MDHHS Outpatient Prospective Payment System

Wrap Around Codes

Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Covered			
Code	**Fee**	**Status Indicator**	**Description**
0019T	$0.00	A1	Extracorp shock wv tx ms nos
58300	**$16.05**	A4	Insert intrauterine device
80055	$38.39	A1	Obstetric panel
81161	M	A1	DMD DUP/DELET ANALYSIS
81228	**$107.71**	A1	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES
81229	**$107.71**	A1	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES
90284	M	A4	Human ig sc
90460	$7.00	A7	Im admin 1st/only component: Immunization Administration through 18 years of age via any route of administration w/counseling by physician or other qualified health care professional; first vaccine/toxoid/component

Covered			
Code	**Fee**	**Status Indicator**	**Description**
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
90620	$80.53	A5	Menb rp w/omv vaccine im (19 and older)
90620UC	$0.00	A6	Menb rp w/omv vaccine im (10 to 19 years)
90621	$64.54	A5	Menb rlp vaccine im (19 to 26 years)
90621UC	$0.00	A6	Menb rlp vaccine im (10 to 19 years)
90630	$23.47	A5	Flu vacc iiv4 no preserv id
90633	$0.00	A6	Hepa vacc ped/adol 2 dose im (1 to 19 years)
90644	$0.00	A6	MENINGOCCL HIB VAC 4 DOSE IM (6 weeks-18 months)
90647	$0.00	A6	HIB VACCINE PRP-OMP IM **(2 months to 5 years)**
90648	$0.00	A6	HIB VACCINE PRP-T IM **(2 months to 5 years)**
90649	$155.03	A5	HPV (19 to 27 years)

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System

Wrap Around Codes

Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Covered			
Code	**Fee**	**Status Indicator**	**Description**
90649UC	$0.00	A6	HPV (9 to 19 years)
90650	$135.68	A5	HPV vaccine 2 valent, IM **(9 to 26 years)**
90651	$172.08	A5	Hpv vaccine non valent im **(19-27 years)**
90651UC	$0.00	A6	Hpv vaccine non valent im (9 to 19 years)
90654	$18.92	A5	Flu vaccine no preserve, ID (18 and older)
90655	$0.00	A6	Flu vaccine, no preserv 6-35m
90656	$13.88	A5	Flu vaccine, no preserv 3 & > (19 and older)
90656UC	$0.00	A6	Flu vaccine, no preserv 3 & > (3-19 years)
90657	$0.00	A6	Flu vaccine, no preserv 6-35m
90658	$11.37	A5	Flu vaccine 3 yrs & > im (19 and older)
90658UC	$0.00	A6	Flu vaccine 3 yrs & > im (3-19 years)
90661	$22.29	A5	Flu vacc cell cult prsv free
90662	$36.32	A5	Flu vacc prsv free inc antig, age 65 and >
90670	$181.06	A5	Pneumococcal vacc, 13 val im (19 and older)
90670**UC**	$0.00	A6	Pneumococcal vacc, 13 val im **(6 weeks to 19 years)**
90672	$26.88	A5	FLU VACCINE 4 VALENT NASAL(19 to 50 years)
90672UC	$0.00	A6	FLU VACCINE 4 VALENT NASAL(2 to 19 years)
90673	$37.19	A5	Vaccine for influenza administered into muscle, preservative and antibiotic free **(18-50 years)**
90680	$0.00	A6	Rotovirus vacc 3 dose oral, 3 doses (6-31 weeks)

Covered			
Code	**Fee**	**Status Indicator**	**Description**
90681	$0.00	A6	Rotovirus vacc 2 dose oral (6-23 weeks) (effective DOS on/after 8-01-08)
90685	$0.00	A6	FLU VAC NO PRSV 4 VAL 6-35 M(Effective DOS on/after 7/1/2013)
90686	$18.16	A5	FLU VAC NO PRSV 4 VAL 3 YRS+(19 and older)
90686UC	$0.00	A6	FLU VAC NO PRSV 4 VAL 3 YRS+**(3 to 19 years)**
90687	$0.00	A6	FLU VACCINE 4 VAL 6-35 MO IM
90688	$18.27	A5	Flu vacc 4 val 3 yrs plus im (19 and older)
90688UC	$0.00	A6	Flu vacc 4 val 3 yrs plus im (3-19 years)
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 under 7 yrs im
90707	Medicare SI - N	A5	Measles, mumps & rubella virus vaccine (MMR), live, SC (19 and older)
90707**UC**	$0.00	A6	Measles, mumps & rubella virus vaccine (MMR), live, SC **(1 to 19 years)**
90710	$0.00	A6	Mmrv vaccine sc
90713	Medicare SI - N	A5	POLIOVIRUS IPV SC/IM (19 and older)
90713**UC**	$0.00	A6	POLIOVIRUS IPV SC/IM **(6 weeks to 19 years)**
90714	Medicare SI - N	A5	TD VACCINE NO PRSRV 7/> IM (19 and older)

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System

Wrap Around Codes

Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Covered			
Code	**Fee**	**Status Indicator**	**Description**
90714**UC**	$0.00	A6	TD VACCINE NO PRSRV 7/> IM **(7 to 19 years)**
90715	Medicare SI - N	A5	TDAP VACCINE 7 YRS/> IM (19 and older)
90715**UC**	$0.00	A6	TDAP VACCINE 7 YRS/> IM **(7 to 19 years)**
90716	$88.10	A5	Chicken pox vaccine sc (19 and older)
90716UC	$0.00	A6	Chicken pox vaccine sc (1-19 years)
90723	$0.00	A6	Dtap-hep b-ipv vaccine im
90732	**$89.95**	A5	Pneumococcal vaccine (19 & older)
90732UC	$0.00	A6	Pneumococcal vaccine **(2 to 19 years)**
90734	$55.75	A5	Meningococcal vaccine, im age change * (19 to 56 years)
90734UC	$0.00	**A6**	Meningococcal vaccine, im age change * **(2 months to 19 years)**
90736	$208.95	A5	ZOSTER VACC SC (50 and older)
90740	**$122.96**	A5	Hepb vacc, ill pat 3 dose im (19 and older)
90744	$25.39	A5	Hep B vacc ped/adol 3 dose im (19 to 20 years)
90744**UC**	$0.00	A6	Hep B vacc ped/adol 3 dose im **(0 to 19 years)**
90746	**$61.48**	A5	Hep b vaccine, adult, im
90747	**$122.96**	A5	Hepb vacc, ill pat 4 dose im
90748	$0.00	A6	Hep b/hib vaccine, im
92551	**$6.74**	A4	Pure tone hearing test air
92590	$45.02	A4	Hearing aid exam one ear
92591	$45.02	A4	Hearing aid exam both ears

Covered			
Code	**Fee**	**Status Indicator**	**Description**
92594	$13.04	A4	Electro hearing aid test one
92595	$26.10	A4	Electro hearing aid tst both
92630	$32.68	A4	Aud rehab pre-ling hear loss
92633	$32.68	A4	Aud rehab postling hear loss
97014	**$8.91**	A4	Electric stim -unattended
99381	**$53.72**	A4	Prev visit, new, infant
99382	**$53.72**	A4	Prev visit new age 1-4
99383	**$53.72**	A4	Prev visit new age 5-11
99384	**$53.72**	A4	Prev visit new age 12-17
99385	**$53.72**	A4	Prev visit new age 18-39
99386	**$53.72**	A4	Prev visit new age 40-64
99387	**$53.72**	A4	Prev visit, new 65 & over
99391	**$53.72**	A4	Prev visit, est, infant
99392	**$53.72**	A4	Prev visit est age 1-4
99393	**$53.72**	A4	Prev visit est age 5-11
99394	**$53.72**	A4	Prev visit est age 12-17
99395	**$53.72**	A4	Prev visit est age 18-39
99396	**$53.72**	A4	Prev visit est age 40-64
99397	**$53.72**	A4	Prev visit est 65 & over
99401	**$53.72**	A4	Prev counseling, indiv 15 min
99402	**$53.72**	A4	Prev counseling, indiv 30 min
G0008	$7.00	A7	Admin influenza virus vac

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System

Wrap Around Codes

Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Covered			
Code	**Fee**	**Status Indicator**	**Description**
G0009	$7.00	A7	Admin pneumococcal vaccine
G0010	$7.00	A7	Admin hepatitis b vaccine
G0104	Medicare SI - T	A8	Ca screen;flexi sigmoidscope
G0105	Medicare SI - T	A8	Colorectal scrn; hi risk ind
G0121	Medicare SI - T	A8	Colon ca scrn not hi rsk ind
G0297	Medicare SI - S	A8	Ldct for lung ca screen
G0328	Medicare SI - A	A8	Fecal blood scrn immunoassay
G0477	$3.90	A1	Drug test presump optical
G0478	$5.20	A1	Drug test presump opt inst
G0479	$20.81	A1	Drug test presump not opt
G0480	$22.25	A1	Drug test def 1-7 classes
G0481	$34.23	A1	Drug test def 8-14 classes
G0482	$46.20	A1	Drug test def 15-21 classes
G0483	$59.89	A1	Drug test def 22+ classes
J1826	**$402.56**	A4	Interferon Beta-1A inj
J7297	$662.50	A4	Levonorgestrel iu 52mg 3 yr
J7298	$859.11	A4	Levonorgestrel iu 52mg 5 yr
J7300	$783.34	A4	Intraut copper contraceptive

Covered			
Code	**Fee**	**Status Indicator**	**Description**
J7301	$689.33	A1	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg
J7307	$817.81	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	**$2.02**	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
S0030	$0.01	A4	Injection, metronidazole
S0080	$21.05	A4	Injection, pentamidine iseth
S0164	$2.79	A4	Injection pantroprazole
S0166	$5.44	A4	Inj olanzapine 2.5mg
S0171	$0.28	A4	Bumetanide 0.5 mg
V5020	$28.60	A4	Conformity evaluation
V5020GY	$28.60	A4	Conformity evaluation
V5264	$36.43	A4	Ear mold/insert

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System

Wrap Around Codes

Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

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	$145.34	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	$1,866.60	A2	ESRD related services, home dialysis per full month, 2 yrs & <
90964	$1,866.60	A2	ESRD related services, home dialysis per full month, 2-11 yrs
90965	$1,866.60	A2	ESRD related services, home dialysis per full month, 12-19 yrs

Dialysis			
Code	**Fee**	**Status Indicator**	**Description**
90966	$1,866.60	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
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

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System

Wrap Around Codes

Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Dialysis			
Code	**Fee**	**Status Indicator**	**Description**
90999	$145.34	A2	Unlisted Dialysis procedure (*per Medicare, hemodialysis claims must include HCPCS 90999 on the line reporting Revenue Code 082X)
Q4081	**$1.24**	A2	EPO - 100 units

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
0004M	A	R1	Scoliosis dna alys
0006M	A	R1	Onc hep gene risk classifier
0007M	A	R1	Onc gastro 51 gene nomogram
0008M	A	R1	Onc breast risk score
0009M	A	R1	Fetal aneuploidy trisom risk
0042T	N	R1	Ct perfusion w/contrast cbf
0051T	C	R1	Implant total heart system
0052T	C	R1	Replace component heart syst
0053T	C	R1	Replace component heart syst
0058T	Q1	R1	Cryopreservation ovary tiss
0071T	T	R1	Us leiomyomata ablate <200
0072T	T	R1	Us leiomyomata ablate >200
0075T	C	R1	Perq stent/chest vert art
0076T	C	R1	S&i stent/chest vert art

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
0095T	C	R1	Artific diskectomy addl
0098T	C	R1	Rev artific disc addl
0100T	T	R1	Prosth retina receive&gen
0101T	T	R1	Extracorp shockwv tx hi enrg
0102T	T	R1	Extracorp shockwv tx anesth
0106T	Q1	R1	Touch quant sensory test
0107T	Q1	R1	Vibrate quant sensory test
0108T	Q1	R1	Cool quant sensory test
0109T	Q1	R1	Heat quant sensory test
0110T	Q1	R1	Nos quant sensory test
0111T	A	R1	Rbc membranes fatty acids
0126T	Q1	R1	Chd risk imt study
0159T	N	R1	Cad breast mri
0163T	C	R1	Lumb artif diskectomy addl

Codes with UC modifier removed and price changes in red

Subject to Change

New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System
Wrap Around Codes
Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
0164T	C	R1	Remove lumb artif disc addl
0165T	C	R1	Revise lumb artif disc addl
0169T	C	R1	Place stereo cath brain
0171T	J1	R1	Lumbar spine proces distract
0172T	N	R1	Lumbar spine proces addl
0174T	N	R1	Cad cxr with interp
0175T	N	R1	Cad cxr with interp
0184T	J1	R1	Exc rectal tumor endoscopic
0263T	S	R1	Im b1 mrw cel ther cmpl
0264T	S	R1	Im b1 mrw cel ther xcl hrvst
0265T	S	R1	Im b1 mrw cel ther hrvst onl
0266T	C	R1	Implt/rpl crtd sns dev total
0267T	T	R1	Implt/rpl crtd sns dev lead
0268T	J1	R1	Implt/rpl crtd sns dev gen
0269T	Q2	R1	Rev/remvl crtd sns dev total
0270T	Q2	R1	Rev/remvl crtd sns dev lead
0271T	Q2	R1	Rev/remvl crtd sns dev gen
0272T	S	R1	Interrogate crtd sns dev
0273T	S	R1	Interrogate crtd sns w/pgrmg
0274T	J1	R1	Perq lamot/lam crv/thrc
0275T	J1	R1	Perq lamot/lam lumbar
0278T	Q1	R1	Tempr

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
0281T	C	R1	Laa closure w/implant
0282T	J1	R1	Periph field stimul trial
0283T	J1	R1	Periph field stimul perm
0284T	Q2	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
0292T	N	R1	Iv oct for proc addl vessel
0293T	C	R1	Ins lt atrl press monitor
0294T	C	R1	Ins lt atrl press mont addon
0296T	Q1	R1	Ext ecg recording
0297T	Q1	R1	Ext ecg scan w/report
0299T	T	R1	Esw wound healing init wound
0300T	N	R1	Esw wound healing addl wound
0301T	T	R1	Mw therapy for breast tumor
0302T	J1	R1	Icar ischm mntrng sys compl
0303T	J1	R1	Icar ischm mntrng sys eltrd
0304T	J1	R1	Icar ischm mntrng sys device

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System
Wrap Around Codes
Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
0305T	Q1	R1	Icar ischm mntrng prgrm eval
0306T	Q1	R1	Icar ischm mntr interr eval
0307T	Q2	R1	Rmvl icar ischm mntrng dvce
0308T	J1	R1	Insj ocular telescope prosth
0309T	C	R1	Prescrl fuse w/ instr l4/l5
0310T	S	R1	Motor function mapping ntms
0312T	J1	R1	Laps impltj nstim vagus
0313T	T	R1	Laps rmvl nstim array vagus
0314T	Q2	R1	Laps rmvl vgl arry&pls gen
0315T	Q2	R1	Rmvl vagus nerve pls gen
0316T	J1	R1	Replc vagus nerve pls gen
0317T	Q1	R1	Elec alys vagus nrv pls gen
0330T	Q1	R1	Tear film img uni/bi w/i&r
0331T	S	R1	Heart symp image plnr
0332T	S	R1	Heart symp image plnr spect
0335T	T	R1	Insertion of foot joint implant
0336T	J1	R1	Destruction of growths in uterus with ultrasound guidance using an endoscope
0337T	Q1	R1	Noninvasive upper limbs blood vessel study
0338T	J1	R1	Destruction of nerves of arteries of both kidneys accessed through the skin with fluoroscopy and radiological supervision and interpretation

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
0339T	J1	R1	Destruction of nerves of arteries of one kidney accessed through the skin with fluoroscopy and radiological supervision and interpretation
0340T	T	R1	Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance
0341T	N	R1	Quantitative pupillometry with interpretation and report, unilateral or bilateral
0342T	S	R1	Therapeutic apheresis with selective hdl delipidation and plasma reinfusion
0345T	C	R1	Transcatheter mitral valve repair percutaneous approach via the coronary sinus
0346T	N	R1	Ultrasound, elastography (list separately in addition to code for primary procedure)
0347T	Q1	R1	Ins bone device for rsa
0348T	Q1	R1	RSA spine exam
0349T	Q1	R1	RSA upper extr exam
0350T	Q1	R1	RSA lower extr exam
0351T	N	R1	Intraop oct brst/node spec
0353T	N	R1	Intraop oct breast cavity
0355T	T	R1	GI tract capsule endoscopy
0356T	Q1	R1	Insrt drug device for iop
0357T	Q1	R1	Cryopreservation oocyte(s)
0358T	Q1	R1	BIA whole body
0359T	V	R1	Behavioral id assessment

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System
Wrap Around Codes
Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
0360T	V	R1	Observ behav assessment
0361T	N	R1	Observ behav assess addl
0362T	V	R1	Expose behav assessment
0363T	N	R1	Expose behav assess addl
0364T	S	R1	Behavior treatment
0365T	N	R1	Behavior treatment addl
0366T	S	R1	Group behavior treatment
0367T	N	R1	Group behav treatment addl
0368T	S	R1	Behavior treatment modified
0369T	N	R1	Behav treatment modify addl
0370T	S	R1	Fam behav treatment guidance
0371T	S	R1	Mult fam behav treat guide
0372T	S	R1	Social skills training group
0373T	S	R1	Exposure behavior treatment
0374T	N	R1	Expose behav treatment addl
0375T	C	R1	Total disc arthrp ant appr
0376T	N	R1	Insert ant segment drain int
0377T	T	R1	Anoscpy inj agent for incont
0379T	Q1	R1	Vis field assmnt tech suppt
0380T	Q1	R1	Comp animat ret imag series
0387T	J1	R1	Leadless c pm ins/rpl ventr
0388T	T	R1	Leadless c pm remove ventr

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
0389T	Q1	R1	Prog eval inper leadls pm
0390T	N	R1	Periproc eval inper ledls pm
0391T	Q1	R1	Intergt eval inper leadls pm
0392T	J1	R1	Lap es sph augment dev place
0393T	Q2	R1	Es sph augmnt device removal
0394T	S	R1	Hdr elctrnc skn surf brchytx
0395T	S	R1	Hdr elctr ntrst/ntrcv brchtx
0396T	N	R1	Intraop kinetic balnce sensr
0397T	N	R1	Ercp w/optical endomicroscpy
0399T	N	R1	Myocardial strain imaging
0400T	N	R1	Mltispectrl digital les alys
0401T	N	R1	Mltispectrl digital les alys
0402T	T	R1	Collagen crosslinking cornea
0404T	J1	R1	Trnscrv uterin fibroid abltj
0406T	N	R1	Sin ndsc plmt drg elut mplnt
0407T	N	R1	Sin ndsc plmt drg elut mplnt
0408T	J1	R1	Insj/rplc cardiac modulj sys
0409T	J1	R1	Insj/rplc cardiac modulj pls
0410T	J1	R1	Insj/rplc car modulj atr elt
0411T	J1	R1	Insj/rplc car modulj vnt elt
0412T	Q2	R1	Rmvl cardiac modulj pls gen
0413T	Q2	R1	Rmvl car modulj tranvns elt

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System
Wrap Around Codes
Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
0414T	J1	R1	Rmvl & rpl car modulj pls gn
0415T	T	R1	Repos car modulj tranvns elt
0416T	T	R1	Reloc skin pocket pls gen
0417T	Q1	R1	Prgrmg eval cardiac modulj
0418T	Q1	R1	Interro eval cardiac modulj
0419T	T	R1	Dstrj neurofibromata xtnsv
0420T	T	R1	Dstrj neurofibromata xtnsv
0422T	Q1	R1	Tactile breast img uni/bi
0423T	A	R1	Assay secretory type ii pla2
0424T	J1	R1	Insj/rplc nstim apnea compl
0425T	J1	R1	Insj/rplc nstim apnea sen ld
0426T	J1	R1	Insj/rplc nstim apnea stm ld
0427T	J1	R1	Insj/rplc nstim apnea pls gn
0428T	Q2	R1	Rmvl nstim apnea pls gen
0429T	Q2	R1	Rmvl nstim apnea sen ld
0430T	Q2	R1	Rmvl nstim apnea stimj ld
0431T	J1	R1	Rmvl/rplc nstim apnea pls gn
0432T	T	R1	Repos nstim apnea stimj ld
0433T	T	R1	Repos nstim apnea sensing ld
0434T	S	R1	Interro eval npgs sleep apne
0435T	S	R1	Prgrmg eval npgs apnea 1 ses
0436T	S	R1	Prgrmg eval npgs apnea study

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
01991	N	R1	Anesth nerve block/inj
01992	N	R1	Anesth n block/inj prone
55400	T	R1	Repair of sperm duct
55970	T	R1	Sex transformation m to f
55980	T	R1	Sex transformation f to m
58321	T	R1	Artificial insemination
58322	T	R1	Artificial insemination
58323	T	R1	Sperm washing
58672	J1	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
61630	C	R1	Intracranial angioplasty
61635	C	R1	Intracran angioplsty w/stent
64550	A	R1	Apply neurostimulator
76948	N	R1	Echo guide ova aspiration
80400	Q4	R1	Acth stimulation panel
80402	Q4	R1	Acth stimulation panel
80406	Q4	R1	Acth stimulation panel

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System
Wrap Around Codes
Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
80408	Q4	R1	Aldosterone suppression eval
80410	Q4	R1	Calcitonin stimul panel
80412	Q4	R1	CRH stimulation panel
80414	Q4	R1	Testosterone response
80415	Q4	R1	Estradiol response panel
80416	Q4	R1	Renin stimulation panel
80417	Q4	R1	Renin stimulation panel
80418	Q4	R1	Pituitary evaluation panel
80420	Q4	R1	Dexamethasone panel
80422	Q4	R1	Glucagon tolerance panel
80424	Q4	R1	Glucagon tolerance panel
80426	Q4	R1	Gonadotropin hormone panel
80428	Q4	R1	Growth hormone panel
80430	Q4	R1	Growth hormone panel
80432	Q4	R1	Insulin suppression panel
80434	Q4	R1	Insulin tolerance panel
80435	Q4	R1	Insulin tolerance panel
80436	Q4	R1	Metyrapone panel
80438	Q4	R1	TRH stimulation panel
80439	Q4	R1	TRH stimulation panel
81007	Q4	R1	Urine screen for bacteria
81020	Q4	R1	Urinalysis glass test

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
81050	Q4	R1	Urinalysis volume measure
81162	A	R1	Brca1&2 seq & full dup/del
81213	A	R1	BRCA1&2 UNCOM DUP/DEL VAR
81227	A	R1	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER VARIANTS (EG, BACTERIAL ARTIFICIAL CHROMOSOME [BAC] OR OLIGO-BASED COMPARATIVE GENOMIC HYBRIDIZATION [CGH] MICROARRAY ANALYSIS)
81246	A	R1	Flt3 gene analysis
81252	A	R1	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA; CONNEXIN 26) (EG, NONSYNDROMIC HEARING LOSS) GENE ANALYSIS; FULL GENE SEQUENCE
81253	A	R1	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA; KNOWN FAMILIAL VARIANTS
81254	A	R1	GJB6 (GAP JUNCTION PROTEIN, BETA 6, 30KDA, CONNEXIN 30) (EG, NONSYNDROMIC HEARING LOSS) GENE ANALYSIS, COMMON VARIANTS (EG, 309KB [DEL(GJB6-D13S1830)] AND 232KB [DEL(GJB6-D13S1854)])
81260	A	R1	IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KINASE COMPLEX-ASSOCIATED PROTEIN) (EG, FAMILIAL DYSAUTONOMIA) GENE ANALYSIS, COMMON VARIANTS (EG, 2507+6T>C, R696P)

Subject to Change

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System
Wrap Around Codes
Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
81287	A	R1	MGMT (O-6-methylguanine-DNA methyltransferase) gene analysis
81288	A	R1	Mlh1 gene
81291	A	R1	MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (EG, 677T, 1298C)
81302	A	R1	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
81303	A	R1	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT
81304	A	R1	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS
81313	A	R1	Pca3/klk3 antigen
81324	A	R1	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; DUPLICATION/DELETION ANALYSIS
81325	A	R1	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; FULL SEQUENCE ANALYSIS

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
81326	A	R1	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; KNOWN FAMILIAL VARIANT
81350	A	R1	UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (EG, IRINOTECAN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *28, *36, *37)
81355	A	R1	VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (EG, WARFARIN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, -1639/3673)
81410	A	R1	Aortic dysfunction/dilation
81411	A	R1	Aortic dysfunction/dilation
81412	A	R1	Ashkenazi jewish assoc dis
81415	A	R1	Exome sequence analysis
81416	A	R1	Exome sequence analysis
81417	A	R1	Exome re-evaluation
81425	A	R1	Genome sequence analysis
81426	A	R1	Genome sequence analysis
81427	A	R1	Genome re-evaluation
81430	A	R1	Hearing loss sequence analys
81431	A	R1	Hearing loss dup/del analys
81432	A	R1	Hrdtry brst ca-rlatd dsordrs

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System
Wrap Around Codes
Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
81433	A	R1	Hrdtry brst ca-rlatd dsordrs
81434	A	R1	Hereditary retinal disorders
81435	A	R1	Hereditary colon cancer
81436	A	R1	Hereditary colon ca synd
81437	A	R1	Heredtry nurondcrn tum dsrdr
81438	A	R1	Heredtry nurondcrn tum dsrdr
81440	A	R1	Mitochondrial gene
81442	A	R1	Noonan spectrum disorders
81445	A	R1	Targeted genomic seq analys
81450	A	R1	Targeted genomic seq analys
81455	A	R1	Targeted genomic seq analys
81460	A	R1	Whole mitochondrial genome
81465	A	R1	Whole mitochondrial genome
81470	A	R1	X-linked intellectual dblt
81471	A	R1	X-linked intellectual dblt
81490	Q4	R1	Autoimmune rheumatoid arthr
81493	A	R1	Cor artery disease mrna
81504	A	R1	Genetic profiling on oncology biopsy lesions
81507	A	R1	DNA analysis using maternal plasma
81519	A	R1	Oncology breast mrna
81525	A	R1	Oncology colon mrna
81538	Q4	R1	Oncology lung

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
81540	A	R1	Oncology tum unknown origin
81545	A	R1	Oncology thyroid
81595	A	R1	Cardiology hrt trnspl mrna
82075	Q4	R1	Assay of breath ethanol
82104	Q4	R1	Alpha-1-antitrypsin pheno
82190	Q4	R1	Atomic absorption
82286	Q4	R1	Assay of bradykinin
82331	Q4	R1	Calcium infusion test
82387	Q4	R1	Assay of cathepsin-d
82397	Q4	R1	Chemiluminescent assay
82441	Q4	R1	Test for chlorohydrocarbons
82485	Q4	R1	Assay chondroitin sulfate
82507	Q4	R1	Assay of citrate
82523	Q4	R1	Collagen crosslinks
82542	Q4	R1	Column chromotography qual/quan
82610	Q4	R1	Cystatin c
82657	Q4	R1	Enzyme cell activity
82658	Q4	R1	Enzyme cell activity ra
82664	Q4	R1	Electrophoretic test
82757	Q4	R1	Assay of semen fructose
82759	Q4	R1	Assay of rbc galactokinase
82776	Q4	R1	Galactose transferase test

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System
Wrap Around Codes
Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
82820	Q4	R1	Hemoglobin-oxygen affinity
82963	Q4	R1	Assay of glucosidase
82978	Q4	R1	Assay of glutathione
83012	Q4	R1	Assay of haptoglobins
83088	Q4	R1	Assay of histamine
83499	Q4	R1	Assay of progesterone 20-
83516	Q4	R1	Immunoassay nonantibody
83518	Q4	R1	Immunoassay dipstick
83519	Q4	R1	Immunoassay nonantibody
83520	Q4	R1	Immunoassay RIA
83528	Q4	R1	Assay of intrinsic factor
83670	Q4	R1	Assay of lap enzyme
83727	Q4	R1	Assay of lrh hormone
83789	Q4	R1	Mass spectrometry qua/quan
83883	Q4	R1	Assay nephelometry not spec
83918	Q4	R1	Organic acids total, quant
83919	Q4	R1	Organic acids qual, each
83993	Q4	R1	Assay for calprotectin fecal
84061	Q4	R1	Phosphatase forensic exam
84085	Q4	R1	Assay of rbc pg6d enzyme
84150	Q4	R1	Assay of prostaglandin
84203	Q4	R1	Test RBC protoporphyrin

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
84206	Q4	R1	Assay of proinsulin
84235	Q4	R1	Assay of endocrine hormone
84270	Q4	R1	Assay of sex hormone globul
84275	Q4	R1	Assay of sialic acid
84315	Q4	R1	Body fluid specific gravity
84375	Q4	R1	Chromatogram assay sugars
84376	Q4	R1	Sugars single qual
84377	Q4	R1	Sugars multiple qual
84378	Q4	R1	Sugars single quant
84379	Q4	R1	Sugars multiple quant
84482	Q4	R1	T3 reverse
84485	Q4	R1	Assay duodenal fluid trypsin
84525	Q4	R1	Urea nitrogen semi-quant
84597	Q4	R1	Assay of vitamin k
84830	Q4	R1	Ovulation tests
85130	Q4	R1	Chromogenic substrate assay
85170	Q4	R1	Blood clot retraction
85536	Q4	R1	Iron stain peripheral blood
85555	Q4	R1	RBC osmotic fragility
86023	Q4	R1	Immunoglobulin assay
86155	Q4	R1	Chemotaxis assay
86185	Q4	R1	Counterimmunoelectrophoresis

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System
Wrap Around Codes
Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
86280	Q4	R1	Hemagglutination inhibition
86327	Q4	R1	Immunoelectrophoresis assay
86331	Q4	R1	Immunodiffusion ouchterlony
86343	Q4	R1	Leukocyte histamine release
86344	Q4	R1	Leukocyte phagocytosis
86378	Q4	R1	Migration inhibitory factor
86822	Q4	R1	Lymphocyte culture primed
86940	Q4	R1	Hemolysins/agglutinins auto
86941	Q4	R1	Hemolysins/agglutinins
87003	Q4	R1	Small animal inoculation
87176	Q4	R1	Tissue homogenization cultr
87187	Q4	R1	Microbe susceptible mlc
87197	Q4	R1	Bactericidal level serum
88150	Q4	R1	Cytopath c/v manual
88152	Q4	R1	Cytopath c/v auto redo
88153	Q4	R1	Cytopath c/v redo
88154	Q4	R1	Cytopath c/v select
89272	Q2	R1	Extended culture of oocytes
89280	Q2	R1	Assist oocyte fertilization
89281	Q1	R1	Assist oocyte fertilization
89290	Q1	R1	Biopsy oocyte polar body
89291	Q1	R1	Biopsy oocyte polar body

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
89325	Q4	R1	Sperm antibody test
89329	Q4	R1	Sperm evaluation test
89330	Q4	R1	Evaluation cervical mucus
89335	Q1	R1	Cryopreserve testicular tiss
89337	Q1	R1	Cryopreservation oocyte(s)
89342	Q1	R1	Storage/year embryo(s)
89343	Q1	R1	Storage/year sperm/semen
89344	Q1	R1	Storage/year reprod tissue
89346	Q2	R1	Storage/year oocyte(s)
89352	Q1	R1	Thawing cryopresrved embryo
89353	Q1	R1	Thawing cryopresrved sperm
89354	Q1	R1	Thaw cryoprsvrd reprod tiss
89356	Q1	R1	Thawing cryopresrved oocyte
89398	Q1	R1	Unlisted reproductive medicine laboratory procedure
86590	Q4	R1	Streptokinase antibody
88372	N	R1	Protein analysis w/probe
89160	Q4	R1	Exam feces for meat fibers
89250	Q1	R1	Cultr oocyte/embryo <4 days
89251	Q2	R1	Cultr oocyte/embryo <4 days
89253	Q1	R1	Embryo hatching
89254	Q1	R1	Oocyte identification

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System
Wrap Around Codes
Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
89255	Q1	R1	Prepare embryo for transfer
89257	Q1	R1	Sperm identification
89258	Q2	R1	Cryopreservation embryo(s)
89259	Q1	R1	Cryopreservation sperm
89260	Q1	R1	Sperm isolation simple
89261	Q1	R1	Sperm isolation complex
89264	Q1	R1	Identify sperm tissue
89268	Q1	R1	Insemination of oocytes
90585	K	R1	Bcg vaccine percut
90634	N	R1	Hepa vacc ped/adol 3 dose
90660	L	R1	Flu vaccine, nasal (19 and older)
90660UC	L	R1	Flu vaccine, nasal (0 to 19 years)
90690	N	R1	Typhoid vaccine oral
90743	F	R1	Hep b vacc adol 2 dose im
90845	Q3	R1	Psychoanalysis
90846	Q3	R1	Family psytx w/o patient
90849	Q3	R1	Multiple family group psytx
90865	Q3	R1	Narcosynthesis
90867	S	R1	Tcranial magn stim tx plan
90868	S	R1	Tcranial magn stim tx deli
90869	S	R1	Tcran magn stim redetemine
90880	Q3	R1	Hypnotherapy

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
90885	N	R1	Psy evaluation of records
90889	N	R1	Preparation of report
90901	A	R1	Biofeedback train any meth
90911	S	R1	Biofeedback peri/uro/rectal
92140	Q1	R1	Glaucoma provocative tests
92311	Q1	R1	Contact lens fitting
92312	Q1	R1	Contact lens fitting
92313	Q1	R1	Contact lens fitting
92315	Q1	R1	Prescription of contact lens
92316	Q1	R1	Prescription of contact lens
92317	Q1	R1	Prescription of contact lens
92325	Q1	R1	Modification of contact lens
92326	Q1	R1	Replacement of contact lens
92352	Q1	R1	Special spectacles fitting
92353	Q1	R1	Special spectacles fitting
92354	Q1	R1	Special spectacles fitting
92355	Q1	R1	Special spectacles fitting
92358	Q1	R1	Eye prosthesis service
92371	Q1	R1	Repair & adjust spectacles
92512	S	R1	Nasal function studies
92516	S	R1	Facial nerve function test
92531	N	R1	Spontaneous nystagmus study

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System
Wrap Around Codes
Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
92532	N	R1	Positional nystagmus test
92533	N	R1	Caloric vestibular test
92534	N	R1	Optokinetic nystagmus test
92572	Q1	R1	Staggered spondaic word test
92583	Q1	R1	Select picture audiometry
92584	S	R1	Electrocochleography
92596	Q1	R1	Ear protector evaluation
92605	A	R1	Exl for nonspeech device rx
92606	A	R1	Non-speech device service
92618	A	R1	Ex for nonspeech dev rx add
92620	Q1	R1	Auditory function 60 min
92621	N	R1	Auditory function + 15 min
92640	S	R1	Aud brainstem implt programg
93050	Q1	R1	Art pressure waveform analys
93770	N	R1	Measure venous pressure
93786	Q1	R1	Ambulatory BP recording
93788	Q1	R1	Ambulatory BP analysis
94014	Q1	R1	Patient recorded spirometry
94015	Q1	R1	Patient recorded spirometry
94016	A	R1	Review patient spirometry
94452	Q1	R1	Hast w/report
94453	Q1	R1	Hast w/oxygen titrate

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
94664	Q1	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	Q1	R1	Car seat/bed test 60 min
94781	N	R1	Car seat/bed test + 30 min
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
95941	N	R1	Ionm remote/>1 pt or per hr
95954	S	R1	EEG monitoring/giving drugs
95992	A	R1	Canalith repositioning procedure(s) (EG, Epley Maneuver, Semont Manuever), per
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	Q1	R1	Ultraviolet light therapy

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System
Wrap Around Codes
Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
96902	N	R1	Trichogram
96904	N	R1	Whole body photography
96913	T	R1	Photochemotherapy UV-A or B
96932	Q1	R1	Rcm celulr subcelulr img skn
96934	N	R1	Rcm celulr subcelulr img skn
96935	N	R1	Rcm celulr subcelulr img skn
96936	N	R1	Rcm celulr subcelulr img skn
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
97546	A	R1	Work hardening add-on
97610	Q1	R1	Low frequency, non-contact, non-thermal ultrasound wound assessment, and instructions for ongoing care, per day
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**
99184	C	R1	Hypothermia ill neonate
99190	C	R1	Special pump services
99191	C	R1	Special pump services
99192	C	R1	Special pump services
99358	N	R1	Prolonged service, 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 prof
99487	N	R1	Cmplx chron care w/o pt vsit
99489	N	R1	Complx chron care addl 30 min
99490	V	R1	Chron care mgmt srvc 20 min
A0432	A	R1	PI volunteer ambulance co
A0434	A	R1	Specialty care transport
A4216	N	R1	Sterile water/saline, 10 ml
A4217	N	R1	Sterile water/saline, 500 ml
A4337	N	R1	Incontinent rectal insert
A4602	N	R1	Replace lithium battery 1.5v
A7047	N	R1	Resp suction oral interface
A7048	N	R1	Vacuum drain bottle/tube kit
A9586	G	R1	Florbetapir f18
A4211	N	R1	Supp for self-adm injections

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System
Wrap Around Codes
Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
A4212	N	R1	Non coring needle or stylet
A4221	N	R1	Maint drug infus cath per wk
A4222	N	R1	Infusion supplies with pump
A4223	N	R1	Infusion supplies w/o pump
A4255	N	R1	Glucose monitor platforms
A4258	N	R1	Lancet device each
A4290	N	R1	Sacral nerve stim test lead
A4321	N	R1	Cath therapeutic irrig agent
A4327	N	R1	Fem urinary collect dev cup
A4332	N	R1	Lube sterile packet
A4336	N	R1	Urethral insert
A4356	N	R1	Ext ureth clmp or compr dvc
A4360	N	R1	Disposable ext urethral dev
A4366	N	R1	Ostomy vent
A4384	N	R1	Ostomy faceplt/silicone ring
A4396	N	R1	Peristomal hernia supprt blt
A4461	N	R1	Surgicl dress hold non-reuse
A4463	N	R1	Surgical dress holder reuse
A4465	N	R1	Non-elastic extremity binder
A4470	N	R1	Gravlee jet washer
A4480	N	R1	Vabra aspirator
A4483	N	R1	Moisture exchanger

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
A4559	N	R1	Coupling gel or paste
A4565	N	R1	Slings
A4604	N	R1	Tubing with heating element
A4605	N	R1	Trach suction cath close sys
A4608	N	R1	Transtracheal oxygen cath
A4616	N	R1	Tubing (oxygen) per foot
A4617	N	R1	Mouth piece
A4618	N	R1	Breathing circuits
A4634	N	R1	Replacement bulb th lightbox
A4651	N	R1	Calibrated microcap tube
A4652	N	R1	Microcapillary tube sealant
A4653	N	R1	Pd catheter anchor belt
A4680	N	R1	Activated carbon filter, ea
A4690	N	R1	Dialyzer, each
A4706	N	R1	Bicarbonate conc sol per gal
A4707	N	R1	Bicarbonate conc pow per pac
A4708	N	R1	Acetate conc sol per gallon
A4709	N	R1	Acid conc sol per gallon
A4714	N	R1	Treated water per gallon
A4719	N	R1	"y set" tubing
A4720	N	R1	Dialysat sol fld vol > 249cc
A4721	N	R1	Dialysat sol fld vol > 999cc

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System
Wrap Around Codes
Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
A4722	N	R1	Dialys sol fld vol > 1999cc
A4723	N	R1	Dialys sol fld vol > 2999cc
A4724	N	R1	Dialys sol fld vol > 3999cc
A4725	N	R1	Dialys sol fld vol > 4999cc
A4726	N	R1	Dialys sol fld vol > 5999cc
A4730	N	R1	Fistula cannulation set, ea
A4736	N	R1	Topical anesthetic, per gram
A4737	N	R1	Inj anesthetic per 10 ml
A4740	N	R1	Shunt accessory
A4750	N	R1	Art or venous blood tubing
A4755	N	R1	Comb art/venous blood tubing
A4760	N	R1	Dialysate sol test kit, each
A4765	N	R1	Dialysate conc pow per pack
A4766	N	R1	Dialysate conc sol add 10 ml
A4770	N	R1	Blood collection tube/vacuum
A4771	N	R1	Serum clotting time tube
A4772	N	R1	Blood glucose test strips
A4773	N	R1	Occult blood test strips
A4774	N	R1	Ammonia test strips
A4802	N	R1	Protamine sulfate per 50 mg
A4860	N	R1	Disposable catheter tips
A4870	N	R1	Plumb/elec wk hm hemo equip

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
A4890	N	R1	Repair/maint cont hemo equip
A4911	N	R1	Drain bag/bottle
A4913	N	R1	Misc dialysis supplies noc
A4918	N	R1	Venous pressure clamp
A4928	N	R1	Surgical mask
A4929	N	R1	Tourniquet for dialysis, ea
A4931	N	R1	Reusable oral thermometer
A4932	N	R1	Reusable rectal thermometer
A5102	N	R1	Bedside drain btl w/wo tube
A5105	N	R1	Urinary suspensory
A5131	N	R1	Appliance cleaner
A6154	N	R1	Wound pouch each
A6228	N	R1	Gauze <= 16 sq in water/sal
A6229	N	R1	Gauze >16<=48 sq in watr/sal
A6230	N	R1	Gauze > 48 sq in water/salne
A7040	N	R1	One way chest drain valve
A7041	N	R1	Water seal drain container
C1841	N	R1	Retinal prosth int/ext comp
C9734	T	R1	U/S trtmt, not leiomyomata
D0150	S	R1	Comprehensve oral evaluation
D0240	S	R1	Intraoral occlusal film
D0250	S	R1	Extraoral first film

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System
Wrap Around Codes
Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
D0251	Q1	R1	Extraoral posterior image
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
D4273	S	R1	Subepithelial tissue graft
D4355	S	R1	Full mouth debridement
D4381	S	R1	Localized delivery antimicro

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
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
D9630	S	R1	Other drugs/medicaments
D9930	S	R1	Treatment of complications
D9940	S	R1	Dental occlusal guard

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System
Wrap Around Codes
Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
D9950	S	R1	Occlusion analysis
D9951	S	R1	Limited occlusal adjustment
D9952	S	R1	Complete occlusal adjustment
E0746	N	R1	Electromyograph biofeedback
G0129	P	R1	Partial hosp prog service
G0176	P	R1	Opps/php;activity therapy
G0248	V	R1	Demonstrate use home inr mon
G0249	V	R1	Provide test material,equipm
G0276	J1	R1	Pild/placebo control clin tr
G0293	Q1	R1	Non-cov surg proc,clin trial
G0294	Q1	R1	Non-cov proc, clinical trial
G0296	S	R1	Visit to determ ldct elig
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
G0404	S	R1	EKG tracing for initial prev
G0410	P	R1	Group psychotherapy, not multiple-family, partial hospital setting, appro. 45 - 50 min

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
G0411	P	R1	Interactive group psychotherapy, partial hospital setting, appro. 45 - 50 min
G0442	S	R1	Annual alcohol screen 15 min
G0443	S	R1	Brief alcohol misuse counsel
G0444	S	R1	Depression screen annual
G0445	S	R1	High inten beh couns std 30m
G0446	S	R1	Intens behave ther cardio dx
G0447	S	R1	Behavior counsel obesity 15m
G0453	N	R1	Cont intraop neuro monitor
G0460	T	R1	Autologous PRP for ulcers
G0473	S	R1	Group behave couns 2-10
G3001	S	R1	ADMINISTRATION AND SUPPLY OF TOSITUMOMAB, 450 MG
G9140	A	R1	Frontier extended stay demo
G9143	N	R1	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)
J1205	K	R1	Chlorothiazide sodium inj
J1430	K	R1	Ethanolamine oleate 100 mg
J1730	N	R1	Diazoxide injection
J2460	N	R1	Oxytetracycline injection
J2670	K	R1	Totazoline hcl injection
J2850	K	R1	Inj secretin synthetic human
J3350	N	R1	Urea injection

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System
Wrap Around Codes
Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
J3355	K	R1	Urofollitropin, 75 iu
J3365	K	R1	Urokinase 250,000 iu inj
J7502	N	R1	Cyclosporine oral 100 mg
J7503	G	R1	Tacrol envarsus ex rel oral
J7507	N	R1	Tacrolimus imme rel oral 1mg
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
J8521	K	R1	Capecitabine, oral, 500 mg
J8560	K	R1	Etoposide oral 50 MG
J8650	K	R1	Nabilone oral
J9218	N	R1	Leuprolide acetate injeciton
J9270	N	R1	Plicamycin (mithramycin) inj
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

Non-Covered			
Code	**Fee**	**Status Indicator**	**Description**
K0746	A	R1	Absorp drg >48 suc pump
K0901	A	R1	Ko single upright pre ots
K0902	A	R1	Ko double upright pre ots
L8679	N	R1	Imp neurosti pls gn any type
L9900	N	R1	O&P supply/accessory/service
P2028	A	R1	Cephalin floculation test
P2029	A	R1	Congo red blood test
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
Q0035	Q1	R1	Cardiokymography
Q0181	N	R1	Unspecified oral anti-emetic
Q0478	A	R1	Power adapter, combo vad
Q0479	A	R1	Power module combo vad, rep
Q0488	A	R1	Pwr pack base elec vad, rep
Q9968	K	R1	Injection, non-radioactive, non-contrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS Outpatient Prospective Payment System
Wrap Around Codes
Effective April 1 to June 30, 2016

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services
A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only
R1 = MDHHS Non-Covered Items

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 MDHHS (i.e., DME, Vision, Practitioner) provider.			
Code	**Fee**	**Status Indicator**	**Description**
A4216 - A9901	A	R1	Misc Med/Surg - DME Supplies
E0203 - E2625	A	R1	DME Supplies
G0270 - G9044*	A	R1	Procedures Exceptions: G0328, G0420, G0421, G0432, G0433 & G0435
L0112 - L9900	A	R1	Orthotics/Prosthetics Procedure Exceptions: L4350, L4360, L4361, L4370 & L8691
V2020 - V2799	A	R1	Vision

Codes with UC modifier removed and price changes in red
New codes highlighted in peach – codes with new Status Indicator in yellow
Codes with UC modifier VFC code/age
"M" in fee is manually priced

Subject to Change

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All Rights Reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.