

**MDHHS Outpatient Prospective Payment System**  
 Wrap Around Codes  
 Effective January 1 to March 31, 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   | \$16.95  | A4               | Insert intrauterine device   |
| 80055   | \$38.39  | A1               | Obstetric panel  |
| 80081   | \$42.47  | A1               | Obstetric panel  |
| 81161   | M        | A1               | DMD DUP/DELET ANALYSIS   |
| 81228   | \$111.19 | A1               | CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES                         |
| 81229   | \$111.19 | 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  |
| 90620UC | \$0.00   | A6               | Menb rp w/omv vaccine im (10 to 19 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               | Hep a vacc ped/adol 2 dose (1 to 19 years)  |
| 90644   | \$0.00   | A6               | MENINGOCOCL HIB VAC 4 DOSE IM (6 weeks-18 months)   |
| 90647   | \$0.00   | A6               | HIB VACCINE PRP-OMP IM (2 months-4 years)   |
| 90648   | \$0.00   | A6               | HIB VACCINE PRP-T IM (2 months-4 years)   |
| 90649   | \$155.03 | A5               | HPV (19 to 27 years)  |
| 90649UC | \$0.00   | A6               | HPV (9 to 19 years)   |
| 90650   | \$135.68 | A5               | HPV vaccine 2 valent, IM (19 to 26 years)   |
| 90651   | \$172.08 | A5               | Hpv vaccine non valent im (9-27 years)  |

**Codes with UC modifier removed and price changes in red**

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Codes with UC modifier VFC code/age

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| Covered |         |                  |  |
|---------|---------|------------------|--|
| Code    | Fee     | Status Indicator | Description  |
| 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   | \$0.00  | A6               | Pneumococcal vacc, 13 val im (6 weeks and older)   |
| 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 (18-49 years) |
| 90680   | \$0.00  | A6               | Rotovirus vacc 3 dose oral, 3 doses (6-31 weeks)   |
| 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)   |

| Covered |                |                  |  |
|---------|----------------|------------------|--|
| Code    | Fee            | Status Indicator | Description  |
| 90686UC | \$0.00         | A6               | FLU VAC NO PRSV 4 VAL 3 YRS+(0 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 < 7 im  |
| 90707   | \$0.00         | A6               | Measles, mumps & rubella virus vaccine (MMR), live, SC (0 to 19 years) |
| 90710   | \$0.00         | A6               | Mmr vaccine, sc  |
| 90713   | \$0.00         | A6               | POLIOVIRUS IPV SC/IM (6 weeks and older)                               |
| 90714   | \$0.00         | A6               | TD VACCINE NO PRSRV 7/> IM   |
| 90715   | \$0.00         | A6               | TDAP VACCINE 7 YRS/> IM  |
| 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   | <b>\$82.52</b> | A5               | Pneumococcal vaccine (19 & older)                                      |
| 90732UC | \$0.00         | A6               | Pneumococcal vaccine (0 to 19 years)                                   |
| 90734UC | \$0.00         | A5/A6            | Meningococcal vaccine, im age change * (2 months-55 years)             |
| 90736   | \$208.95       | A5               | ZOSTER VACC SC (50 and older)  |

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| Covered |          |                  |   |
|---------|----------|------------------|---|
| Code    | Fee      | Status Indicator | Description                                 |
| 90740   | \$119.42 | A5               | Hepb vacc, ill pat 3 dose im (19 and older) |
| 90744   | \$0.00   | A6               | Hep B vacc ped/adol 3 dose im               |
| 90746   | \$59.71  | A5               | Hep b vaccine, adult, im                    |
| 90747   | \$119.42 | A5               | Hepb vacc, ill pat 4 dose im                |
| 90748   | \$0.00   | A6               | Hep b/hib vaccine, im                       |
| 92551   | \$9.51   | A4               | Pure tone hearing test, air                 |
| 92590   | \$45.02  | A4               | Hearing aid exam, one ear                   |
| 92591   | \$45.02  | A4               | Hearing aid exam, both ears                 |
| 92594   | \$13.04  | A4               | Electro hearing aid test, one               |
| 92595   | \$26.10  | A4               | Electro hearing aid test, both              |
| 92630   | \$32.68  | A4               | Aud rehab pre-ling hear loss                |
| 92633   | \$32.68  | A4               | Aud rehab postling hear loss                |
| 97014   | \$7.52   | A4               | Electric stim -unattended                   |
| 97039   | \$6.13   | A4               | Physical therapy treatment                  |
| 97139   | \$8.32   | A4               | Physical medicine procedure                 |
| 97799   | M        | A4               | Physical medicine procedure                 |
| 99381   | \$49.41  | A4               | Prev visit, new, infant                     |
| 99382   | \$49.41  | A4               | Prev visit, new, age 1-4                    |
| 99383   | \$49.41  | A4               | Prev visit, new, age 5-11                   |
| 99384   | \$49.41  | A4               | Prev visit, new, age 12-17                  |
| 99385   | \$49.41  | A4               | Prev visit, new, age 18-39                  |
| 99386   | \$49.41  | A4               | Prev visit, new, age 40-64                  |

| Covered |                 |                  |                               |
|---------|-----------------|------------------|-------------------------------|
| Code    | Fee             | Status Indicator | Description                   |
| 99387   | \$49.41         | A4               | Prev visit, new, 65 & over    |
| 99391   | \$49.41         | A4               | Prev visit, est, infant       |
| 99392   | \$49.41         | A4               | Prev visit, est, age 1-4      |
| 99393   | \$49.41         | A4               | Prev visit, est, age 5-11     |
| 99394   | \$49.41         | A4               | Prev visit, est, age 12-17    |
| 99395   | \$49.41         | A4               | Prev visit, est, age 18-39    |
| 99396   | \$49.41         | A4               | Prev visit, est, age 18-39    |
| 99397   | \$49.41         | A4               | Prev visit, est, age 40-64    |
| 99401   | \$49.41         | A4               | Prev counseling, indiv 15 min |
| 99402   | \$49.41         | A4               | Prev counseling, indiv 30 min |
| G0008   | \$7.00          | A7               | Admin influenza virus vac     |
| G0009   | \$7.00          | A7               | Admin pneumococcal vaccine    |
| G0010   | \$7.00          | A7               | Admin hepatitis b vaccine     |
| 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  |
| G0464   | Medicare SI - A | A8               | Colorec ca scr, sto bas dna   |

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| Covered |          |                  |   |
|---------|----------|------------------|---|
| Code    | Fee      | Status Indicator | Description   |
| J1826   | M        | 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  |
| Q2037   | \$7.00   | A7               | Fluvirin vacc, 3 yrs & >, im  |
| Q2038   | \$7.00   | A7               | Fluzone vacc, 3 yrs & >, im   |

| Covered |               |                  |  |
|---------|---------------|------------------|--|
| Code    | Fee           | Status Indicator | Description  |
| Q2039   | \$7.00        | A7               | NOS flu vacc, 3 yrs & >, im  |
| S0077   | <b>\$2.12</b> | A4               | Clindamycin Phosph Inj 300mg   |
| S4005   | \$113.55      | A4               | Interim labor(labor occurring but not resulting in delivery/false labor) |
| S4989   | \$127.82      | A4               | Contraceptive IUD  |
| S9152   | \$36.64       | A4               | Speech Therapy, re-evaluation  |
| S9442   | \$29.46       | A4               | Birthing Class   |
| V5020   | \$28.60       | A4               | Conformity evaluation  |
| V5020GY | \$28.60       | A4               | Conformity evaluation  |
| V5264   | \$36.43       | A4               | Ear mold/insert  |

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

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

| Dialysis |            |                  |   |
|----------|------------|------------------|---|
| Code     | Fee        | Status Indicator | Description   |
| 90935    | \$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                |
| J0882    | <b>\$4.15</b> | A2               | Darb EPO - 1 mcg- ESRD Use |
| Q0139    | <b>\$0.82</b> | A2               | Ferumoxytol, ESRD use      |
| Q4081    | <b>\$1.23</b> | A2               | EPO - 100 units            |

| Non-Covered |          |                  |                              |
|-------------|----------|------------------|------------------------------|
| Code        | Fee      | Status Indicator | Description                  |
| 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       | <b>T</b> | R1               | U/s leiomyomata ablate <200  |
| 0072T       | <b>T</b> | R1               | U/s 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      |
| 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  |

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

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**R1** = MDHHS Non-Covered Items

| Non-Covered |     |                  |                              |
|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| 0178T       | B   | R1               | 64 lead ecg w/i&r            |
| 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 hrvt  |
| 0265T       | S   | R1               | Im b1 mrw cel ther hrvt onl  |
| 0266T       | C   | R1               | Implt/rpl crtd sns dev total |
| 0267T       | T   | R1               | Implt/rpl crtd sns dev lead  |
| 0268T       | 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               | Temp                         |
| 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  |

| Non-Covered |     |                  |                              |
|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| 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 mntrng interr eva |
| 0307T       | Q2  | R1               | Rmvl icar ischm mntrng dvce  |
| 0308T       | J1  | R1               | Insj ocular telescope prosth |
| 0309T       | C   | R1               | Prescr fuse w/ instr I4/I5   |
| 0310T       | S   | R1               | Motor function mapping ntms  |

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| Non-Covered |     |                  |  |
|-------------|-----|------------------|--|
| Code        | Fee | Status Indicator | Description  |
| 0312T       | J1  | R1               | Laps impltj nstim vagus  |
| 0313T       | T   | R1               | Laps rmlv nstim array vagus  |
| 0314T       | Q2  | R1               | Laps rmlv 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                       |
| 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  |

| Non-Covered |     |                  |  |
|-------------|-----|------------------|--|
| Code        | Fee | Status Indicator | Description  |
| 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   |
| 0352T       | B   | R1               | Oct brst/node i&r per spec   |
| 0353T       | N   | R1               | Intraop oct breast cavity  |
| 0354T       | B   | R1               | Oct breast surg cavity i&r   |
| 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   |
| 0362T       | V   | R1               | Expose behav assessment  |
| 0363T       | N   | R1               | Expose behav assess addl   |

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| Non-Covered |     |                  |                               |
|-------------|-----|------------------|-------------------------------|
| Code        | Fee | Status Indicator | Description                   |
| 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   |
| 0381T       | M   | R1               | Ext h rate epi sz 14 days     |
| 0382T       | M   | R1               | Ext h rate sz 14 day ri only  |
| 0383T       | M   | R1               | Ext h rate sz up to 30 days   |
| 0384T       | M   | R1               | Ex h rate sz 30 day ri only   |
| 0385T       | M   | R1               | Ex h rate for sz ovr 30 day   |
| 0386T       | M   | R1               | Ex h rate sz 30+ day ri only  |

| Non-Covered |     |                  |                               |
|-------------|-----|------------------|-------------------------------|
| Code        | Fee | Status Indicator | Description                   |
| 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  |
| 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 brchytX  |
| 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               | TrnscrV uterin fibroid abltj  |
| 0406T       | N   | R1               | Sin ndsc plmt drg elut mplt   |
| 0407T       | N   | R1               | Sin ndsc plmt drg elut mplt   |
| 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  |

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

| Non-Covered |     |                  |                              |
|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| 0435T       | S   | R1               | Prgmg eval npgs apnea 1 ses  |
| 0436T       | S   | R1               | Prgmg eval npgs apnea study  |
| 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           |
| 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               | Metirapone 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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**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 chromatography, quant |
| 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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| 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        |
| 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 quant      |
| 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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| 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 cryoprsrvd; reprod tiss                        |
| 89356       | Q1  | R1               | Thawing cryopresrved; oocyte                        |
| 89398       | Q1  | R1               | Unlisted reproductive medicine laboratory procedure |
| 90585       | K   | R1               | Bcg vaccine, percut                                 |
| 90634       | N   | R1               | Hep a vacc ped/adol 3 dose                          |
| 90660       | L   | R1               | Flu vaccine, nasal (19 and older)                   |
| 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                            |

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| Non-Covered |          |                  |                              |
|-------------|----------|------------------|------------------------------|
| Code        | Fee      | Status Indicator | Description                  |
| 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 redetermine  |
| 90880       | Q3       | R1               | Hypnotherapy                 |
| 90885       | N        | R1               | Psy evaluation of records    |
| 90889       | N        | R1               | Preparation of report        |
| 90901       | A        | R1               | Biofeedback train, any meth  |
| 90911       | <b>S</b> | 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   |

| Non-Covered |          |                  |                              |
|-------------|----------|------------------|------------------------------|
| Code        | Fee      | Status Indicator | Description                  |
| 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  |
| 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               | Eval 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       | <b>S</b> | R1               | Aud brainstem implt programg |
| 93050       | Q1       | R1               | Art pressure waveform analys |
| 93786       | Q1       | R1               | Ambulatory BP recording      |
| 93788       | Q1       | R1               | Ambulatory BP analysis       |

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| Non-Covered |     |                  |  |
|-------------|-----|------------------|--|
| Code        | Fee | Status Indicator | Description  |
| 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  |
| 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/behave, init   |

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

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**R1** = MDHHS Non-Covered Items

| Non-Covered |     |                  |                                    |
|-------------|-----|------------------|------------------------------------|
| Code        | Fee | Status Indicator | Description                        |
| 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        |
| 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 serv, w/o contact        |
| 99359       | N   | R1               | Prolonged serv, w/o contact        |
| 99366       | N   | R1               | Team conf w/pat by hc pro          |
| 99367       | N   | R1               | Team conf w/o pat by phys          |
| 99368       | N   | R1               | Team conf w/o pat by hc pro        |
| 99487       | N   | R1               | Cmplx chron care w/o pt vsit       |
| 99489       | N   | R1               | Complx chron care addl30 min       |
| 99490       | V   | R1               | Chron care mgmt srvc 20 min        |
| 90660UC     | L   | R1               | Flu vaccine, nasal (0 to 19 years) |
| 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          |

| Non-Covered |     |                  |                              |
|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| A4459       | N   | R1               | Manual pump enema, reusable  |
| 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              |
| 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         |
| 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 |

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

| Non-Covered |     |                  |                              |
|-------------|-----|------------------|------------------------------|
| Code        | Fee | Status Indicator | Description                  |
| 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        |
| D9950       | S   | R1               | Occlusion analysis           |
| D9951       | S   | R1               | Limited occlusal adjustment  |
| D9952       | S   | R1               | Complete occlusal adjustment |
| G0129       | P   | R1               | Partial hosp prog service    |
| G0248       | V   | R1               | Demonstrate use home inr mon |
| G0249       | V   | R1               | Provide test material,equipm |
| G0270       | A   | R1               | MNT subs tx for change dx    |
| G0271       | A   | R1               | Group MNT 2 or more 30 mins  |
| G0276       | J1  | R1               | Pild/placebo control clin tr |
| G0281       | A   | R1               | Elec stim unattend for press |
| G0283       | A   | R1               | Elec stim other than wound   |
| G0293       | Q1  | R1               | Non-cov surg proc,clin trial |

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| Non-Covered |     |                  |  |
|-------------|-----|------------------|--|
| Code        | Fee | Status Indicator | Description  |
| G0294       | Q1  | R1               | Non-cov proc, clinical trial   |
| G0296       | S   | R1               | Visit to determ Idct elig  |
| G0329       | A   | R1               | Electromagntic tx for ulcers   |
| G0389       | S   | R1               | Ultrasound exam AAA screen   |
| G0396       | S   | R1               | Alcohol/subs interv 15-30mn  |
| G0397       | S   | R1               | Alcohol/subs interv >30 min  |
| G0398       | S   | R1               | Home Sleep Test/type 2 Porta   |
| G0399       | S   | R1               | Home Sleep Test/type 3 Porta   |
| G0400       | S   | R1               | Home Sleep Test/type 4 Porta   |
| G0402       | V   | R1               | Initial preventive exam  |
| G0403       | M   | R1               | EKG for initial prevent exam   |
| G0404       | S   | R1               | EKG tracing for initial prev   |
| G0405       | B   | R1               | EKG interpret & report preve   |
| G0410       | P   | R1               | Group psychotherapy, not multiple-family, partial hospital setting, appro. 45 - 50 min |
| G0411       | P   | R1               | Interactive group psychotherapy, partial hospital setting, appro. 45 - 50 min          |
| G0438       | A   | R1               | PPPS, initial visit  |
| G0439       | A   | R1               | PPPS, subseq visit   |
| G0453       | N   | R1               | Cont intraop neuro monitor   |
| G0458       | B   | R1               | LDR PROSTATE BRACHY COMP RAT   |
| G0460       | T   | R1               | Autologous PRP for ulcers  |
| G0473       | S   | R1               | Group behave couns 2-10  |

| Non-Covered |     |                  |  |
|-------------|-----|------------------|--|
| Code        | Fee | Status Indicator | Description  |
| G0475       | A   | R1               | Hiv combination assay  |
| G0476       | A   | R1               | Hpv combo assay ca screen  |
| G3001       | S   | R1               | ADMINISTRATION AND SUPPLY OF TOSITUMOMAB, 450 MG   |
| G9017       | A   | R1               | Amantadine HCL 100mg oral  |
| G9018       | A   | R1               | Zanamivir, inhalation pwd 10m  |
| G9019       | A   | R1               | Osetamivir phosphate 75mg  |
| G9020       | A   | R1               | Rimantadine HCL 100mg oral   |
| G9033       | A   | R1               | Amantadine HCL oral brand  |
| G9034       | A   | R1               | Zanamivir, inh pwdr, brand   |
| G9035       | A   | R1               | Osetamivir phosp, brand  |
| G9036       | A   | R1               | Rimantadine HCL, brand   |
| 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   |
| J1955       | B   | R1               | Inj levocarnitine per 1 gm   |
| J2670       | K   | R1               | Totazoline hcl injection   |
| J2850       | K   | R1               | Inj secretin synthetic human   |
| J3350       | N   | R1               | Urea injection   |
| J3355       | K   | R1               | Urofollitropin, 75 iu  |
| J8501       | K   | R1               | Oral aprepitant  |

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| Non-Covered |          |                  |   |
|-------------|----------|------------------|---|
| Code        | Fee      | Status Indicator | Description   |
| J8510       | <b>K</b> | R1               | Oral busulfan   |
| J8520       | K        | R1               | Capecitabine, oral, 150 mg                                    |
| J8521       | K        | R1               | Capecitabine, oral, 500 mg                                    |
| J8560       | K        | R1               | Etoposide oral 50 MG  |
| 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                                  |
| K0746       | A        | R1               | Absorp drg >48 suc pump                                       |
| K0901       | A        | R1               | Ko single upright pre ots                                     |

| Non-Covered |     |                  |  |
|-------------|-----|------------------|--|
| Code        | Fee | Status Indicator | Description  |
| K0902       | A   | R1               | Ko double upright pre ots  |
| L5859       | A   | R1               | Knee-shin pro flex/ext cont  |
| 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  |
| 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: G0306, G0307, G0328, G0420, G0421, G0422, G0423, G0424, G0431, G0432, G0433, G0434, G0435, & G9041 |
| L0112 - L9900  | A   | R1               | Orthotics   |
| L4386 - L9900  | A   | R1               | Prothetics  |
| V2020 - V2799  | A   | R1               | Vision  |

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