

**TEXAS HEALTH AND HUMAN SERVICES  
COMMISSION  
PROVIDER FINANCE DEPARTMENT**

**Notice of Proposed Adjustments to Fees, Rates, or  
Charges for Medicaid Biennial Calendar Fee Review  
of the following:  
Vaccines and Toxoids  
Q Codes NDCX**

**Adjustments are proposed to be effective  
March 1, 2022**

## **SUMMARY OF PROPOSED ADJUSTMENTS**

### **To Be Effective March 1, 2022**

Included in this document is information relating to the proposed adjustments to Medicaid payment for the Medicaid Biennial Calendar Fee Review of Vaccines and Toxoids, and Q Codes NDCX. The Texas Health and Human Services Commission (HHSC) intends to submit an amendment to the Texas State Plan for Medical Assistance under Title XIX of the Social Security Act to update the fee schedules to reflect these proposed adjustments. The rates are proposed to be effective March 1, 2022.

#### **Hearing**

The Texas Health and Human Services Commission (HHSC) will conduct a hearing to receive public comment on proposed Medicaid payment rates detailed in this document on December 13, 2021, at 9:30 AM. The hearing will be held in compliance with Texas Human Resources Code §32.0282, which requires public notice of and hearings on proposed Medicaid reimbursements. HHSC will broadcast the public hearing; the broadcast can be accessed at <https://hhs.texas.gov/about-hhs/communications-events/live-archived-meetings>. The broadcast will be archived and can be accessed on demand at the same website.

Due to the declared state of disaster stemming from COVID-19, this hearing will be conducted both in-person and as an online event. Members of the public may attend the rate hearing in person, which will be held in the Public Hearing Room 125 in the John H Winters Building located at 701 W 51<sup>st</sup> Street, Austin, Texas or access a live stream of the meeting here. For the live stream, select the "Winters Live" tab.

Please register for the HHSC Public Rate Hearing for Medicaid Reimbursement Rates on December 13, 2021 9:30 AM CST at:

Registration URL:

<https://attendee.gotowebinar.com/register/7233576367066930448>

Webinar ID: 487-075-035

After registering, you will receive a confirmation email containing information about joining the webinar. You can also dial in using your phone by calling:

Conference Number: (415) 655-0060

Phone Audio Passcode: 377-443-173

HHSC will consider all concerns expressed at the hearing prior to final rate approval. This public hearing will be held in compliance with the provisions of Human Resources Code §32.0282 which requires a public hearing on proposed payment rate adjustments. Should you have any questions regarding the information in this document, please contact:

Provider Finance Acute Care Services  
Texas Health and Human Services Commission  
E-mail: [PFDAcuteCare@hhs.texas.gov](mailto:PFDAcuteCare@hhs.texas.gov)

## **Background**

HHSC is responsible for the reimbursement determination functions for the Texas Medicaid Program. Proposed rates are calculated utilizing established methodologies that conform to the Social Security Act and related federal regulations, the federally approved Texas Medicaid State Plan, all applicable state statutes and rules, and other requirements. HHSC reviews the Medicaid reimbursement rates for all acute care services every two years. These biennial reviews result in rates that are increased, decreased, or remain the same. The reviews are conducted to ensure that rates continue to be based on established rate methodologies.

## **Methodology**

The specific administrative rules that govern the establishment of the fees in this proposal were calculated in accordance with Title 1 of the Texas Administrative Code (TAC):

- §355.8085, which addresses the reimbursement methodology for physicians and other practitioners; and
- §355.8441, which addresses the reimbursement methodology for early and periodic screening, diagnosis, and treatment service.

## **Proposed Rate Adjustments**

A summary of the methodologies used to determine the proposed fee-for-service Medicaid rates is listed below:

- Procedure codes and descriptions used in the Texas Medicaid Program are national standard code sets as required by federal laws; Healthcare Common Procedural Coding System (HCPCS) and Current Procedural Terminology (CPT).

- Resource-based fee (RBF) methodology uses relative value units (RVUs) established by Medicare times a conversion factor. Current conversion factors include \$28.0672 for most services provided to children 20 years of age and younger and \$26.7305 for services provided to adults 21 years of age and older. Fees for services provided to children and identified as having access-to-care issues may be assigned a higher conversion factor, currently \$30.00.
- Access-based fees (ABFs) allow the state to reimburse for procedure codes not covered by Medicare or for which the Medicare fee is inadequate, or account for particularly difficult procedures, or encourage provider participation to ensure access to care.
- ABFs may also be established based on the Medicare fee for a service that is not priced using RVUs. Physician-administered drug pricing methodologies are outlined in §355.8085.
- For services and items that are not covered by Medicare or for which the Medicare rate is insufficient, different approaches are used to develop fees based on available information. These alternate methods include, as applicable:
  - The median or mean of the Medicaid fees from 14 states (the 10 most populous and the 4 bordering Texas) or the median or mean of the states that cover the service
  - Regional Medicare pricing from Novitas or a percentage of the Medicare fee
  - The current Medicaid fee for a similar service (comparable code)
  - 82 percent of the manufacturer suggested retail price (MSRP) supplied by provider associations or manufacturers
  - 89.5 percent of the average wholesale price for enteral and parenteral products
  - Cost shown on a manufacturer's invoice submitted by the provider to HHSC

Specific proposed payment rate adjustments are listed in the attachments outlined below:

CFR Att A(1) – Vaccines and Toxoids  
 CFR Att A(2) – Q Codes NDCX

### **Written Comments**

Written comments regarding the proposed payment rate adjustments will be accepted in lieu of, or in addition to, oral testimony until 5 p.m. the day of the hearing. Written comments may be sent by U.S. mail to the Texas Health and Human Services Commission, Attention: Provider Finance

Department, Mail Code H-400, P.O. Box 149030, Austin, Texas 78714-9030; by fax to Provider Finance Department at (512) 730-7475; or by e-mail to [PFDAcuteCare@hhs.texas.gov](mailto:PFDAcuteCare@hhs.texas.gov). In addition, written comments will be accepted by overnight mail or hand delivery to Texas Health and Human Services Commission, Attention: Provider Finance Department, Mail Code H-400, North Austin Complex, 4601 W Guadalupe St, Austin, Texas 78751.

Persons with disabilities who wish to attend the hearing and require auxiliary aids or services should contact Provider Finance Department at (512) 730-7401 at least 72 hours in advance for appropriate arrangements.

This public rate hearing briefing packet presents proposed payment rates and is distributed at HHSC public rate hearings and posted by the proposed effective date on the HHSC website at <https://pfd.hhs.texas.gov/rate-packets>. Proposed rates may or may not be adopted, depending on HHSC management decisions after review of public comments and additional information. Provider and public notification about adoption decisions are published on the Texas Medicaid and Healthcare Partnership (TMHP) website at <http://www.tmhp.com> in banner messages, bulletins, notices, and updates to the Texas Medicaid fee schedules. The fee schedules are available in static files or online lookup at <http://public.tmhp.com/FeeSchedules>.

**Preferred Communication.** During the current state of disaster due to COVID-19, physical forms of communication are checked with less frequency than during normal business operations. For quickest response, and to help curb the possible transmission of infection, please turn to e-mail or phone if possible for communication with HHSC related to this rate hearing.

CFR Attachment A(1) - Vaccines and Toxoids (Proposed to be effective March 1, 2022)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2022		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	0001A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3ml dosage, diluent reconstituted; first dose	0-999	N/F		\$40.00	\$40.00	\$40.00	\$40.00	0.00%
1	0001A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3ml dosage, diluent reconstituted; first dose	0-999	N/F	46	\$40.00	\$40.00	\$40.00	\$40.00	0.00%
1	0001A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3ml dosage, diluent reconstituted; first dose	0-999	N/F	78	\$40.00	\$40.00	\$40.00	\$40.00	0.00%
1	0001A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3ml dosage, diluent reconstituted; first dose	0-999	N/F	79	\$40.00	\$40.00	\$40.00	\$40.00	0.00%
1	0002A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3ml dosage, diluent reconstituted; second dose	0-999	N/F		\$40.00	\$40.00	\$40.00	\$40.00	0.00%
1	0002A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3ml dosage, diluent reconstituted; second dose	0-999	N/F	46	\$40.00	\$40.00	\$40.00	\$40.00	0.00%
1	0002A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3ml dosage, diluent reconstituted; second dose	0-999	N/F	78	\$40.00	\$40.00	\$40.00	\$40.00	0.00%
1	0002A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3ml dosage, diluent reconstituted; second dose	0-999	N/F	79	\$40.00	\$40.00	\$40.00	\$40.00	0.00%

CFR Attachment A(1) - Vaccines and Toxoids (Proposed to be effective March 1, 2022)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2022		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	0011A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5ml dosage; first dose	0-999	N/F		\$40.00	\$40.00	\$40.00	\$40.00	0.00%
1	0011A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5ml dosage; first dose	0-999	N/F	46	\$40.00	\$40.00	\$40.00	\$40.00	0.00%
1	0011A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5ml dosage; first dose	0-999	N/F	78	\$40.00	\$40.00	\$40.00	\$40.00	0.00%
1	0011A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5ml dosage; first dose	0-999	N/F	79	\$40.00	\$40.00	\$40.00	\$40.00	0.00%
1	0012A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5ml dosage; second dose	0-999	N/F		\$40.00	\$40.00	\$40.00	\$40.00	0.00%
1	0012A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5ml dosage; second dose	0-999	N/F	46	\$40.00	\$40.00	\$40.00	\$40.00	0.00%
1	0012A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5ml dosage; second dose	0-999	N/F	78	\$40.00	\$40.00	\$40.00	\$40.00	0.00%
1	0012A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5ml dosage; second dose	0-999	N/F	79	\$40.00	\$40.00	\$40.00	\$40.00	0.00%
1	0031A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, adenovirus type 26 (ad26) vector, preservative free, 5x1010 viral particles/0.5ml dosage, single dose	0-999	N/F		\$40.00	\$40.00	\$40.00	\$40.00	0.00%

CFR Attachment A(1) - Vaccines and Toxoids (Proposed to be effective March 1, 2022)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		3/1/2022		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	0031A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, adenovirus type 26 (ad26) vector, preservative free, 5x1010 viral particles/0.5ml dosage, single dose	0-999	N/F	46	\$40.00	\$40.00	\$40.00	\$40.00	0.00%
1	0031A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, adenovirus type 26 (ad26) vector, preservative free, 5x1010 viral particles/0.5ml dosage, single dose	0-999	N/F	78	\$40.00	\$40.00	\$40.00	\$40.00	0.00%
1	0031A	immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, adenovirus type 26 (ad26) vector, preservative free, 5x1010 viral particles/0.5ml dosage, single dose	0-999	N/F	79	\$40.00	\$40.00	\$40.00	\$40.00	0.00%
1	90375	**	0-999	N/F		\$242.88	\$242.88	\$266.53	\$266.53	9.74%
1	90376	**	0-999	N/F		\$212.45	\$212.45	\$276.64	\$276.64	30.21%
1	90619	**	0-999	N/F		\$144.48	\$144.48	\$151.76	\$151.76	5.04%
S	90619	**	0-999	N/F		\$144.48	\$144.48	\$151.76	\$151.76	5.04%
1	90675	**	0-999	N/F		\$284.66	\$284.66	\$292.32	\$292.32	2.69%
1	90681	**	0-999	N/F		\$136.30	\$136.30	\$136.30	\$136.30	0.00%
1	90681	**	19-20	N/F		\$136.30	\$136.30	\$136.30	\$136.30	0.00%
S	90681	**	0-999	N/F		\$136.30	\$136.30	\$136.30	\$136.30	0.00%
S	90681	**	19-20	N/F		\$136.30	\$136.30	\$136.30	\$136.30	0.00%
1	90687	**	0-999	N/F		\$9.03	\$9.03	\$9.03	\$9.03	0.00%
S	90687	**	0-999	N/F		\$9.03	\$9.03	\$9.03	\$9.03	0.00%
1	90694	**	0-999	N/F		\$28.13	\$28.13	\$57.47	\$57.47	104.30%
1	90694	**	0-999	N/F		\$28.13	\$28.13	\$57.47	\$57.47	104.30%
1	90696	**	19-20	N/F		\$59.22	\$59.22	\$59.22	\$59.22	0.00%
S	90696	**	19-20	N/F		\$59.22	\$59.22	\$59.22	\$59.22	0.00%
1	90733	**	19-20	N/F		\$122.55	\$122.55	\$122.55	\$122.55	0.00%
S	90733	**	19-20	N/F		\$122.55	\$122.55	\$122.55	\$122.55	0.00%
1	90748	**	19-20	N/F		\$13.55	\$13.55	\$27.09	\$27.09	99.93%
S	90748	**	19-20	N/F		\$13.55	\$13.55	\$27.09	\$27.09	99.93%
1	90750	**	0-999	N/F		\$174.00	\$174.00	\$174.00	\$174.00	0.00%
1	M0243	intravenous infusion, casirivimab and imdevimab, includes infusion and post administration monitoring	0-999	N/F		\$450.00	\$450.00	\$450.00	\$450.00	0.00%

<b>*Type of Service (TOS)</b>	
1	Medical Services
2	THSTEPS Medical
<b>Provider Type/ Provider Specialty</b>	
46	Federally Qualified Health Centers (FQHC)
78	Rural Health Clinic - Freestanding/Independent
79	Rural Health Clinic - Hospital Based

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CFR Attachment A(2) - Q Codes NDCX (Proposed to be effective March 1, 2022)

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		3/1/2022		Percent Change from Current Medicaid Fee
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	Q4100	Skin substitute, not otherwise specified	0-999	N	Manually Priced	Manually Priced	Not a Benefit	Not a Benefit	-100.00%
1	Q4103	Oasis burn matrix, per square centimeter	0-999	N	\$7.27	\$7.27	Not a Benefit	Not a Benefit	-100.00%
1	Q4104	Integra bilayer matrix wound dressing (BMWd), per square centimeter	0-999	N	\$159.84	\$159.84	Not a Benefit	Not a Benefit	-100.00%
1	Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per square centimeter	0-999	N	\$132.33	\$132.33	Not a Benefit	Not a Benefit	-100.00%
1	Q4107	Graftjacket, per square centimeter	0-999	N	\$95.72	\$95.72	Not a Benefit	Not a Benefit	-100.00%
1	Q4108	Integra matrix, per square centimeter	0-999	N	\$148.85	\$148.85	Not a Benefit	Not a Benefit	-100.00%
1	Q4112	Cymetra, injectable, 1cc	0-999	N	\$872.08	\$872.08	Not a Benefit	Not a Benefit	-100.00%
1	Q4113	Graftjacket Xpress, injectable, 1cc	0-999	N	\$872.08	\$872.08	Not a Benefit	Not a Benefit	-100.00%
1	Q4114	Integra flowable wound matrix, injectable, 1cc	0-999	N	\$2,114.80	\$2,114.80	Not a Benefit	Not a Benefit	-100.00%
1	Q4116	AlloDerm, per square centimeter	0-999	N	\$31.03	\$31.03	Not a Benefit	Not a Benefit	-100.00%
1	Q4122	Dermacell, per square centimeter	0-999	N	\$106.91	\$106.91	Not a Benefit	Not a Benefit	-100.00%
1	Q4123	Alloskin RT, per square centimeter	0-999	N	\$27.73	\$27.73	Not a Benefit	Not a Benefit	-100.00%
1	Q4124	Oasis ultra tri-layer wound matrix, per square centimeter	0-999	N	\$12.75	\$12.75	Not a Benefit	Not a Benefit	-100.00%
1	Q4126	Memoderm, DermaSpan, Tranzgraft or Integuply per square centimeter	0-999	N	\$111.23	\$111.23	Not a Benefit	Not a Benefit	-100.00%
1	Q4127	Talymed, per square centimeter	0-999	N	\$51.12	\$51.12	Not a Benefit	Not a Benefit	-100.00%
1	Q4128	FlexHD, Allopatch HD, or Matrix HD per square centimeter	0-999	N	\$30.14	\$30.14	Not a Benefit	Not a Benefit	-100.00%
1	Q4130	Strattice TM, per square centimeter	0-999	N	\$37.54	\$37.54	Not a Benefit	Not a Benefit	-100.00%
1	Q4134	Hmatrix, per square centimeter	0-999	N	\$21.42	\$21.42	Not a Benefit	Not a Benefit	-100.00%
1	Q4135	MediSkin, per square centimeter	0-999	N	\$2.05	\$2.05	Not a Benefit	Not a Benefit	-100.00%
1	Q4136	EZ-Derm, per square centimeter	0-999	N	\$2.03	\$2.03	Not a Benefit	Not a Benefit	-100.00%
1	Q4138	Biodfence dryflex, per square centimeter	0-999	N	\$210.15	\$210.15	Not a Benefit	Not a Benefit	-100.00%
1	Q4140	Biodfence, per square centimeter	0-999	N	\$262.68	\$262.68	Not a Benefit	Not a Benefit	-100.00%
1	Q4142	XCM biologic tissue matrix, per square centimeter	0-999	N	\$36.76	\$36.76	Not a Benefit	Not a Benefit	-100.00%
1	Q4143	Repriza, per square centimeter	0-999	N	\$25.50	\$25.50	Not a Benefit	Not a Benefit	-100.00%
1	Q4146	Tensix, per square centimeter	0-999	N	\$141.89	\$141.89	Not a Benefit	Not a Benefit	-100.00%
1	Q4147	Architect, architect px, or architect fx, extracellular matrix, per square centimeter	0-999	N	\$143.66	\$143.66	Not a Benefit	Not a Benefit	-100.00%
1	Q4148	Neox cord 1k, neox cord rt, or clarix cord 1k, per square centimeter	0-999	N	\$306.00	\$306.00	Not a Benefit	Not a Benefit	-100.00%
1	Q4149	Excellagen, 0.1 cc	0-999	N	\$147.90	\$147.90	Not a Benefit	Not a Benefit	-100.00%
1	Q4187	Epicord, per square centimeter	0-999	N	\$251.26	\$251.26	Not a Benefit	Not a Benefit	-100.00%

**\*Type of Service (TOS)**

1	Medical Services
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