

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 | \$169.60 | 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 | \$121.90 | 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

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| 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) |
| 90670UC | \$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) |
| 90707UC | \$0.00 | A6 | Measles, mumps & rubella virus vaccine (MMR), live, SC (1 to 19 years) |
| 90710 | \$0.00 | A6 | Mmriv vaccine sc |
| 90713 | Medicare SI - N | A5 | POLIOVIRUS IPV SC/IM (19 and older) |
| 90713UC | \$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) |

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| 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) |
| 90716 UC | \$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) |
| 90732 UC | \$0.00 | A6 | Pneumococcal vaccine (2 to 19 years) |
| 90734 | \$82.66 | A5 | Meningococcal vaccine, im age change * (19 to 56 years) |
| 90734 UC | \$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 |

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| 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 |
| 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 |
| 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 |

| Covered | | | |
|---------|---------------|------------------|--|
| Code | Fee | Status Indicator | Description |
| 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 pantoprazole |
| 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 |

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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 | \$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 |

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| 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) |

| Dialysis | | | |
|----------|---------------|------------------|-----------------|
| Code | Fee | Status Indicator | Description |
| Q4081 | \$1.24 | A2 | EPO - 100 units |

| Non-Covered | | | |
|-------------|-----|------------------|------------------------------|
| Code | Fee | Status Indicator | Description |
| 0004M | A | R1 | Scoliosis dna alysis |
| 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 |
| 0095T | C | R1 | Artific diskectomy addl |

| Non-Covered | | | |
|-------------|-----|------------------|------------------------------|
| Code | Fee | Status Indicator | Description |
| 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 |
| 0164T | C | R1 | Remove lumb artif disc addl |
| 0165T | C | R1 | Revise lumb artif disc addl |

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| Non-Covered | | | |
|-------------|-----|------------------|------------------------------|
| Code | Fee | Status Indicator | Description |
| 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 |
| 0281T | C | R1 | Laa closure w/implant |
| 0282T | J1 | R1 | Periph field stimulat trial |

| Non-Covered | | | |
|-------------|-----|------------------|------------------------------|
| Code | Fee | Status Indicator | Description |
| 0283T | J1 | R1 | Periph field stimulat perm |
| 0284T | Q2 | R1 | Periph field stimulat revise |
| 0285T | S | R1 | Periph field stimulat 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 |
| 0305T | Q1 | R1 | Icar ischm mntrng prgrm eval |
| 0306T | Q1 | R1 | Icar ischm mntr interr eval |

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| Non-Covered | | | |
|-------------|-----|------------------|--|
| Code | Fee | Status Indicator | Description |
| 0307T | Q2 | R1 | Rmvl icar ischm mntrng dvce |
| 0308T | J1 | R1 | Insj ocular telescope prosth |
| 0309T | C | R1 | Prescr 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 |
| 0339T | J1 | R1 | Destruction of nerves of arteries of one kidney accessed through the skin with fluoroscopy and radiological supervision and interpretation |

| Non-Covered | | | |
|-------------|-----|------------------|--|
| Code | Fee | Status Indicator | Description |
| 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 |
| 0360T | V | R1 | Observ behav assessment |
| 0361T | N | R1 | Observ behav assess addl |

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| Non-Covered | | | |
|-------------|-----|------------------|-------------------------------|
| Code | Fee | Status Indicator | Description |
| 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 | Anoscopy 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 |
| 0389T | Q1 | R1 | Prog eval inper leadls pm |
| 0390T | N | R1 | Periproc eval inper ledls pm |

| Non-Covered | | | |
|-------------|-----|------------------|-------------------------------|
| Code | Fee | Status Indicator | Description |
| 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 elctrcn skn surf brchtyx |
| 0395T | S | R1 | Hdr elctr ntrst/ntrcv brchtx |
| 0396T | N | R1 | Intraop kinetic balnce sensr |
| 0397T | N | R1 | Ercp w/optical endomicroscopy |
| 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 | Trnscrsv 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 |
| 0414T | J1 | R1 | Rmvl & rpl car modulj pls gn |
| 0415T | T | R1 | Repos car modulj tranvns elt |

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| Non-Covered | | | |
|-------------|-----|------------------|------------------------------|
| Code | Fee | Status Indicator | Description |
| 0416T | T | R1 | Reloc skin pocket pls gen |
| 0417T | Q1 | R1 | Prgmg eval cardiac modulj |
| 0418T | Q1 | R1 | Interro eval cardiac modulj |
| 0419T | T | R1 | Dstrj neurofibromata xtmsv |
| 0420T | T | R1 | Dstrj neurofibromata xtmsv |
| 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 | Prgmg eval npgs apnea 1 ses |
| 0436T | S | R1 | Prgmg eval npgs apnea study |
| 01991 | N | R1 | Anesth nerve block/inj |
| 01992 | N | R1 | Anesth n block/inj prone |

| Non-Covered | | | |
|-------------|-----|------------------|-------------------------------|
| Code | Fee | Status Indicator | Description |
| 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 angioplasty 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 |
| 80408 | Q4 | R1 | Aldosterone suppression eval |
| 80410 | Q4 | R1 | Calcitonin stim panel |

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| Non-Covered | | | |
|-------------|-----|------------------|----------------------------|
| Code | Fee | Status Indicator | Description |
| 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 | Metrapone 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 |
| 81050 | Q4 | R1 | Urinalysis volume measure |
| 81162 | A | R1 | Brca1&2 seq & full dup/del |

| Non-Covered | | | |
|-------------|-----|------------------|--|
| Code | Fee | Status Indicator | Description |
| 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) |
| 81287 | A | R1 | MGMT (O-6-methylguanine-DNA methyltransferase) gene analysis |

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| Non-Covered | | | |
|-------------|-----|------------------|---|
| Code | Fee | Status Indicator | Description |
| 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 |

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|-------------|-----|------------------|--|
| 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 trnsp l 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 chromatography 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 |

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MDHHS Outpatient Prospective Payment System
 Wrap Around Codes
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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 |

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|-------------|-----|------------------|-----------------------------|
| 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 cryoprsrvd 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 |

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|-------------|-----|------------------|------------------------------------|
| 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 |

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|-------------|-----|------------------|------------------------------|
| 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 Maneuver), per |
| 96125 | A | R1 | Cognitive test by hc pro |
| 96150 | Q3 | R1 | Assess hlth/behav init |
| 96151 | Q3 | R1 | Assess hlth/behav subseq |
| 96152 | Q3 | R1 | Intervene hlth/behav indiv |
| 96153 | Q3 | R1 | Intervene hlth/behav group |
| 96154 | Q3 | R1 | Interv hlth/behav fam w/pt |
| 96900 | Q1 | R1 | Ultraviolet light therapy |

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|-------------|-----|------------------|---|
| 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 |

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|-------------|-----|------------------|------------------------------|
| 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 |

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|-------------|-----|------------------|------------------------------|
| 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 |

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 Wrap Around Codes
 Effective April 1 to June 30, 2016

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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 fip |
| 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 fibrotomy |
| D7940 | S | R1 | Reshaping bone orthognathic |
| D9630 | S | R1 | Other drugs/medicaments |
| D9930 | S | R1 | Treatment of complications |
| D9940 | S | R1 | Dental occlusal guard |

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| 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, approx. 45 - 50 min |

| Non-Covered | | | |
|-------------|-----|------------------|--|
| Code | Fee | Status Indicator | Description |
| G0411 | P | R1 | Interactive group psychotherapy, partial hospital setting, approx. 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 |

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|-------------|-----|------------------|---|
| 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 flocculation 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 |

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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 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 |

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