/clear	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5995		Peri medic	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5996		Peri medic	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D5999		Maxillofac	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6010		Odontics e	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6011		Second sta	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6012		Endosteal i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6013		Surgical pl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6040		Odontics e	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6050		Odontics tı	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6051		Interim abu	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
D6055		Implant co	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6056		Prefabricat	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6057		Custom ab	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6058		Abutment :	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6059		Abutment :	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6060		Abutment :	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6061		Abutment :	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6062		Abutment :	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6063		Abutment :	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6064		Abutment :	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6065		Implant su	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6066		Implant su	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6067		Implant su	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6068		Abutment :	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6069		Abutment :	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6070		Abutment :	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6071		Abutment :	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6072		Abutment :	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6073		Abutment :	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6074		Abutment :	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6075		Implant su	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6076		Implant su	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6077		Implant su	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6080		Implant ma	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6081		Scale & de	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6082		Imp crown	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6083		Imp crown	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6084		Imp crown	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6085		Provisiona	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6086		Imp crown	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6087		Implant cr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6088		Imp crown	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6090		Repair imp	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6091		Repl semi/	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6092		Recement :	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6093		Recement :	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6094		Abut supp	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6095		Odontics r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6096		Remove br	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6097		Abut crow	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6098		Imp retain	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6099		Imp retain	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6100		Removal o	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6101		Debrideme	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6102		Debrideme	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6103		Bone graft	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6104		Bone graft	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6110		Implnt/abu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6111		Implnt/abu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6112		Imp/abut r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6113		Imp/abut r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6114		Implnt/abu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6115		Implnt/abu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6116		Imp/abut fi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6117		Imp/abut fi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6118		Imp/abut ir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6119		Int/abut int	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6120		Imp retain	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6121		Retain met	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6122		Retain met	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6123		Retain met	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6190		Radio/surg	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
D6191		Semi preci	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6192		Semi preci	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6194		Abut suppo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6195		Abut retair	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6199		Implant pr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6205		Pontic-indi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6210		Prosthodor	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6211		Bridge bas	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6212		Bridge nob	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6214		Pontic titar	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6240		Bridge por	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6241		Bridge por	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6242		Bridge por	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6243		Pontic por	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6245		Bridge por	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6250		Bridge resi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6251		Bridge resi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6252		Bridge resi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6253		Provisiona	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6545		Dental reta	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6548		Porcelain/c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6549		Resin retai	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6600		Porcelain/c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6601		Porc/ceran	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6602		Cst hgh nb	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6603		Cst hgh nb	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6604		Cst bse mt	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6605		Cst bse mt	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6606		Cast noble	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6607		Cst noble r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6608		Onlay porc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6609		Onlay porc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6610		Onlay cst h	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6611		Onlay cst h	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6612		Onlay cst h	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6613		Onlay cst h	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6614		Onlay cst r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6615		Onlay cst r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6624		Inlay titani	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6634		Onlay titar	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6710		Crown-ind	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6720		Retain crov	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6721		Crown resi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6722		Crown resi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6740		Crown por	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6750		Crown por	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6751		Crown por	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6752		Crown por	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6753		Retain crov	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6780		Crown 3/4	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6781		Crown 3/4	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6782		Crown 3/4	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6783		Crown 3/4	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6784		Retainer cr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6790		Crown full	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6791		Crown full	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6792		Crown full	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6793		Provisiona	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6794		Crown titar	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6920		Dental con	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D6930		Recement/	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6940		Stress brea	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
D6950		Precision a	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6980		Fixed parti	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6985		Pediatric p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D6999		Fixed pros	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7111		Extraction	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7140		Extraction	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7210		Rem imp te	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D7220		Impact too	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D7230		Impact too	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D7240		Impact too	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D7241		Impact too	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D7250		Tooth root	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D7251		Coronector	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7260		Oral antral	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D7261		Primary cl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7270		Tooth reim	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7272		Tooth tran	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7280		Exposure c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7282		Mobilize e	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7283		Place devic	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7285		Biopsy of o	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7286		Biopsy of o	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7287		Exfoliative	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7288		Brush biop	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7290		Reposition	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7291		Transsepta	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D7292		Screw reta	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7293		Temp anch	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7294		Temp anch	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7295		Bone harve	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7296		Corticoton	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7297		Corticoton	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7310		Alveoplast	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7311		Alveolopla	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7320		Alveoplast	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7321		Alveolopla	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7340		Vestibulop	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7350		Vestibulop	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7410		Rad exc les	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7411		Excision b	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7412		Excision b	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7413		Excision m	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7414		Excision m	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7415		Excision m	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7440		Malig tum	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7441		Malig tum	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7450		Rem odont	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7451		Rem odont	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7460		Rem nonoc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7461		Rem nonoc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7465		Lesion des	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7471		Rem exost	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7472		Removal o	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7473		Remove to	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7485		Surg reduc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7490		Maxilla or	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7510		I&d absc i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7511		Incision/dr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7520		I&d absces	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7521		Incision/dr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7530		Removal fl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7540		Removal o	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
D7550		Removal o	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7560		Maxillary s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7610		Maxilla op	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7620		Clsd reduc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7630		Open red s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7640		Clsd red si	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7650		Open red s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7660		Clsd red si	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7670		Closd rduc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7671		Alveolus o	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7680		Reduct sim	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7710		Maxilla op	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7720		Clsd reduc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7730		Open redu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7740		Clsd reduc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7750		Open red c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7760		Clsd red cc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7770		Open redu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7771		Alveolus c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7780		Reduct cor	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7810		Tmj open r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7820		Closed tmj	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7830		Tmj manip	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7840		Removal o	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7850		Tmj menis	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7852		Tmj repair	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7854		Tmj excisn	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7856		Tmj cuttin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7858		Tmj recons	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7860		Tmj cuttin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7865		Tmj reshap	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7870		Tmj aspira	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7871		Lysis + lav	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7872		Tmj diagn	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7873		Tmj arthro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7874		Tmj arthro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7875		Tmj arthro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7876		Tmj arthro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7877		Tmj arthro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7880		Occlusal or	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7881		Occ orthot	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7899		Tmj unspe	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7910		Dent sutur	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7911		Dental sut	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7912		Suture com	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7920		Dental skin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7921		Collect & a	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7922		Place intra	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7940		Reshaping	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D7941		Bone cuttin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7943		Cutting ran	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7944		Bone cuttin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7945		Bone cuttin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7946		Reconstruc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7947		Reconstruc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7948		Reconstruc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7949		Reconstruc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7950		Mandible g	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7951		Sinus aug v	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7952		Sinus augn	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7953		Bone repla	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7955		Repair maj	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
D7961		Buccal/lab	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7962		Lingual fre	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7963		Frenulopla	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7970		Excision hy	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7971		Excision pe	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7972		Surg redct	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7979		Non-surgic	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7980		Surgical si	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7981		Excision o	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7982		Sialodocho	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7983		Closure of	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7990		Emergency	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7991		Dental cor	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7993		Surg place	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7994		Surg place	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7995		Synthetic g	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7996		Implant ma	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7997		Appliance	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7998		Intraoral pl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D7999		Oral surger	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8010		Limited de	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8020		Limited de	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8030		Limited de	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8040		Limited de	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8050		Intercep de	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8060		Intercep de	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8070		Compre de	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8080		Compre de	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8090		Compre de	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8210		Orthodonti	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8220		Fixed appl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8660		Preorthodo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8670		Periodic or	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8680		Orthodonti	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8681		Removable	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8690		Orthodonti	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8695		Remove fi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8696		Rep of orth	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8697		Rep of orth	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8698		Recement	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8699		Recement	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8701		Repair fixe	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8702		Repair of f	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8703		Replace br	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8704		Replace br	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D8999		Orthodonti	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9110		Tx dental p	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D9120		Fix partial	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9130		Temporom	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9210		Dent anest	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9211		Regional b	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9212		Trigeminal	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9215		Local anes	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9219		Eval mod/d	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9222		Deep anest	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9223		General an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9230		Analgesia	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D9239		Iv mod sed	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9243		Iv sedation	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9248		Sedation (n	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9310		Dental con	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9311		Consult w/	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
D9410		Dental hou	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9420		Hospital/as	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9430		Office visit	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9440		Office visit	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9450		Case prese	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9610		Dent thera	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9612		Thera par (	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9613		Infiltration	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9630		Drugs/med	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D9910		Dent appl (	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9911		Appl deser	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9920		Behavior n	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9930		Treatment	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D9932		Clean & in	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9933		Clean & in	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9934		Clean rem	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9935		Clean rem	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9941		Fabrication	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9942		Repair/reli	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9943		Occlusal g	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9944		Occ guard,	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9945		Occ guard,	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9946		Occ guard,	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9950		Occlusion	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D9951		Limited oc	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D9952		Complete (	#N/A	YYY	N	N	D	N	N	$ -	$ -	
D9961		Dup/copy	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9970		Enamel mi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9971		Odontopla	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9972		Extrnl blea	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9973		Extrnl blea	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9974		Intrnl bleac	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9975		External bl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9985		Sales tax	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9986		Missed app	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9987		Cancelled	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9990		Trans or si	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9991		Case mgm	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9992		Case mgm	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9993		Case mgm	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9994		Case mgm	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9995		Teledentist	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9996		Teledentist	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9997		Dent case	#N/A	XXX	N	N	N	N	N	$ -	$ -	
D9999		Adjunctive	#N/A	XXX	N	N	N	N	N	$ -	$ -	
G0008		Admin infl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0009		Admin pne	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0010		Admin hep	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0027		Semen ana	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0068		Adm iv inf	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0069		Adm sq in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0070		Adm of ch	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0071		Comm svc	Not Covered	XXX	N	N	N	N	N	$ 15.67	$ 15.67	
G0076		Care mana	Not Covered	XXX	N	N	D	N	N	$ 36.15	$ 36.15	
G0077		Care mana	Not Covered	XXX	N	N	D	N	N	$ 51.09	$ 51.09	
G0078		Care mana	Not Covered	XXX	N	N	D	N	N	$ 85.07	$ 85.07	
G0079		Care mana	Not Covered	XXX	N	N	D	N	N	$ 120.50	$ 120.50	
G0080		Care mana	Not Covered	XXX	N	N	D	N	N	$ 147.25	$ 147.25	
G0081		Care man I	Not Covered	XXX	N	N	D	N	N	$ 36.39	$ 36.39	
G0082		Care man I	Not Covered	XXX	N	N	D	N	N	$ 55.67	$ 55.67	
G0083		Care man I	Not Covered	XXX	N	N	D	N	N	$ 85.80	$ 85.80	
G0084		Care man I	Not Covered	XXX	N	N	D	N	N	$ 118.81	$ 118.81	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
G0085		Care man l	Not Covered	XXX	N	N	D	N	N	$ 147.25	$ 147.25	
G0086		Care man l	Not Covered	XXX	N	N	D	N	N	$ 51.09	$ 51.09	
G0087		Care man l	Not Covered	XXX	N	N	D	N	N	$ 71.58	$ 71.58	
G0088		Adm iv dru	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G0089		Adm subq	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G0090		Adm iv ch	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G0101		Ca screen;j	Not Covered	XXX	N	N	D	N	N	$ 18.56	$ 25.55	
G0102		Prostate ca	Not Covered	XXX	N	N	N	N	N	$ 6.03	$ 14.22	
G0103		Psa screen	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0104		Ca screen;f	A	000	Y	N	N	N	N	$ 37.11	$ 119.54	
G0105		Colorectal	A	000	Y	N	N	N	N	$ 126.04	$ 226.06	
G0106	26	Colon ca s	A	XXX	N	N	D	N	N	$ 41.21	$ 41.21	
G0106	TC	Colon ca s	A	XXX	N	N	D	N	N	$ 102.91	$ 102.91	
G0106		Colon ca s	A	XXX	N	N	D	N	N	$ 143.88	$ 143.88	
G0108		Diab mana	A	XXX	N	N	D	N	N	$ 36.87	$ 36.87	
G0109		Diab mana	A	XXX	N	N	D	N	N	$ 10.12	$ 10.12	
G0117		Glaucoma	Not Covered	XXX	N	N	D	N	N	$ 36.15	$ 36.15	
G0118		Glaucoma	Not Covered	XXX	N	N	D	N	N	$ 25.79	$ 25.79	
G0120	26	Colon ca s	A	XXX	N	N	D	N	N	$ 41.21	$ 41.21	
G0120	TC	Colon ca s	A	XXX	N	N	D	N	N	$ 102.91	$ 102.91	
G0120		Colon ca s	A	XXX	N	N	D	N	N	$ 143.88	$ 143.88	
G0121		Colon ca s	Not Covered	000	Y	N	N	N	N	$ 126.28	$ 226.30	
G0122	26	Colon ca s	Not Covered	XXX	N	N	N	N	N	$ 33.26	$ 33.26	
G0122	TC	Colon ca s	Not Covered	XXX	N	N	N	N	N	$ 173.76	$ 173.76	
G0122		Colon ca s	Not Covered	XXX	N	N	N	N	N	$ 207.02	$ 207.02	
G0123		Screen cer	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0124		Screen c/v	Not Covered	XXX	N	N	D	N	N	$ 13.98	$ 13.98	
G0127		Trim nail(s	Not Covered	000	Y	N	N	N	N	$ 5.06	$ 15.18	
G0128		Corf skille	Not Covered	XXX	N	N	D	N	N	$ 4.58	$ 4.58	
G0129		Partial hos	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0130	26	Single ener	Not Covered	XXX	N	N	D	N	N	$ 7.47	$ 7.47	
G0130	TC	Single ener	Not Covered	XXX	N	N	D	N	N	$ 15.18	$ 15.18	
G0130		Single ener	Not Covered	XXX	N	N	D	N	N	$ 22.41	$ 22.41	
G0141		Scr c/v cyt	Not Covered	XXX	N	N	D	N	N	$ 13.98	$ 13.98	
G0143		Scr c/v cyt	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0144		Scr c/v cyt	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0145		Scr c/v cyt	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0147		Scr c/v cyt	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0148		Scr c/v cyt	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0151		Hhcp-serv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0152		Hhcp-serv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0153		Hhcp-svs c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0155		Hhcp-svs c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0156		Hhcp-svs c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0157		Hhc pt assi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0158		Hhc ot assi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0159		Hhc pt mai	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0160		Hhc occup	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0161		Hhc slp ea	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0162		Hhc rn e&m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0166		Extrnl cou	Not Covered	XXX	N	N	N	N	N	$ 70.37	$ 70.37	
G0168		Wound clo	Not Covered	000	Y	N	N	N	N	$ 10.60	$ 75.19	
G0175		Opps servi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0176		Opps/php;a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0177		Opps/php;	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0179		Md recerti	Not Covered	XXX	N	N	D	N	N	$ 26.51	$ 26.51	
G0180		Md certific	Not Covered	XXX	N	N	D	N	N	$ 34.22	$ 34.22	
G0181		Home heal	Not Covered	XXX	N	N	D	N	N	$ 69.89	$ 69.89	
G0182		Hospice ca	Not Covered	XXX	N	N	D	N	N	$ 70.61	$ 70.61	
G0186		Dstry eye l	Not Covered	YYY	Y	Y	D	D	D	$ -	$ -	
G0219	26	Pet img wł	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
G0219	TC	Pet img wł	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
G0219		Pet img wł	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
G0235	26	Pet not oth	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0235	TC	Pet not oth	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0235		Pet not oth	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0237		Therapeuti	A	XXX	N	N	D	N	N	$ 5.78	$ 5.78	
G0238		Oth resp pı	A	XXX	N	N	D	N	N	$ 6.03	$ 6.03	
G0239		Oth resp pı	A	XXX	N	N	D	N	N	$ 7.23	$ 7.23	
G0245		Initial foot	Not Covered	XXX	N	N	D	N	N	$ 28.20	$ 42.66	
G0246		Followup e	Not Covered	XXX	N	N	D	N	N	$ 13.74	$ 24.82	
G0247		Routine fo	Not Covered	ZZZ	N	N	D	N	N	$ 14.70	$ 51.82	
G0248		Demonstra	Not Covered	XXX	N	N	D	N	N	$ 39.77	$ 39.77	
G0249		Provide in	Not Covered	XXX	N	N	D	N	N	$ 35.19	$ 35.19	
G0250		Md inr test	Not Covered	XXX	N	N	D	N	N	$ 5.30	$ 5.30	
G0252	26	Pet imagin	Not Covered	XXX	N	N	N	N	N	$ 49.89	$ 49.89	
G0252	TC	Pet imagin	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0252		Pet imagin	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0255	26	Current pe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0255	TC	Current pe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0255		Current pe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0257		Unsched d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0259		Inject for s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0260		Inj for sacr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0268		Removal o	Not Covered	000	Y	B	N	N	N	$ 22.90	$ 33.74	
G0269		Occlusive ı	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0270		Mnt subs t	Not Covered	XXX	N	N	D	N	N	$ 18.32	$ 20.73	
G0271		Group mnt	Not Covered	XXX	N	N	D	N	N	$ 10.12	$ 11.09	
G0276		Pild/placel	Not Covered	000	Y	B	Y	D	N	$ 256.91	$ 256.91	
G0277		Hbot, full l	A	XXX	N	N	D	N	N	$ 98.81	$ 98.81	
G0278		Iliac art an	Not Covered	ZZZ	N	N	D	N	N	$ 9.40	$ 9.40	
G0279	26	Tomosynth	A	ZZZ	N	B	N	N	N	$ 20.24	$ 20.24	
G0279	TC	Tomosynth	A	ZZZ	N	B	N	N	N	$ 15.18	$ 15.18	
G0279		Tomosynth	A	ZZZ	N	B	N	N	N	$ 35.43	$ 35.43	
G0281		Elec stim u	Not Covered	XXX	5	N	D	N	N	$ 8.44	$ 8.44	
G0282		Elect stim ı	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0283		Elec stim c	Not Covered	XXX	5	N	D	N	N	$ 8.44	$ 8.44	
G0288		Recon, cta	Not Covered	XXX	N	N	D	N	N	$ 22.17	$ 22.17	
G0289		Arthro, loc	Not Covered	ZZZ	N	Y	D	N	N	$ 59.29	$ 59.29	
G0293		Non-cov su	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0294		Non-cov p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0295		Electroma	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0296		Visit to de	A	XXX	N	N	D	N	N	$ 17.83	$ 19.28	
G0299		Hhs/hospic	Hospice	XXX	N	N	N	N	N	$ -	$ -	
G0300		Hhs/hospic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0302		Pre-op serv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0303		Pre-op serv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0304		Pre-op serv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0305		Post op ser	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0306		Cbc/diffwb	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0307		Cbc witho	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0328		Fecal bloo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0329		Electroma	Not Covered	XXX	5	N	D	N	N	$ 6.75	$ 6.75	
G0333		Dispense f	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0337		Hospice ev	Not Covered	XXX	N	N	N	N	N	$ 49.41	$ 49.41	
G0339		Robot lin-r	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
G0340		Robt lin-ra	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
G0341		Percutanec	Not Covered	000	Y	N	D	D	N	$ 243.41	$ 1,331.77	
G0342		Laparosco	Not Covered	090	Y	N	Y	D	N	$ 457.66	$ 457.66	
G0343		Laparotom	Not Covered	090	Y	N	Y	D	N	$ 866.15	$ 866.15	
G0372		Md service	Not Covered	XXX	N	N	D	N	N	$ 6.03	$ 6.03	
G0378		Hospital ol	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0379		Direct refe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0380		Lev 1 hosp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
G0381		Lev 2 hosp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0382		Lev 3 hosp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0383		Lev 4 hosp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0384		Lev 5 hosp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0390		Trauma res	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0396		Alcohol/su	Not Covered	XXX	N	N	D	N	N	$ 22.17	$ 24.10	
G0397		Alcohol/su	Not Covered	XXX	N	N	D	N	N	$ 43.62	$ 45.31	
G0398	26	Home slee	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
G0398	TC	Home slee	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
G0398		Home slee	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
G0399	26	Home slee	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
G0399	TC	Home slee	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
G0399		Home slee	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
G0400	26	Home slee	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
G0400	TC	Home slee	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
G0400		Home slee	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
G0402		Initial prev	Not Covered	XXX	N	N	D	N	N	$ 90.62	$ 110.62	
G0403		Ekg for ini	Not Covered	XXX	N	N	D	N	N	$ 9.64	$ 9.64	
G0404		Ekg tracin	Not Covered	XXX	N	N	D	N	N	$ 3.86	$ 3.86	
G0405		Ekg interp	Not Covered	XXX	N	N	D	N	N	$ 5.54	$ 5.54	
G0406		Inpt/tele fo	Not Covered	XXX	N	N	D	N	N	$ 25.79	$ 25.79	
G0407		Inpt/tele fo	Not Covered	XXX	N	N	D	N	N	$ 48.20	$ 48.20	
G0408		Inpt/tele fo	Not Covered	XXX	N	N	D	N	N	$ 69.17	$ 69.17	
G0409		Corf relate	Not Covered	XXX	N	N	D	N	N	$ 8.44	$ 8.44	
G0410		Grp psych	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0411		Inter active	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0412		Open tx ili	Not Covered	090	Y	N	Y	Y	N	$ 496.22	$ 496.22	
G0413		Pelvic ring	Not Covered	090	Y	N	Y	Y	N	$ 727.10	$ 727.10	
G0414		Pelvic ring	Not Covered	090	Y	N	Y	Y	N	$ 686.85	$ 686.85	
G0415		Open tx pc	Not Covered	090	Y	N	Y	Y	N	$ 942.31	$ 942.31	
G0416	26	Prostate bi	Not Covered	XXX	N	N	D	N	N	$ 118.57	$ 118.57	
G0416	TC	Prostate bi	Not Covered	XXX	N	N	D	N	N	$ 104.35	$ 104.35	
G0416		Prostate bi	Not Covered	XXX	N	N	D	N	N	$ 222.93	$ 222.93	
G0420		Ed svc ckd	Not Covered	XXX	N	N	D	N	N	$ 76.16	$ 76.16	
G0421		Ed svc ckd	Not Covered	XXX	N	N	D	N	N	$ 18.32	$ 18.32	
G0422		Intens card	Not Covered	XXX	N	N	D	N	N	$ 76.40	$ 76.40	
G0423		Intens card	Not Covered	XXX	N	N	D	N	N	$ 76.40	$ 76.40	
G0424		Pulmonary	Not Covered	XXX	N	N	D	N	N	$ 9.40	$ 19.04	
G0425		Inpt/ed tele	Not Covered	XXX	N	N	D	N	N	$ 68.20	$ 68.20	
G0426		Inpt/ed tele	Not Covered	XXX	N	N	D	N	N	$ 91.34	$ 91.34	
G0427		Inpt/ed tele	Not Covered	XXX	N	N	D	N	N	$ 134.24	$ 134.24	
G0428		Collagen n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0429		Dermal fill	Not Covered	000	Y	N	D	N	N	$ 46.51	$ 64.35	
G0432		Eia hiv-1/h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0433		Elisa hiv-1	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0435		Oral hiv-1/	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0438		Ppps, initia	Not Covered	XXX	N	N	D	N	N	$ 110.38	$ 110.38	
G0439		Ppps, subs	Not Covered	XXX	N	N	D	N	N	$ 87.00	$ 87.00	
G0442		Annual alc	Not Covered	XXX	N	N	D	N	N	$ 6.27	$ 11.81	
G0443		Brief alcoh	Not Covered	XXX	N	N	D	N	N	$ 16.15	$ 17.83	
G0444		Depressior	Not Covered	XXX	N	N	D	N	N	$ 6.27	$ 11.81	
G0445		High inten	Not Covered	XXX	N	N	D	N	N	$ 15.91	$ 18.56	
G0446		Intens beh	Not Covered	XXX	N	N	D	N	N	$ 16.15	$ 17.83	
G0447		Behavior c	Not Covered	XXX	N	N	D	N	N	$ 16.15	$ 17.83	
G0448		Place perm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0451		Devlopmen	Not Covered	XXX	N	N	D	N	N	$ 6.03	$ 6.03	
G0452	26	Molecular	Not Covered	XXX	N	N	D	N	N	$ 31.09	$ 31.09	
G0452	TC	Molecular	Not Covered	XXX	N	N	D	N	N	$ 1.93	$ 1.93	
G0452		Molecular	Not Covered	XXX	N	N	D	N	N	$ 33.02	$ 33.02	
G0453		Cont intrac	Not Covered	XXX	N	N	D	N	N	$ 22.17	$ 22.17	
G0454		Md docum	Not Covered	XXX	N	N	D	N	N	$ 6.03	$ 6.03	
G0455		Fecal micr	Not Covered	000	N	N	D	N	N	$ 48.68	$ 84.11	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
G0458		Ldr prostat	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0459		Telehealth	Not Covered	XXX	N	N	N	N	N	$ 28.92	$ 28.92	
G0460		Autologou	Not Covered	XXX	Y	N	N	N	N	$ -	$ -	
G0463		Hospital o	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0466		Fqhc visit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0467		Fqhc visit,	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0468		Fqhc visit,	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0469		Fqhc visit,	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0470		Fqhc visit,	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0471		Ven blood	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0472		Hep c scre	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0473		Group beh	Not Covered	XXX	N	N	N	N	N	$ 7.95	$ 8.44	
G0475		Hiv combi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0476		Hpv comb	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0480		Drug test d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
G0481		Drug test d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
G0482		Drug test d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
G0483		Drug test d	CLFS	XXX	N	N	N	N	N	$ -	$ -	
G0490		Home visit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0491		Dialysis ac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0492		Md/oth ev	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0493		Rn care ea	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0494		Lpn care e	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0495		Rn care tra	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0496		Lpn care tr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0498		Chemo ext	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
G0499		Hepb scree	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0500		Mod sedat	Not Covered	XXX	N	N	N	N	N	$ 3.62	$ 35.43	
G0501		Resource-i	Not Covered	ZZZ	N	N	D	N	N	$ -	$ -	
G0506		Comp asse	Not Covered	ZZZ	N	N	D	N	N	$ 30.13	$ 40.01	
G0508		Crit care te	Not Covered	XXX	N	N	N	N	N	$ 141.23	$ 141.23	
G0509		Crit care te	Not Covered	XXX	N	N	N	N	N	$ 128.69	$ 128.69	
G0511		Ccm/bhi b	Not Covered	XXX	N	N	N	N	N	$ 42.42	$ 42.42	Myers does not show a NF RVU, CMS
G0512		Cocm by n	Not Covered	XXX	N	N	N	N	N	$ 99.29	$ 99.29	Myers does not show a NF RVU, CMS
G0513		Prolong pr	Not Covered	ZZZ	N	N	D	N	N	$ 41.45	$ 43.62	
G0514		Prolong pr	Not Covered	ZZZ	N	N	D	N	N	$ 41.21	$ 43.62	
G0516		Insert drug	Not Covered	000	Y	N	D	N	N	$ 67.24	$ 140.26	
G0517		Remove dr	Not Covered	000	Y	N	D	N	N	$ 76.88	$ 142.19	
G0518		Remove w	Not Covered	000	Y	N	D	N	N	$ 124.84	$ 264.86	
G0659		Drug test d	CLFS	XXX	N	N	N	N	N	$ -	$ -	Lab Svc (drug test) CMS status X - An
G0913		Improve vi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0914		Survey not	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0915		No improv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0916		Satisfy wit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0917		Satisfy sur	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G0918		No satisfy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1001		Cdsm evic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1002		Cdsm med	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1003		Cdsm med	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1004		Cdsm ndsc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1007		Cdsm aim	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1008		Cdsm cran	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1009		Cdsm sage	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1010		Cdsm stan	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1011		Cdsm qual	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1012		Cdsm agile	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1013		Cdsm evid	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1014		Cdsm inve	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1015		Cdsm relia	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1016		Cdsm spee	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1017		Cdsm heal	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1018		Cdsm infir	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
G1019		Cdsm login	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1020		Cdsm curb	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1021		Cdsm ehea	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1022		Cdsm inter	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G1023		Cdsm pers	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2000		Blinded co	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
G2001		Post d/c h	Not Covered	XXX	N	N	D	N	N	$ 36.15	$ 36.15	
G2002		Post-d/c h	Not Covered	XXX	N	N	D	N	N	$ 51.09	$ 51.09	
G2003		Post-d/c h	Not Covered	XXX	N	N	D	N	N	$ 85.07	$ 85.07	
G2004		Post-d/c h	Not Covered	XXX	N	N	D	N	N	$ 120.50	$ 120.50	
G2005		Post-d/c h	Not Covered	XXX	N	N	D	N	N	$ 147.25	$ 147.25	
G2006		Post-d/c h	Not Covered	XXX	N	N	D	N	N	$ 36.39	$ 36.39	
G2007		Post-d/c h	Not Covered	XXX	N	N	D	N	N	$ 55.67	$ 55.67	
G2008		Post-d/c h	Not Covered	XXX	N	N	D	N	N	$ 85.80	$ 85.80	
G2009		Post-d/c h	Not Covered	XXX	N	N	D	N	N	$ 118.81	$ 118.81	
G2010		Remot ima	Not Covered	XXX	N	N	D	N	N	$ 6.27	$ 7.95	
G2011		Alcohol/su	Not Covered	XXX	N	N	D	N	N	$ 11.33	$ 11.33	
G2012		Brief checl	Not Covered	XXX	N	N	D	N	N	$ 8.68	$ 9.64	
G2013		Post-d/c h	Not Covered	XXX	N	N	D	N	N	$ 147.25	$ 147.25	
G2014		Post-d/c ca	Not Covered	XXX	N	N	D	N	N	$ 51.09	$ 51.09	
G2015		Post-d/c ca	Not Covered	XXX	N	N	D	N	N	$ 71.58	$ 71.58	
G2021		Hea care p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2022		Benef refu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2023		Specimen (	C	XXX	N	N	N	N	N	$ 1.45	$ 9.64	Effective 03/13/20
G2024		Spec coll s	C	XXX	N	N	N	N	N	$ -	$ -	Effective 03/13/20
G2025		Dis site tel	Not Covered	XXX	N	N	N	N	N	$ 37.60	$ 37.60	
G2064		Md mang l	Not Covered	XXX	N	N	D	N	N	$ 51.33	$ 59.29	
G2065		Clin mang	Not Covered	XXX	N	N	D	N	N	$ 25.31	$ 25.31	
G2066		Inter devc	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
G2067		Med assist	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2068		Med assist	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2069		Med assist	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2070		Med assist	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2071		Med tx ren	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2072		Med tx ins	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2073		Med tx nal	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2074		Med assist	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2075		Med tx me	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2076		Intake act	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2077		Periodic as	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2078		Take-home	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2079		Take-hom	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2080		Add 30 mi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2081		Pt 66+ snp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2082		Visit esket	Not Covered	XXX	N	N	D	N	N	$ 21.93	$ 383.91	
G2083		Visit esket	Not Covered	XXX	N	N	D	N	N	$ 21.93	$ 546.35	
G2086		Off base o	Not Covered	XXX	N	N	D	N	N	$ 196.42	$ 260.04	
G2087		Off base o	Not Covered	XXX	N	N	D	N	N	$ 191.84	$ 233.77	
G2088		Off base o	Not Covered	ZZZ	N	N	D	N	N	$ 23.14	$ 42.66	
G2090		Pt 66+ frai	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2091		Pt 66+ frai	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2092		Ace arb an	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2093		Med doc rs	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2094		Pt rsn no a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2095		Sys rsn no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2096		No rsn ace	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2097		Dx uri 3d a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2098		Pt 66+ frai	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2099		Pt 66+ frai	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2100		Pt 66+ frai	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2101		Pt 66+ frai	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2105		Pt 66+ snp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release
CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
G2106		Pt 66+ lt ir	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2107		Pt 66+ frai	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2108		Pt 66+ snp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2109		Pt 66+ frai	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2110		Pt 66+ frai	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2112		Pred<=5 m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2113		Pred>5 mg	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2115		Pt 66-80 fr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2116		Pt 66-80 fr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2118		Pt 81+ frai	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2121		Psy dep an	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2122		Psy/dep/an	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2125		Pt 81+ frai	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2126		Pt 66-80 fr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2127		Pt 66-80 fr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2128		No aspirin	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2129		No bp outp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2136		Bk pain va	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2137		Bk pain va	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2138		Bk pain va	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2139		Bk pain va	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2140		Leg pain v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2141		Leg pain v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2142		Fs odi 9-15	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2143		Fs odi 9-15	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2144		Fs odi 6-20	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2145		Fsodi 6-20	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2146		Leg pain v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2147		Leg pain v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2148		Mpm used	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2149		No mpm m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2150		No mpm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2151		Dx degen n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2152		Res change	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2167		Res change	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2168		Svs by pt i	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2169		Svs by ot i	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G2170		Avf by tiss	Not Covered	YYY	Y	N	Y	D	N	$ -	$ -	
G2171		Avf use ma	Not Covered	YYY	Y	N	Y	D	N	$ -	$ -	
G2173		Uri w com	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2174		Uri new rx	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2175		Pt comorb	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2176		Outpt ed o	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2177		Bronch w n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2178		Pt not elig	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2179		Med doc n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2180		Inelig foot	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2181		Bmi not dc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2182		Pt 1st biol	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2183		Doc pt una	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2184		No caregiv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2185		Caregiver n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2186		Pt ref app n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2187		Clin ind im	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2188		Pt 50 yrs w	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2189		Img hd abn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2190		Ind img hd	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2191		Ind img hd	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2192		>55 yrs ter	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2193		<6yr new c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2194		New hdach	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2195		Occip hda	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
G2196		Screen unh	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2197		Screen hlth	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2198		Med rsn no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2199		Not scrn et	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2200		Unhlthy et	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2201		Med rsn no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2202		No rsn no l	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2203		Med rsn no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2204		Pt 50-85 w	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2205		Preg drng	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2206		Adjv trtmt	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2207		Rsn no trtr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2208		No trtmt cl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2209		Refused to	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2210		No neck fs	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2212		Prolong ou	Not Covered	XXX	N	N	D	N	N	$ 21.69	$ 22.41	2021 New Procedure Code
G2213		Initiat med	A	ZZZ	N	N	D	N	N	$ 44.59	$ 46.51	2021 New Procedure Code
G2214		Init/sub ps	Not Covered	XXX	N	N	D	N	N	$ 26.03	$ 41.21	2021 New Procedure Code
G2215		Home supp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2216		Home supp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
G2250		Remot img	Not Covered	XXX	N	N	D	N	N	$ 6.27	$ 7.95	2021 New Procedure Code
G2251		Brief chkir	Not Covered	XXX	N	N	D	N	N	$ 8.68	$ 9.64	2021 New Procedure Code
G2252		Brief chkir	Not Covered	XXX	N	N	D	N	N	$ 17.11	$ 18.08	2021 New Procedure Code
G6001	26	Echo guida	A	XXX	N	N	D	N	N	$ 20.97	$ 20.97	
G6001	TC	Echo guida	A	XXX	N	N	D	N	N	$ 73.75	$ 73.75	
G6001		Echo guida	A	XXX	N	N	D	N	N	$ 95.20	$ 95.20	
G6002	26	Stereoscop	A	XXX	N	N	D	N	N	$ 13.50	$ 13.50	
G6002	TC	Stereoscop	A	XXX	N	N	D	N	N	$ 33.50	$ 33.50	
G6002		Stereoscop	A	XXX	N	N	D	N	N	$ 47.00	$ 47.00	
G6003		Radiation t	A	XXX	N	N	D	N	N	$ 92.79	$ 92.79	
G6004		Radiation t	A	XXX	N	N	D	N	N	$ 85.80	$ 85.80	
G6005		Radiation t	A	XXX	N	N	D	N	N	$ 86.04	$ 86.04	
G6006		Radiation t	A	XXX	N	N	D	N	N	$ 85.56	$ 85.56	
G6007		Radiation t	A	XXX	N	N	D	N	N	$ 163.16	$ 163.16	
G6008		Radiation t	A	XXX	N	N	D	N	N	$ 118.81	$ 118.81	
G6009		Radiation t	A	XXX	N	N	D	N	N	$ 117.85	$ 117.85	
G6010		Radiation t	A	XXX	N	N	D	N	N	$ 117.61	$ 117.61	
G6011		Radiation t	A	XXX	N	N	D	N	N	$ 157.86	$ 157.86	
G6012		Radiation t	A	XXX	N	N	D	N	N	$ 157.13	$ 157.13	
G6013		Radiation t	A	XXX	N	N	D	N	N	$ 157.37	$ 157.37	
G6014		Radiation t	A	XXX	N	N	D	N	N	$ 157.13	$ 157.13	
G6015		Radiation t	A	XXX	N	N	D	N	N	$ 228.95	$ 228.95	
G6016		Delivery c	A	XXX	N	N	D	N	N	$ 227.99	$ 227.99	
G6017		Intrafractic	Not Covered	YYY	N	N	D	N	N	$ -	$ -	
G8395		Lvef>=40%	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8396		Lvef not pr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8397		Dil macula	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8399		Pt w/dxa re	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8400		Pt w/dxa n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8404		Low extrem	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8405		Low extrem	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8410		Eval on fo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8415		Eval on fo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8416		Pt inelig fo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8417		Calc bmi a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8418		Calc bmi b	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8419		Calc bmi o	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8420		Calc bmi n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8421		Bmi not ca	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8422		Pt inelig br	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8427		Docrev cur	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8428		Cur meds r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
G8430		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8431		Pos clin de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8432		Dep scr no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8433		Scr for dep	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8450		Beta-bloc n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8451		Pt w/abn l	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8452		Pt w/abn l	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8465		High risk r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8473		Ace/arb th	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8474		Ace/arb no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8475		Ace/arb th	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8476		Bp sys <14	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8477		Bp sys>=1	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8478		Bp not per	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8482		Flu immun	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8483		Flu imm n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8484		Flu immun	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8506		Pt rec ace/	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8510		Scr dep ne	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8511		Scr dep po	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8535		Eld maltre	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8536		No doc eld	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8539		Doc funct	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8540		Foa not do	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8541		No doc cu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8542		Doc funct	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8543		Cur funct	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8559		Pt ref doc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8560		Pt hx act d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8561		Pt inelig fo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8562		Pt no hx ac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8563		Pt no ref o	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8564		Pt ref oto e	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8565		Ver doc he	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8566		Pt inelig re	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8567		Pt no doc l	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8568		Pt no ref o	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8569		Prol intuba	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8570		No prol int	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8575		Postop ren	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8576		No postop	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8577		Reop req b	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8578		No reop re	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8598		Asa/antipla	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8599		No asa/ant	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8600		Tpa initi w	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8601		No elig tpa	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8602		No tpa init	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8633		Pharm ther	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8635		No pharm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8647		Rafscrs ki	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8648		Rafscrs ki	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8650		Rafs crs ki	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8651		Rafscrs hi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8652		Rafscrs hi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8654		Rafs crs hi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8655		Rafscrs llf	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8656		Rafscrs llf	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8658		Rafscrs llf	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8659		Rafscrs lbi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8660		Rafscrs lbi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8661		Rafscrs lbi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
G8662		Rafs crs lb	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8663		Rafscrs si	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8664		Rafscrs si	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8666		Rafs crs si	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8667		Rafscrs ew	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8668		Rafscrs ew	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8670		Rafs crs ew	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8694		Lvef <40%	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8708		Antibiotic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8709		Uri ep com	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8710		Pt pres ant	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8711		Pres antibi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8712		Not pres an	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8721		Pt, pn, hist	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8722		Med reas p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8723		Spec sit no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8724		Pt, pn, hist	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8733		Doc pos el	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8734		Doc neg el	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8735		Eld mal sc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8749		No signs m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8752		Sys bp less	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8753		Sys bp > o	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8754		Dias bp les	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8755		Dias bp >	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8756		No bp mea	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8783		Bp scrn pe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8785		Bp scrn no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8797		Specimen	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8798		Specimen	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8806		Perf ultrsn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8807		No ta tv ul	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8808		Ultrasound	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8815		Doc reas n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8816		Statin med	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8817		Doc reas n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8818		Pt disch to	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8825		Pt not disc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8826		Pt disch hc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8833		Pt not disc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8834		Pt disch hc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8838		Not disch h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8839		Sleep apne	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8840		Doc reas n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8841		No sleep a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8842		Ahi or rdi i	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8843		Doc reas n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8844		No ahi or r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8845		Pos airway	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8846		Mod or sev	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8849		Doc reas n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8850		No pap pre	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8851		Adhere po	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8852		Pos air pre	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8854		Reas no ad	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8855		Pos air pre	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8856		Ref for otc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8857		No elig ref	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8858		Not ref for	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8863		No assess h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8864		Pneumoco	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8865		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
G8866		Doc pt rea	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8867		No pneum	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8869		Doc immu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8875		Breast can	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8876		Doc reas n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8877		No brst cn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8878		Sent lymph	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8880		Sen lym p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8881		Brst cncr s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8882		No sent lyr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8883		Rev, comn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8884		Doc reas b	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8885		No rev, co	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8907		Pt doc no e	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8908		Pt doc w b	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8909		Pt doc no l	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8910		Pt doc to h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8911		Pt doc no f	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8912		Pt doc with	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8913		Pt doc no v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8914		Pt trans to	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8915		Pt not tran	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8916		Pt w iv ab	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8917		Pt w iv ab	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8918		Pt w/o pre	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8923		Lvef < 40%	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8924		Spir fev1/f	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8925		Spir fev1/f	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8926		Spiro no p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8934		Lvef <40%	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8935		Rx ace or a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8936		Pt not eligi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8937		No rx ace/a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8938		Bmi doc o	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8941		Eld maltre	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8942		Doc fcn/ca	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8944		Ajcc mel c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8946		Mibm but n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8950		Pre-htn or	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8952		Pre-htn/htr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8955		Most recer	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8956		Pt rcv hedi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8958		Assess vol	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8961		Csit lowris	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8962		Csit on pt a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8963		Csi per asx	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8964		Csi any oth	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8965		Csit perf o	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8966		Csit perf s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8967		Warf or oth	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8968		Doc med n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8969		Doc pt rsn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G8970		No rsk fac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9001		Mccd, initi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9002		Mccd,mair	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9003		Mccd, risk	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9004		Mccd, risk	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9005		Mccd, risk	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9006		Mccd, hon	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9007		Mccd, sch	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9008		Mccd,phys	A	XXX	N	N	N	N	N	$ -	$ -	UCR Priced @ $38.70; Ancillary BH C
G9009		Mccd, risk	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 Facility	Conversion Factors Statewide 31.83 OB/GYN Non-Facility	Notes
G9010		Mccd, risk	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9011		Mccd, risk	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9012		Other spec	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9013		Esrd demo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9014		Esrd demo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9016		Demo-smo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9050		Oncology	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9051		Oncology	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9052		Onc surve	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9053		Onc expec	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9054		Onc super	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9055		Onc visit u	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9056		Onc prac n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9057		Onc pract	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9058		Onc prac n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9059		Onc prac n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9060		Onc prac n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9061		Onc prac c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9062		Onc prac g	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9063		Onc dx nsc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9064		Onc dx nsc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9065		Onc dx nsc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9066		Onc dx nsc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9067		Onc dx nsc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9068		Onc dx scl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9069		Onc dx scl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9070		Onc dx scl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9071		Onc dx brs	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9072		Onc dx brs	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9073		Onc dx brs	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9074		Onc dx brs	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9075		Onc dx brs	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9077		Onc dx prc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9078		Onc dx prc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9079		Onc dx prc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9080		Onc dx prc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9083		Onc dx prc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9084		Onc dx col	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9085		Onc dx col	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9086		Onc dx col	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9087		Onc dx col	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9088		Onc dx col	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9089		Onc dx col	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9090		Onc dx rec	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9091		Onc dx rec	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9092		Onc dx rec	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9093		Onc dx rec	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9094		Onc dx rec	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9095		Onc dx rec	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9096		Onc dx esc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9097		Onc dx esc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9098		Onc dx esc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9099		Onc dx esc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9100		Onc dx gas	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9101		Onc dx gas	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9102		Onc dx gas	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9103		Onc dx gas	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9104		Onc dx gas	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9105		Onc dx par	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9106		Onc dx par	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9107		Onc dx par	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9108		Onc dx par	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
G9109		Onc dx he	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9110		Onc dx he	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9111		Onc dx he	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9112		Onc dx he	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9113		Onc dx ov	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9114		Onc dx ov	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9115		Onc dx ov	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9116		Onc dx ov	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9117		Onc dx ov	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9123		Onc dx cm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9124		Onc dx cm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9125		Onc dx cm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9126		Onc dx cm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9128		Onc dx mu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9129		Onc dx mu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9130		Onc dx mu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9131		Onc dx brs	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9132		Onc dx prc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9133		Onc dx prc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9134		Onc nhlstg	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9135		Onc dx nhl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9136		Onc dx nhl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9137		Onc dx nhl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9138		Onc dx nhl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9139		Onc dx cm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9140		Frontier ex	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9143		Warfarin r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9147		Outpt iv in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9148		Medical h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9149		Medical h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9150		Medical h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9151		Mapcp der	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9152		Mapcp der	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9153		Mapcp der	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9156		Evaluation	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9157		Transesop	Not Covered	XXX	N	N	N	N	N	$ 65.79	$ 65.79	
G9187		Bpci home	Not Covered	XXX	N	N	N	N	N	$ 27.47	$ 27.47	
G9188		Beta not gi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9189		Beta pres c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9190		Medical re	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9191		Pt reason f	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9192		System rea	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9196		Med reaso	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9197		Order for c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9198		No order f	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9212		Doc of dsr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9213		No doc of	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9223		Pjp proph	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9225		Norsn no f	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9226		3 comp fo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9227		Foa doc, c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9228		Gc chl syp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9229		Ptrsn no g	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9230		Norsn for	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9231		Doc esrd d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9242		Doc viral l	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9243		Doc viral l	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9246		No med vi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9247		1 med visit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9250		Doc of pai	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9251		Doc no pai	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9254		Doc pt dis	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 Facility	Statewide 31.83 OB/GYN Non-Facility	Notes
G9255		Doc pt dis	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9267		Doc comp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9268		Doc comp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9269		Doc no co	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9270		Doc no co	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9273		Sys<140 a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9274		Bp out of r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9275		Doc of nor	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9276		Doc of tob	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9277		Doc daily	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9278		Doc no dai	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9279		Pne scrn d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9280		Pne not gi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9281		Pne scrn d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9282		Doc medrs	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9283		Hist type d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9284		No hist typ	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9285		Site not sm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9286		Antibio rx	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9287		No antibio	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9288		Doc medrs	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9289		Doc type n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9290		No doc typ	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9291		Not nsm lu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9292		Medrsn no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9293		No pt cate	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9294		Pt cat and	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9295		Non cutan	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9296		Doc share	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9297		No doc sh	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9298		Eval risk v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9299		No eval ris	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9305		No interv r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9306		Interv req	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9307		No ret for	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9308		Unpl ret or	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9309		No unplnd	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9310		Unplnd ho	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9311		No surg sit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9312		Surgical si	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9313		Amoxic nc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9314		Norsn not	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9315		Doc first li	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9316		Doc comm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9317		No doc co	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9318		Image std	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9319		Image not	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9321		Doc count	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9322		No doc co	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9341		Srch for ct	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9342		No srch fo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9344		Sysrsn no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9345		Follow up	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9347		No follow	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9348		Doc rsn fo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9349		Ct within 2	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9350		No doc sin	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9351		Doc >1 sin	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9352		Not >1 sin	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9353		Medrsn >1	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9354		1 or no ct s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9355		No early ir	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
G9356		Early ind/d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9357		Pp eval/ed	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9358		Pp eval/ed	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9359		Neg mgd p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9360		No doc of	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9361		Doc rsn el	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9364		Sinus caus	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9367		>= 2 same	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9368		>= 2 same	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9380		Off assis e	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9382		No off assi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9383		Recd scrn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9384		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9385		Doc pt rea	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9386		Scrn hcv ir	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9393		Ini phq9 >	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9394		Dx bipol, c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9395		Ini phq9 >	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9396		Ini phq9 >	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9399		Doc disc t	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9400		Doc reas n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9401		No disc tx	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9402		Recd f/u w	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9403		Doc reas n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9404		No 30 day	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9405		Recd f/u w	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9406		Doc reas n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9407		No 7d f/u	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9408		Card tamp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9409		No card ta	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9410		Admit w/ir	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9411		No admit v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9412		Admit w/ir	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9413		No admit r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9414		1dose men	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9415		No 1dose r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9416		Pt 1 tdap b	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9417		Pt not 1 td	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9418		Lungcx bx	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9419		Med reas r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9420		Spec site n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9421		Lung cx b	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9422		Rpt doc cl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9423		Med reas r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9424		Site no lun	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9425		Spec rpt n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9426		Impr med t	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9427		No impro r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9428		Patho rpt i	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9429		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9430		Spec site n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9431		Patho rpt n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9432		Asth contr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9434		Asth not c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9448		Born 1945	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9449		Hx bld tra	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9450		Hx injec d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9451		1x scrn hc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9452		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9453		Pt reas no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9454		No scr hcv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9455		Abd imag	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
G9456		Doc med p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9457		Pt no abd i	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9458		Tob user re	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9459		Tob non-us	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9460		No tob ass	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9468		No recd co	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9470		No rec cor	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9471		W/in 2yr d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9473		Chap servi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9474		Diet couns	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9475		Other cour	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9476		Volun serv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9477		Care coord	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9478		Othe thera	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9479		Pharmacist	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9480		Admission	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9481		Remote e/r	Not Covered	XXX	N	N	D	N	N	$ 13.01	$ 13.01	
G9482		Remote e/r	Not Covered	XXX	N	N	D	N	N	$ 25.06	$ 25.06	
G9483		Remote e/r	Not Covered	XXX	N	N	D	N	N	$ 38.56	$ 38.56	
G9484		Remote e/r	Not Covered	XXX	N	N	D	N	N	$ 65.31	$ 65.31	
G9485		Remote e/r	Not Covered	XXX	N	N	D	N	N	$ 85.31	$ 85.31	
G9486		Remote e/r	Not Covered	XXX	N	N	D	N	N	$ 13.01	$ 13.01	
G9487		Remote e/r	Not Covered	XXX	N	N	D	N	N	$ 26.27	$ 26.27	
G9488		Remote e/r	Not Covered	XXX	N	N	D	N	N	$ 40.25	$ 40.25	
G9489		Remote e/r	Not Covered	XXX	N	N	D	N	N	$ 56.88	$ 56.88	
G9490		Cmmi moc	Not Covered	XXX	N	N	N	N	N	$ 27.96	$ 27.96	
G9497		Rec inst nc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9498		Abx reg pr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9500		Rad expos	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9501		Rad expos	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9502		Med reas r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9504		Doc rsn he	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9505		Abx pres w	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9506		Bio imm re	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9507		Doc reas o	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9508		Doc pt not	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9509		Adit mdd c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9510		Remis12m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9511		Idx evt dte	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9512		Indiv pdc >	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9513		Indiv pdc r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9514		Req ret or	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9515		No reas, n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9516		Impr vis ac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9517		No impr vi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9518		Doc active	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9519		Final ref +/	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9520		Refract no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9521		Er and ip h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9522		Er/ip hosp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9529		Minor blur	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9530		Pt mbht hd	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9531		Pt doc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9533		Indic for h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9537		Img hd clir	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9539		Intent pot	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9540		Pt alive 3 r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9541		Filter rem	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9542		Doc reass	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9543		Doc 2x re-	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9544		No filt rem	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9547		Cys ren les	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
G9548		No f/u rec v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9549		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9550		Imag rec	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9551		Imag no le	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9552		Inc thyr no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9553		Prior thyro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9554		Ct/cta/mri/	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9555		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9556		Ct/cta/mri/	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9557		Ct/cta/mri/	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9561		Presc opiat	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9562		Foll-up eva	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9563		No f/u eva	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9577		Presc opiat	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9578		Doc opioic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9579		No doc op	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9580		Door to pu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9582		Door to pu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9583		Presc opiat	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9584		Eval opioic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9585		No eval op	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9593		Low pecan	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9594		Pt mbht hd	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9595		Doc shnt/tu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9596		Ped pt hd c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9597		No low pe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9598		Aor ane 5.	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9599		Aor ane >=	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9603		Pt surv imp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9604		Pt surv res	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9605		Surv score	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9606		Intraop cys	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9607		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9608		Intraop cys	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9609		Doc order	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9610		Doc md rsn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9611		No doc orc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9612		Phodoc 2 r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9613		Doc post s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9614		Photodoc -	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9618		Doc scr ute	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9620		No scr utr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9621		Scr unheal	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9622		No unheal	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9623		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9624		Pt not scrn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9625		Pt bl srg 3(	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9626		Med rsn nc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9627		Pt no bl srg	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9628		Pt bwli srg	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9629		Med rsn nc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9630		Pt no bwli	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9631		Pt ui srg 3(	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9632		Med rsn fo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9633		Pt no ui srg	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9634		Qual life tc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9635		No doc rsn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9636		No life ass	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9637		Doc >1 do	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9638		No doc >1	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9639		Amp no re	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9640		Doc plan h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
G9641		Amp reqd v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9642		Current sm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9643		Elective su	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9644		No smok b	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9645		Had smoke	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9646		Pt w/90d n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9647		No mrs scr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9648		Pt w/90d n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9649		Psor as do	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9651		Psor as do	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9654		Mon anesth	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9655		Toc tool in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9656		Pt trans frc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9658		Toc tool in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9659		>=86y no l	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9660		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9661		Pt >= 86 y	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9662		Prior dx/ac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9663		Fast/dir ldl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9664		Taking sta	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9665		No statin/n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9666		Fas/dir ldl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9674		Pt w/clin a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9675		Pt w/fast/d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9676		40-75y w/t	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9678		Oncology v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9679		Acute care	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9680		Acute care	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9681		Acute care	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9682		Acute care	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9683		Acute fluic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9684		Acute care	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9685		Acute nurs	Not Covered	XXX	N	N	D	N	N	$ 134.48	$ 134.48	
G9687		Hospice ar	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9688		Pt w/hosp v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9689		Inpt elect c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9690		Pt in hos	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9691		Pt hosp du	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9692		Hosp recd	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9693		Pt use hos	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9694		Hosp srv u	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9695		Long act ir	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9696		Med rsn n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9697		Pt rsn no p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9698		Sys rsn no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9699		Long inhal	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9700		Pt is w/hos	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9702		Pt use hos	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9703		Anbx 30 p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9704		Ajcc br ca	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9705		Ajcc br ca	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9706		Low recur	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9707		Pt had hos	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9708		Bilat mast/	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9709		Hosp srv u	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9710		Pt prov ho	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9711		Pt hx tot c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9712		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9713		Pt use hos	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9714		Pt is w/hos	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9715		Pt w/hosp v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9716		Bmi doc o	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
G9717		Doc pt dx v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9718		Hospice ar	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9719		Pt not amb	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9720		Hospice ar	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9721		Pt not amb	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9722		Doc hx ren	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9723		Hosp recd	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9724		Pt w/doc u	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9725		Pt w/hosp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9726		Refused to	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9727		Pt unable c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9728		Refused to	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9729		Pt unbl cm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9730		Refused to	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9731		Pt unbl cm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9732		Refused to	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9733		Pt unbl cm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9734		Refused to	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9735		Pt unbl cm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9736		Refused to	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9737		Pt unbl cm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9740		Hosp srv t	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9741		Pt w/hosp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9744		Pt not eli d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9745		Doc rsn no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9746		Mit sten, v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9751		Pt died w/i	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9752		Urgent sur	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9753		Doc no dic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9754		Incid pulm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9755		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9756		Surg proc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9757		Surg proc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9758		Pt in hos	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9760		Pt w/hosp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9761		Pt w/hosp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9762		Pt had >=	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9763		Pt not have	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9764		Pt treatd w	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9765		Doc pat de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9766		Cva stroke	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9767		Hosp new	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9768		Pt w/hosp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9769		Bn den 2yr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9770		Perip nerve	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9771		Anes end,	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9772		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9773		1 bod tem	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9774		Pt had hys	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9775		Recd 2 ant	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9776		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9777		Pt no antie	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9778		Pts dx w/p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9779		Pts breastf	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9780		Pts dx w/r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9781		Doc rsn no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9782		Hx dx fam	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9783		Doc dx dm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9784		Path/derm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9785		Path repor	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9786		Path repor	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9787		Pt alive	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
G9788		Most rct b	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9789		Record bp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9790		Most rct b	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9791		Most rct to	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9792		Most rct to	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9793		Pt on daily	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9794		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9795		Pt no daily	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9796		Pt not curr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9797		Pt currentl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9805		Pt w/hosp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9806		Pt recd cer	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9807		Pt no recd	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9808		Pt no asthr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9809		Pt w/hosp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9810		Pdc 75% w	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9811		No pdc 75	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9812		Pt died dur	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9813		Pt not died	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9818		Doc sex ac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9819		Pt w/hosp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9820		Doc chlam	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9821		No doc chl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9822		Endo abl p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9823		Endo smpl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9824		Endo smpl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9830		Her-2 pos	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9831		Ajcc stg br	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9832		Brt ca dx i	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9838		Pt met dis	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9839		Anti-egfr r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9840		Gene testir	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9841		Gene testir	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9842		Pt met dis	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9843		Kras or nra	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9844		Pt no recd	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9845		Pt recd ant	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9846		Pt died fro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9847		Pt recd che	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9848		Pt no chem	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9852		Pt died fro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9853		Icu stay las	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9854		No icu stay	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9858		Pt enroll hs	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9859		Pt died fro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9860		Pt less 3d l	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9861		Pt more th	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9862		Doc rsn no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9868		Next gen a	Not Covered	XXX	N	N	N	N	N	$ 19.28	$ 19.28	
G9869		Next gen a	Not Covered	XXX	N	N	N	N	N	$ 25.79	$ 25.79	
G9870		Next gen a	Not Covered	XXX	N	N	N	N	N	$ 32.29	$ 32.29	
G9873		1 em core	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9874		4 em core	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9875		9 em core	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9876		2 em core	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9877		2 em core	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9878		2 em core	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9879		2 em core	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9880		Em 5 perc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9881		Em 9 perc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9882		2 em ongo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9883		2 em ongo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
G9884		2 em ongo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9885		2 em ongo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9890		Em bridge	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9891		Em sessior	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9892		Doc pt rsn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9893		No mac ex	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9894		Adr dep th	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9895		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9896		Doc pt rsn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9897		Pt nt prsc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9898		Pt 66+ snp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9899		Scrn mam	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9900		Scrn mam	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9901		Pt 66+ snp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9902		Pt scrn tbc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9903		Pt scrn tbc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9904		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9905		No pt tbco	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9906		Pt recv tbc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9907		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9908		No pt tbco	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9909		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9910		Pt 66+ snp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9911		Node neg	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9912		Hbv status	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9913		No hbv sta	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9914		Pt receivin	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9915		No docum	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9916		Funct statu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9917		Adv dem c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9918		No funct s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9919		Scrn nd po	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9920		Scrning pe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9921		No or part	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9922		Sfty cncrn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9923		Safty cncr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9925		No scrn pr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9926		Sfty cncrn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9927		Doc no wa	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9928		No warf or	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9929		Trs/rev af	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9930		Com care	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9931		No chad o	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9932		Doc pt rsn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9938		Pt 66+ snp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9939		Same path	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9940		Doc reas n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9942		Adtl spine	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9943		Bk pn nt m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9945		Pt w/cance	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9946		Bk pain no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9948		Adtl spine	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9949		Leg pain n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9954		Pt >2 rsk f	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9955		Inhlnt anes	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9956		Combo thr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9957		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9958		No combo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9959		Systemic a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9960		Med rsn sy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9961		Systemic a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9962		Embolizati	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
G9963		Embolizati	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9964		Pt recv >=	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9965		No well-ch	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9968		Pt refrd 2	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9969		Pvdr rfrd	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9970		Pvdr rfrd	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9974		Mac exam	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9975		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
G9978		Remote e/	Not Covered	XXX	N	N	D	N	N	$ 19.04	$ 19.04	
G9979		Remote e/	Not Covered	XXX	N	N	D	N	N	$ 33.50	$ 33.50	
G9980		Remote e/	Not Covered	XXX	N	N	D	N	N	$ 52.30	$ 52.30	
G9981		Remote e/	Not Covered	XXX	N	N	D	N	N	$ 88.21	$ 88.21	
G9982		Remote e/	Not Covered	XXX	N	N	D	N	N	$ 117.13	$ 117.13	
G9983		Remote e/	Not Covered	XXX	N	N	D	N	N	$ 19.04	$ 19.04	
G9984		Remote e/	Not Covered	XXX	N	N	D	N	N	$ 37.60	$ 37.60	
G9985		Remote e/	Not Covered	XXX	N	N	D	N	N	$ 57.12	$ 57.12	
G9986		Remote e/	Not Covered	XXX	N	N	D	N	N	$ 82.42	$ 82.42	
G9987		Bpci advar	Not Covered	XXX	N	N	N	N	N	$ 27.47	$ 27.47	
H0001		Alcohol an	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
H0002		Alcohol an	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
H0003		Alcohol an	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
H0004		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0005		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0006		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0007		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0008		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0009		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0010		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0011		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0012		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0013		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0014		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0015		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0016		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0017		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0018		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0019		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0020		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0021		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0022		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0023		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0024		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0025		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0026		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0027		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0028		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0029		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0030		Alcohol an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0031		Mh health	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0032		Mh svc pla	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0033		Oral med a	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0034		Med trng &	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0035		Mh partial	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0036		Comm psy	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0037		Comm psy	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0038		Self-help/p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0039		Asser com	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0040		Assert com	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0041		Fos c chld	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0042		Fos c chld	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0043		Supported	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0044		Supported	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
H0045		Respite no	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0046		Mental hea	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0047		Alcohol/dr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0048		Spec coll n	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0049		Alcohol/dr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H0050		Alcohol/dr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H1000		Prenatal ca	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H1001		Antepartur	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H1002		Carecoordi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H1003		Prenatal at	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H1004		Follow up	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H1005		Prenatalca	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H1010		Nonmed fa	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H1011		Family ass	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2000		Comp mul	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2001		Rehabilitat	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2010		Comprehe	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2011		Crisis inter	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2012		Behav hlth	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2013		Psych hlth	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2014		Skills train	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2015		Comp com	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2016		Comp com	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2017		Psysoc reh	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2018		Psysoc reh	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2019		Ther behav	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2020		Ther behav	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2021		Com wrap-	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2022		Com wrap-	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2023		Supported	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2024		Supported	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2025		Supp main	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2026		Supp main	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2027		Psychoed s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2028		Sex offend	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2029		Sex offend	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2030		Mh clubho	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2031		Mh clubho	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2032		Activity th	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2033		Multisys th	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2034		A/d halfwa	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2035		A/d tx prog	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2036		A/d tx prog	#N/A	XXX	N	N	N	N	N	$ -	$ -	
H2037		Dev delay	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0120		Tetracyclir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0121		Inj., omada	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0122		Inj., eravac	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0129		Abatacept	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0130		Abciximab	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0131		Acetamino	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0132		Acetylcyste	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0133		Acyclovir i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0135		Adalimuma	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0153		Adenosine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0171		Adrenalin (	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0178		Aflibercep	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0179		Inj, broluci	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0180		Agalsidase	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0185		Inj., aprepi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0190		Inj biperid	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0200		Alatrofloxa	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0202		Injection, a	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
J0205		Algluceras	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0207		Amifostine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0210		Methyldop	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0215		Alefacept	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0220		Alglucosid	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0221		Lumizyme	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0222		Inj., patisir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0223		Inj givosira	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0256		Alpha 1 pr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0257		Glassia inj	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0270		Alprostadil	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0275		Alprostadil	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0278		Amikacin s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0280		Aminophyl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0282		Amiodaror	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0285		Amphoteri	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0287		Amphoteri	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0288		Ampho b c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0289		Amphoteri	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0290		Ampicillin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0291		Inj., plazor	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0295		Ampicillin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0300		Amobarbit	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0330		Succinych	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0348		Anidulafur	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0350		Injection a	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0360		Hydralazin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0364		Apomorph	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0365		Aprotonin,	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0380		Inj metarar	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0390		Chloroquir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0395		Arbutamin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0400		Aripiprazo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0401		Inj aripipra	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0456		Azithromy	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0461		Atropine su	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0470		Dimecapro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0475		Baclofen 1	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0476		Baclofen ir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0480		Basiliximal	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0485		Belatacept	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0490		Belimumat	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0500		Dicyclomir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0515		Inj benztro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0517		Inj., benral	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0520		Bethanech	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0558		Peng benza	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0561		Penicillin g	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0565		Inj, bezlot	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0567		Inj., cerlip	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0570		Buprenorp	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0571		Buprenorp	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0572		Bupren/nal	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0573		Bupren/nal	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0574		Bupren/nal	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0575		Bupren/nal	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0583		Bivalirudir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0584		Injection, b	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0585		Injection,o	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0586		Abobotulir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0587		Inj, rimabo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0588		Incobotuli	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
J0591		Inj deoxyc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0592		Buprenorp	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0593		Inj., lanade	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0594		Busulfan ir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0595		Butorphan	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0596		Injection, r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0597		C-1 esteras	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0598		C-1 esteras	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0599		Inj., haegar	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0600		Edetate cal	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0604		Cinacalcet,	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0606		Inj, etelcal	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0610		Calcium gl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0620		Calcium gl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0630		Calcitonin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0636		Inj calcitric	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0637		Caspofung	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0638		Canakinun	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0640		Leucovorir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0641		Inj levoleu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0642		Injection, l	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0670		Inj mepiva	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0690		Cefazolin s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0691		Inj lefamul	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0692		Cefepime l	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0693		Inj., cefide	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0694		Cefoxitin s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0695		Inj ceftoloz	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0696		Ceftriaxon	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0697		Sterile cefu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0698		Cefotaxim	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0702		Betametha	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0706		Caffeine ci	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0710		Cephapirin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0712		Ceftaroline	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0713		Inj ceftazic	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0714		Ceftazidim	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0715		Ceftizoxim	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0716		Centruroid	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0717		Certolizum	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0720		Chloramph	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0725		Chorionic g	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0735		Clonidine l	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0740		Cidofovir i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0742		Inj imip 4 c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0743		Cilastatin s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0744		Ciprofloxa	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0745		Inj codeine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0770		Colistimetl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0775		Collagenas	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0780		Prochlorpe	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0791		Inj crizanli	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0795		Corticoreli	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0800		Corticotrop	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0834		Inj., cosyn	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0840		Crotalidae	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0841		Inj crotalid	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0850		Cytomegal	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0875		Injection, c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0878		Daptomyci	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0881		Darbepoeti	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0882		Darbepoeti	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
J0883		Argatroban	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0884		Argatroban	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0885		Epoetin alf	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0887		Epoetin be	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0888		Epoetin be	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0890		Peginesatic	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0894		Decitabine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0895		Deferoxam	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0896		Inj luspatei	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0897		Denosuma	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J0945		Bromphen	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1000		Depo-estra	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1020		Methylpre	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1030		Methylpre	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1040		Methylpre	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1050		Medroxyp	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1071		Inj testoste	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1094		Inj dexame	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1095		Injection,	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1096		Dexametha	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1097		Phenylep k	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1100		Dexametha	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1110		Inj dihydrc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1120		Acetazolar	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1130		Inj diclofe	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1160		Digoxin in	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1162		Digoxin in	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1165		Phenytoin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1170		Hydromor	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1180		Dyphylline	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1190		Dexrazoxa	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1200		Diphenhyd	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1201		Inj. cetirizi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1205		Chlorothia	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1212		Dimethyl s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1230		Methadone	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1240		Dimenhyd	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1245		Dipyridam	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1250		Inj dobutar	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1260		Dolasetron	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1265		Dopamine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1267		Doripenem	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1270		Injection,	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1290		Ecallantide	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1300		Eculizumal	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1301		Injection,	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1303		Inj., ravuli	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1320		Amitriptyli	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1322		Elosulfase	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1324		Enfuvirtide	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1325		Epoproster	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1327		Eptifibatid	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1330		Ergonovin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1335		Ertapenem	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1364		Erythro lac	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1380		Estradiol v	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1410		Inj estroge	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1428		Inj, eteplirs	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1429		Inj golodir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1430		Ethanolam	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1435		Injection e	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1436		Etidronate	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
J1437		Inj. fe deris	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1438		Etanercept	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1439		Inj ferric c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1442		Inj filgrasti	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1443		Inj ferric p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1444		Fe pyro cit	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1447		Inj tbo filg	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1450		Fluconazol	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1451		Fomepizol	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1452		Intraocular	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1453		Fosaprepit	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1454		Inj fosnetu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1455		Foscarnet s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1457		Gallium nit	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1458		Galsulfase	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1459		Inj ivig pri	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1460		Gamma gl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1555		Inj cuvitru,	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1556		Inj, imm gl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1557		Gammaple	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1558		Inj. xembif	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1559		Hizentra in	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1560		Gamma gl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1561		Gamunex-c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1562		Vivaglobin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1566		Immune gl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1568		Octagam in	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1569		Gammagar	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1570		Ganciclovi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1571		Hepagam b	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1572		Flebogamr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1573		Hepagam b	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1575		Hyqvia 10(	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1580		Garamycin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1595		Injection g	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1599		Ivig non-ly	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1600		Gold sodiu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1602		Golimumal	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1610		Glucagon h	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1620		Gonadorel	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1626		Granisetro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1627		Inj, granise	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1628		Inj., guselk	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1630		Haloperidc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1631		Haloperidc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1632		Inj., brexar	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1640		Hemin, 1 r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1642		Inj heparin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1644		Inj heparin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1645		Dalteparin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1650		Inj enoxap	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1652		Fondaparir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1655		Tinzaparin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1670		Tetanus im	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1675		Histrelin ac	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1700		Hydrocorti	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1710		Hydrocorti	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1720		Hydrocorti	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1726		Makena, 1(	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1729		Inj hydroxy	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1730		Diazoxide	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1738		Inj. meloxi	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
J1740		Ibandronat	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1741		Ibuprofen i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1742		Ibutilide fu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1743		Idursulfase	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1744		Icatibant ir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1745		Infliximab	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1746		Inj., ibalizu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1750		Inj iron de:	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1756		Iron sucros	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1786		Imuglucera	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1790		Droperidol	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1800		Propranolc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1810		Droperidol	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1815		Insulin inje	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1817		Insulin for	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1823		Inj. inebiliz	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1826		Interferon	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1830		Interferon	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1833		Injection, i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1835		Itraconazo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1840		Kanamycir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1850		Kanamycir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1885		Ketorolac t	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1890		Cephalothi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1930		Lanreotide	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1931		Laronidase	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1940		Furosemid	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1943		Inj., aristac	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1944		Aripirazole	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1945		Lepirudin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1950		Leuprolide	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1953		Levetiracet	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1955		Inj levocar	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1956		Levofloxac	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1960		Levorphan	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1980		Hyoscyam	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J1990		Chlordiaze	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2001		Lidocaine i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2010		Lincomyci	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2020		Linezolid i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2060		Lorazepam	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2062		Loxapine f	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2150		Mannitol i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2170		Mecasermi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2175		Meperidine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2180		Meperidine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2182		Injection, r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2185		Meropener	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2186		Inj., merop	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2210		Methylerg	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2212		Methylnalt	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2248		Micafungi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2250		Inj midazo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2260		Inj milrino	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2265		Minocyclir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2270		Morphine s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2274		Inj morphi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2278		Ziconotide	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2280		Inj, moxifl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2300		Inj nalbuph	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2310		Inj naloxor	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2315		Naltrexone	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
J2320		Nandrolon	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2323		Natalizuma	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2325		Nesiritide i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2326		Inj, nusine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2350		Injection, c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2353		Octreotide	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2354		Octreotide	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2355		Oprelvekir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2357		Omalizuma	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2358		Olanzapine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2360		Orphenadr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2370		Phenylephr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2400		Chloroproc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2405		Ondansetr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2407		Injection, c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2410		Oxymorph	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2425		Palifermin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2426		Paliperidor	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2430		Pamidrona	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2440		Papaverin l	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2460		Oxytetracy	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2469		Palonosetr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2501		Paricalcito	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2502		Inj, pasirec	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2503		Pegaptanib	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2504		Pegademas	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2505		Injection, p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2507		Pegloticase	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2510		Penicillin g	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2513		Pentastarcl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2515		Pentobarbi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2540		Penicillin g	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2543		Piperacillir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2545		Pentamidir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2547		Injection, p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2550		Promethaz	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2560		Phenobarb	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2562		Plerixafor	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2590		Oxytocin in	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2597		Inj desmop	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2650		Prednisolo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2670		Totazoline	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2675		Inj progest	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2680		Fluphenazi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2690		Procainam	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2700		Oxacillin s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2704		Inj, propof	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2710		Neostigmir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2720		Inj protami	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2724		Protein c c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2725		Inj protirel	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2730		Pralidoxim	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2760		Phentolain	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2765		Metoclopra	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2770		Quinuprist	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2778		Ranibizum	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2780		Ranitidine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2783		Rasburicas	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2785		Regadenos	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2786		Injection, r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2787		Riboflavin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2788		Rho d imm	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
J2790		Rho d imm	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2791		Rhophylac	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2792		Rho(d) imı	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2793		Rilonacept	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2794		Inj risperd	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2795		Ropivacair	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2796		Romiplosti	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2797		Inj., rolapit	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2798		Inj., perser	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2800		Methocarb	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2805		Sincalide i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2810		Inj theophy	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2820		Sargramos	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2840		Inj sebelip	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2850		Inj secretir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2860		Injection, s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2910		Aurothiogl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2916		Na ferric g	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2920		Methylpre	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2930		Methylpre	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2940		Somatrem	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2941		Somatropi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2950		Promazine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2993		Reteplase i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2995		Inj streptol	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J2997		Alteplase r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3000		Streptomy	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3010		Fentanyl ci	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3030		Sumatripta	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3031		Inj., frema	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3032		Inj. eptinez	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3060		Inj, taliglu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3070		Pentazocin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3090		Inj tedizoli	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3095		Telavancin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3101		Tenectepla	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3105		Terbutalin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3110		Teriparatid	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3111		Inj. romos	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3121		Inj testoste	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3145		Testosteroı	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3230		Chlorprom	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3240		Thyrotropi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3241		Inj. teprotu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3243		Tigecyclin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3245		Inj., tildrak	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3246		Tirofiban h	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3250		Trimethob	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3260		Tobramyci	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3262		Tocilizuma	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3265		Injection t	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3280		Thiethylpe	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3285		Treprostini	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3300		Triamcinol	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3301		Triamcinol	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3302		Triamcinol	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3303		Triamcinol	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3304		Inj triamci	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3305		Inj trimetre	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3310		Perphenazi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3315		Triptorelin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3316		Inj., triptor	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
J3320		Spectinom	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3350		Urea inject	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3355		Urofollitro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3357		Ustekinum	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3358		Ustekinum	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3360		Diazepam	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3364		Urokinase	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3365		Urokinase	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3370		Vancomyc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3380		Injection, v	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3385		Velaglucer	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3396		Verteporfi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3397		Inj., vestro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3398		Inj luxturn	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3399		Inj onase a	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3400		Trifluprom	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3410		Hydroxyzi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3411		Thiamine h	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3415		Pyridoxine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3420		Vitamin b1	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3430		Vitamin k	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3465		Injection, v	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3470		Hyaluronic	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3471		Ovine, up t	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3472		Ovine, 100	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3473		Hyaluronic	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3475		Inj magnes	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3480		Inj potassi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3485		Zidovudine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3486		Ziprasidon	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3489		Zoledronic	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3490		Drugs uncl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3520		Edetate dis	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3530		Nasal vacc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3535		Metered d	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3570		Laetrile an	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3590		Unclassifie	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J3591		Esrd on dia	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7030		Normal sal	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7040		Normal sal	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7042		5% dextros	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7050		Normal sal	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7060		5% dextros	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7070		D5w infusi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7100		Dextran 40	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7110		Dextran 75	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7120		Ringers lac	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7121		5% dextros	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7131		Hypertonic	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7169		Inj andexx	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7170		Inj., emici	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7175		Inj, factor	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7177		Inj., fibryg	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7178		Inj human	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7179		Vonvendi i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7180		Factor xiii	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7181		Factor xiii	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7182		Factor viii	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7183		Wilate inje	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7185		Xyntha inj	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7186		Antihemop	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7187		Humate-p,	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
J7188		Factor viii	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7189		Factor viia	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7190		Factor viii	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7191		Factor viii	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7192		Factor viii	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7193		Factor ix n	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7194		Factor ix c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7195		Factor ix r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7196		Antithroml	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7197		Antithroml	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7198		Anti-inhibi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7199		Hemophili	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7200		Factor ix r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7201		Factor ix a	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7202		Factor ix i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7203		Factor ix r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7204		Inj recomb	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7205		Factor viii	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7207		Factor viii	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7208		Inj. jivi 1 i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7209		Factor viii	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7210		Inj, afstyla	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7211		Inj, kovaltr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7212		Factor viia	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7296		Kyleena, 1	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7297		Liletta, 52	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7298		Mirena, 52	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7300		Intraut cop	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7301		Skyla, 13.5	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7303		Contracept	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7304		Contracept	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7306		Levonorge	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7307		Etonogestr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7308		Aminolevu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7309		Methyl am	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7310		Ganciclovi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7311		Inj., retiser	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7312		Dexametha	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7313		Inj., iluvier	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7314		Inj., yutiq,	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7315		Ophthalmi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7316		Inj, ocripla	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7318		Inj, durola	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7320		Genvisc 85	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7321		Hyalgan or	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7322		Hymovis in	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7323		Euflexxa in	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7324		Orthovisc i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7325		Synvisc or	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7326		Gel-one	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7327		Monovisc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7328		Gelsyn-3 in	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7329		Inj, trivisc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7330		Cultured cl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7331		Synojoynt,	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7332		Inj., triluro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7333		Visco-3 inj	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7336		Capsaicin 8	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7340		Carbidopa	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7342		Ciprofloxa	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7345		Aminolevu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7351		Inj bimato	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
J7352		Afamelano	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7401		Mometaso	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7500		Azathiopri	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7501		Azathiopri	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7502		Cyclospori	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7503		Tacrol env	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7504		Lymphocyt	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7505		Monoclona	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7507		Tacrolimus	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7508		Tacrol asta	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7509		Methylpred	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7510		Prednisolo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7511		Antithymo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7512		Prednisone	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7513		Daclizuma	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7515		Cyclospori	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7516		Cyclospori	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7517		Mycophen	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7518		Mycophen	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7520		Sirolimus,	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7525		Tacrolimus	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7527		Oral evero	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7599		Immunosu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7604		Acetylcyst	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7605		Arformote	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7606		Formotero	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7607		Levalbuter	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7608		Acetylcyst	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7609		Albuterol c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7610		Albuterol c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7611		Albuterol r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7612		Levalbuter	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7613		Albuterol r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7614		Levalbuter	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7615		Levalbuter	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7620		Albuterol i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7622		Beclometh	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7624		Betametha	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7626		Budesonid	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7627		Budesonid	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7628		Bitolterol r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7629		Bitolterol r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7631		Cromolyn	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7632		Cromolyn	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7633		Budesonid	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7634		Budesonid	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7635		Atropine c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7636		Atropine c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7637		Dexametha	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7638		Dexametha	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7639		Dornase al	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7640		Formotero	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7641		Flunisolide	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7642		Glycopyrro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7643		Glycopyrro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7644		Ipratropiur	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7645		Ipratropiur	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7647		Isoetharine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7648		Isoetharine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7649		Isoetharine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7650		Isoetharine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7657		Isoproterer	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
J7658		Isoproterer	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7659		Isoproterer	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7660		Isoproterer	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7665		Mannitol f	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7667		Metaprotei	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7668		Metaprotei	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7669		Metaprotei	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7670		Metaprotei	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7674		Methachol	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7676		Pentamidir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7677		Revefenaci	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7680		Terbutaline	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7681		Terbutaline	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7682		Tobramyci	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7683		Triamcinol	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7684		Triamcinol	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7685		Tobramyci	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7686		Treprostini	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7699		Inhalation	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7799		Non-inhala	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J7999		Compound	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8498		Antiemetic	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8499		Oral prescı	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8501		Oral aprepi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8510		Oral busulf	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8515		Cabergolin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8520		Capecitabi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8521		Capecitabi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8530		Cyclophos	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8540		Oral dexan	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8560		Etoposide	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8562		Oral fludar	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8565		Gefitinib o	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8597		Antiemetic	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8600		Melphalan	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8610		Methotrexa	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8650		Nabilone o	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8655		Oral netupi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8670		Rolapitant,	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8700		Temozolor	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8705		Topotecan	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J8999		Oral prescı	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9000		Doxorubic	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9015		Aldesleuki	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9017		Arsenic tri	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9019		Erwinaze i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9020		Asparagina	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9022		Inj, atezoli	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9023		Injection, a	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9025		Azacitidine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9027		Clofarabin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9030		Bcg live in	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9032		Injection, b	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9033		Inj., treand	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9034		Inj., bende	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9035		Bevacizum	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9036		Inj. belrapz	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9039		Injection, b	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9040		Bleomycin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9041		Inj., velcad	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9042		Brentuxim	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9043		Cabazitaxe	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
J9044		Inj, bortezo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9045		Carboplati	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9047		Injection, c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9050		Carmustine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9055		Cetuximab	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9057		Inj., copan	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9060		Cisplatin 1	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9065		Inj cladribi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9070		Cyclophos	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9098		Cytarabine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9100		Cytarabine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9118		Inj. calaspa	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9119		Inj., cemip	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9120		Dactinomy	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9130		Dacarbazir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9144		Daratumur	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9145		Injection, c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9150		Daunorubi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9151		Daunorubi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9153		Inj daunor	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9155		Degarelix i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9160		Denileukin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9165		Diethylstill	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9171		Docetaxel	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9173		Inj., durval	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9175		Elliotts b s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9176		Injection, e	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9177		Inj enfort v	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9178		Inj, epirubi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9179		Eribulin m	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9181		Etoposide	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9185		Fludarabin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9190		Fluorourac	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9198		Inj. infuge	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9200		Floxuridin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9201		In gemcital	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9202		Goserelin a	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9203		Gemtuzum	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9204		Inj mogam	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9205		Inj irinotec	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9206		Irinotecan	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9207		Ixabepilon	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9208		Ifosfamide	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9209		Mesna inje	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9210		Inj., emapa	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9211		Idarubicin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9212		Interferon	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9213		Interferon	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9214		Interferon	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9215		Interferon	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9216		Interferon	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9217		Leuprolide	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9218		Leuprolide	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9219		Leuprolide	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9223		Inj. lurbine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9225		Vantas imp	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9226		Supprelin l	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9227		Inj. isatuxi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9228		Ipilimumat	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9229		Inj inotuzu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9230		Mechloretl	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9245		Inj melpha	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
J9246		Inj., evome	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9250		Methotrexa	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9260		Methotrexa	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9261		Nelarabine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9262		Inj, omace	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9263		Oxaliplatin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9264		Paclitaxel p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9266		Pegasparga	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9267		Paclitaxel i	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9268		Pentostatin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9269		Inj. tagrax	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9270		Plicamycin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9271		Inj pembro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9280		Mitomycin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9281		Mitomycin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9285		Inj, olaratu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9293		Mitoxantro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9295		Injection, r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9299		Injection, r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9301		Obinutuzu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9302		Ofatumum	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9303		Panitumun	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9304		Inj. pemetr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9305		Inj. pemetr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9306		Injection, p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9307		Pralatrexat	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9308		Injection, r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9309		Inj, polatuz	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9311		Inj rituxim	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9312		Inj., rituxir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9313		Inj., lumox	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9315		Romidepsi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9316		Pertuzu, tra	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9317		Sacituzuma	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9320		Streptozoc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9325		Inj talimog	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9328		Temozolor	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9330		Temsirolin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9340		Thiotepa ir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9351		Topotecan	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9352		Injection tr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9354		Inj, ado-tra	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9355		Inj trastuzu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9356		Inj. hercep	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9357		Valrubicin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9358		Inj fam-tra	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9360		Vinblastine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9370		Vincristine	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9371		Inj, vincris	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9390		Vinorelbin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9395		Injection, f	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9400		Inj, ziv-afli	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9600		Porfimer s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
J9999		Chemother	#N/A	XXX	N	N	N	N	N	$ -	$ -	
M0075		Cellular th	C	XXX	N	N	N	N	N	$ -	$ -	
M0076		Prolotherap	C	XXX	N	N	N	N	N	$ -	$ -	
M0100		Intragastric	C	XXX	N	N	N	N	N	$ -	$ -	
M0239		Bamlanivimab-xxxx inf		XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
M0243		Casirivi and imdevi infu		XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
M0300		Iv chelatio	C	XXX	N	N	N	N	N	$ -	$ -	
M0301		Fabric wra	C	XXX	N	N	N	N	N	$ -	$ -	
M1003		Tb scr 12 r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
M1004		Doc med r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1005		Tb scr no p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1006		Dz not ase	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1007		>=50% tot	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1008		<50% total	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1009		Dc eoc doc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1010		Dc eoc doc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1011		Dc eoc doc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1012		Dc eoc doc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1013		Dc eoc doc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1014		Dc epi care	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1016		Pt dx meo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1017		Pt admt to	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1018		Pt dx hst c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1019		Adl pt mj c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1020		Adl pt mj c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1021		Pt uc in pp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1022		Pt hospice	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1025		Pt hospice	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1026		Pt hospice	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1027		Img head (	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1028		Doc of pt p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1029		Doc sysm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1031		Pt clin ind	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1032		Adt tkng p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1034		Adt 180 dy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1035		Adt pd out	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1036		Adt no 18(	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1037		Pt dx lum s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1038		Pt dx lum s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1039		Pt dx lum s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1040		Pt dx lum i	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1041		Pt cr ft inf	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1043		Fs no odi S	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1045		Fs oks 9-1	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1046		Fs oks 9-1	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1049		Fs wth scr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1051		Pt w/cance	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1052		Lg pn not	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1054		Pt uc in pp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1055		Aspirin use	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1056		Presc antic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1057		Aspirin no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1058		Pt prm nur	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1059		Pt no prm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1060		Pt died in p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1067		Hspc pt pr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1068		Pt not amb	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1069		Pt scr ft fal	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1070		Pt not scrn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1071		Pt had add	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1106		Start eoc d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1107		Docu dx d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1108		Oc ni pt hc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1109		Oc ni pt dc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1110		Oc not p pt	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1111		Start eoc d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1112		Docu dx d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1113		Oc ni pt hc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1114		Oc ni pt dc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1115		Oc ni pt se	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1116		Start eoc d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
M1117		Docu dx d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1118		Oc ni pt hc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1119		Oc ni pt dc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1120		Oc ni pt se	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1121		Start eoc d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1122		Docu dx d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1123		Oc ni pt hc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1124		Oc ni pt dc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1125		Oc ni pt se	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1126		Start eoc d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1127		Docu dx d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1128		Oc ni pt hc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1129		Oc ni pt dc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1130		Oc ni pt se	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1131		Docu dx d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1132		Oc ni pt hc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1133		Oc ni pt dc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1134		Oc ni pt se	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1135		Start eoc d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1141		Fs no oks	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1142		Emerge ca	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1143		Ni rehab m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
M1145		Mfn drug a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
M1146		Ongoing ca	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
M1147		Care not p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
M1148		Pt self dsc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
M1149		No neck fs	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
P2028		Cephalin fl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P2029		Congo red	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P2031		Hair analys	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P2033		Blood thyr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P2038		Blood muc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P3000		Screen pap	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P3001		Screening	Not Covered	XXX	N	N	D	N	N	$ 13.98	$ 13.98	
P7001		Culture ba	C	XXX	N	N	N	N	N	$ -	$ -	$16.67 Priced on UCR, eff. 1/1/17; Lal
P9010		Whole blo	C	XXX	N	N	N	N	N	$ -	$ -	$114 Priced on UCR, eff. 7/1/95; Dialy
P9011		Blood split	C	XXX	N	N	N	N	N	$ -	$ -	$121.03 Priced on UCR, eff. 1/1/20; D
P9012		Cryoprecip	C	XXX	N	N	N	N	N	$ -	$ -	$45.40 Priced on UCR, eff. 4/1/20; Dia
P9016		Rbc leuko	C	XXX	N	N	N	N	N	$ -	$ -	$169.52; Priced on UCR, eff 4/1/20; D
P9017		Plasma 1 d	C	XXX	N	N	N	N	N	$ -	$ -	$75.38 Priced on UCR, eff 4/1/20; Dial
P9019		Platelets, e	C	XXX	N	N	N	N	N	$ -	$ -	$97.24 Priced on UCR, eff 4/1/20; Dial
P9020		Plaelet rich	C	XXX	N	N	N	N	N	$ -	$ -	$127.11 Priced on UCR, eff 4/1/20; Di
P9021		Red blood	C	XXX	N	N	N	N	N	$ -	$ -	$125.78 Priced on UCR, eff 4/1/20; Di
P9022		Washed re	C	XXX	N	N	N	N	N	$ -	$ -	$341.76 Priced on UCR April 2018 CR
P9023		Frozen pla	C	XXX	N	N	N	N	N	$ -	$ -	$72.13 Priced on UCR; Hosp
P9031		Platelets le	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9032		Platelets, i	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9033		Platelets le	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9034		Platelets, p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9035		Platelet ph	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9036		Platelet ph	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9037		Plate phere	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9038		Rbc irradia	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9039		Rbc deglyc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9040		Rbc leukor	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9041		Albumin (h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9043		Plasma prc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9044		Cryoprecip	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9045		Albumin (h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9046		Albumin (h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9047		Albumin (h	C	XXX	N	N	N	N	N	$ -	$ -	$52.45 Priced on UCR 10/1/20; Hosp,
P9048		Plasmapro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
P9050		Granulocyt	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9051		Blood, l/r,	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9052		Platelets, h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9053		Plt, pher, l	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9054		Blood, l/r,	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9055		Plt, aph/ph	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9056		Blood, l/r,	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9057		Rbc, frz/de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9058		Rbc, l/r, cr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9059		Plasma, frz	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9060		Fr frz plas	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9070		Pathogen r	C	XXX	N	N	N	N	N	$ -	$ -	$29.07 Priced on UCR, eff 4/1/20; Hos
P9071		Pathogen r	C	XXX	N	N	N	N	N	$ -	$ -	$72.10 Priced on UCR, eff 4/1/20; Hos
P9073		Platelets pl	C	XXX	N	N	N	N	N	$ -	$ -	$550.81 Priced on UCR, eff 4/1/20; Hc
P9099		Blood com	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9100		Pathogen t	C	XXX	N	N	N	N	N	$ -	$ -	$25.50 Priced on UCR 1/1/18; Hosp
P9603		One-way a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9604		One-way a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
P9612		Catheterize	C	XXX	N	N	N	N	N	$ -	$ -	$3.00 Priced on UCR 4/1/20; Hosp, La
P9615		Urine spec	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0035	26	Cardiokym	Not Covered	XXX	N	N	D	N	N	$ 5.78	$ 5.78	
Q0035	TC	Cardiokym	Not Covered	XXX	N	N	D	N	N	$ 6.51	$ 6.51	
Q0035		Cardiokym	Not Covered	XXX	N	N	D	N	N	$ 12.29	$ 12.29	
Q0081		Infusion th	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0083		Chemo by	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0084		Chemother	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0085		Chemo by	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0091		Obtaining s	Not Covered	XXX	N	N	D	N	N	$ 13.01	$ 27.72	
Q0092		Set up port	Not Covered	XXX	N	N	D	N	N	$ 13.98	$ 13.98	
Q0111		Wet moun	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0112		Potassium	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0113		Pinworm e	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0114		Fern test	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0115		Post-coital	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0138		Ferumoxyt	C	XXX	N	N	N	N	N	$ -	$ -	
Q0139		Ferumoxyt	C	XXX	N	N	N	N	N	$ -	$ -	
Q0144		Azithromy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0161		Chlorprom	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0162		Ondansetr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0163		Diphenhyd	C	XXX	N	N	N	N	N	$ -	$ -	
Q0164		Prochlorpe	C	XXX	N	N	N	N	N	$ -	$ -	
Q0166		Granisetro	C	XXX	N	N	N	N	N	$ -	$ -	
Q0167		Dronabino	C	XXX	N	N	N	N	N	$ -	$ -	
Q0169		Promethaz	C	XXX	N	N	N	N	N	$ -	$ -	
Q0173		Trimethob	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0174		Thiethylpe	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
Q0175		Perphenazi	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 4/1/11
Q0177		Hydroxyzi	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 4/1/11
Q0180		Dolasetron	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/17
Q0181		Unspecifie	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0239		Bamlanivir	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
Q0243		Casirivima	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
Q0477		Pwr modul	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0478		Power ada	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0479		Power mo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0480		Driver pne	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0481		Microprcsr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0482		Microprcsr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0483		Monitor el	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0484		Monitor el	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0485		Monitor ca	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0486		Mon cable	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
Q0487		Leads any \	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0488		Pwr pack b	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0489		Pwr pck ba	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0490		Emr pwr s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0491		Emr pwr s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0492		Emr pwr cl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0493		Emr pwr cl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0494		Emr hd pr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0495		Charger el	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0496		Battery ele	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0497		Bat clps el	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0498		Holster ele	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0499		Belt/vest e	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0500		Filters elec	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0501		Shwr cov e	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0502		Mobility c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0503		Battery pn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0504		Pwr adpt p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0506		Lith-ion ba	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0507		Misc sup/a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0508		Mis sup/ac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0509		Mis sup/ac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0510		Dispens fe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0511		Sup fee an	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0512		Px sup fee	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0513		Disp fee in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0514		Disp fee in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q0515		Sermorelin	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q1004		Ntiol categ	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q1005		Ntiol categ	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q2004		Bladder ca	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q2009		Fosphenyt	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q2017		Teniposide	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q2026		Radiesse in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q2028		Inj, sculptr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q2034		Agriflu vac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q2035		Afluria vac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q2036		Flulaval va	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q2037		Fluvirin va	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q2038		Fluzone va	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q2039		Influenza v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q2041		Axicabtage	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q2042		Tisagenlec	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q2043		Sipuleucel-	C	XXX	N	N	N	N	N	$ -	$ -	
Q2049		Imported li	C	XXX	N	N	N	N	N	$ -	$ -	Priced per UCR, eff. 10/1/15
Q2050		Doxorubic	C	XXX	N	N	N	N	N	$ -	$ -	
Q2052		Ivig demo,	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q3001		Brachyther	Not Covered	XXX	N	N	D	N	N	$ -	$ -	
Q3014		Telehealth	C	XXX	N	N	N	N	N	$ -	$ -	CY 2020 $26.65, UCR updated annual
Q3027		Inj beta int	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q3028		Inj beta int	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q3031		Collagen s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4001		Cast sup b	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4002		Cast sup b	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4003		Cast sup sh	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4004		Cast sup sh	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4005		Cast sup lo	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4006		Cast sup lo	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4007		Cast sup lo	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4008		Cast sup lo	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4009		Cast sup sh	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4010		Cast sup sh	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
Q4011		Cast sup sh	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4012		Cast sup sh	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4013		Cast sup ga	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4014		Cast sup ga	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4015		Cast sup ga	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4016		Cast sup ga	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4017		Cast sup ln	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4018		Cast sup ln	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4019		Cast sup ln	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4020		Cast sup ln	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4021		Cast sup sh	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4022		Cast sup sh	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4023		Cast sup sh	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4024		Cast sup sh	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4025		Cast sup hi	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4026		Cast sup hi	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4027		Cast sup hi	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4028		Cast sup hi	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4029		Cast sup lo	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4030		Cast sup lo	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4031		Cast sup ln	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4032		Cast sup ln	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4033		Cast sup ln	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4034		Cast sup ln	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4035		Cast sup ln	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4036		Cast sup ln	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4037		Cast sup sh	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4038		Cast sup sh	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4039		Cast sup sh	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4040		Cast sup sh	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4041		Cast sup ln	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4042		Cast sup ln	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4043		Cast sup ln	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4044		Cast sup ln	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4045		Cast sup sh	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4046		Cast sup sh	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4047		Cast sup sh	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4048		Cast sup sh	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4049		Finger spli	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/15/05
Q4050		Cast suppli	Cost Invoice	XXX	N	N	N	N	N	$ -	$ -	
Q4051		Splint supp	Cost Invoice	XXX	N	N	N	N	N	$ -	$ -	
Q4074		Iloprost no	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4081		Epoetin alf	C	XXX	N	N	N	N	N	$ -	$ -	
Q4082		Drug/bio n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4100		Skin substi	Cost Invoice	XXX	N	N	N	N	N	$ -	$ -	
Q4101		Apligraf	C	XXX	N	N	N	N	N	$ -	$ -	
Q4102		Oasis wou	C	XXX	N	N	N	N	N	$ -	$ -	
Q4103		Oasis burn	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/14
Q4104		Integra bm	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/17
Q4105		Integra drt	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/17
Q4106		Dermagraf	C	XXX	N	N	N	N	N	$ -	$ -	
Q4107		Graftjacke	C	XXX	N	N	N	N	N	$ -	$ -	
Q4108		Integra ma	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/17
Q4110		Primatrix	C	XXX	N	N	N	N	N	$ -	$ -	Termed in Benefits - Priced on UCR, e
Q4111		Gammagra	C	XXX	N	N	N	N	N	$ -	$ -	Termed in Benefits - Priced per ASP
Q4112		Cymetra in	C	XXX	N	N	N	N	N	$ -	$ -	Termed in Benefits - Priced per ASP
Q4113		Graftjacke	C	XXX	N	N	N	N	N	$ -	$ -	Termed in Benefits - Priced per ASP
Q4114		Integra flo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4115		Alloskin	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4116		Alloderm	C	XXX	N	N	N	N	N	$ -	$ -	
Q4117		Hyalomatr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4118		Matristem	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release
CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
Q4121		Theraskin	C	XXX	N	N	N	N	N	$ -	$ -	
Q4122		Dermacell,\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4123		Alloskin \	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4124		Oasis tri-la\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4125		Arthroflex \	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4126		Memodern\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4127		Talymed \	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4128		Flexhd/allc\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4130		Strattice tn\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4132		Grafix cor\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4133		Grafix stra\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4134		Hmatrix \	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4135		Mediskin \	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4136		Ezderm \	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4137		Amnioexc\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4138		Biodfence \	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4139		Amnio or l\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4140		Biodfence \	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4141		Alloskin ac\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4142		Xcm biolo,\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4143		Repriza, 1\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4145		Epifix, inj,\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4146		Tensix, 1cc\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4147		Architect e\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4148		Neox neox\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4149		Excellagen\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4150		Allowrap c\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4151		Amnioban\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4152		Dermapure\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4153		Dermavest\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4154		Biovance 1\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4155		Neoxflo or\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4156		Neox 100 \	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4157		Revitalon \	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4158		Kerecis om\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4159		Affinity1 s\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4160		Nushield 1\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4161		Bio-conne\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4162		Wndex flw\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4163		Woundex, \	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4164		Helicoll, pr\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4165		Keramatrix\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4166		Cytal, per \	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4167		Truskin, pe\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4168		Amnioban\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4169		Artacent w\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4170		Cygnus, pe\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4171		Interfyl, 1 \	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4173		Palingen o\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4174		Palingen o\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4175		Miroderm \	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4176		Neopatch \	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4177		Floweramn\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4178		Floweramn\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4179		Flowerderm\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4180		Revita, per\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4181		Amnio wo\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4182		Transcyte, \	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4183		Surgigraft, \	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4184		Cellesta or\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4185		Cellesta fl\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4186		Epifix 1 sq\	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
Q4187		Epicord 1 s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4188		Amnioarm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4189		Artacent a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4190		Artacent a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4191		Restorigin	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4192		Restorigin,	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4193		Coll-e-derm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4194		Novachor	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4195		Puraply 1 s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4196		Puraply am	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4197		Puraply xt	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4198		Genesis an	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4200		Skin te 1 s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4201		Matrion 1	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4202		Keroxx (2.	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4203		Derma-gid	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4204		Xwrap 1 s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q4205		Membrane graft or wra		XXX	N	N	N	N	N	$ -	$ -	
Q4206		Fluid flow or fluid gf 1		XXX	N	N	N	N	N	$ -	$ -	
Q4208		Novafix per sq cm		XXX	N	N	N	N	N	$ -	$ -	
Q4209		Surgraft per sq cm		XXX	N	N	N	N	N	$ -	$ -	
Q4210		Axolotl graf dualgraf sc		XXX	N	N	N	N	N	$ -	$ -	
Q4211		Amnion bio or axobio s		XXX	N	N	N	N	N	$ -	$ -	
Q4212		Allogen, per cc		XXX	N	N	N	N	N	$ -	$ -	
Q4213		Ascent, 0.5 mg		XXX	N	N	N	N	N	$ -	$ -	
Q4214		Cellesta cord per sq cm		XXX	N	N	N	N	N	$ -	$ -	
Q4215		Axolotl ambient, cryo 0		XXX	N	N	N	N	N	$ -	$ -	
Q4216		Artacent cord per sq cm		XXX	N	N	N	N	N	$ -	$ -	
Q4217		Woundfix biowound pl		XXX	N	N	N	N	N	$ -	$ -	
Q4218		Surgicord per sq cm		XXX	N	N	N	N	N	$ -	$ -	
Q4219		Surgigraft dual per sq c		XXX	N	N	N	N	N	$ -	$ -	
Q4220		Bellacell hd, surederm s		XXX	N	N	N	N	N	$ -	$ -	
Q4221		Amniowrap2 per sq cm		XXX	N	N	N	N	N	$ -	$ -	
Q4222		Progenamatrix, per sq c		XXX	N	N	N	N	N	$ -	$ -	
Q4226		Myown harv prep proc		XXX	N	N	N	N	N	$ -	$ -	
Q4227		Amniocore per sq cm		XXX	N	N	N	N	N	$ -	$ -	
Q4228		Bionextpatch, per sq cm		XXX	N	N	N	N	N	$ -	$ -	
Q4229		Cogenex amnio memb p		XXX	N	N	N	N	N	$ -	$ -	
Q4230		Cogenex flow amnion 0		XXX	N	N	N	N	N	$ -	$ -	
Q4231		Corplex p, per cc		XXX	N	N	N	N	N	$ -	$ -	
Q4232		Corplex, per sq cm		XXX	N	N	N	N	N	$ -	$ -	
Q4233		Surfactor /nudyn per 0.5		XXX	N	N	N	N	N	$ -	$ -	
Q4234		Xcellerate, per sq cm		XXX	N	N	N	N	N	$ -	$ -	
Q4235		Amniorepair or altiply s		XXX	N	N	N	N	N	$ -	$ -	
Q4236		Carepatch per sq cm		XXX	N	N	N	N	N	$ -	$ -	
Q4237		Cryo-cord, per sq cm		XXX	N	N	N	N	N	$ -	$ -	
Q4238		Derm-maxx, per sq cm		XXX	N	N	N	N	N	$ -	$ -	
Q4239		Amnio-maxx or lite per		XXX	N	N	N	N	N	$ -	$ -	
Q4240		Corecyte topical only 0.		XXX	N	N	N	N	N	$ -	$ -	
Q4241		Polycyte, topical only 0		XXX	N	N	N	N	N	$ -	$ -	
Q4242		Amniocyte plus, per 0.5		XXX	N	N	N	N	N	$ -	$ -	
Q4244		Procenta, per 200 mg		XXX	N	N	N	N	N	$ -	$ -	
Q4245		Amniotext, per cc		XXX	N	N	N	N	N	$ -	$ -	
Q4246		Coretext or protext, per		XXX	N	N	N	N	N	$ -	$ -	
Q4247		Amniotext patch, per sq		XXX	N	N	N	N	N	$ -	$ -	
Q4248		Dermacyte amn mem al		XXX	N	N	N	N	N	$ -	$ -	
Q4249		Amniply, per sq cm		XXX	N	N	N	N	N	$ -	$ -	
Q4250		Amnioamp-mp per sq c		XXX	N	N	N	N	N	$ -	$ -	
Q4254		Novafix dl per sq cm		XXX	N	N	N	N	N	$ -	$ -	
Q4255		Reguard, topical use pe		XXX	N	N	N	N	N	$ -	$ -	
Q5001		Hospice or	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q5002		Hospice/h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
Q5003		Hospice in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q5004		Hospice in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q5005		Hospice, ir	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q5006		Hospice in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q5007		Hospice in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q5008		Hospice in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q5009		Hospice/ho	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q5010		Hospice ho	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q5101		Injection, a	C	XXX	N	N	N	N	N	$ -	$ -	
Q5103		Injection, i	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q5104		Injection, r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q5105		Inj retacrit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q5106		Inj retacrit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q5107		Inj mvasi l	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q5108		Injection, f	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q5109		Injection, i	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q5110		Nivestym	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q5111		Injection, udenyca 0.5 r		XXX	N	N	N	N	N	$ -	$ -	
Q5112		Inj ontruzant 10 mg		XXX	N	N	N	N	N	$ -	$ -	
Q5113		Inj herzuma 10 mg		XXX	N	N	N	N	N	$ -	$ -	
Q5114		Inj ogivri 10 mg		XXX	N	N	N	N	N	$ -	$ -	
Q5115		Inj truxima 10 mg		XXX	N	N	N	N	N	$ -	$ -	
Q5116		Inj., trazimera, 10 mg		XXX	N	N	N	N	N	$ -	$ -	
Q5117		Inj., kanjinti, 10 mg		XXX	N	N	N	N	N	$ -	$ -	
Q5118		Inj., zirabev, 10 mg		XXX	N	N	N	N	N	$ -	$ -	
Q5119		Inj ruxience, 10 mg		XXX	N	N	N	N	N	$ -	$ -	
Q5120		Inj pegfilgrastim-bmez		XXX	N	N	N	N	N	$ -	$ -	
Q5121		Inj. avsola, 10 mg		XXX	N	N	N	N	N	$ -	$ -	
Q5122		Inj, nyvepria		XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
Q9001		Va chaplain assessment		XXX	N	N	N	N	N	$ -	$ -	
Q9002		Va chaplain counsel ind		XXX	N	N	N	N	N	$ -	$ -	
Q9003		Va chaplain counsel grc		XXX	N	N	N	N	N	$ -	$ -	
Q9950		Inj sulf hex	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q9951		Locm >= 4	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q9953		Inj fe-base	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 10/1/10
Q9954		Oral mr co	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 4/1/13
Q9955		Inj perflexa	C	XXX	N	N	N	N	N	$ -	$ -	
Q9956		Inj octaflu	C	XXX	N	N	N	N	N	$ -	$ -	
Q9957		Inj perflutr	C	XXX	N	N	N	N	N	$ -	$ -	
Q9958		Hocm <=1	C	XXX	N	N	N	N	N	$ -	$ -	
Q9959		Hocm 150	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
Q9960		Hocm 200	C	XXX	N	N	N	N	N	$ -	$ -	
Q9961		Hocm 250	C	XXX	N	N	N	N	N	$ -	$ -	
Q9962		Hocm 300	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 10/1/10
Q9963		Hocm 350	C	XXX	N	N	N	N	N	$ -	$ -	
Q9964		Hocm>= 4	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/1/10
Q9965		Locm 100-	C	XXX	N	N	N	N	N	$ -	$ -	
Q9966		Locm 200-	C	XXX	N	N	N	N	N	$ -	$ -	
Q9967		Locm 300-	C	XXX	N	N	N	N	N	$ -	$ -	
Q9968		Visualizati	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q9969		Non-heu tc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q9982		Flutemetar	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q9983		Florbetabe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q9991		Buprenorp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
Q9992		Buprenorp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
R0070		Transport p	C	XXX	N	N	D	N	N	$ -	$ -	Priced on UCR, eff. 1/1/10
R0075		Transport p	C	XXX	N	N	D	N	N	$ -	$ -	Termed price 12/31.09, 16.70
R0076		Transport p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0012		Butorphan	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0013		Esketamin	Not Covered	XXX	N	N	N	N	N	$ -	$ -	2021 New Procedure Code
S0014		Tacrine hy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0017		Injection, a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
S0020		Injection, l	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0021		Injection, c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0023		Injection, c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0028		Injection, f	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0030		Injection, r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0032		Injection, r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0034		Injection, c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0039		Injection, s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0040		Injection, t	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0073		Injection, a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0074		Injection, c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0077		Injection, c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0078		Injection, f	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0080		Injection, p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0081		Injection, p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0088		Imatinib 10	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0090		Sildenafil c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0091		Granisetron	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0092		Hydromorp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0093		Morphine s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0104		Zidovudine	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0106		Bupropion	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0108		Mercaptop	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0109		Methadone	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0117		Tretinoin t	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0119		Ondansetro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0122		Inj menotro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0126		Inj follitrop	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0128		Inj follitrop	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0132		Inj ganireli	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0136		Clozapine,	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0137		Didanosine	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0138		Finasteride	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0139		Minoxidil,	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0140		Saquinavir	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0142		Colistimetl	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0145		Peg interfe	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0148		Peg interfe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0155		Epoprosten	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0156		Exemestan	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0157		Becaplerm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0160		Dextroamp	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0164		Injection p	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0166		Inj olanzap	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0169		Calcitrol	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0170		Anastrozol	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0171		Bumetanid	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0172		Chlorambu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0174		Dolasetron	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0175		Flutamide	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0176		Hydroxyur	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0177		Levamisol	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0178		Lomustine	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0179		Megestrol	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0182		Procarbazi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0183		Prochlorpe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0187		Tamoxifen	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0189		Testostero	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0190		Mifepristo	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/08
S0191		Misoprost	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/08
S0194		Vitamin su	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0197		Prenatal vi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
S0199		Med aborti	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 11/1/01
S0201		Partial hos	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0207		Paramedici	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 9/1/03
S0208		Paramed ir	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 9/1/03
S0209		Wc van mi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0215		Nonemerg	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 9/15/05
S0220		Medical cc	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0221		Medical cc	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0250		Comp geri	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0255		Hospice re	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0257		End of life	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0260		H&p for st	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0265		Genetic co	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0270		Home std c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0271		Home hosp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0272		Home episo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0273		Md home v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0274		Nurse prac	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0280		Medical hc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0281		Medical hc	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/1/14
S0285		Cnslt befo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0302		Completed	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0310		Hospitalist	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0311		Comp mgn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0315		Disease ma	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 2/1/04
S0316		Follow-up/	C	XXX	N	N	N	N	N	$ -	$ -	Priced onUCR, eff. 7/1/04
S0317		Disease mg	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0320		Rn telepho	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0340		Lifestyle m	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0341		Lifestyle m	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0342		Lifestyle m	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0353		Cancer tre	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0354		Cancer tre	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0390		Rout foot c	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0395		Impression	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0400		Global esw	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0500		Dispos cor	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0504		Singl prscr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0506		Bifoc prscr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0508		Trifoc prsc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0510		Non-prscrp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0512		Daily cont	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0514		Color cont	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0515		Scleral len	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0516		Safety fran	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0518		Sunglass fr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0580		Polycarb le	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 4/1/03
S0581		Nonstnd le	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0590		Misc integ	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff 7/1/04
S0592		Comp cont	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0595		New lense	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0596		Phakic iol	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0601		Screening	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0610		Annual gyn	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 12/1/02
S0612		Annual gyn	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 12/1/03
S0613		Ann breast	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0618		Audiometr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0620		Routine op	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0621		Routine op	Not Covered	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0622		Phys exam	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0630		Removal o	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S0800		Laser in sit	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
S0810		Photorefra	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S0812		Photothera	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S1001		Deluxe ite	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S1002		Custom ite	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S1015		Iv tubing e	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S1016		Non-pvc ir	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S1030		Gluc moni	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S1031		Gluc moni	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S1034		Art pancre	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S1035		Art pancre	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S1036		Art pancre	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S1037		Art pancre	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S1040		Cranial rer	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/17
S2053		Transplant	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2054		Transplant	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2055		Harvesting	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2060		Lobar lung	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2061		Donor lob	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2065		Simult pan	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2066		Breast gap	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S2067		Breast "sta	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S2068		Breast dier	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S2070		Cysto laser	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2079		Lap esopha	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S2080		Laup	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2083		Adjustmen	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 4/1/15
S2095		Transcath v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S2102		Islet cell tis	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2103		Adrenal tis	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2107		Adoptive i	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2112		Knee arthr	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2115		Periacetab	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2117		Arthroerei	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S2118		Total hip r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S2120		Low densit	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2140		Cord bloo	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2142		Cord bloo	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2150		Bmt harv/t	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2152		Solid orga	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S2202		Echosclero	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2205		Minimally	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2206		Minimally	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2207		Minimally	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2208		Minimally	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2209		Minimally	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2225		Myringoto	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S2230		Implant se	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2235		Implant au	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2260		Induced ab	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S2265		Induced ab	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S2266		Induced ab	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S2267		Induced ab	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S2300		Arthroscop	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2325		Hip core d	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. date 1/1/11
S2340		Chemoden	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2341		Chemoden	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2342		Nasal endo	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2348		Decompre	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S2350		Diskectom	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2351		Diskectom	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2400		Fetal surg	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2401		Fetal surg	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR

2021 National Physician Fee Schedule Relative Value File January Release
CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
S2402		Fetal surg (	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2403		Fetal surg]	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2404		Fetal surg ı	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2405		Fetal surg ;	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2409		Fetal surg ı	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2411		Fetoscop la	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S2900		Robotic su	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S3000		Bilat dil re	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3005		Eval self-a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S3600		Stat lab	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3601		Stat lab ho	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3620		Newborn n	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S3630		Eosinophil	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3645		Hiv-1 antik	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3650		Saliva test,	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3652		Saliva test,	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3655		Antisperm	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3708		Gastrointes	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3722		Dose optin	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S3800		Genetic tes	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S3840		Dna analys	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3841		Gene test r	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3842		Gene test h	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3844		Dna analys	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3845		Gene test a	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3846		Gene test h	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3849		Gene test r	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3850		Gene test s	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3852		Dna analys	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3853		Gene test r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S3854		Gene profi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S3861		Genetic tes	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S3865		Comp gene	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S3866		Spec gene	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S3870		Cgh test de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S3900		Surface em	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3902		Ballistocar	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S3904		Masters tw	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S4005		Interim lab	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4011		Ivf packag	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4013		Compl gift	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4014		Compl zift	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4015		Complete i	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4016		Frozen ivf	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4017		Ivf canc a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4018		F emb trns	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4020		Ivf canc a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4021		Ivf canc p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4022		Asst oocyt	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4023		Incompl d	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4025		Donor serv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4026		Procure do	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4027		Store prev	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4028		Microsurg	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4030		Sperm pro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4031		Sperm pro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4035		Stimulated	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4037		Cryo embr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4040		Monit stor	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4042		Ovulation	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4981		Insert levo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4989		Contracept	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
S4990		Nicotine p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4991		Nicotine p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4993		Contracept	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S4995		Smoking c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5000		Prescriptio	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5001		Prescriptio	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5010		5% dextro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5012		5% dextro	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5013		5%dextros	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5014		D5w/0.45r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5035		Hit routine	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5036		Hit device	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5100		Adult dayc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5101		Adult day	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5102		Adult day	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5105		Centerbase	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5108		Homecare	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5109		Homecare	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5110		Family hor	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5111		Family hor	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5115		Nonfamily	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5116		Nonfamily	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5120		Chore serv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5121		Chore serv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5125		Attendant	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR - Priced with modif
S5126		Attendant	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5130		Homaker s	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/11
S5131		Homemak	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5135		Adult com	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 10/1/11
S5136		Adult com	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5140		Adult foste	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5141		Adult foste	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5145		Child foste	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5146		Ther foster	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5150		Unskilled r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5151		Unskilled r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5160		Emer resp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5161		Emer rspns	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR - Priced with modif
S5162		Emer rspns	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5165		Home mod	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 11/1/06
S5170		Homedeliv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5175		Laundry se	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5180		Hh respira	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5181		Hh respira	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5185		Med remin	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5190		Wellness a	C	XXX	N	N	N	N	N	$ -	$ -	Not Priced on UCR
S5199		Personal c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5497		Hit cath ca	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5498		Hit simple	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5501		Hit comple	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5502		Hit interim	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5517		Hit declott	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5518		Hit cath re	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5520		Hit picc in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5521		Hit midline	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5522		Hit picc in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5523		Hip midlin	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5550		Insulin rap	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5551		Insulin mo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5552		Insulin inte	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5553		Insulin lon	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5560		Insulin reu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
S5561		Insulin reu	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5565		Insulin car	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5566		Insulin car	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5570		Insulin dis	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S5571		Insulin dis	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8030		Tantalum r	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8035		Magnetic s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8037		Mrcp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8040		Topograph	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8042		Mri low fie	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8055		Us guidan	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8080		Scintimam	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8085		Fluorine-1	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8092		Electron be	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8096		Portable pe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8097		Asthma kit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8100		Spacer wit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8101		Spacer wit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8110		Peak expir	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8120		O2 conten	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8121		O2 conten	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8130		Interferent	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8131		Interferent	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8185		Flutter dev	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8186		Swivel ada	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8189		Trach supp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8210		Mucus trap	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8265		Haberman	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8270		Enuresis al	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8301		Infect cont	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8415		Supplies fc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8420		Custom gr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8421		Ready gra	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8422		Custom gr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8423		Custom gr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8424		Ready gra	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8425		Custom gr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8426		Custom gr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8427		Ready gra	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8428		Ready gra	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8429		Gradient p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8430		Padding fo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8431		Compressi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8450		Splint digi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8451		Splint wris	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8452		Splint elbo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8460		Camisole p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8490		100 insulir	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8930		Auricular e	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8940		Hippother	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8948		Low-level	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8950		Complex l	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8990		Pt or mani	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S8999		Resuscitati	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9001		Home uter	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9007		Ultrafiltrat	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9024		Paranasal s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9025		Omnicardi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9034		Eswl for g	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9055		Procuren o	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9056		Coma stim	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9061		Medical su	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
S9083		Urgent car	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9088		Services pr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9090		Vertebral a	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9097		Home visit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9098		Home pho	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9110		Telemonit	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9117		Back scho	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9122		Home heal	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9123		Nursing ca	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9124		Nursing ca	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9125		Respite ca	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9126		Hospice ca	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9127		Social wor	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9128		Speech the	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9129		Occupatio	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9131		Pt in the h	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9140		Diabetic m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9141		Diabetic m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9145		Insulin pur	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9150		Evaluation	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9152		Speech the	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9208		Home mgr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9209		Home mgr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9211		Home mgr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9212		Hm postpa	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9213		Hm preecl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9214		Hm gest di	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9325		Hit pain m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9326		Hit cont pa	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9327		Hit int pair	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9328		Hit pain in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9329		Hit chemo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9330		Hit cont ch	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9331		Hit intermi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9335		Ht hemodi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9336		Hit cont an	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9338		Hit immun	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9339		Hit peritor	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9340		Hit enteral	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9341		Hit enteral	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9342		Hit enteral	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9343		Hit enteral	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9345		Hit anti-he	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9346		Hit alpha-1	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9347		Hit longter	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9348		Hit sympat	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9349		Hit tocolys	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9351		Hit cont an	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9353		Hit cont in	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9355		Hit chelati	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9357		Hit enzym	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9359		Hit anti-tn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9361		Hit diuretic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9363		Hit anti-sp	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9364		Hit tpn tot	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9365		Hit tpn 1 li	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9366		Hit tpn 2 li	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9367		Hit tpn 3 li	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9368		Hit tpn ove	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9370		Ht inj antie	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9372		Ht inj antic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9373		Hit hydra t	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
S9374		Hit hydra	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9375		Hit hydra	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9376		Hit hydra	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9377		Hit hydra c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9379		Hit noc pe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9381		Hit high ris	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9401		Anticoag c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9430		Pharmacy	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9433		Medical fo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9434		Mod solid	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9435		Medical fo	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S9436		Lamaze cl	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9437		Childbirth	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9438		Cesarean b	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9439		Vbac class	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9441		Asthma ed	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9442		Birthing cl	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/14
S9443		Lactation c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9444		Parenting c	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/04
S9445		Pt educatic	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/04
S9446		Pt educatic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9447		Infant safe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9449		Weight mg	C	XXX	N	N	N	N	N	$ -	$ -	Not Priced on UCR
S9451		Exercise cl	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
S9452		Nutrition c	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/04
S9453		Smoking c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9454		Stress mgn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9455		Diabetic m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9460		Diabetic m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9465		Diabetic m	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9470		Nutritional	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9472		Cardiac rel	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9473		Pulmonary	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9474		Enteroston	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9475		Ambulator	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9476		Vestibular	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9480		Intensive o	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9482		Family stal	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9484		Crisis inter	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9485		Crisis inter	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9490		Hit cortico	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9494		Hit antibio	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9497		Hit antibio	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9500		Hit antibio	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9501		Hit antibio	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9502		Hit antibio	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9503		Hit antibio	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9504		Hit antibio	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9529		Venipunct	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 7/1/04
S9537		Ht hem ho	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9538		Hit blood p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9542		Ht inj noc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9558		Ht inj grow	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9559		Hit inj inte	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9560		Ht inj horn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9562		Ht inj pali	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9590		Ht irrigatic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9810		Ht pharm p	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9900		Christian s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9901		Christian s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9960		Air ambula	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9961		Air ambula	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
S9970		Health clul	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9975		Transplant	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9976		Lodging pe	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9977		Meals per v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9981		Med recor	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9982		Med recor	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9986		Not medic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9988		Serv part o	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9989		Services o	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9990		Services pr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9991		Services pr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9992		Transporta	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9994		Lodging c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9996		Meals for v	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
S9999		Sales tax	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
T1000		Private dut	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1001		Nursing as	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1002		Rn service	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1003		Lpn/lvn se	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1004		Nsg aide s	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1005		Respite ca	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1006		Family/cou	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1007		Treatment	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1009		Child sittir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1010		Meals whe	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1012		Alcohol/su	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1013		Sign lang/	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1014		Telehealth	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1015		Clinic serv	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1016		Case mana	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1017		Targeted c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1018		School-bas	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1019		Personal c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1020		Personal c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1021		Hh aide or	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1022		Contracted	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1023		Program in	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1024		Team eval	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1025		Ped compr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1026		Ped compr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1027		Family trai	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1028		Home envi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1029		Dwelling l	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1030		Rn home c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1031		Lpn home	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1040		Comm bh	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1041		Comm bh	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1502		Medicatior	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1503		Med admir	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1505		Elec med c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T1999		Noc retail	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2001		N-et; patie	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2002		N-et; per d	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2003		N-et; enco	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2004		N-et; comr	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2005		N-et; stret	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2007		Non-emer	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2010		Pasrr level	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2011		Pasrr level	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2012		Habil ed w	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2013		Habil ed w	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2014		Habil prev	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
T2015		Habil prev	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2016		Habil res w	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2017		Habil res w	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2018		Habil sup e	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2019		Habil sup e	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2020		Day habil v	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2021		Day habil v	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2022		Case mana	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2023		Targeted c	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2024		Serv asmnt	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2025		Waiver ser	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2026		Special chi	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2027		Spec childe	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2028		Special sup	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2029		Special me	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2030		Assist livin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2031		Assist livin	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2032		Res care, n	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2033		Res, nos w	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2034		Crisis inter	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2035		Utility serv	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2036		Camp over	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2037		Camp day	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2038		Comm trar	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2039		Vehicle mc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2040		Financial n	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2041		Support br	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2042		Hospice ro	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2043		Hospice cc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2044		Hospice re	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2045		Hospice ge	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2046		Hospice lo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2047		Hab prevo	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2048		Bh ltc res r	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2049		N-et; stretc	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T2101		Breast mill	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4521		Adult size	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4522		Adult size	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4523		Adult size	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4524		Adult size	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4525		Adult size	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4526		Adult size	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4527		Adult size	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4528		Adult size	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4529		Ped size br	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4530		Ped size br	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4531		Ped size pu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4532		Ped size pu	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4533		Youth size	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4534		Youth size	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4535		Disposable	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4536		Reusable p	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4537		Reusable u	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4538		Diaper serv	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4539		Reuse diap	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4540		Reusable u	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4541		Large dispe	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4542		Small dispe	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4543		Adult disp	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4544		Adlt disp u	#N/A	XXX	N	N	N	N	N	$ -	$ -	
T4545		Incon dispNot Covered		XXX	N	N	N	N	N	$ -	$ -	
T5001		Position se	#N/A	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
T5999		Supply, no	#N/A	XXX	N	N	N	N	N	$ -	$ -	
U0001		2019-ncov	C	XXX	N	N	N	N	N	$ -	$ -	Priced per UCR $35.91, eff. 02/04/20
U0002		Covid-19 l	C	XXX	N	N	N	N	N	$ -	$ -	Priced per UCR $51.31, eff. 02/04/20
U0003		Cov-19 am	C	XXX	N	N	N	N	N	$ -	$ -	Priced per UCR $75.00, eff. 01/01/21
U0004		Cov-19 tes	C	XXX	N	N	N	N	N	$ -	$ -	Priced per UCR $75.00, eff. 01/01/21
U0005		Infec agen	C	XXX	N	N	N	N	N	$ -	$ -	Priced per UCR $25.00, eff. 01/01/21
V2020		Vision svc	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/09
V2025		Eyeglasses	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V2100		Lens spher	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2101		Single visn	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2102		Singl visn	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2103		Spherocyli	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/09
V2104		Spherocyli	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2105		Spherocyli	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2106		Spherocyli	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2107		Spherocyli	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2108		Spherocyli	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2109		Spherocyli	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2110		Spherocyli	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2111		Spherocyli	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2112		Spherocyli	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2113		Spherocyli	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2114		Spherocyli	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2115		Lens lentic	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/08
V2118		Lens anisei	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2121		Lenticular	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/04
V2199		Lens single	Unlstd/Manua	XXX	N	N	N	N	N	$ -	$ -	
V2200		Lens spher	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/09
V2201		Lens spher	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2202		Lens spher	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2203		Lens sphcy	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/09
V2204		Lens sphcy	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/09
V2205		Lens sphcy	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2206		Lens sphcy	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2207		Lens sphcy	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2208		Lens sphcy	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2209		Lens sphcy	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2210		Lens sphcy	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2211		Lens sphcy	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2212		Lens sphcy	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2213		Lens sphcy	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2214		Lens sphcy	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2215		Lens lentic	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2218		Lens anisei	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2219		Lens bifoca	C	XXX	N	N	N	N	N	$ -	$ -	Priced termed on UCR, 12/31/07, open
V2220		Lens bifoca	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2221		Lenticular	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/04
V2299		Lens bifoca	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR - Specialty bifocal (
V2300		Lens spher	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/09
V2301		Lens spher	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2302		Lens spher	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2303		Lens sphcy	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/09
V2304		Lens sphcy	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/09
V2305		Lens sphcy	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2306		Lens sphcy	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2307		Lens sphcy	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2308		Lens sphc	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2309		Lens sphc	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2310		Lens sphc	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2311		Lens sphc	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2312		Lens sphc	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2313		Lens sphc	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
V2314		Lens sphcy	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2315		Lens lentic	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2318		Lens anisei	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2319		Lens trifoc	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2320		Lens trifoc	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2321		Lenticular	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/04
V2399		Lens trifoc	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR - Specialty trifoca (
V2410		Lens varial	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2430		Lens varial	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2499		Variable as	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR - Variable sphericit
V2500		Contact ler	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/09
V2501		Cntct lens	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2502		Contact ler	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2503		Cntct lens	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2510		Cntct gas p	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2511		Cntct toric	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2512		Cntct lens	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2513		Contact ler	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2520		Contact ler	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2521		Cntct lens	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2522		Cntct lens	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2523		Cntct lens	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2524		Cntct lens	C	XXX	N	N	N	N	N	$ -	$ -	
V2530		Contact ler	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2531		Contact ler	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V2599		Contact ler	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR - Contacts lens, oth
V2600		Hand held	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
V2610		Single lens	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
V2615		Telescop/o	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
V2623		Plastic eye	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/01
V2624		Polishing a	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 5/1/93
V2625		Enlargemn	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/01
V2626		Reduction	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 5/1/93
V2627		Scleral cov	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/01
V2628		Fabricatior	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 5/1/93
V2629		Prosthetic	C	XXX	N	N	N	N	N	$ -	$ -	Not priced on UCR
V2630		Anter chan	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V2631		Iris suppor	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V2632		Post chmb	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V2700		Balance le	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2702		Deluxe len	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V2710		Glass/plast	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2715		Prism lens/	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2718		Fresnell pr	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2730		Special bas	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2744		Tint photo	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/09
V2745		Tint, any c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V2750		Anti-reflec	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/09
V2755		Uv lens/es	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 1/1/09
V2756		Eye glass c	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V2760		Scratch res	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V2761		Mirror coa	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V2762		Polarizatio	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V2770		Occluder l	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2780		Oversize le	C	XXX	N	N	N	N	N	$ -	$ -	Priced on UCR, eff. 6/1/93
V2781		Progressiv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V2782		Lens, 1.54	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V2783		Lens, >= 1	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V2784		Lens polyc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V2785		Corneal tis	C	XXX	N	N	N	N	N	$ -	$ -	
V2786		Occupatior	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V2787		Astigmatis	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
V2788		Presbyopia	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V2790		Amniotic r	C	XXX	N	N	N	N	N	$ -	$ -	
V2797		Vis item/sv	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V2799		Misc visio	Unlstd/Manua	XXX	N	N	N	N	N	$ -	$ -	
V5008		Hearing sc	C	XXX	N	N	N	N	N	$ -	$ -	
V5010		Assessmen	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5011		Hearing aic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5014		Hearing aic	C	XXX	N	N	N	N	N	$ -	$ -	
V5020		Conformity	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5030		Body-worn	C	XXX	N	N	N	N	N	$ -	$ -	
V5040		Body-worn	C	XXX	N	N	N	N	N	$ -	$ -	
V5050		Hearing aic	C	XXX	N	N	N	N	N	$ -	$ -	
V5060		Behind ear	C	XXX	N	N	N	N	N	$ -	$ -	
V5070		Glasses air	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5080		Glasses bo	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5090		Hearing aic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5095		Implant mi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5100		Body-worn	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5110		Hearing aic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5120		Body-worn	C	XXX	N	N	N	N	N	$ -	$ -	
V5130		In ear bina	C	XXX	N	N	N	N	N	$ -	$ -	
V5140		Behind ear	C	XXX	N	N	N	N	N	$ -	$ -	
V5150		Glasses bir	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5160		Dispensing	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5171		Hearing aic	A	XXX	N	N	N	N	N	$ -	$ -	
V5172		Hearing aic	A	XXX	N	N	N	N	N	$ -	$ -	
V5181		Hearing aic	A	XXX	N	N	N	N	N	$ -	$ -	
V5190		Hearing aic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5200		Disp fee cc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5211		Hearing aic	A	XXX	N	N	N	N	N	$ -	$ -	
V5212		Hearing aic	A	XXX	N	N	N	N	N	$ -	$ -	
V5213		Hearing aic	A	XXX	N	N	N	N	N	$ -	$ -	
V5214		Hearing aic	A	XXX	N	N	N	N	N	$ -	$ -	
V5215		Hearing aic	A	XXX	N	N	N	N	N	$ -	$ -	
V5221		Hearing aic	A	XXX	N	N	N	N	N	$ -	$ -	
V5230		Hearing aic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5240		Disp fee cc	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5241		Dispensing	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5242		Hearing aic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5243		Hearing aic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5244		Hearing aic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5245		Hearing aic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5246		Hearing aic	C	XXX	N	N	N	N	N	$ -	$ -	
V5247		Hearing aic	C	XXX	N	N	N	N	N	$ -	$ -	
V5248		Hearing aic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5249		Hearing aic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5250		Hearing aic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5251		Hearing aic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5252		Hearing aic	C	XXX	N	N	N	N	N	$ -	$ -	
V5253		Hearing aic	C	XXX	N	N	N	N	N	$ -	$ -	
V5254		Hearing id	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5255		Hearing aic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5256		Hearing aic	C	XXX	N	N	N	N	N	$ -	$ -	
V5257		Hearing aic	C	XXX	N	N	N	N	N	$ -	$ -	
V5258		Hearing aic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5259		Hearing aic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5260		Hearing aic	C	XXX	N	N	N	N	N	$ -	$ -	
V5261		Hearing aic	C	XXX	N	N	N	N	N	$ -	$ -	
V5262		Hearing aic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5263		Hearing aic	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5264		Ear mold/i	C	XXX	N	N	N	N	N	$ -	$ -	
V5265		Ear mold/i	Not Covered	XXX	N	N	N	N	N	$ -	$ -	

2021 National Physician Fee Schedule Relative Value File January Release

CPT codes and descriptions only are copyright 2019American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
Dental codes (D codes) are copyright 2020/21 American Dental Association. All Rights Reserved.

RELEASED 12/07/2020

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**
9. **E- Excluded from PFS by regulation**
10. **X - Statutory Exclusion**

HCPCS	Modifier	Description	Molina 2020 Status Code	Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co-Surg	Team Surg	Conversion Factors 24.10 31.83 Facility	Statewide OB/GYN Non-Facility	Notes
V5266		Battery for	C	XXX	N	N	N	N	N	$ -	$ -	
V5267		Hearing ai	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5268		Ald telephi	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5269		Alerting de	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5270		Ald, tv am	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5271		Ald, tv cap	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5272		Tdd	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5273		Ald for co	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5274		Ald unspec	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5275		Ear impres	C	XXX	N	N	N	N	N	$ -	$ -	
V5281		Ald fm/dm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5282		Ald fm/dm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5283		Ald neck, l	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5284		Ald fm/dm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5285		Ald fm/dm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5286		Ald blu to	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5287		Ald fm/dm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5288		Ald fm/dm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5289		Ald fm/dm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5290		Ald transm	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5298		Hearing ai	C	XXX	N	N	N	N	N	$ -	$ -	
V5299		Hearing se	C	XXX	N	N	D	N	N	$ -	$ -	
V5336		Repair con	C	XXX	N	N	N	N	N	$ -	$ -	
V5362		Speech scr	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5363		Language s	Not Covered	XXX	N	N	N	N	N	$ -	$ -	
V5364		Dysphagia	Not Covered	XXX	N	N	N	N	N	$ -	$ -	