

WV Bureau for Medical Services

New Codes 2026 National Physician Fee Schedule Relative Value File January Release

Rates Effective 01/01/26 - 03/31/26

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RELEASED 12/29/2025

Status Codes:

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|---|---|-----------------------------|
| 1. A - Active Code | 6. Manual - Claims are pended for review and pricing. | 10. X - Statutory Exclusion |
| 2. B - Bundled code | 7. CLFS - Rate may be found on the Clinical Lab Fee Sch | 11. J - Anesthesia Services |
| 3. C - Carrier-Priced | 8. Cost Invoice - A cost invoice must be submitted with the claim for payment | |
| 4. T- Injections and other minor services | 9. E- Excluded from PFS by regulation | |
| 5. Unlstd/Manual - Per BMS policy unlisted codes require a PA and are reviewed and manually priced. | | |

HCPCS / CPT	Modifier	Description	Gainwell 2026 Status Code	Facility Transitioned				Non-Facility Transitioned				Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Conversion Factors	
				W	PE	MP	Total	W	PE	MP	Total							24.40	Statewide
																		32.39	OB/GYN
																Facility	Non-Facility		
0988T		Opn ins/rplc ins ptn sbq&sbf	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	Y	N	D	N	N	0.00	0.00
0989T		Revj/rmvl ins ptn subq&subf	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	Y	N	N	N	N	0.00	0.00
0990T		Trncrv inst biod hydrgl mtrl	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000	Y	N	N	N	N	0.00	0.00
0991T		Cysto lo-nrg lithtrp&mcrsphr	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000	Y	Y	N	N	N	0.00	0.00
0992T		N-invas assmt car rsk w/o ct	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	D	N	N	0.00	0.00
0992T	26	N-invas assmt car rsk w/o ct	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	D	N	N	0.00	0.00
0992T	TC	N-invas assmt car rsk w/o ct	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	D	N	N	0.00	0.00
0993T		N-invas assmt car rsk w/ct	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ	N	N	D	N	N	0.00	0.00
0993T	26	N-invas assmt car rsk w/ct	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ	N	N	D	N	N	0.00	0.00
0993T	TC	N-invas assmt car rsk w/ct	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ	N	N	D	N	N	0.00	0.00
0994T		Evasc dlvr a-wal stbl rx prq	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	Y	N	N	N	N	0.00	0.00
0995T		Evasc dlvr a-wal stbl rx opn	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	Y	N	N	N	N	0.00	0.00
0996T		Ins&sclr fix caps bag prosth	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	Y	Y	N	N	N	0.00	0.00
0997T		Precuneus mag stimj tx plng	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000	N	N	D	N	N	0.00	0.00
0998T		Precuneus mag stimj tx dlvr	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000	N	N	D	N	N	0.00	0.00
0999T		Autol musc cell therapy hrvg	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	Y	N	N	N	N	0.00	0.00
1000T		Autol musc cell therapy admn	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	Y	N	N	N	N	0.00	0.00
1001T		Autol musc cell therapy njx	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	Y	N	N	N	N	0.00	0.00
1002T		Air displacmnt plethysmograp	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	D	N	N	0.00	0.00
1002T	26	Air displacmnt plethysmograp	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	D	N	N	0.00	0.00
1002T	TC	Air displacmnt plethysmograp	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	D	N	N	0.00	0.00
1003T		Arthrp 1st crp/mtrcpl prostc	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	Y	Y	Y	D	N	0.00	0.00
1004T		Elec alys s-scl eeg wo prgrm	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	D	N	N	0.00	0.00
1005T		Elec alys s-scl eeg prgr 1st	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	D	N	N	0.00	0.00
1006T		Elec alys s-scl eeg prgrm ea	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ	N	N	D	N	N	0.00	0.00
1007T		Eeg impl s-sclp eeg w/o vid	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	D	N	N	0.00	0.00
1008T		Rem mntr s-scl eeg sys setup	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	D	N	N	0.00	0.00
1009T		Rem mntr s-sclp cont eeg sys	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	D	N	N	0.00	0.00
1010T		Cptr oph alys monoc eye mvmt	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	7	B	D	N	N	0.00	0.00
1010T	26	Cptr oph alys monoc eye mvmt	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	7	B	D	N	N	0.00	0.00
1010T	TC	Cptr oph alys monoc eye mvmt	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	7	B	D	N	N	0.00	0.00
1011T		Pbm therapy of oral cavity	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	D	N	N	0.00	0.00
1012T		Mtrz ab ntrno trph scl/tr mw	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	Y	Y	D	N	N	0.00	0.00
1013T		Lap srg imp/rpl eso nea&pg/r	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	Y	N	Y	D	N	0.00	0.00
1014T		Lap rv/rmv eso sph nstm eltr	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	Y	N	Y	D	N	0.00	0.00
1015T		Rev/rmv lw esoph sphnc npg/r	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	Y	N	N	N	N	0.00	0.00
1016T		Elec alys npgs esoph intraop	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	D	N	N	0.00	0.00

HCPCS / CPT	Modifier	Description	Gainwell 2026 Status Code	Facility Transitioned				Non-Facility Transitioned				Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Conversion Factors	
				W	PE	MP	Total	W	PE	MP	Total							24.40	Statewide
																		32.39	OB/GYN
																		Facility	Non-Facility
1017T		Elec aly npgs esoph sbsq w/o	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	D	N	N	0.00	0.00
1018T		Elec aly npgs esoph sbsq w/	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	D	N	N	0.00	0.00
1019T		Lymphovenous bypass per xtr	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY	Y	N	Y	D	N	0.00	0.00
1020T		Raman spectroscopy 1+skn les	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	Y	N	D	N	N	0.00	0.00
1021T		Active thrc irrigation spx	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000	Y	Y	N	N	N	0.00	0.00
1022T		Prq tis dsplmt ntra-abdl/pel	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ	N	N	N	N	N	0.00	0.00
1023T		Prq tis dsplmt intrathoracic	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ	N	N	N	N	N	0.00	0.00
1024T		Perq tiss dsplmt soft tissue	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ	N	N	N	N	N	0.00	0.00
1025T		Alt elec fld dos&dlv sim mdl	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	D	N	N	0.00	0.00
1025T	26	Alt elec fld dos&dlv sim mdl	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	D	N	N	0.00	0.00
1025T	TC	Alt elec fld dos&dlv sim mdl	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	D	N	N	0.00	0.00
27458		Osteot femur imed lngth dev	Not Covered	26.12	17.43	7.34	50.89	26.12	17.43	7.34	50.89	090	Y	Y	Y	D	N	1241.72	1241.72
27713		Osteot tibia imed lngth dev	Not Covered	27.44	16.78	7.44	51.66	27.44	16.78	7.44	51.66	090	Y	Y	Y	D	N	1260.50	1260.50
33882		Evasc rpr ta dplmt mltpc sys	A	34.30	8.44	11.55	54.29	34.30	8.44	11.55	54.29	090	Y	N	Y	Y	N	1324.68	1324.68
35602		Bpg crtd-clat crtd	A	23.06	4.46	8.51	36.03	23.06	4.46	8.51	36.03	090	Y	N	Y	D	N	879.13	879.13
37254		Revsc evasc ivt angio sf 1st	A	7.15	0.90	2.45	10.50	7.15	46.09	2.45	55.69	000	Y	Y	D	N	N	256.20	1358.84
37255		Revsc evasc ivt angio sf ea	A	2.94	0.31	1.02	4.27	2.94	10.05	1.02	14.01	ZZZ	N	Y	D	N	N	104.19	341.84
37256		Revsc evasc ivt angio cplx 1	A	10.54	1.28	3.59	15.41	10.54	51.71	3.59	65.84	000	Y	Y	D	N	N	376.00	1606.50
37257		Revsc evsc ivt angio cplx ea	A	3.81	0.40	1.32	5.53	3.81	10.90	1.32	16.03	ZZZ	N	Y	D	N	N	134.93	391.13
37258		Revsc evasc ivt stent sf 1st	A	8.58	1.02	2.99	12.59	8.58	83.26	2.99	94.83	000	Y	Y	D	N	N	307.20	2313.85
37259		Revsc evasc ivt stent sf ea	A	3.92	0.39	1.40	5.71	3.92	27.04	1.40	32.36	ZZZ	N	Y	D	N	N	139.32	789.58
37260		Revsc evasc ivt st cplx 1st	A	12.44	1.43	4.32	18.19	12.44	205.77	4.32	222.53	000	Y	Y	D	N	N	443.84	5429.73
37261		Revsc evasc ivt st cplx ea	A	4.17	0.42	1.49	6.08	4.17	82.86	1.49	88.52	ZZZ	N	Y	D	N	N	148.35	2159.89
37262		Iv lithotrp ivt w/in sm art	A	2.94	0.41	0.86	4.21	2.94	85.57	0.86	89.37	ZZZ	N	Y	D	N	N	102.72	2180.63
37263		Revsc evasc fpvt angio sf 1	A	7.60	0.94	2.62	11.16	7.60	132.94	2.62	143.16	000	Y	Y	D	N	N	272.30	3493.10
37264		Revsc evasc fpvt angio sf ea	A	2.94	0.33	1.00	4.27	2.94	53.59	1.00	57.53	ZZZ	N	Y	D	N	N	104.19	1403.73
37265		Revsc evsc fpvt angio cplx 1	A	10.29	1.25	3.55	15.09	10.29	166.37	3.55	180.21	000	Y	Y	D	N	N	368.20	4397.12
37266		Rvsc evsc fpvt angio cplx ea	A	3.92	0.43	1.33	5.68	3.92	59.22	1.33	64.47	ZZZ	N	Y	D	N	N	138.59	1573.07
37267		Revsc evsc fpvt stent sf 1st	A	8.58	1.03	2.99	12.60	8.58	126.09	2.99	137.66	000	Y	Y	D	N	N	307.44	3358.90
37268		Revsc evasc fpvt stent sf ea	A	3.66	0.40	1.27	5.33	3.66	83.41	1.27	88.34	ZZZ	N	Y	D	N	N	130.05	2155.50
37269		Revsc evasc fpvt st cplx 1st	A	14.46	1.67	5.05	21.18	14.46	284.70	5.05	304.21	000	Y	Y	D	N	N	516.79	7422.72
37270		Revsc evasc fpvt st cplx ea	A	4.90	0.54	1.72	7.16	4.90	85.56	1.72	92.18	ZZZ	N	Y	D	N	N	174.70	2249.19
37271		Revsc evsc fpvt athrc sf 1st	A	8.82	1.15	2.86	12.83	8.82	265.25	2.86	276.93	000	Y	Y	D	N	N	313.05	6757.09
37272		Revsc evsc fpvt athrc sf ea	A	3.92	0.47	1.27	5.66	3.92	56.55	1.27	61.74	ZZZ	N	Y	D	N	N	138.10	1506.46
37273		Revsc evsc fpvt athrc cplx 1	A	12.38	1.57	4.02	17.97	12.38	330.75	4.02	347.15	000	Y	Y	D	N	N	438.47	8470.46
37274		Rvsc evsc fpvt athrc cplx ea	A	5.39	0.65	1.76	7.80	5.39	58.85	1.76	66.00	ZZZ	N	Y	D	N	N	190.32	1610.40
37275		Rvsc evsc fpvt st athrc sf 1	A	10.78	1.30	3.59	15.67	10.78	255.61	3.59	269.98	000	Y	Y	D	N	N	382.35	6587.51
37276		Rvsc evsc fpvt st athr sf ea	A	4.17	0.47	1.40	6.04	4.17	85.44	1.40	91.01	ZZZ	N	Y	D	N	N	147.38	2220.64
37277		Rvsc evsc fpvt st athr cpx 1	A	14.70	1.74	4.88	21.32	14.70	385.21	4.88	404.79	000	Y	Y	D	N	N	520.21	9876.88
37278		Rvsc evsc fpvt st ath cpx ea	A	5.88	0.66	1.93	8.47	5.88	94.41	1.93	102.22	ZZZ	N	Y	D	N	N	206.67	2494.17
37279		Iv lithotrp fpvt w/in sm art	A	3.92	0.55	1.16	5.63	3.92	116.44	1.16	121.52	ZZZ	N	Y	D	N	N	137.37	2965.09
37280		Revsc evsc tpvt angio sf 1st	A	9.60	1.12	3.31	14.03	9.60	59.65	3.31	72.56	000	Y	Y	D	N	N	342.33	1770.46
37281		Revsc evsc tpvt angio sf ea	A	2.94	0.32	0.94	4.20	2.94	15.97	0.94	19.85	ZZZ	N	Y	D	N	N	102.48	484.34
37282		Rvsc evsc tpvt angio cplx 1	A	12.06	1.39	4.15	17.60	12.06	145.44	4.15	161.65	000	Y	Y	D	N	N	429.44	3944.26
37283		Rvsc evsc tpvt angio cplx ea	A	4.17	0.46	1.36	5.99	4.17	17.93	1.36	23.46	ZZZ	N	Y	D	N	N	146.16	572.42
37284		Revsc evasc tpvt st sf 1st	A	9.80	1.32	3.29	14.41	9.80	135.82	3.29	148.91	000	Y	Y	D	N	N	351.60	3633.40
37285		Revsc evasc tpvt st sf ea	A	3.27	0.43	1.04	4.74	3.27	69.00	1.04	73.31	ZZZ	N	Y	D	N	N	115.66	1788.76
37286		Revsc evasc tpvt st cplx 1st	A	13.19	1.74	4.39	19.32	13.19	255.33	4.39	272.91	000	Y	Y	D	N	N	471.41	6659.00
37287		Revsc evasc tpvt st cplx ea	A	4.90	0.64	1.60	7.14	4.90	123.22	1.60	129.72	ZZZ	N	Y	D	N	N	174.22	3165.17
37288		Revsc evsc tpvt athrc sf 1st	A	13.23	1.66	4.06	18.95	13.23	188.63	4.06	205.92	000	Y	Y	D	N	N	462.38	5024.45
37289		Revsc evsc tpvt athrc sf ea	A	4.66	0.58	1.45	6.69	4.66	18.97	1.45	25.08	ZZZ	N	Y	D	N	N	163.24	611.95
37290		Revsc evsc tpvt athrc cplx 1	A	16.66	2.07	5.12	23.85	16.66	259.10	5.12	280.88	000	Y	Y	D	N	N	581.94	6853.47

HCPCS / CPT	Modifier	Description	Gainwell 2026 Status Code	Facility Transitioned				Non-Facility Transitioned				Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Conversion Factors	
				W	PE	MP	Total	W	PE	MP	Total							24.40	Statewide
																		32.39	OB/GYN
																		Facility	Non-Facility
37291		Revsc evsc tpvt athr cplx ea	A	6.37	0.80	1.93	9.10	6.37	21.16	1.93	29.46	ZZZ	N	Y	D	N	N	222.04	718.82
37292		Rvsc evsc tpvt st athrc sf 1	A	14.70	1.99	4.35	21.04	14.70	250.52	4.35	269.57	000	Y	Y	D	N	N	513.38	6577.51
37293		Rvsc evsc tpvt st athr sf ea	A	6.37	0.96	1.92	9.25	6.37	84.48	1.92	92.77	ZZZ	N	Y	D	N	N	225.70	2263.59
37294		Rvsc evsc tpvt st athr cpx 1	A	17.64	2.36	5.22	25.22	17.64	376.62	5.22	399.48	000	Y	Y	D	N	N	615.37	9747.31
37295		Rvsc evsc tpvt st ath cpx ea	A	8.00	1.21	2.46	11.67	8.00	147.56	2.46	158.02	ZZZ	N	Y	D	N	N	284.75	3855.69
37296		Revsc evasc imvt angio sf 1	A	10.78	1.25	3.68	15.71	10.78	67.12	3.68	81.58	000	Y	Y	D	N	N	383.32	1990.55
37297		Revsc evasc imvt angio sf ea	A	3.92	0.43	1.26	5.61	3.92	17.31	1.26	22.49	ZZZ	N	Y	D	N	N	136.88	548.76
37298		Revsc evsc imvt angio cplx 1	A	13.43	1.54	4.36	19.33	13.43	74.18	4.36	91.97	000	Y	Y	D	N	N	471.65	2244.07
37299		Revsc evsc imvt angio cpx ea	A	4.90	0.55	1.53	6.98	4.90	18.10	1.53	24.53	ZZZ	N	Y	D	N	N	170.31	598.53
43889		Gstr rstcv px trnsorl esg	Not Covered	12.31	6.08	2.85	21.24	12.31	6.08	2.85	21.24	090	Y	N	D	N	N	518.26	518.26
47384		Abtj ire liver 1+ tum perq	Not Covered	9.22	1.89	1.60	12.71	9.22	1.89	1.60	12.71	000	Y	N	N	N	N	310.12	310.12
52443		Cysto 1st trurl prst8 comis	Not Covered	3.55	0.94	0.66	5.15	3.55	150.07	0.66	154.28	000	Y	N	N	N	N	125.66	3764.43
52597		Trurl rbtc wtrjt rescj prst8	A	10.05	4.21	1.89	16.15	10.05	4.21	1.89	16.15	090	Y	N	N	N	N	394.06	394.06
55707		Bx prst8 trct us guided	A	2.58	0.96	0.50	4.04	2.58	6.31	0.50	9.39	000	Y	N	D	N	N	98.58	229.12
55708		Bx prst8 trct us w/mri fus 1	A	3.32	1.09	0.62	5.03	3.32	7.60	0.62	11.54	000	Y	N	D	N	N	122.73	281.58
55709		Bx prst8 tprnl us guided	A	3.17	1.07	0.60	4.84	3.17	11.97	0.60	15.74	000	Y	N	D	N	N	118.10	384.06
55710		Bx prst8 tprn us w/mri fus 1	A	3.73	1.17	0.69	5.59	3.73	13.24	0.69	17.66	000	Y	N	D	N	N	136.40	430.90
55711		Bx prst8 trct mri-us 1st	A	2.56	0.96	0.50	4.02	2.56	6.99	0.50	10.05	000	Y	N	D	N	N	98.09	245.22
55712		Bx prst8 tprnl mri-us 1st	A	3.04	1.06	0.59	4.69	3.04	12.74	0.59	16.37	000	Y	N	D	N	N	114.44	399.43
55713		Bx prst8 in-bore ct/mri bx 1	A	3.92	0.92	0.72	5.56	3.92	15.97	0.72	20.61	000	Y	N	D	N	N	135.66	502.88
55714		Bx prst8 in-bore ct/mri 1	A	3.55	0.85	0.66	5.06	3.55	15.85	0.66	20.06	000	Y	N	D	N	N	123.46	489.46
55715		Bx prst8 ea add mri-us/ct/mr	A	1.03	0.19	0.20	1.42	1.03	1.08	0.20	2.31	ZZZ	N	N	D	N	N	34.65	56.36
55868		Lap srg prst8ct lymph nod bx	A	22.01	6.77	4.16	32.94	22.01	6.77	4.16	32.94	090	Y	N	Y	D	N	803.74	803.74
55869		Lap srg prst8ct bi pl lmpad	A	26.86	7.66	5.08	39.60	26.86	7.66	5.08	39.60	090	Y	N	Y	D	N	966.24	966.24
55877		Abtj ire prst8 1+ tum perq	Not Covered	13.23	4.34	2.30	19.87	13.23	4.34	2.30	19.87	090	Y	N	N	N	N	484.83	484.83
62330		Dcmprn prq rmv lig flv 1lbr	Not Covered	7.84	4.90	1.02	13.76	7.84	4.90	1.02	13.76	090	Y	B	Y	D	N	335.74	335.74
62331		Dcmprn prq rmv lig flv addl	Not Covered	4.17	0.90	0.54	5.61	4.17	0.90	0.54	5.61	ZZZ	N	B	Y	D	N	136.88	136.88
63032		Lamot rpr anulr dfct 1 lbr	Not Covered	2.45	0.69	1.13	4.27	2.45	0.69	1.13	4.27	ZZZ	N	N	Y	Y	N	104.19	104.19
64567		Perq elec nrv field stimj cn	Not Covered	1.47	0.29	0.23	1.99	1.47	30.81	0.23	32.51	XXX	N	N	N	N	N	48.56	793.24
64654		1st opn implt bat modulj sys	Not Covered	10.78	2.57	3.99	17.34	10.78	2.57	3.99	17.34	090	Y	Y	D	N	N	423.10	423.10
64655		Revj/rplcmt bat mod sys lead	Not Covered	11.07	4.69	3.71	19.47	11.07	4.69	3.71	19.47	090	Y	Y	D	D	D	475.07	475.07
64656		Revj/rplcmt bat mod sys pg	Not Covered	7.85	2.43	2.83	13.11	7.85	2.43	2.83	13.11	090	Y	Y	D	D	D	319.88	319.88
64657		Rmvl bat modulj sys tot sys	Not Covered	11.89	3.27	4.35	19.51	11.89	3.27	4.35	19.51	090	Y	Y	D	D	D	476.04	476.04
64658		Rmvl bat modulj sys lead only	Not Covered	8.77	2.63	3.25	14.65	8.77	2.63	3.25	14.65	090	Y	Y	D	D	D	357.46	357.46
64659		Rmvl bat modulj sys pg only	Not Covered	8.07	2.52	2.99	13.58	8.07	2.52	2.99	13.58	090	Y	Y	D	D	D	331.35	331.35
64728		Dcmprn median nrv carpl tunl	Not Covered	2.65	0.63	0.34	3.62	2.65	32.39	0.34	35.38	000	Y	Y	D	N	N	88.33	863.27
70471		Cta h&n c+ w/noncontrast img	A	2.45	7.47	0.26	10.18	2.45	7.47	0.26	10.18	XXX	4	N	D	N	N	248.39	248.39
70471	26	Cta h&n c+ w/noncontrast img	A	2.45	0.77	0.21	3.43	2.45	0.77	0.21	3.43	XXX	4	N	D	N	N	83.69	83.69
70471	TC	Cta h&n c+ w/noncontrast img	A	0.00	6.70	0.04	6.74	0.00	6.70	0.04	6.74	XXX	4	N	D	N	N	164.46	164.46
70472		Ct cere prfu alys c+w/ct/cta	A	0.75	3.35	0.09	4.19	0.75	3.35	0.09	4.19	ZZZ	N	N	D	N	N	102.24	102.24
70472	26	Ct cere prfu alys c+w/ct/cta	A	0.75	0.23	0.07	1.05	0.75	0.23	0.07	1.05	ZZZ	N	N	D	N	N	25.62	25.62
70472	TC	Ct cere prfu alys c+w/ct/cta	A	0.00	3.11	0.01	3.12	0.00	3.11	0.01	3.12	ZZZ	N	N	D	N	N	76.13	76.13
70473		Ct cere prfu aly c+wo ct/cta	A	0.00	0.00	0.00	6.05	0.00	0.00	0.00	6.05	XXX	4	N	D	N	N	147.62	147.62
70473	26	Ct cere prfu aly c+wo ct/cta	A	0.00	0.00	0.00	1.39	0.00	0.00	0.00	1.39	XXX	4	N	D	N	N	33.92	33.92
70473	TC	Ct cere prfu aly c+wo ct/cta	A	0.00	0.00	0.00	4.66	0.00	0.00	0.00	4.66	XXX	4	N	D	N	N	113.70	113.70
75577		Quan&char c athroslrtc plaq	Not Covered	0.83	25.55	0.07	26.45	0.83	25.55	0.07	26.45	XXX	N	N	D	N	N	645.38	645.38
75577	26	Quan&char c athroslrtc plaq	Not Covered	0.83	0.30	0.06	1.19	0.83	0.30	0.06	1.19	XXX	N	N	D	N	N	29.04	29.04
75577	TC	Quan&char c athroslrtc plaq	Not Covered	0.00	25.24	0.01	25.25	0.00	25.24	0.01	25.25	XXX	N	N	D	N	N	616.10	616.10
77387		Guidance for radj tx dlvr	A	0.67	0.33	0.04	1.04	0.67	0.33	0.04	1.04	XXX	N	N	D	N	N	25.38	25.38
77387	26	Guidance for radj tx dlvr	A	0.67	0.33	0.04	1.04	0.67	0.33	0.04	1.04	XXX	N	N	D	N	N	25.38	25.38
77387	TC	Guidance for radj tx dlvr	B	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
77436		Surf radj ther tx planning	A	0.75	1.34	0.06	2.15	0.75	1.34	0.06	2.15	XXX	N	N	D	N	N	52.46	52.46

HCPCS / CPT	Modifier	Description	Gainwell 2026 Status Code	Facility Transitioned				Non-Facility Transitioned				Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Conversion Factors	
				W	PE	MP	Total	W	PE	MP	Total							24.40	Statewide
																		32.39	OB/GYN
																		Facility	Non-Facility
77436	26	Surf radj ther tx planning	A	0.75	0.39	0.04	1.18	0.75	0.39	0.04	1.18	XXX	N	N	D	N	N	28.79	28.79
77436	TC	Surf radj ther tx planning	A	0.00	0.95	0.01	0.96	0.00	0.95	0.01	0.96	XXX	N	N	D	N	N	23.42	23.42
77437		Surf radj ther supfc<=150kv	A	0.00	2.84	0.01	2.85	0.00	2.84	0.01	2.85	XXX	N	N	D	N	N	69.54	69.54
77438		Surf rad thr orthvlt>150-500	A	0.00	2.87	0.01	2.88	0.00	2.87	0.01	2.88	XXX	N	N	D	N	N	70.27	70.27
77439		Surf rad thr img gdn us plmt	A	0.29	0.16	0.00	0.45	0.29	0.16	0.00	0.45	ZZZ	N	N	D	N	N	10.98	10.98
77439	26	Surf rad thr img gdn us plmt	A	0.29	0.16	0.00	0.45	0.29	0.16	0.00	0.45	ZZZ	N	N	D	N	N	10.98	10.98
77439	TC	Surf rad thr img gdn us plmt	B	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ	N	N	N	N	N	0.00	0.00
81287		Mgmt gene prmtr mthyltn alys	X	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
81354		Cytog alys chrml abnor ogm	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
81524		Onc cns tum dna mthyl 10,000	CLFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
87182		Sc std carbapenemase nzm det	CLFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
87183		Sc std carbapenem resist gen	CLFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
87494		Chlmy trch&neisra gonorr mult	CLFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
87627		Jt spc pthgn&rx rsist gen26+	CLFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
87651		Strep a dna amp probe	X	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
87812		Sarscov2&inf typ a&b w/optic	CLFS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
90481		Admn sarscov2 vac ea add cmp	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ	N	N	N	N	N	0.00	0.00
90482		Imm cnsl not admn sm 3<10	Not Covered	0.24	0.05	0.03	0.32	0.24	0.16	0.03	0.43	XXX	N	N	D	N	N	7.81	10.49
90483		Imm cnsl not admn sm>10<20	Not Covered	0.49	0.10	0.06	0.65	0.49	0.27	0.06	0.82	XXX	N	N	D	N	N	15.86	20.01
90484		Imm cnsl not admn sm>20	Not Covered	0.74	0.16	0.09	0.99	0.74	0.37	0.09	1.20	XXX	N	N	D	N	N	24.16	29.28
90624		Menb-4c&menacwy vacc im	X	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
91124		Rct snsatn tone&cmplianc std	ge to be Detei	2.99	17.15	0.31	20.45	2.99	17.15	0.31	20.45	XXX	N	N	D	N	N	498.98	498.98
91124	26	Rct snsatn tone&cmplianc std	ge to be Detei	2.99	1.45	0.26	4.70	2.99	1.45	0.26	4.70	XXX	N	N	D	N	N	114.68	114.68
91124	TC	Rct snsatn tone&cmplianc std	ge to be Detei	0.00	15.70	0.06	15.76	0.00	15.70	0.06	15.76	XXX	N	N	D	N	N	384.54	384.54
91125		Anrct mano rct snsatn&balo	ge to be Detei	2.65	6.54	0.24	9.43	2.65	6.54	0.24	9.43	XXX	N	N	D	N	N	230.09	230.09
91125	26	Anrct mano rct snsatn&balo	ge to be Detei	2.65	1.23	0.21	4.09	2.65	1.23	0.21	4.09	XXX	N	N	D	N	N	99.80	99.80
91125	TC	Anrct mano rct snsatn&balo	ge to be Detei	0.00	5.32	0.03	5.35	0.00	5.32	0.03	5.35	XXX	N	N	D	N	N	130.54	130.54
92288		Scr dark adaptation meas i&r	Not Covered	0.17	0.46	0.01	0.64	0.17	0.46	0.01	0.64	XXX	N	N	N	N	N	15.62	15.62
92628		Eval hearing aid cand 1st 30	ge to be Detei	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
92629		Eval hearing aid cand ea add	ge to be Detei	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ	N	N	N	N	N	0.00	0.00
92631		Hearing aid slctn svc 1st 30	ge to be Detei	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
92632		Hearing aid slctn svc ea add	ge to be Detei	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ	N	N	N	N	N	0.00	0.00
92634		Hearing aid fitg svc 1st 60	ge to be Detei	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
92635		Hearing aid fitg svc ea addl	ge to be Detei	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ	N	N	N	N	N	0.00	0.00
92636		Hearing aid post-fitg f-up 1	ge to be Detei	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
92637		Hearing aid pst-fitg f-up ea	ge to be Detei	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ	N	N	N	N	N	0.00	0.00
92638		Bhvl verif of amplification	ge to be Detei	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ	N	N	N	N	N	0.00	0.00
92639		Hearing aid meas verif	ge to be Detei	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ	N	N	N	N	N	0.00	0.00
92641		Hearing dev verif eacous aly	ge to be Detei	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
92642		Hearing asstv dev fitg svc	ge to be Detei	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
92930		Prq tcatt plmt ntrac st 2+les	ge to be Detei	11.76	1.97	1.23	14.96	11.76	1.97	1.23	14.96	000	Y	N	D	N	N	365.02	365.02
92945		Prq trl rvs ch occ ant&rtrgr	ge to be Detei	14.70	2.47	1.55	18.72	14.70	2.47	1.55	18.72	000	Y	N	D	N	N	456.77	456.77
93145		Interrog crtd sins bat ip wo	Not Covered	0.64	0.11	0.07	0.82	0.64	0.82	0.07	1.53	XXX	N	N	D	N	N	20.01	37.33
93146		Interrog crtd sins bat ip w/	Not Covered	0.88	0.18	0.09	1.15	0.88	1.32	0.09	2.29	XXX	N	N	D	N	N	28.06	55.88
96161		Caregiver health risk assmt	A	0.00	0.09	0.00	0.09	0.00	0.09	0.00	0.09	ZZZ	N	N	N	N	N	2.20	2.20
97007		Mchnl sclp cool meas fitg	Not Covered	0.00	44.08	0.04	44.12	0.00	44.08	0.04	44.12	XXX	N	N	D	N	N	1076.53	1076.53
97008		Mchnl sclp cool prep plmt	Not Covered	0.00	0.25	0.01	0.26	0.00	0.25	0.01	0.26	XXX	N	N	D	N	N	6.34	6.34
97009		Mchnl sclp cool after chemo	Not Covered	0.00	0.17	0.00	0.17	0.00	0.17	0.00	0.17	ZZZ	N	N	D	N	N	4.15	4.15
98979		Rtm tx mgmt 1st 10 min	Not Covered	0.30	0.02	0.01	0.33	0.30	0.41	0.01	0.72	XXX	N	N	D	N	N	8.05	17.57
98984		Rtm dev sply resp sys 2-15 d	Not Covered	0.00	1.35	0.01	1.36	0.00	1.35	0.01	1.36	XXX	N	N	D	N	N	33.18	33.18
98985		Rtm dev sply mscsk sys 2-15d	Not Covered	0.00	1.33	0.01	1.34	0.00	1.33	0.01	1.34	XXX	N	N	D	N	N	32.70	32.70
98986		Rtm dev sply cbt 2-15 d	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	D	N	N	0.00	0.00

HCPCS / CPT	Modifier	Description	Gainwell 2026 Status Code	Facility Transitioned				Non-Facility Transitioned				Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Conversion Factors	
				W	PE	MP	Total	W	PE	MP	Total							24.40	Statewide
																		32.39	OB/GYN
																		Facility	Non-Facility
99445		Rem mntr physiol param 2-15	Not Covered	0.00	1.35	0.01	1.36	0.00	1.35	0.01	1.36	XXX	N	N	D	N	N	33.18	33.18
99470		Rpm tx mgmt 1st 10 min	Not Covered	0.30	0.06	0.03	0.39	0.30	0.39	0.03	0.72	XXX	N	N	D	N	N	9.52	17.57
A4295		Straigh tip hydrophilic cath	X	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
A4296		Coude tip hydrophilic cath	X	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
A4297		Hydrophilic coat insert sup	X	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
G0568		Int psych care mng, 1 cal mo	ge to be Detei	1.84	0.36	0.21	2.41	1.84	2.44	0.21	4.49	ZZZ	N	N	D	N	N	58.80	109.56
G0569		Subs psych care mng, subs mo	ge to be Detei	2.01	0.43	0.21	2.65	2.01	1.89	0.21	4.11	ZZZ	N	N	D	N	N	64.66	100.28
G0570		Care manage serv, pr cal mo	ge to be Detei	0.91	0.15	0.09	1.15	0.91	0.64	0.09	1.64	ZZZ	N	N	D	N	N	28.06	40.02
G0571		Intraop nerve cryoablation	Not Covered	1.33	0.18	0.29	1.80	1.33	0.35	0.29	1.97	ZZZ	N	N	N	N	N	43.92	48.07
G0660		Team remote e/m new pt 10 mn	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
G0661		Team remote e/m new pt 20 mn	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
G0662		Team remote e/m new pt 30 mn	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
G0663		Team remote e/m new pt 45 mn	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
G0664		Team remote e/m new pt 60 mn	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
G0665		Team remote e/m est pt 10 mn	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
G0666		Team remote e/m est pt 15 mn	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
G0667		Team remote e/m est pt 25 mn	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
G0668		Team remote e/m est pt 40 mn	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
G9871		Bhv couns dm prev, onln 60 m	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J0013		Esketamine, nasal spray	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J0162		Inj epinephrine (fresenius)	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J0168		Epinephrine (intl med sys)	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J0654		Inj, liothyronine, 1 mcg	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J0737		Inj, clindamycin (baxter)	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J1073		Testosterone pellet 75 mg	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J1736		Inj meloxicam (delova) 1mg	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J1737		Inj meloxicam (azurity) 1mg	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J1837		Inj, posaconazole, 1 mg	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J2516		Inj, pentamidine isethionate	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J2596		Vasopressin (long grove) 1 u	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J2711		Inj neostigmin/glycopyrrolat	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J2787		Riboflavin 5'phos opth<=3ml	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J3291		Tranexamic acid in sod chlor	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J3376		Inj vancomycin (hikma) 10mg	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J3379		Inj, valproate sod, 5 mg	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J3387		Inj elivaldogene autotemecel	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J3389		Topi adm prad zami per treat	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J7177		Inj., fibryga, 1 mg	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J7299		Intraut copp cont (miudella)	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J7528		Mycophen mofetil for susp	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J9174		Inj, docetaxel (beizray) 1mg	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J9184		Inj gemcitabin (avyxa) 200mg	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J9256		Inj, nipocalimab-aahu, 3 mg	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J9275		Inj cosibelimab-ipdl, 2 mg	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J9282		Mitomycin intravesical inst	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
J9326		Telisotuzumab vedotin-tllv	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1426		Telehealth enc	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1427		Doc med rsn bone scn	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1428		Bilateral absence of eyes	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1429		Retinopathy in od, os, ou	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1430		Ret exm ou no retinophy doc	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1431		Telehealth enc	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00

HCPCS / CPT	Modifier	Description	Gainwell 2026 Status Code	Facility Transitioned				Non-Facility Transitioned				Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Conversion Factors	
				W	PE	MP	Total	W	PE	MP	Total							24.40	Statewide
																		32.39	OB/GYN
																		Facility	Non-Facility
M1432		Telehealth enc	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1433		Oral chemo wthn 30 days enc	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1434		Orl chemo wthn 30 d post enc	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1435		Oral chemo in perf pd	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1436		Telehealth enc	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1437		Telehealth enc	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1438		Lst knwn well <=210 min	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1439		Sig ocu cond imp surg out	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1440		Telehealth enc	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1441		Init dx slp apn = 1st enc	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1442		Telehealth enc	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1443		Telehealth enc	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1444		Del < 39 weeks gest	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1445		Pp care visit by 12 weeks	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1446		Pt died bef end meas pd	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1447		Pt dx bd bef end meas pd	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1448		Pt dx pd bef end meas pd	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1449		Pt dx scz/pys bef end msr pd	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1450		Pt hos/pal care dur id/pf pd	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1451		Pt dx ppd dur id/pf pd	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1452		Pt dx dementia ever	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1453		Preop vis acu > 20/40	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1454		New cied	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1455		Rep/rev cied	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1456		Pt had htx	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1457		Dx asth dur crnt/prv perf pd	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1458		Pt died bef end meas pd	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1459		Pt hosp/pal care dur perf pd	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1460		Dx copd, cf, or arf	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1461		Pt dx chron hepc	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1462		Pt clin ind hd image	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1463		2 f/u wthn 180 day rx atmp	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1464		No record of f/u by 180 days	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1465		F/u > 180 days after rx	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1466		Pt disc/lam proc same day	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1467		Pt dx lynch syn	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1468		Hep b vaccine received	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1469		Hx of hep b, or pos bld test	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1470		Hep b vac not rec'd med rsn	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1471		Ffs hep b not covered	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1472		Hep b vaccine not received	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1473		Pt func cap not allow impr	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1474		Pt dx dementia	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1475		Pt dx huntington	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1476		Pt dx cog imp or ad	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1477		Dx delirium	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1478		Psychoactive sub abuse	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1479		Pt func cap not allow impr	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1480		Pt func cap not allow impr	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1481		Pt in hosp/pal care who died	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1482		Pos quan hep c or qual rna	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1483		Neg quan hep c or qual rna	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00

HCPCS / CPT	Modifier	Description	Gainwell 2026 Status Code	Facility Transitioned				Non-Facility Transitioned				Glob Days	Mult Proc	Bilat Surg	Asst Surg	Co- Surg	Team Surg	Conversion Factors	
				W	PE	MP	Total	W	PE	MP	Total							24.40	Statewide
																		32.39	OB/GYN
																		Facility	Non-Facility
M1484		No rpt hcv rna perf med rsn	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1485		Neg viro resp hep c/qual rna	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1486		Pt admitted to snf dur eval	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1487		Pt adm to hospice dur eval	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1488		Dx dementia in msr timeframe	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1489		Pt status doc	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1490		Pt status not doc	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1491		Rec'd esrd mcp dur perf pd	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1492		No reported fall	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1493		No fall doc med rsn	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1494		Fall rep since last visit	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1495		Fall w/ poc, no fall	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1496		No doc of fall or poc	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1497		No doc fall med rsn	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1498		Diagnostic radiology.mvp	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1499		Interventional radiology.mvp	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1500		Neuropsychology.mvp	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1501		Pathology.mvp	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1502		Podiatry.mvp	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
M1503		Vascular surgery.mvp	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
Q4398		Summit ac per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4399		Summit fx per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4400		Polygon3 per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4401		Absolv3 per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4402		Xwrap 2.0 per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4403		Xwrap dual plus per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4404		Xwrap hydro plus per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4405		Xwrap fenestra plus sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4406		Xwrap fenestra per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4407		Xwrap tribus per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4408		Xwrap hydro per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4409		Amniomatrixf3x per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4410		Amchomatrixdl per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4411		Amniomatrixf4x per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4412		Choriofix per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4413		Cygnus solo per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4414		Simplichor per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4415		Alexiguard st-l per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4416		Alexiguard tl-t per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4417		Alexiguard dl-t per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4420		Nuform per sq cm	Not Covered	0.00	3.31	0.00	3.31	0.00	3.31	0.00	3.31	ZZZ	N	N	D	N	N	80.76	80.76
Q4431		Pma skin substitute, nos	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
Q4432		510(k) skin subs, nos	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
Q4433		361 hct/p skin subs, nos	Not Covered	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
Q5148		Inj, nyposi 1 mcg	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
Q5160		Inj, jobevne, 10 mg	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
Q9997		Ustekinumab-ttwe iv inj 1 mg	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00
S9097		Home visit wound care	E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX	N	N	N	N	N	0.00	0.00