

**MDCH Outpatient Prospective Payment System**  
 Wrap Around Codes  
 Effective April 1 to June 30, 2012

**MDCH Status Indicators Key**

- |  |                                       |
|--|---------------------------------------|
| <b>A1</b> = MDCH Covered                     | <b>A5</b> = Medicaid Covered Vaccines |
| <b>A2</b> = Dialysis Services                | <b>A6</b> = Vaccines for Children     |
| <b>A3</b> = Hospital Owned Ambulance Service | <b>A7</b> = State Plan Reimbursement  |
| <b>A4</b> = Non-Medicare Covered Services    | <b>R1</b> = MDCH Non-Covered Items    |

| Covered |         |                  |   |
|---------|---------|------------------|---|
| Code    | Fee     | Status Indicator | Description   |
| 0019T   | \$0.00  | A1               | Extracorp shock wv tx,ms nos  |
| 58300   | \$16.95 | A4               | Insert intrauterine device  |
| 80055   | \$38.39 | A1               | Obstetric panel   |
| 90284   | \$7.08  | A4               | Human ig, sc  |
| 90460   | \$7.00  | A7               | IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; FIRST VACCINE/TOXOID COMPONENT   |
| 90461   | \$0.00  | A7               | IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; EACH ADDITIONAL VACCINE/TOXOID COMPONENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) |
| 90471   | \$7.00  | A7               | Immunization admin  |
| 90472   | \$7.00  | A7               | Immunization admin, each add  |
| 90473   | \$3.00  | A7               | Immune admin oral/nasal   |
| 90474   | \$3.00  | A7               | Immune admin oral/nasal addl  |
| 90633   | \$0.00  | A6               | Hep a vacc ped/adol 2 dose (1 to 19 years)  |

| Covered |          |                  |   |
|---------|----------|------------------|---|
| Code    | Fee      | Status Indicator | Description   |
| 90647   | \$0.00   | A6               | Hib vaccine prp-omp im                                  |
| 90648   | \$0.00   | A6               | Hib vaccine prp-t im (6 weeks through 5 years)          |
| 90649   | \$137.58 | A5               | HPV (19 to 27 years)                                    |
| 90649UC | \$0.00   | A6               | HPV (9 to 19 years)                                     |
| 90650   | \$135.68 | A5               | HPV vaccine 2 valent, IM (19 to 26 years)               |
| 90650UC | \$0.00   | A6               | HPV vaccine 2 valent, IM, (9 to 19 years)               |
| 90654   | \$18.38  | A5               | Flu vaccine no preserve, ID (18 to 65 years)            |
| 90655   | \$0.00   | A6               | Flu vaccine, no preserv 6-35m                           |
| 90656   | \$12.38  | A5               | Flu vaccine, no preserv 3 & >                           |
| 90656UC | \$0.00   | A6               | Flu vaccine, no preserv 3 & >                           |
| 90657   | \$0.00   | A6               | Flu vaccine, no preserv 6-35m                           |
| 90658   | \$0.00   | A6               | Flu vaccine 3 yrs & > im (3 to 19 years)                |
| 90660   | \$22.32  | A5               | Flu vaccine, nasal (19 and older)                       |
| 90660UC | \$0.00   | A6               | Flu vaccine, nasal (0 to 19 years)                      |
| 90662   | \$30.92  | A5               | Flu vacc prsv free inc antig, age 65 and >              |
| 90663   | \$0.00   | A5               | Flu vacc pandemic H1N1 (effective DOS on/after 9-15-09) |
| 90669   | \$0.00   | A6               | Pneumococcal vacc, ped <5                               |
| 90670   | \$0.00   | A6               | Pneumococcal vacc 13 val im                             |
| 90680   | \$0.00   | A6               | Rotovirus vacc 3 dose oral, 3 doses (0-2 years)         |

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| Covered |         |                  |  |
|---------|---------|------------------|--|
| Code    | Fee     | Status Indicator | Description  |
| 90681   | \$0.00  | A6               | Rotavirus vacc 2 dose oral (effective DOS on/after 8-01-08)  |
| 90696   | \$0.00  | A6               | Dtap-ipv vacc 4-6 yr im (effective DOS on/after 8-01-08)   |
| 90698   | \$0.00  | A6               | Dtap-hib-ip vaccine, im (effective DOS on/after 8-01-08)   |
| 90700   | \$0.00  | A6               | Dtap vaccine < 7 yrs im  |
| 90702   | \$0.00  | A6               | Dt vaccine < 7 im  |
| 90707   | \$0.00  | A6               | Measles, mumps & rubella virus vaccine (MMR), live, SC (0 to 19 years)                                 |
| 90710   | \$0.00  | A6               | Mmrvc vaccine, sc  |
| 90713   | \$0.00  | A6               | Poliovirus vaccine, inactivated, (IPV), for SC or IM use (0 to 19 years)                               |
| 90714   | \$0.00  | A6               | Tetanus & diphtheria toxoids (Td) absorbed, preservative free, when administered to 7 years or >, IM   |
| 90715   | \$0.00  | A6               | Tetanus, diphtheria toxoids & acellular pertussis vaccine (Tdap), when administered to 7 years & >, IM |
| 90716   | \$92.35 | A5               | Chicken pox vaccine sc (19 to 65 years)  |
| 90716UC | \$0.00  | A6               | Chicken pox vaccine sc (0 to 19 years)   |
| 90718   | \$0.00  | A6               | Tetanus & diphtheria toxoids (Td) absorbed when administered to 7 years or >, IM                       |
| 90723   | \$0.00  | A6               | Dtap-hep b-ipv vaccine, im   |

| Covered |          |                  |  |
|---------|----------|------------------|--|
| Code    | Fee      | Status Indicator | Description  |
| 90732   | \$57.19  | A5               | Pneumococcal vaccine (19 & older)                      |
| 90732UC | \$0.00   | A6               | Pneumococcal vaccine (0 to 19 years)                   |
| 90734UC | \$0.00   | A5/A6            | Meningococcal vaccine, im age change * (2 to 19 years) |
| 90740   | \$119.42 | A5               | Hepb vacc, ill pat 3 dose im (19 and older)            |
| 90744   | \$0.00   | A6               | Hep B vacc ped/adol 3 dose im                          |
| 90746   | \$59.71  | A1               | Hep b vaccine, adult, im                               |
| 90747   | \$119.42 | A1               | Hepb vacc, ill pat 4 dose im                           |
| 90748   | \$0.00   | A6               | Hep b/hib vaccine, im                                  |
| 92551   | \$9.51   | A4               | Pure tone hearing test, air                            |
| 92590   | \$45.02  | A4               | Hearing aid exam, one ear                              |
| 92591   | \$45.02  | A4               | Hearing aid exam, both ears                            |
| 92594   | \$13.04  | A4               | Electro hearing aid test, one                          |
| 92595   | \$26.10  | A4               | Electro hearing aid test, both                         |
| 92630   | \$32.68  | A4               | Aud rehab pre-ling hear loss                           |
| 92633   | \$32.68  | A4               | Aud rehab postling hear loss                           |
| 97014   | \$7.52   | A4               | Electric stim -unattended                              |
| 97039   | \$6.13   | A4               | Physical therapy treatment                             |
| 97139   | \$8.32   | A4               | Physical medicine procedure                            |
| 97799   | M        | A4               | Physical medicine procedure                            |
| 99381   | \$18.12  | A4               | Prev visit, new, infant                                |
| 99382   | \$18.12  | A4               | Prev visit, new, age 1-4                               |

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| Covered |         |                  |  |
|---------|---------|------------------|--|
| Code    | Fee     | Status Indicator | Description  |
| 99383   | \$18.12 | A4               | Prev visit, new, age 5-11  |
| 99384   | \$18.12 | A4               | Prev visit, new, age 12-17   |
| 99385   | \$18.12 | A4               | Prev visit, new, age 18-39   |
| 99386   | \$18.12 | A4               | Prev visit, new, age 40-64   |
| 99387   | \$18.12 | A4               | Prev visit, new, 65 & over   |
| 99391   | \$18.12 | A4               | Prev visit, est, infant  |
| 99392   | \$18.12 | A4               | Prev visit, est, age 1-4   |
| 99393   | \$18.12 | A4               | Prev visit, est, age 5-11  |
| 99394   | \$18.12 | A4               | Prev visit, est, age 12-17   |
| 99395   | \$18.12 | A4               | Prev visit, est, age 18-39   |
| 99396   | \$18.12 | A4               | Prev visit, est, age 18-39   |
| 99397   | \$18.12 | A4               | Prev visit, est, age 40-64   |
| 99401   | \$18.12 | A4               | Prev counseling, indiv 15 min  |
| 99402   | \$18.12 | A4               | Prev counseling, indiv 30 min  |
| G0008   | \$7.00  | A7               | Admin influenza virus vac  |
| G0009   | \$7.00  | A7               | Admin pneumococcal vaccine   |
| G0010   | \$7.00  | A7               | Admin hepatitis b vaccine  |
| G9141   | \$7.00  | A7               | Influenza A H1N1, admin w co (effective DOS on/after 9-15-09) *Recommended for Medicare billing and adults |
| G9142   | \$0.00  | A6               | Influenza A H1N1, vaccine (effective DOS on/after 9-15-09) *Recommended for Medicare billing               |

| Covered |               |                  |  |
|---------|---------------|------------------|--|
| Code    | Fee           | Status Indicator | Description  |
| J1055   | \$56.00       | A4               | Medrxypogester acet inj 150 mg   |
| J1826   | \$765.32      | A4               | Interferon Beta-1A inj   |
| J7300   | \$598.00      | A4               | Intraut copper contraceptive   |
| J7302   | \$745.23      | A4               | Levonorgestrel IU Contracep  |
| J7306   | \$385.00      | A4               | Levonorgestrel implant sys   |
| J7307   | \$662.54      | A4               | Etonogestrel implant system  |
| Q2035   | \$7.00        | A7               | Afluria vacc, 3 yrs & >, im  |
| Q2036   | \$7.00        | A7               | Flulaval vacc, 3 yrs & >, im   |
| Q2037   | \$7.00        | A7               | Fluvirin vacc, 3 yrs & >, im   |
| Q2038   | \$7.00        | A7               | Fluzone vacc, 3 yrs & >, im  |
| Q2039   | \$7.00        | A7               | NOS flu vacc, 3 yrs & >, im  |
| S0077   | <b>\$3.32</b> | A4               | Clindamycin Phosph Inj 300mg   |
| S4005   | \$113.55      | A4               | Interim labor(labor occurring but not resulting in delivery/false labor) |
| S4989   | \$127.82      | A4               | Contraceptive IUD  |
| S9152   | \$36.64       | A4               | Speech Therapy, re-evaluation  |
| S9442   | \$29.46       | A4               | Birthing Class   |
| V5020   | \$28.60       | A4               | Conformity evaluation  |
| V5020GY | \$28.60       | A4               | Conformity evaluation  |
| V5264   | \$36.43       | A4               | Ear mold/insert  |

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| Ambulance |          |                  |                                 |
|-----------|----------|------------------|---------------------------------|
| Code      | Fee      | Status Indicator | Description                     |
| A0225     | \$146.08 | A3               | Neonatal Base Rate              |
| A0420     | \$30.73  | A3               | Amb Waiting Time per Half Hour  |
| A0425     | \$3.27   | A3               | Ground Mileage per statute mile |
| A0426     | \$191.88 | A3               | Ambul Svc Non-Emerg ALS 1       |
| A0427     | \$191.88 | A3               | Ambul Svc Emerg ALS 1           |
| A0428     | \$105.32 | A3               | Ambul Svc Non-Emerg BLS         |
| A0429     | \$105.32 | A3               | Ambul Svc Emerg BLS             |

| Ambulance |            |                  |                                     |
|-----------|------------|------------------|-------------------------------------|
| Code      | Fee        | Status Indicator | Description                         |
| A0430     | \$915.62   | A3               | Ambul Svc One Way Fixed Wing        |
| A0431     | \$1,204.85 | A3               | Ambul Svc One Way Rotary Wing       |
| A0433     | \$191.88   | A3               | Advanced Life Support ALS 2         |
| A0435     | \$10.97    | A3               | Fixed Wing Mileage Per Mile         |
| A0436     | \$14.33    | A3               | Rotary Wing Mileage Per Mile        |
| A0998     | \$105.32   | A3               | Ambul Response & Treat No Transport |
| A0999     | M          | A3               | Unlisted Ambulance Service          |

| Dialysis |            |                  |   |
|----------|------------|------------------|---|
| Code     | Fee        | Status Indicator | Description   |
| 90935    | \$142.49   | A2               | Hemodialysis, one evaluation  |
| 90937    | \$39.33    | A2               | Hemodialysis - Repeated Eval  |
| 90945    | \$61.07    | A2               | Dialysis procedure other than hemodialysis (eg. Peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation |
| 90947    | \$40.21    | A2               | Dialysis - Repeated Eval  |
| 90963    | \$1,830.00 | A2               | ESRD related services, home dialysis per full month, 2 yrs & <  |

| Dialysis |            |                  |  |
|----------|------------|------------------|--|
| Code     | Fee        | Status Indicator | Description  |
| 90964    | \$1,830.00 | A2               | ESRD related services, home dialysis per full month, 2-11 yrs          |
| 90965    | \$1,830.00 | A2               | ESRD related services, home dialysis per full month, 12-19 yrs         |
| 90966    | \$1,830.00 | A2               | ESRD related services, home dialysis per full month, 20 yrs & >        |
| 90967    | \$61.07    | A2               | ESRD related services, home dialysis < full month, per day , 2 yrs & < |
| 90968    | \$61.07    | A2               | ESRD related services, home dialysis < full month, per day , 2-11 yrs  |

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| Dialysis |          |                  |   |
|----------|----------|------------------|---|
| Code     | Fee      | Status Indicator | Description   |
| 90969    | \$61.07  | A2               | ESRD related services, home dialysis < full month, per day , 12-19 yrs  |
| 90970    | \$61.07  | A2               | ESRD related services, home dialysis < full month, per day , 20 yrs & > |
| 90989    | \$331.14 | A2               | Dialysis Training - Complete  |
| 90993    | \$22.07  | A2               | Dialysis Training - Per Session   |

| Dialysis |               |                  |   |
|----------|---------------|------------------|---|
| Code     | Fee           | Status Indicator | Description   |
| 90999    | \$142.49      | A2               | Unlisted Dialysis procedure (*per Medicare, hemodialysis claims must include HCPCS 90999 on the line reporting Revenue Code 082X) |
| J0882    | <b>\$3.26</b> | A2               | Darb EPO - 1 mcg- ESRD Use  |
| J0886    | <b>\$9.76</b> | A2               | Epoetin 1000 Units  |
| Q0139    | <b>\$0.64</b> | A2               | Ferumoxytol, ESRD use   |
| Q4081    | <b>\$0.98</b> | A2               | EPO - 100 units   |

| Non-Covered |     |                  |                             |
|-------------|-----|------------------|-----------------------------|
| Code        | Fee | Status Indicator | Description                 |
| 0042T       | N   | R1               | Ct perfusion w/contrast cbf |
| 0099T       | T   | R1               | Implant corneal ring        |
| 0106T       | X   | R1               | Touch quant sensory test    |
| 0107T       | X   | R1               | Vibrate quant sensory test  |
| 0108T       | X   | R1               | Cool quant sensory test     |
| 0109T       | X   | R1               | Heat quant sensory test     |
| 0110T       | X   | R1               | Nos quant sensory test      |
| 0159T       | N   | R1               | Cad breast mri              |
| 0163T       | C   | R1               | Lumb artif disectomy addl   |
| 0164T       | C   | R1               | Remove lumb artif disc addl |
| 0165T       | C   | R1               | Revise lumb artif disc addl |

| Non-Covered |     |                  |                              |
|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| 0169T       | C   | R1               | Place stereo cath brain      |
| 0171T       | T   | R1               | Lumbar spine proces distract |
| 0172T       | T   | R1               | Lumbar spine proces addl     |
| 0262T       | C   | R1               | Impltj pulm vlv evasc appr   |
| 0263T       | S   | R1               | Im b1 mrw cel ther cmpl      |
| 0264T       | S   | R1               | Im b1 mrw cel ther xcl hrvt  |
| 0265T       | S   | R1               | Im b1 mrw cel ther hrvt onl  |
| 0266T       | C   | R1               | Implt/rpl crtd sns dev total |
| 0267T       | T   | R1               | Implt/rpl crtd sns dev lead  |
| 0268T       | S   | R1               | Implt/rpl crtd sns dev gen   |
| 0269T       | T   | R1               | Rev/remvl crtd sns dev total |

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|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| 0270T       | T   | R1               | Rev/remvl crtd sns dev lead  |
| 0271T       | T   | R1               | Rev/remvl crtd sns dev gen   |
| 0272T       | S   | R1               | Interrogate crtd sns dev     |
| 0273T       | S   | R1               | Interrogate crtd sns w/pgmrg |
| 0274T       | T   | R1               | Perq lamot/lam crv/thrc      |
| 0275T       | T   | R1               | Perq lamot/lam lumbar        |
| 0276T       | T   | R1               | Bronch thermoplasty 1 lobe   |
| 0277T       | T   | R1               | Bronch thermoplasty lobes    |
| 0278T       | S   | R1               | Tempr                        |
| 0279T       | X   | R1               | Ctc test                     |
| 0280T       | X   | R1               | Ctc test w/i & r             |
| 0281T       | C   | R1               | Laa closure w/implant        |
| 0282T       | S   | R1               | Periph field stimul trial    |
| 0283T       | S   | R1               | Periph field stimul perm     |
| 0284T       | T   | R1               | Periph field stimul revise   |
| 0285T       | S   | R1               | Periph field stimul analys   |
| 0286T       | N   | R1               | Near ifr spectrsc of wounds  |
| 0287T       | N   | R1               | Near ifr guide of vasc site  |
| 0288T       | T   | R1               | Anoscopy w/rf delivery       |
| 0289T       | N   | R1               | Laser inc for pkp/lkp donor  |
| 0290T       | N   | R1               | Laser inc for pkp/lkp recip  |
| 0291T       | N   | R1               | Iv oct for proc init vessel  |

| Non-Covered |     |                  |                              |
|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| 0292T       | N   | R1               | Iv oct for proc addl vessel  |
| 0293T       | C   | R1               | Ins It atrl press monitor    |
| 0294T       | C   | R1               | Ins It atrl press mont addon |
| 0295T       | M   | R1               | Ext ecg complete             |
| 0296T       | S   | R1               | Ext ecg recording            |
| 0297T       | S   | R1               | Ext ecg scan w/report        |
| 0298T       | M   | R1               | Ext ecg review and interp    |
| 0299T       | X   | R1               | Esw wound healing init wound |
| 0300T       | X   | R1               | Esw wound healing addl wound |
| 0301T       | S   | R1               | Mw therapy for breast tumor  |
| 19396       | T   | R1               | Design custom breast implant |
| 55400       | T   | R1               | Repair of sperm duct         |
| 58321       | T   | R1               | Artificial insemination      |
| 58322       | T   | R1               | Artificial insemination      |
| 58323       | T   | R1               | Sperm washing                |
| 58672       | T   | R1               | Laparoscopy fimbrioplasty    |
| 58750       | C   | R1               | Repair oviduct               |
| 58752       | C   | R1               | Revise ovarian tube(s)       |
| 58760       | C   | R1               | Fimbrioplasty                |
| 58970       | T   | R1               | Retrieval of oocyte          |
| 58974       | T   | R1               | Transfer of embryo           |
| 58976       | T   | R1               | Transfer of embryo           |

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**MDCH Outpatient Prospective Payment System**  
 Wrap Around Codes  
 Effective April 1 to June 30, 2012

**MDCH Status Indicators Key**

- |  |                                       |
|--|---------------------------------------|
| <b>A1</b> = MDCH Covered                     | <b>A5</b> = Medicaid Covered Vaccines |
| <b>A2</b> = Dialysis Services                | <b>A6</b> = Vaccines for Children     |
| <b>A3</b> = Hospital Owned Ambulance Service | <b>A7</b> = State Plan Reimbursement  |
| <b>A4</b> = Non-Medicare Covered Services    | <b>R1</b> = MDCH Non-Covered Items    |

| Non-Covered |     |                  |                              |
|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| 64550       | A   | R1               | Apply neurostimulator        |
| 76948       | N   | R1               | Echo guide, ova aspiration   |
| 80400       | A   | R1               | Acth stimulation panel       |
| 80402       | A   | R1               | Acth stimulation panel       |
| 80406       | A   | R1               | Acth stimulation panel       |
| 80408       | A   | R1               | Aldosterone suppression eval |
| 80410       | A   | R1               | Calcitonin stimulat panel    |
| 80412       | A   | R1               | CRH stimulation panel        |
| 80414       | A   | R1               | Testosterone response        |
| 80415       | A   | R1               | Estradiol response panel     |
| 80416       | A   | R1               | Renin stimulation panel      |
| 80417       | A   | R1               | Renin stimulation panel      |
| 80418       | A   | R1               | Pituitary evaluation panel   |
| 80420       | A   | R1               | Dexamethasone panel          |
| 80422       | A   | R1               | Glucagon tolerance panel     |
| 80424       | A   | R1               | Glucagon tolerance panel     |
| 80426       | A   | R1               | Gonadotropin hormone panel   |
| 80428       | A   | R1               | Growth hormone panel         |
| 80430       | A   | R1               | Growth hormone panel         |
| 80432       | A   | R1               | Insulin suppression panel    |
| 80434       | A   | R1               | Insulin tolerance panel      |
| 80435       | A   | R1               | Insulin tolerance panel      |

| Non-Covered |     |                  |                             |
|-------------|-----|------------------|-----------------------------|
| Code        | Fee | Status Indicator | Description                 |
| 80436       | A   | R1               | Metyrapone panel            |
| 80438       | A   | R1               | TRH stimulation panel       |
| 80439       | A   | R1               | TRH stimulation panel       |
| 80440       | A   | R1               | TRH stimulation panel       |
| 81007       | A   | R1               | Urine screen for bacteria   |
| 81020       | A   | R1               | Urinalysis, glass test      |
| 81050       | A   | R1               | Urinalysis, volume measure  |
| 82000       | A   | R1               | Assay of blood acetaldehyde |
| 82075       | A   | R1               | Assay of breath ethanol     |
| 82101       | A   | R1               | Assay of urine alkaloids    |
| 82104       | A   | R1               | Alpha-1-antitrypsin, pheno  |
| 82190       | A   | R1               | Atomic absorption           |
| 82205       | A   | R1               | Assay of barbiturates       |
| 82286       | A   | R1               | Assay of bradykinin         |
| 82331       | A   | R1               | Calcium infusion test       |
| 82387       | A   | R1               | Assay of cathepsin-d        |
| 82397       | A   | R1               | Chemiluminescent assay      |
| 82441       | A   | R1               | Test for chlorohydrocarbons |
| 82485       | A   | R1               | Assay, chondroitin sulfate  |
| 82486       | A   | R1               | Gas/liquid chromatography   |
| 82487       | A   | R1               | Paper chromatography        |
| 82488       | A   | R1               | Paper chromatography        |

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| Non-Covered |     |                  |                              |
|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| 82489       | A   | R1               | Thin layer chromatography    |
| 82491       | A   | R1               | Chromotography, quant, sing  |
| 82492       | A   | R1               | Chromotography, quant, mult  |
| 82507       | A   | R1               | Assay of citrate             |
| 82523       | A   | R1               | Collagen crosslinks          |
| 82541       | A   | R1               | Column chromatography, qual  |
| 82542       | A   | R1               | Column chromatography, quant |
| 82543       | A   | R1               | Column chromatograph/isotope |
| 82544       | A   | R1               | Column chromatograph/isotope |
| 82610       | A   | R1               | Cystatin c                   |
| 82657       | A   | R1               | Enzyme cell activity         |
| 82658       | A   | R1               | Enzyme cell activity, ra     |
| 82664       | A   | R1               | Electrophoretic test         |
| 82690       | A   | R1               | Assay of ethchlorvynol       |
| 82757       | A   | R1               | Assay of semen fructose      |
| 82759       | A   | R1               | Assay of rbc galactokinase   |
| 82776       | A   | R1               | Galactose transferase test   |
| 82820       | A   | R1               | Hemoglobin-oxygen affinity   |
| 82963       | A   | R1               | Assay of glucosidase         |
| 82978       | A   | R1               | Assay of glutathione         |
| 83008       | A   | R1               | Assay of guanosine           |
| 83012       | A   | R1               | Assay of haptoglobins        |

| Non-Covered |     |                  |                              |
|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| 83088       | A   | R1               | Assay of histamine           |
| 83499       | A   | R1               | Assay of progesterone        |
| 83516       | A   | R1               | Immunoassay, nonantibody     |
| 83518       | A   | R1               | Immunoassay, dipstick        |
| 83519       | A   | R1               | Immunoassay, nonantibody     |
| 83520       | A   | R1               | Immunoassay, RIA             |
| 83528       | A   | R1               | Assay of intrinsic factor    |
| 83670       | A   | R1               | Assay of lap enzyme          |
| 83727       | A   | R1               | Assay of lrh hormone         |
| 83788       | A   | R1               | Mass spectrometry qual       |
| 83789       | A   | R1               | Mass spectrometry quant      |
| 83883       | A   | R1               | Assay, nephelometry not spec |
| 83918       | A   | R1               | Organic acids, total, quant  |
| 83919       | A   | R1               | Organic acids, qual, each    |
| 83993       | A   | R1               | Assay for calprotectin fecal |
| 84061       | A   | R1               | Phosphatase, forensic exam   |
| 84085       | A   | R1               | Assay of rbc pg6d enzyme     |
| 84150       | A   | R1               | Assay of prostaglandin       |
| 84203       | A   | R1               | Test RBC protoporphyryn      |
| 84206       | A   | R1               | Assay of proinsulin          |
| 84235       | A   | R1               | Assay of endocrine hormone   |
| 84270       | A   | R1               | Assay of sex hormone globul  |

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| Non-Covered |     |                  |                              |
|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| 84275       | A   | R1               | Assay of sialic acid         |
| 84315       | A   | R1               | Body fluid specific gravity  |
| 84375       | A   | R1               | Chromatogram assay, sugars   |
| 84376       | A   | R1               | Sugars, single, qual         |
| 84377       | A   | R1               | Sugars, multiple, qual       |
| 84378       | A   | R1               | Sugars, single, quant        |
| 84379       | A   | R1               | Sugars multiple quant        |
| 84482       | A   | R1               | T3 reverse                   |
| 84485       | A   | R1               | Assay duodenal fluid trypsin |
| 84525       | A   | R1               | Urea nitrogen semi-quant     |
| 84597       | A   | R1               | Assay of vitamin k           |
| 84704       | A   | R1               | Hcg, free betachain test     |
| 85130       | A   | R1               | Chromogenic substrate assay  |
| 85170       | A   | R1               | Blood clot retraction        |
| 85536       | A   | R1               | Iron stain peripheral blood  |
| 85555       | A   | R1               | RBC osmotic fragility        |
| 86023       | A   | R1               | Immunoglobulin assay         |
| 86155       | A   | R1               | Chemotaxis assay             |
| 86185       | A   | R1               | Counterimmunoelectrophoresis |
| 86280       | A   | R1               | Hemagglutination inhibition  |
| 86327       | A   | R1               | Immunoelectrophoresis assay  |
| 86331       | A   | R1               | Immunodiffusion ouchterlony  |

| Non-Covered |     |                  |                              |
|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| 86343       | A   | R1               | Leukocyte histamine release  |
| 86344       | A   | R1               | Leukocyte phagocytosis       |
| 86378       | A   | R1               | Migration inhibitory factor  |
| 86822       | A   | R1               | Lymphocyte culture, primed   |
| 86940       | A   | R1               | Hemolysins/agglutinins, auto |
| 86941       | A   | R1               | Hemolysins/agglutinins       |
| 87001       | A   | R1               | Small animal inoculation     |
| 87003       | A   | R1               | Small animal inoculation     |
| 87176       | A   | R1               | Tissue homogenization, cultr |
| 87187       | A   | R1               | Microbe susceptible, mlc     |
| 87197       | A   | R1               | Bactericidal level, serum    |
| 88150       | A   | R1               | Cytopath, c/v, manual        |
| 88152       | A   | R1               | Cytopath, c/v, auto redo     |
| 88153       | A   | R1               | Cytopath, c/v, redo          |
| 88154       | A   | R1               | Cytopath, c/v, select        |
| 89272       | X   | R1               | Extended culture of oocytes  |
| 89280       | X   | R1               | Assist oocyte fertilization  |
| 89281       | X   | R1               | Assist oocyte fertilization  |
| 89290       | X   | R1               | Biopsy, oocyte polar body    |
| 89291       | X   | R1               | Biopsy, oocyte polar body    |
| 89325       | A   | R1               | Sperm antibody test          |
| 89329       | A   | R1               | Sperm evaluation test        |

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| Non-Covered |     |                  |   |
|-------------|-----|------------------|---|
| Code        | Fee | Status Indicator | Description   |
| 89330       | A   | R1               | Evaluation, cervical mucus                          |
| 89335       | X   | R1               | Cryopreserve testicular tiss                        |
| 89342       | X   | R1               | Storage/year; embryo(s)                             |
| 89343       | X   | R1               | Storage/year; sperm/semen                           |
| 89344       | X   | R1               | Storage/year; reprod tissue                         |
| 89346       | X   | R1               | Storage/year; oocyte(s)                             |
| 89352       | X   | R1               | Thawing cryopresrved; embryo                        |
| 89353       | X   | R1               | Thawing cryopresrved; sperm                         |
| 89354       | X   | R1               | Thaw cryoprsrvd; reprod tiss                        |
| 89356       | X   | R1               | Thawing cryopresrved; oocyte                        |
| 89398       | X   | R1               | Unlisted reproductive medicine laboratory procedure |
| 90585       | K   | R1               | Bcg vaccine, percut                                 |
| 90634       | N   | R1               | Hep a vacc ped/adol 3 dose                          |
| 90646       | N   | R1               | Hib vaccine prp-d im                                |
| 90690       | N   | R1               | Typhoid vaccine oral                                |
| 90701       | N   | R1               | Dtp vaccine im                                      |
| 90703       | N   | R1               | Tetanus vaccine im                                  |
| 90712       | N   | R1               | Oral poliovirus vaccine                             |
| 90719       | N   | R1               | Diphtheria vaccine im                               |
| 90725       | E   | R1               | Cholera vaccine injectable                          |
| 90743       | F   | R1               | Hep b vacc adol 2 dose im                           |
| 90845       | Q3  | R1               | Psychoanalysis                                      |

| Non-Covered |     |                  |                              |
|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| 90846       | Q3  | R1               | Family psytx w/o patient     |
| 90849       | Q3  | R1               | Multiple family group psytx  |
| 90869       | S   | R1               | Tcran magn stim redetemine   |
| 90880       | Q3  | R1               | Hypnotherapy                 |
| 90885       | N   | R1               | Psy evaluation of records    |
| 90889       | N   | R1               | Preparation of report        |
| 90865       | Q   | R1               | Narcosynthesis               |
| 90867       | S   | R1               | Tcranial magn stim tx plan   |
| 90868       | S   | R1               | Tcranial magn stim tx deli   |
| 90901       | A   | R1               | Biofeedback train, any meth  |
| 90911       | T   | R1               | Biofeedback peri/uro/rectal  |
| 92140       | S   | R1               | Glaucoma provocative tests   |
| 92311       | S   | R1               | Contact lens fitting         |
| 92312       | S   | R1               | Contact lens fitting         |
| 92313       | S   | R1               | Contact lens fitting         |
| 92315       | S   | R1               | Prescription of contact lens |
| 92316       | S   | R1               | Prescription of contact lens |
| 92317       | S   | R1               | Prescription of contact lens |
| 92325       | S   | R1               | Modification of contact lens |
| 92326       | S   | R1               | Replacement of contact lens  |
| 92352       | S   | R1               | Special spectacles fitting   |
| 92353       | S   | R1               | Special spectacles fitting   |

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## MDCH Outpatient Prospective Payment System

Rev. 10/5/12

Wrap Around Codes

Effective April 1 to June 30, 2012

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A3 = Hospital Owned Ambulance Service

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A6 = Vaccines for Children

A7 = State Plan Reimbursement

R1 = MDCH Non-Covered Items

| Non-Covered |     |                  |                              |
|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| 92354       | S   | R1               | Special spectacles fitting   |
| 92355       | S   | R1               | Special spectacles fitting   |
| 92358       | S   | R1               | Eye prosthesis service       |
| 92371       | S   | R1               | Repair & adjust spectacles   |
| 92512       | X   | R1               | Nasal function studies       |
| 92516       | X   | R1               | Facial nerve function test   |
| 92531       | N   | R1               | Spontaneous nystagmus study  |
| 92532       | N   | R1               | Positional nystagmus test    |
| 92533       | N   | R1               | Caloric vestibular test      |
| 92534       | N   | R1               | Optokinetic nystagmus test   |
| 92572       | X   | R1               | Staggered spondaic word test |
| 92583       | X   | R1               | Select picture audiometry    |
| 92584       | S   | R1               | Electrocochleography         |
| 92596       | X   | R1               | Ear protector evaluation     |
| 92605       | A   | R1               | Eval for nonspeech device rx |
| 92606       | A   | R1               | Non-speech device service    |
| 92618       | A   | R1               | Ex for nonspeech dev rx add  |
| 92620       | X   | R1               | Auditory function, 60 min    |
| 92621       | N   | R1               | Auditory function, + 15 min  |
| 92640       | X   | R1               | Aud brainstem implt programg |
| 93786       | S   | R1               | Ambulatory BP recording      |
| 93788       | S   | R1               | Ambulatory BP analysis       |

| Non-Covered |     |                  |  |
|-------------|-----|------------------|--|
| Code        | Fee | Status Indicator | Description  |
| 94014       | X   | R1               | Patient recorded spirometry  |
| 94015       | X   | R1               | Patient recorded spirometry  |
| 94016       | A   | R1               | Review patient spirometry  |
| 94452       | X   | R1               | Hast w/report  |
| 94453       | X   | R1               | Hast w/oxygen titrate  |
| 94664       | S   | R1               | Evaluate pt use of inhaler   |
| 94760       | N   | R1               | Measure blood oxygen level   |
| 94761       | N   | R1               | Measure blood oxygen level   |
| 94775       | S   | R1               | Ped home apnea rec, hk-up  |
| 94776       | S   | R1               | Ped home apnea rec, downld   |
| 94780       | X   | R1               | Car seat/bed test 60 min   |
| 94781       | X   | R1               | Car seat/bed test + 30 min   |
| 95075       | X   | R1               | Ingestion challenge test   |
| 95831       | A   | R1               | Limb muscle testing, manual  |
| 95832       | A   | R1               | Hand muscle testing, manual  |
| 95833       | A   | R1               | Body muscle testing, manual  |
| 95834       | A   | R1               | Body muscle testing, manual  |
| 95875       | S   | R1               | Limb exercise test   |
| 95933       | S   | R1               | Blink reflex test  |
| 95954       | S   | R1               | EEG monitoring/giving drugs  |
| 95992       | A   | R1               | Canalith repositioning procedure(s) (EG, Epley Maneuver, Semont Manuever), per |

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| Non-Covered |     |                  |                              |
|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| 96125       | A   | R1               | Cognitive test by hc pro     |
| 96150       | Q3  | R1               | Assess hlth/behave, init     |
| 96151       | Q3  | R1               | Assess hlth/behave, subseq   |
| 96152       | Q3  | R1               | Intervene hlth/behave, indiv |
| 96153       | Q3  | R1               | Intervene hlth/behave, group |
| 96154       | Q3  | R1               | Interv hlth/behav, fam w/pt  |
| 96900       | S   | R1               | Ultraviolet light therapy    |
| 96902       | N   | R1               | Trichogram                   |
| 96904       | N   | R1               | Whole body photography       |
| 96913       | S   | R1               | Photochemotherapy, UV-A or B |
| 97010       | A   | R1               | Hot or cold packs therapy    |
| 97113       | A   | R1               | Aquatic therapy/exercises    |
| 97150       | A   | R1               | Group therapeutic procedures |
| 97537       | A   | R1               | Community/work reintegration |
| 97545       | A   | R1               | Work hardening               |
| 97750       | A   | R1               | Physical performance test    |
| 97755       | A   | R1               | Assistive technology assess  |
| 97802       | A   | R1               | Medical nutrition, indiv, in |
| 97803       | A   | R1               | Med nutrition, indiv, subseq |
| 97804       | A   | R1               | Medical nutrition, group     |
| 99078       | N   | R1               | Group health education       |
| 99091       | N   | R1               | Collect/review data from pt  |

| Non-Covered |     |                  |                              |
|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| 99190       | C   | R1               | Special pump services        |
| 99191       | C   | R1               | Special pump services        |
| 99192       | C   | R1               | Special pump services        |
| 99358       | N   | R1               | Prolonged serv, w/o contact  |
| 99359       | N   | R1               | Prolonged serv, w/o contact  |
| 99366       | N   | R1               | Team conf w/pat by hc pro    |
| 99367       | N   | R1               | Team conf w/o pat by phys    |
| 99368       | N   | R1               | Team conf w/o pat by hc pro  |
| A0382       | A   | R1               | Basic support routine suppl  |
| A0384       | A   | R1               | Bls defibrillation supplies  |
| A0390       | E   | R1               | Advanced life support mileag |
| A0392       | A   | R1               | Als defibrillation supplies  |
| A0394       | A   | R1               | Als IV drug therapy supplies |
| A0396       | A   | R1               | Als esophageal intub suppl   |
| A0398       | A   | R1               | Als routine dispoible suppl  |
| A0422       | A   | R1               | Ambulance O2 life sustaining |
| A0424       | A   | R1               | Extra ambulance attendant    |
| A0432       | A   | R1               | PI volunteer ambulance co    |
| A0434       | A   | R1               | Specialty care transport     |
| A4216       | A   | R1               | Sterile water/saline, 10 ml  |
| A4217       | A   | R1               | Sterile water/saline, 500 ml |
| D0150       | S   | R1               | Comprehensve oral evaluation |

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| Non-Covered |     |                  |                              |
|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| D0240       | S   | R1               | Intraoral occlusal film      |
| D0250       | S   | R1               | Extraoral first film         |
| D0260       | S   | R1               | Extraoral ea additional film |
| D0270       | S   | R1               | Dental bitewing single film  |
| D0272       | S   | R1               | Dental bitewings two films   |
| D0274       | S   | R1               | Dental bitewings four films  |
| D0277       | S   | R1               | Vert bitewings-sev to eight  |
| D0460       | S   | R1               | Pulp vitality test           |
| D1510       | S   | R1               | Space maintainer fxd unilat  |
| D1515       | S   | R1               | Fixed bilat space maintainer |
| D1520       | S   | R1               | Remove unilat space maintain |
| D1525       | S   | R1               | Remove bilat space maintain  |
| D1550       | S   | R1               | Recement space maintainer    |
| D2999       | S   | R1               | Dental unspec restorative pr |
| D3460       | S   | R1               | Endodontic endosseous implan |
| D3999       | S   | R1               | Endodontic procedure         |
| D4260       | S   | R1               | Osseous surgery per quadrant |
| D4263       | S   | R1               | Bone replce graft first site |
| D4264       | S   | R1               | Bone replce graft each add   |
| D4268       | S   | R1               | Surgical revision procedure  |
| D4270       | S   | R1               | Pedicle soft tissue graft pr |
| D4271       | S   | R1               | Free soft tissue graft proc  |

| Non-Covered |     |                  |                              |
|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| D4273       | S   | R1               | Subepithelial tissue graft   |
| D4355       | S   | R1               | Full mouth debridement       |
| D4381       | S   | R1               | Localized delivery antimicro |
| D5911       | S   | R1               | Facial moulage sectional     |
| D5912       | S   | R1               | Facial moulage complete      |
| D5983       | S   | R1               | Radiation applicator         |
| D5984       | S   | R1               | Radiation shield             |
| D5985       | S   | R1               | Radiation cone locator       |
| D5987       | S   | R1               | Commissure splint            |
| D6920       | S   | R1               | Dental connector bar         |
| D7111       | S   | R1               | Extraction coronal remnants  |
| D7140       | S   | R1               | Extraction erupted tooth/exr |
| D7210       | S   | R1               | Rem imp tooth w mucoper flp  |
| D7220       | S   | R1               | Impact tooth remov soft tiss |
| D7230       | S   | R1               | Impact tooth remov part bony |
| D7240       | S   | R1               | Impact tooth remov comp bony |
| D7241       | S   | R1               | Impact tooth rem bony w/comp |
| D7250       | S   | R1               | Tooth root removal           |
| D7260       | S   | R1               | Oral antral fistula closure  |
| D7261       | S   | R1               | Primary closure sinus perf   |
| D7291       | S   | R1               | Transseptal fiberotomy       |
| D7940       | S   | R1               | Reshaping bone orthognathic  |

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| Non-Covered |     |                  |                              |
|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| D9110       | N   | R1               | Tx dental pain minor proc    |
| D9630       | S   | R1               | Other drugs/medicaments      |
| D9930       | S   | R1               | Treatment of complications   |
| D9940       | S   | R1               | Dental occlusal guard        |
| D9950       | S   | R1               | Occlusion analysis           |
| D9951       | S   | R1               | Limited occlusal adjustment  |
| D9952       | S   | R1               | Complete occlusal adjustment |
| G0129       | P   | R1               | Partial hosp prog service    |
| G0166       | T   | R1               | Extrnl counterpulse, per tx  |
| G0173       | S   | R1               | Linear acc stereo radsur com |
| G0177       | N   | R1               | OPPS/PHP; train & educ serv  |
| G0237       | S   | R1               | Therapeutic procd strg endur |
| G0238       | S   | R1               | Oth resp proc, indiv         |
| G0239       | S   | R1               | Oth resp proc, group         |
| G0248       | V   | R1               | Demonstrate use home inr mon |
| G0249       | V   | R1               | Provide test material,equipm |
| G0251       | S   | R1               | Linear acc based stero radio |
| G0259       | N   | R1               | Inject for sacroiliac joint  |
| G0270       | A   | R1               | MNT subs tx for change dx    |
| G0271       | A   | R1               | Group MNT 2 or more 30 mins  |
| G0281       | A   | R1               | Elec stim unattend for press |
| G0283       | A   | R1               | Elec stim other than wound   |

| Non-Covered |     |                  |   |
|-------------|-----|------------------|---|
| Code        | Fee | Status Indicator | Description   |
| G0293       | X   | R1               | Non-cov surg proc,clin trial  |
| G0294       | X   | R1               | Non-cov proc, clinical trial  |
| G0302       | S   | R1               | Pre-op service LVRS complete  |
| G0303       | S   | R1               | Pre-op service LVRS 10-15dos  |
| G0304       | S   | R1               | Pre-op service LVRS 1-9 dos   |
| G0305       | S   | R1               | Post op service LVRS min 6  |
| G0329       | A   | R1               | Electromagntic tx for ulcers  |
| G0389       | S   | R1               | Ultrasound exam AAA screen  |
| G0396       | S   | R1               | Alcohol/subs interv 15-30mn   |
| G0397       | S   | R1               | Alcohol/subs interv >30 min   |
| G0398       | S   | R1               | Home Sleep Test/type 2 Porta  |
| G0399       | S   | R1               | Home Sleep Test/type 3 Porta  |
| G0400       | S   | R1               | Home Sleep Test/type 4 Porta  |
| G0402       | V   | R1               | Initial preventive exam   |
| G0403       | M   | R1               | EKG for initial prevent exam  |
| G0404       | S   | R1               | EKG tracing for initial prev  |
| G0405       | B   | R1               | EKG interpret & report preve  |
| G0410       | P   | R1               | Group psychotherapy, not multiple-family, partial hospital setting, approx. 45 - 50 min |
| G0411       | P   | R1               | Interactive group psychotherapy, partial hospital setting, approx. 45 - 50 min          |
| G0438       | A   | R1               | PPPS, initial visit   |

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| Non-Covered |     |                  |  |
|-------------|-----|------------------|--|
| Code        | Fee | Status Indicator | Description  |
| G0439       | A   | R1               | PPPS, subseq visit   |
| G0451       | S   | R1               | Devlopment test interpt&rep  |
| G9017       | A   | R1               | Amantadine HCL 100mg oral  |
| G9018       | A   | R1               | Zanamivir,inhalation pwd 10m   |
| G9019       | A   | R1               | Oseltamivir phosphate 75mg   |
| G9020       | A   | R1               | Rimantadine HCL 100mg oral   |
| G9033       | A   | R1               | Amantadine HCL oral brand  |
| G9034       | A   | R1               | Zanamivir, inh pwdr, brand   |
| G9035       | A   | R1               | Oseltamivir phosp, brand   |
| G9036       | A   | R1               | Rimantadine HCL, brand   |
| G9143       | A   | R1               | Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s) |
| J0190       | E   | R1               | Inj biperiden lactate/5 mg   |
| J0365       | N   | R1               | Aprotonin, 10,000 kiu  |
| J0833       | K   | R1               | Cosyntropin injection NOS  |
| J1205       | K   | R1               | Chlorothiazide sodium inj  |
| J1430       | K   | R1               | Ethanolamine oleate 100 mg   |
| J1680       | K   | R1               | Injection, human fibrinogen concentrate, 100 mg  |
| J1730       | N   | R1               | Diazoxide injection  |
| J1955       | B   | R1               | Inj levocarnitine per 1 gm   |
| J2670       | N   | R1               | Totazoline hcl injection   |

| Non-Covered |     |                  |   |
|-------------|-----|------------------|---|
| Code        | Fee | Status Indicator | Description   |
| J2850       | K   | R1               | Inj secretin synthetic human                                  |
| J3350       | K   | R1               | Urea injection  |
| J3355       | K   | R1               | Urofollitropin, 75 iu   |
| J7502       | N   | R1               | Cyclosporine oral 100 mg                                      |
| J7505       | N   | R1               | Monoclonal antibodies   |
| J7507       | N   | R1               | Tacrolimus oral per 1 MG                                      |
| J7517       | N   | R1               | Mycophenolate mofetil oral                                    |
| J7518       | N   | R1               | Mycophenolic acid   |
| J7520       | N   | R1               | Sirolimus, oral   |
| J8501       | K   | R1               | Oral aprepitant   |
| J8510       | K   | R1               | Oral busulfan   |
| J8520       | K   | R1               | Capecitabine, oral, 150 mg                                    |
| J8560       | K   | R1               | Etoposide oral 50 MG  |
| J8650       | E   | R1               | Nabilone oral   |
| J9218       | K   | R1               | Leuprolide acetate injeciton                                  |
| K0672       | A   | R1               | Add to lower ext orthosis, removable soft interface, all comp |
| K0744       | A   | R1               | Absorp drg <= 16 suc pump                                     |
| K0745       | A   | R1               | Absorp drg >16 <=48 suc pump                                  |
| K0746       | A   | R1               | Absorp drg >48 suc pump                                       |
| P2028       | A   | R1               | Cephalin flocculation test                                    |
| P2029       | A   | R1               | Congo red blood test  |

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| Non-Covered |     |                  |  |
|-------------|-----|------------------|--|
| Code        | Fee | Status Indicator | Description  |
| P2033       | A   | R1               | Blood thymol turbidity   |
| P2038       | A   | R1               | Blood mucoprotein  |
| P9603       | A   | R1               | One-way allow prorated miles   |
| P9604       | A   | R1               | One-way allow prorated trip  |
| Q4115       | K   | R1               | Alloskin skin sub  |
| Q4116       | K   | R1               | Skin Substitute, alloderm, per square centimeter   |
| Q9968       | N   | R1               | Injection, non-radioactive, non-contrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg |
| S0280       | A   | R1               | Medical home program, comprehensive care coordination and planning, initial plan                             |

| Non-Covered |     |                  |  |
|-------------|-----|------------------|--|
| Code        | Fee | Status Indicator | Description  |
| S0281       | A   | R1               | Medical home program, comprehensive care coordination and planning, maintenance of plan  |
| S3713       | A   | R1               | KRAS mutation analysis testing   |
| S3865       | A   | R1               | Comprehensive gene sequence analysis for hypertrophic cardiomyopathy   |
| S3866       | A   | R1               | Genetic analysis for specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family |
| S3870       | A   | R1               | Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or mental retardation     |

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| Pay status "A/B" fee schedule items in the following code ranges are considered R1/SI. If applicable, they may be billed by the appropriately enrolled MDCH (i.e., DME, Vision, Practitioner) provider. |     |                  |   |
|---|-----|------------------|---|
| Code  | Fee | Status Indicator | Description   |
| 216 - A9901   | A   | R1               | Misc Med/Surg - DME Supplies  |
| E0203 - E2625   | A   | R1               | DME Supplies  |
| G0270 - G9044*  | A   | R1               | Procedures Exceptions: G0306, G0307, G0420, G0421, G0422, G0423, G0424, G0431, G0432, G0433, G0434, G0435 & G9041 |
| L0112 - L9900   | A   | R1               | Orthotics   |
| L4386 - L9900   | A   | R1               | Prothetics  |
| V2020 - V2799   | A   | R1               | Vision  |

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