Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCl's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
	Adm Sarscov2 30mcg/0.3ml 1st			\$37.85	0			YES		Rate Effective: 03/15/2021
	Adm Sarscov2 30mcg/0.3ml 2nd			\$37.85	0			YES		Rate Effective: 03/15/2021
0011A*	Adm Sarscov2 100mcg/0.5ml1st			\$37.85	0			YES		Rate Effective: 03/15/2021
0012A*	Adm Sarscov2 100mcg/0.5ml2nd			\$37.85	0			YES		Rate Effective: 03/15/2021
	Adm Sarscov2 Vac Ad26 .5ml			\$37.85	0			YES		Rate Effective: 03/15/2021
10004	Fna Bx W/O Img Gdn Ea Addl			\$29.72	1					
	Fna Bx W/Us Gdn 1st Les			\$79.04	1					
10021	Fna Bx W/O Img Gdn 1st Les			\$59.83	1					
	Acne Surgery			\$67.75	1					
10060	Drainage Of Skin Abscess			\$71.71	1					
	Drainage Of Skin Abscess			\$123.02	1					
10080	Drainage Of Pilonidal Cyst			\$143.42	1					
10081	Drainage Of Pilonidal Cyst			\$198.10	1					
10120	Remove Foreign Body			\$89.15	1					
10121	Remove Foreign Body			\$158.08	1					
10140	Drainage Of Hematoma/Fluid			\$100.04	1					
10160	Puncture Drainage Of Lesion			\$75.87	1					
11000	Debride Infected Skin			\$33.48	1					
11042	Deb Subq Tissue 20 Sq Cm/<			\$75.67	1					
	Trim Skin Lesion			\$40.61	1					
11056	Trim Skin Lesions 2 To 4			\$46.55	1					
11057	Trim Skin Lesions Over 4			\$51.11	1					
	Tangntl Bx Skin Single Les			\$60.42	1					
	Tangntl Bx Skin Ea Sep/Addl			\$30.71	1					
11104	Punch Bx Skin Single Lesion			\$75.67	1					
	Punch Bx Skin Ea Sep/Addl			\$35.46	1					
11106	Incal Bx Skn Single Les			\$92.51	1					
11107	Incal Bx Skn Ea Sep/Addl			\$42.39	1					
11200	Removal Of Skin Tags <w 15<="" td=""><td></td><td></td><td>\$52.10</td><td>1</td><td></td><td></td><td></td><td></td><td></td></w>			\$52.10	1					
	Remove Skin Tags Add-On			\$10.70	0					
11300	Shave Skin Lesion 0.5 Cm/<			\$60.02	1					
	Shave Skin Lesion 0.6-1.0 Cm			\$72.50	1					
	Shave Skin Lesion 1.1-2.0 Cm			\$82.81	1					
11303	Shave Skin Lesion >2.0 Cm			\$91.13	1					
11305	Shave Skin Lesion 0.5 Cm/<			\$63.00	1					
	Shave Skin Lesion 0.6-1.0 Cm			\$72.90	1					
11307	Shave Skin Lesion 1.1-2.0 Cm			\$84.39	1					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

99	ed MCO Reimbursement Rate: \$53.10									Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
11308	Shave Skin Lesion >2.0 Cm			\$89.54	1					
11310	Shave Skin Lesion 0.5 Cm/<			\$69.14	1					
11311	Shave Skin Lesion 0.6-1.0 Cm			\$81.62	1					
11312	Shave Skin Lesion 1.1-2.0 Cm			\$93.11	1					
11313	Shave Skin Lesion >2.0 Cm			\$107.96	1					
11400	Exc Tr-Ext B9+Marg 0.5 Cm<			\$75.08	1					
	Exc Tr-Ext B9+Marg 0.6-1 Cm			\$91.32	1					
11402	Exc Tr-Ext B9+Marg 1.1-2 Cm			\$100.83	1					
	Exc Tr-Ext B9+Marg 2.1-3cm			\$115.89	1					
11404	Exc Tr-Ext B9+Marg 3.1-4 Cm			\$131.93	1					
	Exc Tr-Ext B9+Marg >4.0 Cm			\$187.01	1					
	Exc H-F-Nk-Sp B9+Marg 0.5/<			\$75.28	1					
	Exc H-F-Nk-Sp B9+Marg 0.6-1			\$93.70	1					
11422	Exc H-F-Nk-Sp B9+Marg 1.1-2			\$105.59	1					
	Exc H-F-Nk-Sp B9+Marg 2.1-3			\$120.05	1					
	Exc H-F-Nk-Sp B9+Marg 3.1-4			\$137.68	1					
11426	Exc H-F-Nk-Sp B9+Marg >4 Cm			\$196.91	1					
11440	Exc Face-Mm B9+Marg 0.5 Cm/<			\$83.99	1					
	Exc Face-Mm B9+Marg 0.6-1 Cm			\$101.82	1					
	Exc Face-Mm B9+Marg 1.1-2 Cm			\$112.92	1					
11600	Exc Tr-Ext Mal+Marg 0.5 Cm/<			\$117.28	1					
11601	Exc Tr-Ext Mal+Marg 0.6-1 Cm			\$134.91	1					
11602	Exc Tr-Ext Mal+Marg 1.1-2 Cm			\$144.02	1					
	Exc Tr-Ext Mal+Marg 2.1-3 Cm			\$163.63	1					
11604	Exc Tr-Ext Mal+Marg 3.1-4 Cm			\$182.65	1					
11606	Exc Tr-Ext Mal+Marg >4 Cm			\$261.29	1					
	Exc H-F-Nk-Sp Mal+Marg 0.5/<			\$117.67	1					
	Exc S/N/H/F/G Mal+Mrg 0.6-1			\$135.30	1					
	Exc S/N/H/F/G Mal+Mrg 1.1-2			\$148.58	1					·
	Exc S/N/H/F/G Mal+Mrg 2.1-3			\$173.73	1					
11640	Exc F/E/E/N/L Mal+Mrg 0.5cm<			\$120.25	1					
	Exc F/E/E/N/L Mal+Mrg 0.6-1			\$139.66	1					
	Exc F/E/E/N/L Mal+Mrg 1.1-2			\$157.49	1					·
11720	Debride Nail 1-5			\$19.22	1					-
	Debride Nail 6 Or More			\$25.75	1					·
	Removal Of Nail Plate			\$67.95	1					
11732	Remove Nail Plate Add-On			\$19.81	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/202
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
11740	Drain Blood From Under Nail			\$32.69	1					
11750	Removal Of Nail Bed			\$94.49	1					
11755	Biopsy Nail Unit			\$73.89	1					
11760	Repair Of Nail Bed			\$113.71	1					
11765	Excision Of Nail Fold Toe			\$98.85	1					
11900	Inject Skin Lesions <td></td> <td></td> <td>\$32.69</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td>			\$32.69	1					
11901	Inject Skin Lesions >7			\$40.81	1					
11976	Remove Contraceptive Capsule			\$84.59	1	YES				
11981	Insert Drug Implant Device			\$60.42	1	YES				
	Remove Drug Implant Device			\$68.15	1	YES				
11983	Remove/Insert Drug Implant			\$84.39	1	YES				
	Rpr S/N/Ax/Gen/Trnk 2.5cm/<			\$54.68	1					
	Rpr S/N/Ax/Gen/Trnk2.6-7.5cm			\$66.17	1					
12011	Rpr F/E/E/N/L/M 2.5 Cm/<			\$66.17	1					
	Rpr F/E/E/N/L/M 2.6-5.0 Cm			\$68.74	1					
	Intmd Rpr S/A/T/Ext 2.5 Cm/<			\$154.32	1					
	Intmd Rpr S/A/T/Ext 2.6-7.5			\$179.48	1					
	Intmd Rpr N-Hf/Genit 2.5cm/<			\$154.91	1					
	Intmd Rpr N-Hf/Genit2.6-7.5			\$181.26	1					
	Intmd Rpr Face/Mm 2.5 Cm/<			\$165.81	1					
	Intmd Rpr Face/Mm 2.6-5.0 Cm			\$184.43	1					
16000	Initial Treatment Of Burn(S)			\$43.19	1					
16020	Dress/Debrid P-Thick Burn S			\$49.53	1					
	Destruct Premalg Lesion			\$38.23	1					
17003	Destruct Premalg Les 2-14			\$3.76	0					
	Destroy Premal Lesions 15/>			\$96.08	1					
	Destruct B9 Lesion 1-14			\$65.97	1					
17111	Destruct Lesion 15 Or More			\$77.26	1					
	Chem Caut Of Granltj Tissue			\$52.10	0					
	Cryotherapy Of Skin			\$30.31	1					
	Drainage Of Breast Lesion			\$62.80	1					
	Ther Injection Carp Tunnel			\$46.95	1					
	Inj Tendon Sheath/Ligament			\$32.49	1					
	Inj Tendon Origin/Insertion			\$33.28	1					
	Inj Trigger Point 1/2 Muscl			\$31.50	1					
	Inject Trigger Points 3/>			\$36.05	1					
	Drain/Inj Joint/Bursa W/O Us			\$30.11	1					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
20604	Drain/Inj Joint/Bursa W/Us			\$46.95						
	Drain/Inj Joint/Bursa W/O Us			\$31.30	1					
	Drain/Inj Joint/Bursa W/Us			\$51.51	1					
20610	Drain/Inj Joint/Bursa W/O Us			\$37.24	1					
20611	Drain/Inj Joint/Bursa W/Us			\$57.45	1					
20612	Aspirate/Inj Ganglion Cyst			\$36.85	1					
23500	Treat Clavicle Fracture			\$130.75	1					
24640	Treat Elbow Dislocation			\$60.22	1					
26010	Drainage Of Finger Abscess			\$197.70	1					
26011	Drainage Of Finger Abscess			\$281.90	1					
26750	Treat Finger Fracture Each			\$109.75	1					
28190	Removal Of Foot Foreign Body			\$147.39	1					
28510	Treatment Of Toe Fracture			\$70.52	1					
29700	Removal/Revision Of Cast			\$35.66	1					
29705	Removal/Revision Of Cast			\$37.04	1					
30300	Remove Nasal Foreign Body			\$120.05	1					
	Control Of Nosebleed			\$91.72	1					
30903	Control Of Nosebleed			\$144.41	1					
30905	Control Of Nosebleed			\$209.99	1					
30906	Repeat Control Of Nosebleed			\$216.72	1					
36415	Routine Venipuncture			\$2.48	0					
36591	Draw Blood Off Venous Device			\$15.25	0					
41010	Incision Of Tongue Fold			\$129.36	1					
	Rplc Gtube No Revj Trc			\$140.85						
	Incise External Hemorrhoid			\$123.22	1					
46320	Removal Of Hemorrhoid Clot			\$125.00	1					
51700	Irrigation Of Bladder			\$45.96	0					
51701	Insert Bladder Catheter			\$26.55	0					
51702	Insert Temp Bladder Cath			\$37.04	0					
	Change Of Bladder Tube			\$56.66	0					
	Simple Cystometrogram			\$132.93	0					
	Simple Cystometrogram	26		\$43.78	0				1	
	Simple Cystometrogram	TC		\$89.15						
	Urine Flow Measurement			\$7.73	0					
51736	Urine Flow Measurement	26		\$4.75					1	
51736	Urine Flow Measurement	TC		\$2.97	0					
	Electro-Uroflowmetry First	-		\$8.12	0				İ	

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

55	ed MCO Reimbursement Rate. \$55.10									Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
51741	Electro-Uroflowmetry First	26		\$4.95	0					
51741	Electro-Uroflowmetry First	TC		\$3.17	0					
	Anal/Urinary Muscle Study			\$38.23	0					
	Anal/Urinary Muscle Study	26		\$21.39	0					
51784	Anal/Urinary Muscle Study	TC		\$16.84	0					
51798	Us Urine Capacity Measure			\$5.94	0					
54050	Destruction Penis Lesion(S)			\$81.62	1					
54056	Cryosurgery Penis Lesion(S)			\$83.00	0					
54060	Excision Of Penis Lesion(S)			\$113.31	0					
54065	Destruction Penis Lesion(S)			\$129.16	0					
54150	Circumcision W/Regionl Block			\$88.95	0					
54160	Circumcision Neonate			\$129.95	0					
55250	Removal Of Sperm Duct(S)			\$206.42	1					
56405	I & D Of Vulva/Perineum			\$82.81	1					
56420	Drainage Of Gland Abscess			\$103.01	1					
56441	Lysis Of Labial Lesion(S)			\$103.80	1					
56501	Destroy Vulva Lesions Sim			\$106.97	1					
	Destroy Vulva Lesion/S Compl			\$157.69	1					
56605	Biopsy Of Vulva/Perineum			\$55.27	1					
	Biopsy Of Vulva/Perineum			\$22.58	0					
	Exam Of Vulva W/Scope			\$71.71	1	YES				
	Exam/Biopsy Of Vulva W/Scope			\$96.28	1	YES				
	Destroy Vag Lesions Simple			\$93.11	1					
	Destroy Vag Lesions Complex			\$140.25	1					
	Biopsy Of Vagina			\$59.23	1					
57160	Insert Pessary/Other Device			\$42.39	1					
	Fitting Of Diaphragm/Cap			\$44.37	1					
57420	Exam Of Vagina W/Scope			\$75.67	1	YES				
57421	Exam/Biopsy Of Vag W/Scope			\$102.02	1	YES				
	Exam Of Cervix W/Scope			\$72.70	1	YES				
	Bx/Curett Of Cervix W/Scope			\$98.06	1	YES				
	Biopsy Of Cervix W/Scope			\$93.31	1	YES				
	Endocerv Curettage W/Scope			\$87.56	1	YES				
	Bx Of Cervix W/Scope Leep			\$187.80	1	YES				
	Conz Of Cervix W/Scope Leep			\$209.00	1	YES				
	Cam Cervix Uteri Drg Colp			\$32.88	0		YES			
	Biopsy Of Cervix			\$90.14	1					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

				_						Revised: 01/27
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit	APM Procedure	Excluded Technical	Excluded Procedure	PPS Visit	Effective Date**
					Count	Codes	Payments for RHCI's	Codes	Code	
7505 E	Endocervical Curettage			\$85.78	1					
7510 C	Cauterization Of Cervix			\$94.69	1					
7511 C	Cryocautery Of Cervix			\$112.12	1					
7520 C	Conization Of Cervix			\$203.84	1					
	Conization Of Cervix			\$175.32	1					
7800 E	Dilation Of Cervical Canal			\$44.37	1					
3100 E	Biopsy Of Uterus Lining			\$59.63	1					
3110 E	3x Done W/Colposcopy Add-On			\$29.52	0	YES				
3120 E	Dilation And Curettage			\$171.95	1					
	nsert Intrauterine Device			\$60.42	1	YES				
8301 F	Remove Intrauterine Device			\$63.19	1	YES				
8340 C	Catheter For Hysterography			\$136.69	1					
	Endometr Ablate Thermal			\$600.04	0	YES				
8356 E	Endometrial Cryoablation			\$1,085.19	0	YES				
	Hysteroscopy Dx Sep Proc			\$210.98	1	YES				
	Hysteroscopy Biopsy			\$849.25	1	YES				
	Hysteroscopy Remove Fb			\$251.79	1	YES				
	Hysteroscopy Ablation			\$1,282.10	0	YES				
	Amniocentesis Diagnostic			\$69.14	1					
	Fetal Contract Stress Test			\$40.81	1					
9020 F	Fetal Contract Stress Test	26		\$21.20	1					
	Fetal Contract Stress Test	TC		\$19.61	1					
	Fetal Non-Stress Test			\$28.53	1					
	Fetal Non-Stress Test	26		\$17.23	1					
	Fetal Non-Stress Test	TC		\$11.29	1					
9160 E	O & C After Delivery			\$154.52	0					
	Antepartum Care Only			\$522.38	6					
	Antepartum Care Only			\$955.83	12					
	Care After Delivery			\$241.43	1	YES				
	Freatment Of Miscarriage			\$209.59	0					
	Care Of Miscarriage			\$252.18	0					
	Nix Aa&/Strd Gr Ocpl Nrv			\$43.38	0					
	Nix Aa&/Strd Other Pn/Branch			\$45.36	1					
	Njx Aa&/Strd Pltr Com Dg Nrv			\$28.13	1					
	Remove Foreign Body From Eye			\$17.04	0					
2_00	Orain External Ear Lesion			\$110.54	Ü					

\$128.57

69005 Drain External Ear Lesion

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

^{*} Indicates temporary coverage during COVID-19 Emergency

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
9200	Clear Outer Ear Canal			\$47.35	1					
9209	Remove Impacted Ear Wax Uni			\$8.72	1					
9210	Remove Impacted Ear Wax Uni			\$27.54	1					
9220	Clean Out Mastoid Cavity			\$45.96	1					
0030	X-Ray Eye For Foreign Body			\$18.62	0		YES			
0030	X-Ray Eye For Foreign Body	26		\$5.15	0		YES			
0030	X-Ray Eye For Foreign Body	TC		\$13.47	0		YES			
0100	X-Ray Exam Of Jaw <4views			\$22.19	0		YES			
0100	X-Ray Exam Of Jaw <4views	26		\$5.15	0		YES			
0100	X-Ray Exam Of Jaw <4views	TC		\$17.04	0		YES			
0110	X-Ray Exam Of Jaw 4/> Views			\$25.16	0		YES			
0110	X-Ray Exam Of Jaw 4/> Views	26		\$6.93	0		YES			
	X-Ray Exam Of Jaw 4/> Views	TC		\$18.23	0		YES			
	X-Ray Exam Of Mastoids			\$21.99	0		YES			
0120	X-Ray Exam Of Mastoids	26		\$5.15	0		YES			
	X-Ray Exam Of Mastoids	TC		\$16.84	0		YES			
	X-Ray Exam Of Mastoids			\$36.25	0		YES			
	X-Ray Exam Of Mastoids	26		\$9.51	0		YES			
	X-Ray Exam Of Mastoids	TC		\$26.74	0		YES			
	X-Ray Exam Of Middle Ear			\$34.47	0		YES			
	X-Ray Exam Of Middle Ear	26		\$9.91	0		YES			
	X-Ray Exam Of Middle Ear	TC		\$24.56	0		YES			
	X-Ray Exam Of Facial Bones			\$18.62	0		YES			
	X-Ray Exam Of Facial Bones	26		\$5.74	0		YES			
	X-Ray Exam Of Facial Bones	TC		\$12.88	0		YES			
	X-Ray Exam Of Facial Bones			\$27.34	0		YES			
	X-Ray Exam Of Facial Bones	26		\$7.33	0		YES			
	X-Ray Exam Of Facial Bones	TC		\$20.01	0		YES			
	X-Ray Exam Of Nasal Bones			\$21.99	0		YES			
	X-Ray Exam Of Nasal Bones	26		\$4.95	0		YES			
	X-Ray Exam Of Nasal Bones	TC		\$17.04	0		YES			
	X-Ray Exam Of Eye Sockets			\$22.39	0		YES			
	X-Ray Exam Of Eye Sockets	26		\$6.34	0		YES			
	X-Ray Exam Of Eye Sockets	TC		\$16.05	0		YES			
	X-Ray Exam Of Eye Sockets	1.0		\$27.93	0		YES			
	X-Ray Exam Of Eye Sockets	26		\$7.92	0		YES			
	X-Ray Exam Of Eye Sockets	TC		\$20.01	0		YES		 	

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/202
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
70210	X-Ray Exam Of Sinuses			\$18.62	0		YES			
70210	X-Ray Exam Of Sinuses	26		\$4.95	0		YES			
70210	X-Ray Exam Of Sinuses	TC		\$13.67	0		YES			
70220	X-Ray Exam Of Sinuses			\$21.79	0		YES			
70220	X-Ray Exam Of Sinuses	26		\$6.14	0		YES			
70220	X-Ray Exam Of Sinuses	TC		\$15.65	0		YES			
70240	X-Ray Exam Pituitary Saddle			\$19.22	0		YES			
70240	X-Ray Exam Pituitary Saddle	26		\$5.35	0		YES			
70240	X-Ray Exam Pituitary Saddle	TC		\$13.87	0		YES			
70250	X-Ray Exam Of Skull			\$20.60	0		YES			
70250	X-Ray Exam Of Skull	26		\$5.15	0		YES			
70250	X-Ray Exam Of Skull	TC		\$15.45	0		YES			
70260	X-Ray Exam Of Skull			\$25.95	0		YES			
70260	X-Ray Exam Of Skull	26		\$7.92	0		YES			
	X-Ray Exam Of Skull	TC		\$18.03	0		YES			
	X-Ray Exam Of Teeth			\$7.53	0		YES			
	X-Ray Exam Of Teeth	26		\$2.97	0		YES			
	X-Ray Exam Of Teeth	TC		\$4.56	0		YES			
70310	X-Ray Exam Of Teeth			\$22.39	0		YES			
	X-Ray Exam Of Teeth	26		\$4.36	0		YES			
70310	X-Ray Exam Of Teeth	TC		\$18.03	0		YES			
70320	Full Mouth X-Ray Of Teeth			\$32.69	0		YES			
70320	Full Mouth X-Ray Of Teeth	26		\$6.54	0		YES			
70320	Full Mouth X-Ray Of Teeth	TC		\$26.15	0		YES			
70328	X-Ray Exam Of Jaw Joint			\$20.01	0		YES			
70328	X-Ray Exam Of Jaw Joint	26		\$5.15	0		YES			
70328	X-Ray Exam Of Jaw Joint	TC		\$14.86	0		YES			
70330	X-Ray Exam Of Jaw Joints			\$30.90	0		YES			
	X-Ray Exam Of Jaw Joints	26		\$6.74	0		YES			
	X-Ray Exam Of Jaw Joints	TC		\$24.17	0		YES			
70355	Panoramic X-Ray Of Jaws			\$10.70	0		YES			
	Panoramic X-Ray Of Jaws	26		\$5.94	0		YES			
	Panoramic X-Ray Of Jaws	TC		\$4.75	0		YES			
	X-Ray Exam Of Neck			\$18.23	0		YES			
70360	X-Ray Exam Of Neck	26		\$5.15	0		YES			
	X-Ray Exam Of Neck	TC		\$13.07	0		YES			
	X-Ray Exam Of Salivary Gland			\$21.79	0		YES			

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

		1		_						Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
70380	X-Ray Exam Of Salivary Gland	26		\$4.75	0		YES			
70380	X-Ray Exam Of Salivary Gland	TC		\$17.04	0		YES			
71045	X-Ray Exam Chest 1 View			\$14.86	0		YES			
71045	X-Ray Exam Chest 1 View	26		\$5.15	0		YES			
71045	X-Ray Exam Chest 1 View	TC		\$9.71	0		YES			
71046	X-Ray Exam Chest 2 Views			\$19.41	0		YES			
71046	X-Ray Exam Chest 2 Views	26		\$6.14	0		YES			
	X-Ray Exam Chest 2 Views	TC		\$13.27	0		YES			
71047	X-Ray Exam Chest 3 Views			\$24.56	0		YES			
71047	X-Ray Exam Chest 3 Views	26		\$7.73	0		YES			
71047	X-Ray Exam Chest 3 Views	TC		\$16.84	0		YES			
71048	X-Ray Exam Chest 4+ Views			\$26.35	0		YES			
71048	X-Ray Exam Chest 4+ Views	26		\$8.91	0		YES			
71048	X-Ray Exam Chest 4+ Views	TC		\$17.43	0		YES			
71100	X-Ray Exam Ribs Uni 2 Views			\$21.20	0		YES			
71100	X-Ray Exam Ribs Uni 2 Views	26		\$6.34	0		YES			
71100	X-Ray Exam Ribs Uni 2 Views	TC		\$14.86	0		YES			
71101	X-Ray Exam Unilat Ribs/Chest			\$24.37	0		YES			
71101	X-Ray Exam Unilat Ribs/Chest	26		\$7.53	0		YES			
71101	X-Ray Exam Unilat Ribs/Chest	TC		\$16.84	0		YES			
71110	X-Ray Exam Ribs Bil 3 Views			\$25.36	0		YES			
71110	X-Ray Exam Ribs Bil 3 Views	26		\$8.12	0		YES			
71110	X-Ray Exam Ribs Bil 3 Views	TC		\$17.23	0		YES			
71111	X-Ray Exam Ribs/Chest4/> Vws			\$30.31	0		YES			
71111	X-Ray Exam Ribs/Chest4/> Vws	26		\$8.91	0		YES			
71111	X-Ray Exam Ribs/Chest4/> Vws	TC		\$21.39	0		YES			
71120	X-Ray Exam Breastbone 2/>Vws			\$19.41	0		YES			
71120	X-Ray Exam Breastbone 2/>Vws	26		\$5.55	0		YES			
71120	X-Ray Exam Breastbone 2/>Vws	TC		\$13.87	0		YES			
	X-Ray Strenoclavic Jt 3/>Vws			\$23.97	0		YES			
71130	X-Ray Strenoclavic Jt 3/>Vws	26		\$6.14	0		YES			
	X-Ray Strenoclavic Jt 3/>Vws	TC		\$17.83	0		YES			
	X-Ray Exam Of Spine 1 View			\$14.26	0		YES			
	X-Ray Exam Of Spine 1 View	26		\$4.56	0		YES			
	X-Ray Exam Of Spine 1 View	TC		\$9.71	0		YES			
	X-Ray Exam Neck Spine 2-3 Vw			\$22.78	0		YES			
	X-Ray Exam Neck Spine 2-3 Vw	26		\$6.34	0		YES			

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

Code	Short Description	Modifier	Age Range	Rate	Qualifying	APM	Excluded	Excluded	PPS	Revised: 01/27 Effective Date**
Jouc	Chort Besonption	modifier	Ago Italigo	rato	Visit	Procedure	Technical	Procedure	Visit	Lileotive Bute
					Count	Codes	Payments for RHCI's	Codes	Code	
2040	X-Ray Exam Neck Spine 2-3 Vw	TC		\$16.44	0		YES			
2050	X-Ray Exam Neck Spine 4/5vws			\$30.51	0		YES			
2050	X-Ray Exam Neck Spine 4/5vws	26		\$7.73	0		YES			
2050	X-Ray Exam Neck Spine 4/5vws	TC		\$22.78	0		YES			
2052	X-Ray Exam Neck Spine 6/>Vws			\$35.86	0		YES			
2052	X-Ray Exam Neck Spine 6/>Vws	26		\$8.32	0		YES			
2052	X-Ray Exam Neck Spine 6/>Vws	TC		\$27.54	0		YES			
2070	X-Ray Exam Thorac Spine 2vws			\$18.82	0		YES			
2070	X-Ray Exam Thorac Spine 2vws	26		\$5.74	0		YES			
2070	X-Ray Exam Thorac Spine 2vws	TC		\$13.07	0		YES			
2072	X-Ray Exam Thorac Spine 3vws			\$22.58	0		YES			
2072	X-Ray Exam Thorac Spine 3vws	26		\$6.34	0		YES			
2072	X-Ray Exam Thorac Spine 3vws	TC		\$16.24	0		YES			
	X-Ray Exam Thorac Spine4/>Vw			\$25.75			YES			
2074	X-Ray Exam Thorac Spine4/>Vw	26		\$6.93	0		YES			
2074	X-Ray Exam Thorac Spine4/>Vw	TC		\$18.82	0		YES			
2080	X-Ray Exam Thoracolmb 2/> Vw			\$20.01	0		YES			
	X-Ray Exam Thoracolmb 2/> Vw	26		\$5.94	0		YES			
	X-Ray Exam Thoracolmb 2/> Vw	TC		\$14.07	0		YES			
	X-Ray Exam Entire Spi 1 Vw			\$24.37	0		YES			
	X-Ray Exam Entire Spi 1 Vw	26		\$7.33	0		YES			
	X-Ray Exam Entire Spi 1 Vw	TC		\$17.04	0		YES			
	X-Ray Exam Entire Spi 2/3 Vw			\$40.41	0		YES			
	X-Ray Exam Entire Spi 2/3 Vw	26		\$8.72	0		YES			
	X-Ray Exam Entire Spi 2/3 Vw	TC		\$31.70	0		YES			
	X-Ray Exam Entire Spi 4/5 Vw			\$45.76			YES			
	X-Ray Exam Entire Spi 4/5 Vw	26		\$10.10			YES			
	X-Ray Exam Entire Spi 4/5 Vw	TC		\$35.66			YES			
	, ,			\$56.46			YES			
	X-Ray Exam Entire Spi 6/> Vw	26		\$11.69	_		YES			
	X-Ray Exam Entire Spi 6/> Vw	TC		\$44.77	0		YES			
	X-Ray Exam L-S Spine 2/3 Vws			\$22.98	_		YES			
	X-Ray Exam L-S Spine 2/3 Vws	26		\$6.34			YES			
	X-Ray Exam L-S Spine 2/3 Vws	TC		\$16.64	0		YES			
	X-Ray Exam L-2 Spine 4/>Vws			\$29.32	•		YES			
	X-Ray Exam L-2 Spine 4/>Vws	26		\$7.33	_		YES			
	X-Ray Exam L-2 Spine 4/>Vws	TC		\$21.99			YES			

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
	X-Ray Exam L-S Spine Bending			\$35.86	0		YES			
72114	X-Ray Exam L-S Spine Bending	26		\$8.52	0		YES			
	X-Ray Exam L-S Spine Bending	TC		\$27.34	0		YES			
	X-Ray Bend Only L-S Spine			\$23.57	0		YES			
	X-Ray Bend Only L-S Spine	26		\$6.34	0		YES			
	X-Ray Bend Only L-S Spine	TC		\$17.23	0		YES			
	X-Ray Exam Of Pelvis			\$16.05	0		YES			
2170	X-Ray Exam Of Pelvis	26		\$4.95	0		YES			
2170	X-Ray Exam Of Pelvis	TC		\$11.09	0		YES			
2190	X-Ray Exam Of Pelvis			\$24.17	0		YES			
2190	X-Ray Exam Of Pelvis	26		\$7.13	0		YES			
2190	X-Ray Exam Of Pelvis	TC		\$17.04	0		YES			
2200	X-Ray Exam Si Joints			\$19.02	0		YES			
2200	X-Ray Exam Si Joints	26		\$4.75	0		YES			
2200	X-Ray Exam Si Joints	TC		\$14.26	0		YES			
2202	X-Ray Exam Si Joints 3/> Vws			\$22.58	0		YES			
2202	X-Ray Exam Si Joints 3/> Vws	26		\$6.34	0		YES			
2202	X-Ray Exam Si Joints 3/> Vws	TC		\$16.24	0		YES			
2220	X-Ray Exam Sacrum Tailbone			\$18.62	0		YES			
2220	X-Ray Exam Sacrum Tailbone	26		\$4.95	0		YES			
2220	X-Ray Exam Sacrum Tailbone	TC		\$13.67	0		YES			
3000	X-Ray Exam Of Collar Bone			\$18.62	0		YES			
3000	X-Ray Exam Of Collar Bone	26		\$4.75	0		YES			
3000	X-Ray Exam Of Collar Bone	TC		\$13.87	0		YES			
3010	X-Ray Exam Of Shoulder Blade			\$13.67	0		YES			
3010	X-Ray Exam Of Shoulder Blade	26		\$5.15	0		YES			
	X-Ray Exam Of Shoulder Blade	TC		\$8.52	0		YES			
	X-Ray Exam Of Shoulder			\$12.48	0		YES			
	X-Ray Exam Of Shoulder	26		\$4.36	0		YES			
	X-Ray Exam Of Shoulder	TC		\$8.12	0		YES			
3030	X-Ray Exam Of Shoulder			\$19.81	0		YES			
3030	X-Ray Exam Of Shoulder	26		\$5.35	0		YES			
3030	X-Ray Exam Of Shoulder	TC		\$14.46	0		YES			
	X-Ray Exam Of Shoulders			\$16.44	0		YES			
3050	X-Ray Exam Of Shoulders	26		\$5.35	0		YES			
	X-Ray Exam Of Shoulders	TC		\$11.09	0		YES			
	V D = 0011	 		* 11.00			1/50		 	

\$18.62

0

YES

73060 X-Ray Exam Of Humerus

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

^{*} Indicates temporary coverage during COVID-19 Emergency

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCl's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
	K-Ray Exam Of Humerus	26		\$4.75	0		YES			
	K-Ray Exam Of Humerus	TC		\$13.87	0		YES			
3070 X	K-Ray Exam Of Elbow			\$16.84	0		YES			
	K-Ray Exam Of Elbow	26		\$4.75	0		YES			
	K-Ray Exam Of Elbow	TC		\$12.08	0		YES			
3080 X	K-Ray Exam Of Elbow			\$18.62	0		YES			
	K-Ray Exam Of Elbow	26		\$4.95	0		YES			
3080 X	K-Ray Exam Of Elbow	TC		\$13.67	0		YES			
3090 X	K-Ray Exam Of Forearm			\$16.84	0		YES			
3090 X	K-Ray Exam Of Forearm	26		\$4.56	0		YES			
	K-Ray Exam Of Forearm	TC		\$12.28	0		YES			
3092 X	K-Ray Exam Of Arm Infant			\$18.23	0		YES			
3092 X	K-Ray Exam Of Arm Infant	26		\$4.56	0		YES			
3092 X	K-Ray Exam Of Arm Infant	TC		\$13.67	0		YES			
3100 X	K-Ray Exam Of Wrist			\$19.61	0		YES			
3100 X	K-Ray Exam Of Wrist	26		\$4.75	0		YES			
3100 X	K-Ray Exam Of Wrist	TC		\$14.86	0		YES			
3110 X	K-Ray Exam Of Wrist			\$23.38	0		YES			
3110 X	K-Ray Exam Of Wrist	26		\$4.95	0		YES			
3110 X	K-Ray Exam Of Wrist	TC		\$18.42	0		YES			
3120 X	K-Ray Exam Of Hand			\$18.03	0		YES			
3120 X	K-Ray Exam Of Hand	26		\$4.75	0		YES			
3120 X	K-Ray Exam Of Hand	TC		\$13.27	0		YES			
3130 X	K-Ray Exam Of Hand			\$21.00	0		YES			
	K-Ray Exam Of Hand	26		\$4.95	0		YES			
3130 X	(-Ray Exam Of Hand	TC		\$16.05	0		YES			
3140 X	(-Ray Exam Of Finger(S)			\$21.59	0		YES			
3140 X	(-Ray Exam Of Finger(S)	26		\$3.96	0		YES			
3140 X	K-Ray Exam Of Finger(S)	TC		\$17.63	0		YES			
	(-Ray Exam Hip Uni 1 View			\$18.62	0		YES			
3501 X	K-Ray Exam Hip Uni 1 View	26		\$5.35	0		YES			
3501 X	K-Ray Exam Hip Uni 1 View	TC		\$13.27	0		YES			
	(-Ray Exam Hip Uni 2-3 Views			\$26.94	0		YES			
3502 X	K-Ray Exam Hip Uni 2-3 Views	26		\$6.34	0		YES			
3502 X	K-Ray Exam Hip Uni 2-3 Views	TC		\$20.60	0		YES			
	√-Ray Exam Hip Uni 4/> Views			\$33.88	0		YES			
	K-Ray Exam Hip Uni 4/> Views	26		\$7.73	0		YES			

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

	·									Revised: 01/27/20
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
73503	X-Ray Exam Hip Uni 4/> Views	TC		\$26.15	0		YES			
73521	X-Ray Exam Hips Bi 2 Views			\$23.77	0		YES			
73521	X-Ray Exam Hips Bi 2 Views	26		\$6.34	0		YES			
73521	X-Ray Exam Hips Bi 2 Views	TC		\$17.43	0		YES			
	X-Ray Exam Hips Bi 3-4 Views			\$30.90	0		YES			
73522	X-Ray Exam Hips Bi 3-4 Views	26		\$8.32	0		YES			
73522	X-Ray Exam Hips Bi 3-4 Views	TC		\$22.58	0		YES			
73523	X-Ray Exam Hips Bi 5/> Views			\$35.46	0		YES			
73523	X-Ray Exam Hips Bi 5/> Views	26		\$8.72	0		YES			
73523	X-Ray Exam Hips Bi 5/> Views	TC		\$26.74	0		YES			
73551	X-Ray Exam Of Femur 1			\$17.04	0					
	X-Ray Exam Of Femur 1	26		\$4.75	0					
	X-Ray Exam Of Femur 1	TC		\$12.28	0					
73552	X-Ray Exam Of Femur 2/>			\$20.40	0		YES			
73552	X-Ray Exam Of Femur 2/>	26		\$5.15	0		YES			
	X-Ray Exam Of Femur 2/>	TC		\$15.25	0		YES			
73560	X-Ray Exam Of Knee 1 Or 2			\$19.81	0		YES			
73560	X-Ray Exam Of Knee 1 Or 2	26		\$4.75	0		YES			
73560	X-Ray Exam Of Knee 1 Or 2	TC		\$15.06	0		YES			
73562	X-Ray Exam Of Knee 3			\$23.38	0		YES			
73562	X-Ray Exam Of Knee 3	26		\$5.35	0		YES			
73562	X-Ray Exam Of Knee 3	TC		\$18.03	0		YES			
73564	X-Ray Exam Knee 4 Or More			\$26.55	0		YES			
73564	X-Ray Exam Knee 4 Or More	26		\$6.34	0		YES			
73564	X-Ray Exam Knee 4 Or More	TC		\$20.21	0		YES			
73565	X-Ray Exam Of Knees			\$23.57	0		YES			
73565	X-Ray Exam Of Knees	26		\$4.95	0		YES			
73565	X-Ray Exam Of Knees	TC		\$18.62	0		YES			
73590	X-Ray Exam Of Lower Leg			\$18.23	0		YES			
73590	X-Ray Exam Of Lower Leg	26		\$4.56	0		YES			
	X-Ray Exam Of Lower Leg	TC		\$13.67	0		YES			
73592	X-Ray Exam Of Leg Infant			\$18.23	0		YES			
73592	X-Ray Exam Of Leg Infant	26		\$4.56	0		YES			
73592	X-Ray Exam Of Leg Infant	TC		\$13.67	0		YES			
	X-Ray Exam Of Ankle			\$18.82	0		YES			
	X-Ray Exam Of Ankle	26		\$4.75	0		YES			
73600	X-Ray Exam Of Ankle	TC		\$14.07	0		YES			

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

									Revised: 01/27/2
Code Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
73610 X-Ray Exam Of Ankle			\$21.20	0		YES			
73610 X-Ray Exam Of Ankle	26		\$4.95	0		YES			
73610 X-Ray Exam Of Ankle	TC		\$16.24	0		YES			
73620 X-Ray Exam Of Foot			\$16.44	0		YES			
3620 X-Ray Exam Of Foot	26		\$4.36	0		YES			
3620 X-Ray Exam Of Foot	TC		\$12.08	0		YES			
3630 X-Ray Exam Of Foot			\$19.81	0		YES			
3630 X-Ray Exam Of Foot	26		\$4.75	0		YES			
3630 X-Ray Exam Of Foot	TC		\$15.06	0		YES			
3650 X-Ray Exam Of Heel			\$16.64	0		YES			
3650 X-Ray Exam Of Heel	26		\$4.56	0		YES			
3650 X-Ray Exam Of Heel	TC		\$12.08	0		YES			
3660 X-Ray Exam Of Toe(S)			\$16.84	0		YES			
3660 X-Ray Exam Of Toe(S)	26		\$3.76	0		YES			
3660 X-Ray Exam Of Toe(S)	TC		\$13.07	0		YES			
4018 X-Ray Exam Abdomen 1 View			\$17.23	0		YES			
4018 X-Ray Exam Abdomen 1 View	26		\$5.15	0		YES			
4018 X-Ray Exam Abdomen 1 View	TC		\$12.08	0		YES			
4019 X-Ray Exam Abdomen 2 Views			\$21.39	0		YES			
4019 X-Ray Exam Abdomen 2 Views	26		\$6.54	0		YES			
4019 X-Ray Exam Abdomen 2 Views	TC		\$14.86	0		YES			
4021 X-Ray Exam Abdomen 3+ Views			\$24.76	0		YES			
4021 X-Ray Exam Abdomen 3+ Views	26		\$7.53	0		YES			
4021 X-Ray Exam Abdomen 3+ Views	TC		\$17.23	0		YES			
4022 X-Ray Exam Complete Abdomen			\$28.72	0		YES			
4022 X-Ray Exam Complete Abdomen	26		\$8.91	0		YES			
4022 X-Ray Exam Complete Abdomen	TC		\$19.81	0		YES			
6010 X-Ray Nose To Rectum			\$17.23	0		YES			
6010 X-Ray Nose To Rectum	26		\$5.15	0		YES			
6010 X-Ray Nose To Rectum	TC		\$12.08	0		YES			
6510 Oph Us Dx B-Scan&Quan A-Scan			\$42.20	0					
6510 Oph Us Dx B-Scan&Quan A-Scan	26		\$22.58	0					
6510 Oph Us Dx B-Scan&Quan A-Scan	TC		\$19.61	0					
6511 Oph Us Dx Quan A-Scan Only			\$33.28			YES			
6511 Oph Us Dx Quan A-Scan Only	26		\$20.40	0		YES			
76511 Oph Us Dx Quan A-Scan Only	TC		\$12.88	0		YES			
76512 Oph Us Dx B-Scan			\$28.33	0		YES			

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

01 -	Object Description	No a stiff and	A D	D-4-	0	ADM	Foodorded	Feederal	DDO	Revised: 01/27/2
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
76512	Oph Us Dx B-Scan	26		\$17.63	0		YES			
76512	Oph Us Dx B-Scan	TC		\$10.70	0		YES			
76513	Oph Us Dx Ant Sgm Us Uni/Bi			\$45.36	0		YES			
76513	Oph Us Dx Ant Sgm Us Uni/Bi	26		\$18.42	0		YES			
76513	Oph Us Dx Ant Sgm Us Uni/Bi	TC		\$26.94	0		YES			
76514	Echo Exam Of Eye Thickness			\$6.74	0		YES			
76514	Echo Exam Of Eye Thickness	26		\$4.56	0		YES			
76514	Echo Exam Of Eye Thickness	TC		\$2.18	0		YES			
76516	Echo Exam Of Eye			\$26.94	0		YES			
76516	Echo Exam Of Eye	26		\$12.88	0		YES			
76516	Echo Exam Of Eye	TC		\$14.07	0		YES			
76519	Echo Exam Of Eye			\$38.83	0		YES			
76519	Echo Exam Of Eye	26		\$17.43	0		YES			
	Echo Exam Of Eye	TC		\$21.39	0		YES			
76529	Echo Exam Of Eye			\$50.32	0		YES			
76529	Echo Exam Of Eye	26		\$18.42	0		YES			
76529	Echo Exam Of Eye	TC		\$31.89	0		YES			
76536	Us Exam Of Head And Neck			\$67.75	0		YES			
76536	Us Exam Of Head And Neck	26		\$16.05	0		YES			
76536	Us Exam Of Head And Neck	TC		\$51.70	0		YES			
76604	Us Exam Chest			\$38.83	0		YES			
76604	Us Exam Chest	26		\$16.24	0		YES			
76604	Us Exam Chest	TC		\$22.58	0		YES			
76641	Ultrasound Breast Complete			\$61.81	0		YES			
76641	Ultrasound Breast Complete	26		\$20.40	0		YES			
76641	Ultrasound Breast Complete	TC		\$41.40	0		YES			
76642	Ultrasound Breast Limited			\$50.91	0		YES			
76642	Ultrasound Breast Limited	26		\$19.22	0		YES			
76642	Ultrasound Breast Limited	TC		\$31.70	0		YES			
76700	Us Exam Abdom Complete			\$70.72	0		YES			
76700	Us Exam Abdom Complete	26		\$22.58	0		YES			
	Us Exam Abdom Complete	TC		\$48.14	0		YES			
76705	Echo Exam Of Abdomen			\$52.89	0		YES			
	Echo Exam Of Abdomen	26		\$16.64	0		YES			
76705	Echo Exam Of Abdomen	TC		\$36.25	0		YES			
76706	Us Abdl Aorta Screen Aaa			\$63.79	0					
	Us Abdl Aorta Screen Aaa	26		\$15.65	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
76706 Us Abdl Ad	orta Screen Aaa	TC		\$48.14	0					
76770 Us Exam <i>A</i>	Abdo Back Wall Comp			\$65.37	0		YES			
76770 Us Exam <i>A</i>	Abdo Back Wall Comp	26		\$20.60	0		YES			
76770 Us Exam A	Abdo Back Wall Comp	TC		\$44.77	0		YES			
76775 Us Exam <i>A</i>	Abdo Back Wall Lim			\$34.07	0		YES			
76775 Us Exam <i>A</i>	Abdo Back Wall Lim	26		\$16.44	0		YES			
76775 Us Exam <i>A</i>	Abdo Back Wall Lim	TC		\$17.63	0		YES			
76776 Us Exam k	C Transpl W/Doppler			\$90.33	0					
76776 Us Exam k	C Transpl W/Doppler	26		\$21.20	0					
	C Transpl W/Doppler	TC		\$69.14	0					
76800 Us Exam S	Spinal Canal			\$83.20	0		YES			
76800 Us Exam S	Spinal Canal	26		\$33.48	0		YES			
76800 Us Exam S	Spinal Canal	TC		\$49.72	0		YES			
	4 Wks Single Fetus			\$70.52	0		YES			
	4 Wks Single Fetus	26		\$27.73	0		YES			
76801 Ob Us < 14	4 Wks Single Fetus	TC		\$42.79	0		YES			
	4 Wks Addl Fetus			\$36.25	0		YES			
	4 Wks Addl Fetus	26		\$23.38	0		YES			
76802 Ob Us < 14	4 Wks Addl Fetus	TC		\$12.88	0		YES			
	14 Wks Sngl Fetus			\$81.22	0		YES			
	14 Wks Sngl Fetus	26		\$27.73	0		YES			
76805 Ob Us >= 1	14 Wks Sngl Fetus	TC		\$53.49	0		YES			
	14 Wks Addl Fetus			\$52.89	0		YES			
	14 Wks Addl Fetus	26		\$27.54	0		YES			
	14 Wks Addl Fetus	TC		\$25.36	0		YES			
	ailed Sngl Fetus			\$102.02	0		YES			
76811 Ob Us Det	ailed Sngl Fetus	26		\$53.09	0		YES			
	ailed Sngl Fetus	TC		\$48.93	0		YES			
	ailed Addl Fetus			\$115.29	0		YES			
76812 Ob Us Det	ailed Addl Fetus	26		\$49.72	0		YES			
76812 Ob Us Det		TC		\$65.57	0		YES			
	chal Meas 1 Gest			\$70.72	0		YES			
76813 Ob Us Nuc	chal Meas 1 Gest	26		\$33.08	0		YES			
	chal Meas 1 Gest	TC		\$37.64	0		YES			
	chal Meas Add-On			\$45.36	0		YES			
	chal Meas Add-On	26		\$27.93	0		YES			
	chal Meas Add-On	TC		\$17.43	0		YES			

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying	APM	Excluded	Excluded	PPS	Effective Date**
					Visit	Procedure	Technical	Procedure	Visit	
					Count	Codes	Payments	Codes	Code	
							for RHCI's			
	Ob Us Limited Fetus(S)			\$48.93	0		YES			
76815	Ob Us Limited Fetus(S)	26		\$18.42	0		YES			
	Ob Us Limited Fetus(S)	TC		\$30.51	0		YES			
	Ob Us Follow-Up Per Fetus			\$65.97	0		YES			
76816	Ob Us Follow-Up Per Fetus	26		\$23.97	0		YES			
76816	Ob Us Follow-Up Per Fetus	TC		\$42.00	0		YES			
76817	Transvaginal Us Obstetric			\$55.86	0		YES			
76817	Transvaginal Us Obstetric	26		\$21.20	0		YES			
	Transvaginal Us Obstetric	TC		\$34.67	0		YES			
76818	Fetal Biophys Profile W/Nst			\$67.75	0		YES			
	Fetal Biophys Profile W/Nst	26		\$29.52	0		YES			
76818	Fetal Biophys Profile W/Nst	TC		\$38.23	0		YES			
76819	Fetal Biophys Profil W/O Nst			\$50.12	0		YES			
76819	Fetal Biophys Profil W/O Nst	26		\$21.79	0		YES			
76819	Fetal Biophys Profil W/O Nst	TC		\$28.33	0		YES			
76820	Umbilical Artery Echo			\$26.94	0		YES			
76820	Umbilical Artery Echo	26		\$14.07	0		YES			
76820	Umbilical Artery Echo	TC		\$12.88	0		YES			
76821	Middle Cerebral Artery Echo			\$53.09	0		YES			
76821	Middle Cerebral Artery Echo	26		\$19.61	0		YES			
76821	Middle Cerebral Artery Echo	TC		\$33.48	0		YES			
76825	Echo Exam Of Fetal Heart			\$159.87	0		YES			
76825	Echo Exam Of Fetal Heart	26		\$46.36	0		YES			
76825	Echo Exam Of Fetal Heart	TC		\$113.51	0		YES			
76826	Echo Exam Of Fetal Heart			\$95.88	0		YES			
	Echo Exam Of Fetal Heart	26		\$23.18	0		YES			
76826	Echo Exam Of Fetal Heart	TC		\$72.70	0		YES			
76827	Echo Exam Of Fetal Heart			\$42.59	0		YES			
76827	Echo Exam Of Fetal Heart	26		\$16.05	0		YES			
76827	Echo Exam Of Fetal Heart	TC		\$26.55	0		YES			
76828	Echo Exam Of Fetal Heart			\$29.91	0		YES			
76828	Echo Exam Of Fetal Heart	26		\$15.65	0		YES			
76828	Echo Exam Of Fetal Heart	TC		\$14.26	0		YES			
76830	Transvaginal Us Non-Ob			\$72.11	0		YES			
76830	Transvaginal Us Non-Ob	26		\$19.41	0		YES			
76830	Transvaginal Us Non-Ob	TC		\$52.69	0		YES			
76831	Echo Exam Uterus			\$70.33	0		YES			

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

										Revised: 01/2
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
76831	Echo Exam Uterus	26		\$20.40	0		YES			
6831	Echo Exam Uterus	TC		\$49.92	0		YES			
6856	Us Exam Pelvic Complete			\$63.79	0		YES			
6856	Us Exam Pelvic Complete	26		\$19.41	0		YES			
6856	Us Exam Pelvic Complete	TC		\$44.37	0		YES			
6857	Us Exam Pelvic Limited			\$27.73	0		YES			
6857	Us Exam Pelvic Limited	26		\$13.67	0		YES			
6857	Us Exam Pelvic Limited	TC		\$14.07	0		YES			
6870	Us Exam Scrotum			\$61.01	0		YES			
6870	Us Exam Scrotum	26		\$18.03	0		YES			
6870	Us Exam Scrotum	TC		\$42.99	0		YES			
6872	Us Transrectal			\$109.15	0		YES			
6872	Us Transrectal	26		\$18.82	0		YES			
6872	Us Transrectal	TC		\$90.33	0		YES			
6873	Echograp Trans R Pros Study			\$102.62	0		YES			
	Echograp Trans R Pros Study	26		\$43.98	0		YES			
6873	Echograp Trans R Pros Study	TC		\$58.64	0		YES			
	Us Compl Joint R-T W/Img			\$38.43	0		YES			
6881	Us Compl Joint R-T W/Img	26		\$17.63	0		YES			
6881	Us Compl Joint R-T W/Img	TC		\$20.80	0		YES			
	Us Lmtd Jt/Nonvasc Xtr Strux			\$32.69	0		YES			
3882	Us Lmtd Jt/Nonvasc Xtr Strux	26		\$13.47	0		YES			
6882	Us Lmtd Jt/Nonvasc Xtr Strux	TC		\$19.22	0		YES			
	Us Exam Infant Hips Dynamic			\$83.20	0		YES			
	Us Exam Infant Hips Dynamic	26		\$20.80	0		YES			
	Us Exam Infant Hips Dynamic	TC		\$62.40	0		YES			
	Us Exam Infant Hips Static			\$61.01	0		YES			
	Us Exam Infant Hips Static	26		\$17.63	0		YES			
	Us Exam Infant Hips Static	TC		\$43.38	0		YES			
	Us Bone Density Measure			\$4.16	0		YES			
	Us Bone Density Measure	26		\$1.58	0		YES			
	Us Bone Density Measure	TC		\$2.58	0		YES			
	Us Trgt Dyn Mbubb 1st Les			\$183.84	0					
	Us Trat Dvn Mbubb 1st Les	26		\$45.36	0					
	Us Trgt Dyn Mbubb 1st Les	TC		\$138.47	0					
	Us Trgt Dyn Mbubb Ea Addl	1		\$125.40	0					

\$23.77

0

76979 Us Trgt Dyn Mbubb Ea Addl

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

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

26

^{*} Indicates temporary coverage during COVID-19 Emergency

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

	ed MCO Reimbursement Rate. \$55.10									Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
76979	Us Trgt Dyn Mbubb Ea Addl	TC		\$101.63	0					
77065	Dx Mammo Incl Cad Uni			\$74.49	0					
77065	Dx Mammo Incl Cad Uni	26		\$22.58	0					
77065	Dx Mammo Incl Cad Uni	TC		\$51.90	0					
77066	Dx Mammo Incl Cad Bi			\$94.30	0					
77066	Dx Mammo Incl Cad Bi	26		\$27.93	0					
77066	Dx Mammo Incl Cad Bi	TC		\$66.36	0					
77067	Scr Mammo Bi Incl Cad			\$76.27	0					
77067	Scr Mammo Bi Incl Cad	26		\$21.39	0					
77067	Scr Mammo Bi Incl Cad	TC		\$54.87	0					
77071	X-Ray Stress View			\$31.70	0					
77072	X-Rays For Bone Age			\$15.06	0		YES			
77072	X-Rays For Bone Age	26		\$5.35	0		YES			
77072	X-Rays For Bone Age	TC		\$9.71	0		YES			
77073	X-Rays Bone Length Studies			\$26.15	0		YES			
77073	X-Rays Bone Length Studies	26		\$7.73	0		YES			
77073	X-Rays Bone Length Studies	TC		\$18.42	0		YES			
	X-Rays Bone Survey Limited			\$37.64	0		YES			
77074	X-Rays Bone Survey Limited	26		\$12.28	0		YES			
	X-Rays Bone Survey Limited	TC		\$25.36	0		YES			
77075	X-Rays Bone Survey Complete			\$57.25	0		YES			
77075	X-Rays Bone Survey Complete	26		\$15.65	0		YES			
77075	X-Rays Bone Survey Complete	TC		\$41.60	0		YES			
77076	X-Rays Bone Survey Infant			\$61.61	0		YES			
77076	X-Rays Bone Survey Infant	26		\$19.61	0		YES			
	X-Rays Bone Survey Infant	TC		\$42.00	0		YES			
77077	Joint Survey Single View			\$27.14	0		YES			
	Joint Survey Single View	26		\$9.71	0		YES			
77077	Joint Survey Single View	TC		\$17.43	0		YES			
77080	Dxa Bone Density Axial			\$21.99	0		YES			
77080	Dxa Bone Density Axial	26		\$5.55	0		YES			
	Dxa Bone Density Axial	TC		\$16.44	0		YES			
77081	Dxa Bone Density/Peripheral			\$18.23	0		YES			
77081	Dxa Bone Density/Peripheral	26		\$5.74	0		YES			
	Dxa Bone Density/Peripheral	TC		\$12.48	0		YES			
	Metabolic Panel Ionized Ca			\$11.37	0					
	Metabolic Panel Total Ca			\$7.00	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

O	Oh and Double	NA 1161	A D.	D-1	O III	4514	F	Freel 1 1	DDC	Revised: 01/27/
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
30051	Electrolyte Panel			\$5.81	0		for RHCI's			
	Comprehen Metabolic Panel			\$5.61 \$8.74	0					
	Obstetric Panel			\$39.59	0					
	Lipid Panel			\$39.59 \$11.09	0					
	Renal Function Panel			\$7.19	0					
	Acute Hepatitis Panel			\$39.44	0					
	Hepatic Function Panel			\$6.76	0					
	Obstetric Panel			\$6.76 \$61.98	0					
	Drug Assay Acetaminophen			\$15.43 \$31.94	0					
	Drug Assay Adalimumab									
	Drug Assay Amiodarone			\$15.43	0					
	Assay Carbamazepine Total			\$12.06						
	Asy Carbamazepin 10,11-Epxid			\$15.43	0					
	Assay Of Digoxin Total			\$10.99	0					
	Assay Of Digoxin Free			\$10.99	0					
	Assay Dipropylacetic Acd Tot			\$11.21	0					
	Dipropylacetic Acid Free			\$11.21	0					
	Drug Assay Felbamate			\$15.43	0					
	Assay Of Gentamicin			\$13.56						
	Drug Screen Quant Gabapentin			\$17.94	0					
	Drug Screen Quan Lamotrigine			\$10.98	0					
	Assay Of Lidocaine			\$12.16	0					
	Drug Scrn Quan Levetiracetam			\$10.98						
	Assay Of Lithium			\$5.47	0					
	Drug Assay Salicylate			\$15.43	0					
0181	Drug Assay Flecainide			\$15.43	0					
	Assay Of Phenobarbital			\$12.67	0					
	Assay Of Phenytoin Total			\$10.98	0					
0186	Assay Of Phenytoin Free			\$11.39	0					
0187	Drug Assay Posaconazole			\$22.45	0					
0189	Drug Assay Itraconzaole			\$22.45	0					
	Drug Assay Leflunomide			\$31.94	0					
0197	Assay Of Tacrolimus			\$11.37	0					
0198	Assay Of Theophylline			\$11.71	0					
	Assay Of Tobramycin			\$13.36	0					
	Assay Of Topiramate			\$9.87	0					
	Assay Of Vancomycin			\$11.21	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
	Drug Assay Methotrexate			\$31.94	0					
	Drug Assay Rufinamide			\$22.45	0					
	Drug Assay Infliximab			\$31.94	0					
80235	Drug Assay Lacosamide			\$22.45	0					
80280	Drug Assay Vedolizumab			\$31.94	0					
	Drug Assay Voriconazole			\$22.45	0					
80299	Quantitative Assay Drug			\$15.44	0					
80305	Drug Test Prsmv Dir Opt Obs			\$10.43	0					
80306	Drug Test Prsmv Instrmnt			\$14.20	0					
	Drug Test Prsmv Chem Anlyzr			\$51.46	0					
80500	Lab Pathology Consultation			\$12.68	0					
80502	Lab Pathology Consultation			\$41.20	0					
81000	Urinalysis Nonauto W/Scope			\$3.33	0					
81001	Urinalysis Auto W/Scope			\$2.62	0					
81002	Urinalysis Nonauto W/O Scope			\$2.88	0					
81003	Urinalysis Auto W/O Scope			\$1.87	0					
81005	Urinalysis			\$1.79	0					
81015	Microscopic Exam Of Urine			\$2.53	0					
81025	Urine Pregnancy Test			\$7.13	0					
	Urinalysis Test Procedure			M	0					
81479	Unlisted Molecular Pathology			M	0					
81513	Nfct Ds Bv Rna Vag Flu Alg			\$118.10	0					
81514	Nfct Ds Bv&Vaginitis Dna Alg			\$217.76	0					
81520	Onc Breast Mrna 58 Genes			\$2,078.45	0					
81521	Onc Breast Mrna 70 Genes			\$3,206.84	0					
81528	Oncology Colorectal Scr			\$421.34	0					
81539	Oncology Prostate Prob Score			\$629.28	0					
82009	Test For Acetone/Ketones			\$3.74	0					
82010	Acetone Assay			\$6.76	0					
	Assay Of Acth			\$31.98	0					
82040	Assay Of Serum Albumin			\$4.10	0					
82042	Other Source Albumin Quan Ea			\$6.44	0					
82043	Ur Albumin Quantitative			\$4.78						
	Ur Albumin Semiquantitative			\$5.16						
	Assay Spec Xcp Ur&Breath Ia			\$14.30	0					
	Assay Of Aldolase			\$8.04	0					
	Assay Of Aldosterone			\$33.75	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCl's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
	Alpha-Fetoprotein Serum			\$13.88	0					
	Amines Vaginal Fluid Qual			\$4.96						
	Amino Acids Mult Qual			\$11.48	0					
	Assay Of Ammonia			\$12.06	0					
2150	Assay Of Amylase			\$5.36	0					
2157	Assay Of Androstenedione			\$24.24	0					
	Angiotensin I Enzyme Test			\$12.09	0					
2175	Assay Of Arsenic			\$15.70	0					
2232	Assay Of Beta-2 Protein			\$13.40	0					
2239	Bile Acids Total			\$14.18	0					
2240	Bile Acids Cholylglycine			\$22.01	0					
2247	Bilirubin Total			\$4.16	0					
2248	Bilirubin Direct			\$4.16	0					
2270	Occult Blood Feces			\$3.62	0					
2271	Occult Blood Other Sources			\$4.41	0					
2272	Occult Bld Feces 1-3 Tests			\$3.51	0					
2274	Assay Test For Blood Fecal			\$13.18	0					
2306	Vitamin D 25 Hydroxy			\$24.51	0					
2308	Assay Of Calcitonin			\$22.18	0					
2310	Assay Of Calcium			\$4.27	0					
	Assay Of Calcium			\$11.33	0					
	Assay Of Calcium In Urine			\$5.00	0					
	Calculus Assay Quant			\$10.65	0					
	Calculus Spectroscopy			\$10.68	0					
	Assay Blood Carbon Dioxide			\$4.04	0					
	Assay Carboxyhb Quant			\$10.20	0					
2378	Carcinoembryonic Antigen			\$15.70	0					
	Assay Of Carotene			\$7.64	0					
	Assay Three Catecholamines			\$20.91	0					
	Assay Of Ceruloplasmin			\$8.90	0					
	Assay Of Blood Chloride			\$3.81	0					
	Assay Of Urine Chloride			\$4.77	0					
	Assay Bld/Serum Cholesterol			\$3.61	0					
	Assay Of Copper			\$10.28	0					
2530	Cortisol Free			\$13.84	0					
2533	Total Cortisol			\$13.50	0					
		1		Ţ.5.00			t		 	

\$3.85

0

82540 Assay Of Creatine

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

^{*} Indicates temporary coverage during COVID-19 Emergency

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
82550	Assay Of Ck (Cpk)			\$5.39	0					
82552	Assay Of Cpk In Blood			\$11.09	0					
82553	Creatine Mb Fraction			\$9.57	0					
82565	Assay Of Creatinine			\$4.24	0					
82570	Assay Of Urine Creatinine			\$4.29	0					
82575	Creatinine Clearance Test			\$7.83	0					
82595	Assay Of Cryoglobulin			\$5.35	0					
82607	Vitamin B-12			\$12.48	0					
82626	Dehydroepiandrosterone			\$20.92	0					
82627	Dehydroepiandrosterone			\$18.41	0					
82652	Vit D 1 25-Dihydroxy			\$31.88	0					
82668	Assay Of Erythropoietin			\$15.56	0					
82670	Assay Of Total Estradiol			\$23.14	0					
82671	Assay Of Estrogens			\$26.74	0					
82672	Assay Of Estrogen			\$17.97	0					
82677	Assay Of Estriol			\$20.02	0					
82679	Assay Of Estrone			\$20.66	0					
82681	Assay Dir Meas Fr Estradiol			\$23.13	0					
82693	Assay Of Ethylene Glycol			\$12.34	0					
82696	Assay Of Etiocholanolone			\$21.73	0					
82710	Fats/Lipids Feces Quant			\$13.91	0					
82728	Assay Of Ferritin			\$11.29	0					
82731	Assay Of Fetal Fibronectin			\$53.33	0					
82746	Assay Of Folic Acid Serum			\$12.17	0					
82784	Assay Iga/Igd/Igg/Igm Each			\$7.70	0					
82800	Blood Ph			\$9.11	0					
82803	Blood Gases Any Combination			\$21.58	0					
82805	Blood Gases W/O2 Saturation			\$65.22	0					
82810	Blood Gases O2 Sat Only			\$8.09	0					
82941	Assay Of Gastrin			\$14.60	0					
82946	Glucagon Tolerance Test			\$14.71	0					
82947	Assay Glucose Blood Quant			\$3.26	0					
82948	Reagent Strip/Blood Glucose			\$4.18	0					
82950	Glucose Test			\$3.94	0					
82951	Glucose Tolerance Test (Gtt)			\$10.65	0					
	Gtt-Added Samples			\$3.25	0					
82955	Assay Of G6pd Enzyme			\$8.03	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
82960	Test For G6pd Enzyme			\$5.01	0					
82962	Glucose Blood Test			\$2.71	0					
82977	Assay Of Ggt			\$5.96	0					
82985	Assay Of Glycated Protein			\$13.87	0					
83001	Assay Of Gonadotropin (Fsh)			\$15.38	0					
83002	Assay Of Gonadotropin (Lh)			\$15.34	0					
83003	Assay Growth Hormone (Hgh)			\$13.80	0					
	Assay Of Haptoglobin Quant			\$10.41	0					
83013	H Pylori (C-13) Breath			\$55.77	0					
83014	H Pylori Drug Admin			\$6.50	0					
83015	Heavy Metal Qual Any Anal			\$17.34	0					
83020	Hemoglobin Electrophoresis			\$10.65	0					
	Hemoglobin Electrophoresis	26		\$10.50	0					
83021	Hemoglobin Chromotography			\$14.95	0					
83036	Glycosylated Hemoglobin Test			\$8.04	0					
83037	Glycosylated Hb Home Device			\$8.04	0					
	Blood Methemoglobin Test			\$5.37	0					
83050	Blood Methemoglobin Assay			\$6.79	0					
83090	Assay Of Homocystine			\$14.84	0					
83497	Assay Of 5-Hiaa			\$10.68	0					
83498	Assay Of Progesterone 17-D			\$22.49	0					
83516	Immunoassay Nonantibody			\$9.55	0					
83525	Assay Of Insulin			\$9.47	0					
83540	Assay Of Iron			\$5.35	0					
83550	Iron Binding Test			\$7.24	0					
83605	Assay Of Lactic Acid			\$9.58	0					
83615	Lactate (Ld) (Ldh) Enzyme			\$5.00	0					
	Assay Of Ldh Enzymes			\$10.59	0					
83633	Test Urine For Lactose			\$9.32	0					
83655	Assay Of Lead			\$10.03	0					
	Assay Of Lipase			\$5.70	0					
83695	Assay Of Lipoprotein(A)			\$11.86	0					
83700	Lipopro Bld Electrophoretic			\$9.32	0					
83704	Lipoprotein Bld Quan Part			\$28.31	0					
83718	Assay Of Lipoprotein			\$6.78	0					
83719	Assay Of Blood Lipoprotein			\$10.56	0					
	Assay Of Blood Lipoprotein			\$8.69	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

Code	Short Description	Modifier	Age Range	Rate	Qualifying	APM	Excluded	Excluded	PPS	Effective Date**
oouc	Chort Bosonphon		Ago Naligo	Nuto	Visit Count	Procedure Codes	Technical Payments for RHCI's	Procedure Codes	Visit Code	Elicotivo Bato
83735	Assay Of Magnesium			\$5.55	0					
33825	Assay Of Mercury			\$13.46	0					
33835	Assay Of Metanephrines			\$14.03	0					
33861	Microfluid Analy Tears			\$18.61	0					
33874	Assay Of Myoglobin			\$10.70	0					
33880	Assay Of Natriuretic Peptide			\$32.50	0					
33930	Assay Of Blood Osmolality			\$5.47	0					
	Assay Of Urine Osmolality			\$5.65	0					
33945	Assay Of Oxalate			\$11.97	0					
33970	Assay Of Parathormone			\$34.18	0					
33986	Assay Ph Body Fluid Nos			\$2.96	0					
33987	Exhaled Breath Condensate			\$2.96	0					
34075	Assay Alkaline Phosphatase			\$4.29	0					
34080	Assay Alkaline Phosphatases			\$12.24	0					
34100	Assay Of Phosphorus			\$3.93	0					
34105	Assay Of Urine Phosphorus			\$4.78	0					
34132	Assay Of Serum Potassium			\$3.94	0					
34133	Assay Of Urine Potassium			\$3.92	0					
34134	Assay Of Prealbumin			\$12.08	0					
34140	Assay Of Pregnenolone			\$17.11	0					
	Assay Of Progesterone			\$17.27	0					
	Procalcitonin (Pct)			\$22.54	0					
34146	Assay Of Prolactin			\$16.04	0					
	Assay Of Psa Total			\$15.23	0					
	Assay Of Psa Free			\$15.23	0					
	Assay Of Protein Serum			\$3.04	0					
34165	Protein E-Phoresis Serum			\$8.89	0					
34165	Protein E-Phoresis Serum	26		\$10.50						
	Protein E-Phoresis/Urine/Csf			\$14.76						
	Protein E-Phoresis/Urine/Csf	26		\$10.50						
	Western Blot Test			\$14.10						
	Western Blot Test	26		\$10.50						
	Protein Western Blot Test			\$24.19						
	Protein Western Blot Test	26		\$10.50						
	Assay Nonendocrine Receptor			\$30.28						
				\$18.21	0					
	Assay Of Serum Sodium			\$3.98						

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

C - d -	Chart Description	Madific:	Ana Danna	Data	Ouglifying	ADM	Fraludad	Francisco de d	DDC	Revised: 01/27
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
					Jount	Coucs	for RHCI's	Godos		
4300	Assay Of Urine Sodium			\$4.19	0					
4305	Assay Of Somatomedin			\$17.60	0					
4311	Spectrophotometry			\$6.71	0					
4402	Assay Of Free Testosterone			\$21.09	0					
4403	Assay Of Total Testosterone			\$21.37	0					
4410	Testosterone Bioavailable			\$42.46	0					
4432	Assay Of Thyroglobulin			\$13.29	0					
4436	Assay Of Total Thyroxine			\$5.69	0					
4439	Assay Of Free Thyroxine			\$7.47	0					
4442	Assay Of Thyroid Activity			\$12.24	0					
4443	Assay Thyroid Stim Hormone			\$13.91	0					
4445	Assay Of Tsi Globulin			\$42.11	0					
	Transferase (Ast) (Sgot)			\$4.29	0					
	Alanine Amino (Alt) (Sgpt)			\$4.39	0					
4466	Assay Of Transferrin			\$10.56	0					
4478	Assay Of Triglycerides			\$4.76	0					
4479	Assay Of Thyroid (T3 Or T4)			\$5.35	0					
	Assay Triiodothyronine (T3)			\$11.74	0					
	Free Assay (Ft-3)			\$14.03	0					
	Assay Of Troponin Quant			\$10.32	0					
	Assay Of Urea Nitrogen			\$3.28	0					
	Assay Of Urine/Urea-N			\$4.60	0					
	Assay Of Blood/Uric Acid			\$3.74	0					
	Assay Of Urine/Uric Acid			\$4.20	0					
	Assay Of Urine Vma			\$12.83	0					
4590	Assay Of Vitamin A			\$9.61	0					
4600	Assay Of Volatiles			\$14.17	0					
	Assay Of Zinc			\$9.43	0					
	Assay Of C-Peptide			\$17.23	0					
4702	Chorionic Gonadotropin Test			\$12.47	0					
4703	Chorionic Gonadotropin Assay			\$6.23	0					
4704	Hcg Free Betachain Test			\$12.66	0					
4999	Clinical Chemistry Test			M	0					
5002	Bleeding Time Test			\$3.99	0					
	Automated Diff Wbc Count			\$5.35	0					
	BI Smear W/Diff Wbc Count			\$3.15	0					
	BI Smear W/O Diff Wbc Count			\$2.84	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
85013	Spun Microhematocrit			\$5.80	0					
	Hematocrit			\$1.96						
	Hemoglobin			\$1.96	0					
85025	Complete Cbc W/Auto Diff Wbc			\$6.43	0					
85027	Complete Cbc Automated			\$5.35	0					
85044	Manual Reticulocyte Count			\$3.57	0					
85045	Automated Reticulocyte Count			\$3.30	0					
85046	Reticyte/Hgb Concentrate			\$4.61	0					
85048	Automated Leukocyte Count			\$2.11	0					
85049	Automated Platelet Count			\$3.71	0					
85060	Blood Smear Interpretation			\$14.07	0					
85097	Bone Marrow Interpretation			\$39.62	0					
85220	Blooc Clot Factor V Test			\$14.62	0					
85240	Clot Factor Viii Ahg 1 Stage			\$14.82	0					
85245	Clot Factor Viii Vw Ristoctn			\$19.00	0					
85246	Clot Factor Viii Vw Antigen			\$19.00	0					
85247	Clot Factor Viii Multimetric			\$19.00	0					
85250	Clot Factor Ix Ptc/Chrstmas			\$15.77	0					
	Antithrombin lii Activity			\$9.82	0					
85301	Antithrombin lii Antigen			\$8.95	0					
	Clot Inhibit Prot C Antigen			\$9.95	0					
	Clot Inhibit Prot C Activity			\$11.46	0					
85305	Clot Inhibit Prot S Total			\$9.61	0					
	Clot Inhibit Prot S Free			\$12.69	0					
85345	Coagulation Time Lee & White			\$3.88	0					
85347	Coagulation Time Activated			\$3.54	0					
	Fibrin Degradation Quant			\$8.43	0					
	Fibrin Degradj D-Dimer			\$8.43	0					
85384	Fibrinogen Activity			\$8.05	0		ĺ			
	Fibrinolysins Screen I&R			\$12.82	0					
	Fibrinolysins Screen I&R	26		\$21.39	0		ĺ			
	Clotting Assay Whole Blood			\$11.29	0					
	Hemoglobin Fetal			\$6.40	0		ĺ			
	Hemoglobin Fetal			\$7.75	0					
	Blood Platelet Aggregation			\$20.63	0					
	Blood Platelet Aggregation	26		\$10.50	0					
	Prothrombin Time	-		\$3.55					İ	

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/202
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
85611	Prothrombin Test			\$3.27	0					
85613	Russell Viper Venom Diluted			\$7.93	0					
85651	Rbc Sed Rate Nonautomated			\$3.53	0					
85652	Rbc Sed Rate Automated			\$2.24	0					
85660	Rbc Sickle Cell Test			\$4.56	0					
85705	Thromboplastin Inhibition			\$7.98	0					
85730	Thromboplastin Time Partial			\$4.98	0					
85732	Thromboplastin Time Partial			\$5.35	0					
85810	Blood Viscosity Examination			\$9.66	0					
85999	Hematology Procedure			M	0					
86003	Allg Spec Ige Crude Xtrc Ea			\$4.32	0					
86005	Allg Spec Ige Multiallg Scr			\$6.60	0					
86008	Allg Spec Ige Recomb Ea			\$14.85	0					
86038	Antinuclear Antibodies			\$10.01	0					
86060	Antistreptolysin O Titer			\$6.04	0					
86063	Antistreptolysin O Screen			\$4.77	0					
86140	C-Reactive Protein			\$4.29	0					
86141	C-Reactive Protein Hs			\$10.73	0					
86148	Anti-Phospholipid Antibody			\$13.30	0					
86153	Cell Enumeration Phys Interp	26		\$19.81	0					
86162	Complement Total (Ch50)			\$16.83	0					
86200	Ccp Antibody			\$10.73	0					
86215	Deoxyribonuclease Antibody			\$10.98	0					
	Dna Antibody Native			\$11.38	0					
86235	Nuclear Antigen Antibody			\$14.85	0					
86255	Fluorescent Antibody Screen			\$9.98	0					
86255	Fluorescent Antibody Screen	26		\$10.50	0					
86256	Fluorescent Antibody Titer			\$9.98	0					
86256	Fluorescent Antibody Titer	26		\$10.50	0					
	Immunoassay Tumor Ca 15-3			\$17.23	0					
	Immunoassay Tumor Ca 125			\$17.23	0					
	Heterophile Antibody Screen			\$4.29	0					
86316	Immunoassay Tumor Other			\$17.23	0					
	la Infectious Agent Antibody			\$14.98	0					
86320	Serum Immunoelectrophoresis			\$24.77	0					
	Serum Immunoelectrophoresis	26		\$10.50	0					
	Other Immunoelectrophoresis			\$19.15	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCl's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
	Other Immunoelectrophoresis	26		\$10.50	0					
	la Nfct Ab Sarscov2 Covid19			\$37.45	0					
	Immunofix E-Phoresis Serum			\$18.50	0					
	Immunofix E-Phoresis Serum	26		\$10.50	0					
86335	Immunfix E-Phorsis/Urine/Csf			\$24.30	0					
	Immunfix E-Phorsis/Urine/Csf	26		\$10.50	0					
86337	Insulin Antibodies			\$17.73	0					
86340	Intrinsic Factor Antibody			\$12.48	0					
86341	Islet Cell Antibody			\$19.51	0					
86356	Mononuclear Cell Antigen			\$22.17	0					
86386	Nuclear Matrix Protein 22			\$18.03	0					
86403	Particle Agglut Antbdy Scrn			\$9.56	0					
	Neutrlzg Antb Sarscov2 Scr			\$34.88	0					
86409	Neutrlzg Antb Sarscov2 Titer			\$87.21	0					
	Sars-Cov-2 Antb Quantitative			\$34.88	0					
86430	Rheumatoid Factor Test Qual			\$5.09	0					
86431	Rheumatoid Factor Quant			\$4.69	0					
86480	Tb Test Cell Immun Measure			\$51.32	0					
86481	Tb Ag Response T-Cell Susp			\$82.80	0					
	Skin Test Candida			\$6.81	0					
86510	Histoplasmosis Skin Test			\$4.16	0					
86580	Tb Intradermal Test			\$5.74	0					
86592	Syphilis Test Non-Trep Qual			\$3.53	0					
86593	Syphilis Test Non-Trep Quant			\$3.64	0					
	Lyme Disease Antibody			\$14.10	0					
86631	Chlamydia Antibody			\$9.79	0					
	Chlamydia Igm Antibody			\$10.50	0					
	Epstein-Barr Antibody			\$10.87	0					
	Epstein-Barr Nuclear Antigen			\$12.66	0					
	Epstein-Barr Capsid Vca			\$15.02	0					
	Helicobacter Pylori Antibody			\$13.96	0					
	Htlv/Hiv Confirmi Antibody			\$16.03	0					
	Herpes Simplex Nes Antbdy			\$11.91	0					
	Herpes Simplex Type 1 Test			\$10.92	0					
	Herpes Simplex Type 2 Test			\$16.03	0					
	Hiv-1antibody			\$7.36	0					
	Hiv-2 Antibody			\$11.20	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

Code	Short Description	Modifier	Age Range	Rate	Qualifying	APM	Excluded	Excluded	PPS	Effective Date**
Jour	Chort Scoonpaon		Ago Naligo	Nato	Visit Count	Procedure Codes	Technical Payments for RHCI's	Procedure Codes	Visit Code	Elicolivo Bulc
86703	Hiv-1/Hiv-2 1 Result Antbdy			\$11.35	0					
86704	Hep B Core Antibody Total			\$9.98	0					
86705	Hep B Core Antibody Igm			\$9.74	0					
	Hep B Surface Antibody			\$8.90	0					
86707	Hepatitis Be Antibody			\$9.58	0					
86708	Hepatitis A Antibody			\$10.26	0					
86709	Hepatitis A Igm Antibody			\$9.32	0					
86710	Influenza Virus Antibody			\$11.22	0					
36735	Mumps Antibody			\$10.81	0					
36762	Rubella Antibody			\$11.91	0					
36765	Rubeola Antibody			\$10.66	0					
36769	Sars-Cov-2 Covid-19 Antibody			\$34.88	0					
36777	Toxoplasma Antibody			\$11.91	0					
36778	Toxoplasma Antibody Igm			\$11.93	0					
36780	Treponema Pallidum			\$10.97	0					
36787	Varicella-Zoster Antibody			\$10.66	0					
36803	Hepatitis C Ab Test			\$11.81	0					
36804	Hep C Ab Test Confirm			\$12.82	0					
	Hla Typing A B Or C			\$21.37	0					
36813	Hla Typing A B Or C			\$48.02	0					
	Immunology Procedure			M	0					
	Rbc Antibody Screen			\$8.09	0					
36880	Coombs Test Direct			\$4.46	0					
36886	Coombs Test Indirect Titer			\$4.29	0					
36900	Blood Typing Serologic Abo			\$2.47	0					
36901	Blood Typing Serologic Rh(D)			\$2.47	0					
36902	Blood Type Antigen Donor Ea			\$5.26	0					
36905	Blood Typing Rbc Antigens			\$3.17	0					
36920	Compatibility Test Spin			\$5.26	0					
	Compatibility Test Incubate			\$5.26	0					
	Compatibility Test Antiglob			\$5.26	0					<u> </u>
	Compatibility Test Electric			\$5.26						
	Specimen Infect Agnt Concntj			\$5.53	0					
	Blood Culture For Bacteria			\$8.55	0					
	Feces Culture Aerobic Bact			\$7.82	0					
	Stool Cultr Aerobic Bact Ea			\$7.82	0					
37070	Culture Othr Specimn Aerobic			\$7.14	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

01 -	Oh aut Dan autotion	841161	A D	D-4-	0	ADM	Fordorded	Familian	DD0	Revised: 01/2
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit	APM Procedure	Excluded Technical	Excluded Procedure	PPS Visit	Effective Date**
					Count	Codes	Payments	Codes	Code	
					Count	Codes	for RHCI's	Codes	Code	
7075	Cultr Bacteria Except Blood			\$7.84	0					
7076	Culture Anaerobe Ident Each			\$6.69	0					
7077	Culture Aerobic Identify			\$6.69	0					
7081	Culture Screen Only			\$5.49	0					
7084	Culture Of Specimen By Kit			\$22.41	0					
7086	Urine Culture/Colony Count			\$6.68	0					
7088	Urine Bacteria Culture			\$6.70	0					
7101	Skin Fungi Culture			\$6.38	0					
7102	Fungus Isolation Culture			\$6.96	0					
	Blood Fungus Culture			\$16.94	0					
7106	Fungi Identification Yeast			\$8.55	0					
7109	Mycoplasma			\$12.74	0					
	Chlamydia Culture			\$16.23	0					
	Mycobacteria Culture			\$8.94	0					
7140	Culture Type Immunofluoresc			\$4.61	0					
	Culture Type Immunologic			\$4.29	0					
	Dna/Rna Amplified Probe			\$29.05	0					
	Ova And Parasites Smears			\$7.37	0					
7181	Microbe Susceptible Diffuse			\$3.94	0					
	Microbe Susceptible Disk			\$6.19	0					
	Microbe Susceptible Mic			\$7.17	0					
	Smear Gram Stain			\$3.53	0					
	Smear Fluorescent/Acid Stai			\$4.46	0					
	Smear Special Stain			\$4.96	0					
	Smear Special Stain	26		\$10.50	0					
	Smear Complex Stain	-		\$14.89	0					
	Smear Wet Mount Saline/Ink			\$4.82	0					
	Tissue Exam For Fungi			\$3.53	0					
	Virus Inoculation Tissue			\$21.58	0					
	Genet Virus Isolate Hsv			\$28.03	0					
	Chlamydia Trachomatis Ag If			\$9.92	0					
	Cryptosporidium Ag If			\$9.92	0					
	Herpes Simplex 2 Ag If			\$9.92	0				† †	
7274	Herpes Simplex 1 Ag If			\$9.92	0					
	Influenza B Ag If			\$10.15	0					
	Influenza A Ag If			\$13.30	0					
				ψ10.00	-	-		 	1	

\$11.11

0

87280 Respiratory Syncytial Ag If

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

^{*} Indicates temporary coverage during COVID-19 Emergency

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
87283	Rubeola Ag If			\$50.34	0					
87290	Varicella Zoster Ag If			\$11.11	0					
87299	Antibody Detection Nos If			\$13.33	0					
87320	Chylmd Trach Ag Ia			\$12.42	0					
	Clostridium Ag Ia			\$9.92	0					
	Cryptosporidium Ag Ia			\$11.44	0					
	Hpylori Stool Ag la			\$11.90						
87340	Hepatitis B Surface Ag Ia			\$8.56						
	Hepatitis B Surface Ag Ia			\$8.56						
	Hepatitis Be Ag Ia			\$9.55	0					
	Hepatitis Delta Agent Ag Ia			\$15.20	0					
	Hiv-1 Ag W/Hiv-1&2 Ab Ag Ia			\$19.94	0					
	Hiv-1 Ag la			\$19.92	0					
	Hiv-2 Ag la			\$18.13	0					
	Influenza A/B Each Ag Ia			\$11.70	0					
	Resp Syncytial Virus Ag Ia			\$11.52	0					
	Rotavirus Ag Ia			\$9.92	0					
	Sarscov Coronavirus Ag Ia			\$37.45						
87428	Sarscov & Inf Vir A&B Ag Ia			\$60.85	0					
	Strep A Ag Ia			\$13.92	0					
	Nos Each Organism Ag Ia			\$9.92	0					
	Candida Dna Dir Probe			\$16.61	0					
87481	Candida Dna Amp Probe			\$29.05	0					
	Chylmd Pneum Dna Amp Probe			\$29.05	0					
	Chylmd Trach Dna Dir Probe			\$18.84	0					
87491	Chylmd Trach Dna Amp Probe			\$29.05	0					
	Chylmd Trach Dna Quant			\$44.27	0					
	Influenza Dna Amp Prob 1+			\$42.49	0					
	Influenza Dna Amp Probe			\$79.32	0					
	Influenza Dna Amp Prob Addl			\$24.20	0					
	Gardner Vag Dna Dir Probe			\$16.61	0					
	Gardner Vag Dna Amp Probe			\$29.05	0					
	Gardner Vag Dna Quant			\$34.57	0					
	Hepatitis B Dna Amp Probe			\$29.05						
87520	Hepatitis C Rna Dir Probe			\$25.85	0					
	Hepatitis C Probe&Rvrs Trnsc			\$29.05	0					
87528	Hsv Dna Dir Probe			\$16.61	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

	ed MCO Reimbursement Rate. \$55.10									Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
87529	Hsv Dna Amp Probe			\$29.05	0					
87530	Hsv Dna Quant			\$35.48	0					
	Hiv-1 Dna Dir Probe			\$18.15	0					
87535	Hiv-1 Probe&Reverse Trnscrpj			\$29.05	0					
87536	Hiv-1 Quant&Revrse Trnscrpj			\$70.46	0					
	Hiv-2 Dna Dir Probe			\$18.15	0					
87538	Hiv-2 Probe&Revrse Trnscripj			\$29.05	0					
87539	Hiv-2 Quant&Revrse Trnscripj			\$48.54	0					
87563	M. Genitalium Amp Probe			\$29.05	0					
87590	N.Gonorrhoeae Dna Dir Prob			\$22.25	0					
87591	N.Gonorrhoeae Dna Amp Prob			\$29.05	0					
87592	N.Gonorrhoeae Dna Quant			\$35.48	0					
87623	Hpv Low-Risk Types			\$29.05	0					
87624	Hpv High-Risk Types			\$29.05	0					
87625	Hpv Types 16 & 18 Only			\$33.58	0					
	Resp Virus 3-5 Targets			\$118.10	0					
87632	Resp Virus 6-11 Targets			\$180.55	0					
	Resp Virus 12-25 Targets			\$345.09	0					
	Rsv Dna/Rna Amp Probe			\$58.13	0					
	Sars-Cov-2 Covid-19 Amp Prb			\$42.48	0					
87636	Sarscov2 & Inf A&B Amp Prb			\$118.09	0					
	Sarscov2&Inf A&B&Rsv Amp Prb			\$118.09	0					
	Strep A Dna Dir Probe			\$16.61	0					
	Strep A Dna Amp Probe			\$29.05	0					
	Strep A Dna Quant			\$34.57	0					
	Strep B Dna Amp Probe			\$29.05	0					
	Trichomonas Vagin Dir Probe			\$16.61	0					
	Trichomonas Vaginalis Amplif			\$29.05	0					
	Detect Agnt Mult Dna Ampli			\$58.13	0					
	Influenza Assay W/Optic			\$13.71	0					
	Hiv W/Hiv1&2 Antb W/Optic			\$27.13	0					
	Rsv Assay W/Optic			\$10.85	0					
	Trichomonas Assay W/Optic			\$12.66	0					
	Adenovirus Assay W/Optic			\$18.01	0					
	Chylmd Trach Assay W/Optic			\$29.22	0					
	Sars-Cov-2 Covid19 W/Optic			\$34.26	0					
	N. Gonorrhoeae Assay W/Optic			\$20.33	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCl's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
	Strep A Assay W/Optic			\$13.69	0					
	Genotype Dna Hiv Reverse T			\$213.17	0					
87902	Genotype Dna/Rna Hep C			\$213.17	0					
87905	Sialidase Enzyme Assay			\$10.12	0					
88104	Cytopath Fl Nongyn Smears			\$38.23	0					
88104	Cytopath Fl Nongyn Smears	26		\$15.65	0					
88104	Cytopath Fl Nongyn Smears	TC		\$22.58	0					
88106	Cytopath Fl Nongyn Filter			\$38.04	0					
88106	Cytopath Fl Nongyn Filter	26		\$11.09	0					
88106	Cytopath Fl Nongyn Filter	TC		\$26.94	0					
	Cytopath Concentrate Tech			\$36.25	0					
88108	Cytopath Concentrate Tech	26		\$12.88	0					
88108	Cytopath Concentrate Tech	TC		\$23.38	0					
88112	Cytopath Cell Enhance Tech			\$38.43	0					
88112	Cytopath Cell Enhance Tech	26		\$15.85	0					
88112	Cytopath Cell Enhance Tech	TC		\$22.58	0					
88120	Cytp Urne 3-5 Probes Ea Spec			\$359.35	0					
88120	Cytp Urne 3-5 Probes Ea Spec	26		\$33.08	0					
88120	Cytp Urne 3-5 Probes Ea Spec	TC		\$326.27	0					
	Cytp Urine 3-5 Probes Cmptr			\$259.31	0					
88121	Cytp Urine 3-5 Probes Cmptr	26		\$27.54	0					
88121	Cytp Urine 3-5 Probes Cmptr	TC		\$231.78	0					
88141	Cytopath C/V Interpret			\$12.48	0					
	Cytopath C/V Thin Layer			\$16.77	0					
88143	Cytopath C/V Thin Layer Redo			\$19.08	0					
88147	Cytopath C/V Automated			\$41.86	0					
88148	Cytopath C/V Auto Rescreen			\$13.25	0					
88155	Cytopath C/V Index Add-On			\$12.13	0					
	Cytopath Smear Other Source			\$40.81	0					
	Cytopath Smear Other Source	26		\$14.66	0					
	Cytopath Smear Other Source	TC		\$26.15	0					
88161	Cytopath Smear Other Source			\$40.81	0					
	Cytopath Smear Other Source	26		\$14.46	0					
	Cytopath Smear Other Source	TC		\$26.35	0					
	Cytopath Smear Other Source			\$59.23	0					
	Cytopath Smear Other Source	26		\$22.19	0					
	Cytopath Smear Other Source	TC		\$37.04	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCl's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
	Cytopath Tbs C/V Manual			\$12.54	0					
	Cytopath Tbs C/V Redo			\$34.96	0					
88166	Cytopath Tbs C/V Auto Redo			\$12.54	0					
	Cytopath Tbs C/V Select			\$12.54	0					
	Cytp Dx Eval Fna 1st Ea Site			\$31.70	0					
88172	Cytp Dx Eval Fna 1st Ea Site	26		\$20.40	0					
88172	Cytp Dx Eval Fna 1st Ea Site	TC		\$11.29	0					
88173	Cytopath Eval Fna Report			\$88.95	0					
88173	Cytopath Eval Fna Report	26		\$40.41	0					
88173	Cytopath Eval Fna Report	TC		\$48.53	0					
88174	Cytopath C/V Auto In Fluid			\$21.00	0					
88175	Cytopath C/V Auto Fluid Redo			\$22.03	0					
88177	Cytp Fna Eval Ea Addl			\$16.64	0					
88177	Cytp Fna Eval Ea Addl	26		\$12.48	0					
88177	Cytp Fna Eval Ea Addl	TC		\$4.16	0					
	Cell Marker Study			\$79.83	0					
88182	Cell Marker Study	26		\$21.99	0					
88182	Cell Marker Study	TC		\$57.85	0					
	Flowcytometry/Read 2-8			\$20.80	0					
88188	Flowcytometry/Read 9-15			\$35.66	0					
	Flowcytometry/Read 16 & >			\$48.34	0					
	Tissue Culture Skin/Biopsy			\$116.53	0					
	Tissue Culture Bone Marrow			\$119.03	0					
88262	Chromosome Analysis 15-20			\$103.90	0					
	Chromosome Analysis 20-25			\$119.74	0					
	Cytogenetics Dna Probe			\$17.74	0					
	Cytogenetics 25-99			\$35.09	0					
	Cytogenetics 100-300			\$42.38	0					
	Cyto/Molecular Report			\$19.22	0					
	Cytogenetic Study			M	0					
	Surgical Path Gross			\$8.91	0					
	Surgical Path Gross	26		\$2.58	0					
	Surgical Path Gross	TC		\$6.34	0					
	Tissue Exam By Pathologist			\$18.23	0					
	Tissue Exam By Pathologist	26		\$3.96	0					
	Tissue Exam By Pathologist	TC		\$14.26	0					
	Tissue Exam By Pathologist			\$23.97	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
88304	Tissue Exam By Pathologist	26		\$6.54	0					
88304	Tissue Exam By Pathologist	TC		\$17.43	0					
88305	Tissue Exam By Pathologist			\$40.61	0					
88305	Tissue Exam By Pathologist	26		\$21.39	0					
88305	Tissue Exam By Pathologist	TC		\$19.22	0					
88307	Tissue Exam By Pathologist			\$164.82	0					
88307	Tissue Exam By Pathologist	26		\$47.35	0					
88307	Tissue Exam By Pathologist	TC		\$117.47	0					
88309	Tissue Exam By Pathologist			\$250.79	0					
88309	Tissue Exam By Pathologist	26		\$83.40	0					
88309	Tissue Exam By Pathologist	TC		\$167.39	0					
88311	Decalcify Tissue			\$12.08	0					
88311	Decalcify Tissue	26		\$7.13	0					
88311	Decalcify Tissue	TC		\$4.95	0					
88312	Special Stains Group 1			\$64.18	0					
88312	Special Stains Group 1	26		\$15.25	0					
88312	Special Stains Group 1	TC		\$48.93	0					
88313	Special Stains Group 2			\$46.36	0					
	Special Stains Group 2	26		\$6.93	0					
88313	Special Stains Group 2	TC		\$39.42	0					
88314	Histochemical Stains Add-On			\$57.65	0					
88314	Histochemical Stains Add-On	26		\$12.28	0					
88314	Histochemical Stains Add-On	TC		\$45.36	0					
88319	Enzyme Histochemistry			\$73.89	0					
88319	Enzyme Histochemistry	26		\$15.45	0					
88319	Enzyme Histochemistry	TC		\$58.44	0					
88321	Microslide Consultation			\$56.26	0					
88323	Microslide Consultation			\$65.17	0					
	Microslide Consultation	26		\$49.72	0					
	Microslide Consultation	TC		\$15.45	0					
	Comprehensive Review Of Data			\$94.69	0					
	Path Consult Introp			\$33.68	0					
	Path Consult Intraop 1 Bloc			\$59.43	0					
	Path Consult Intraop 1 Bloc	26		\$35.46	0					
	Path Consult Intraop 1 Bloc	TC		\$23.97	0					
	Path Consult Intraop Addl			\$31.30	0					
	Path Consult Intraop Addl	26		\$17.63	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

55	ed MCO Reimbursement Rate. \$55.10									Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
88332	Path Consult Intraop Addl	TC		\$13.67	0					
88333	Intraop Cyto Path Consult 1			\$54.68	0					
88333	Intraop Cyto Path Consult 1	26		\$35.46	0					
88333	Intraop Cyto Path Consult 1	TC		\$19.22	0					
88334	Intraop Cyto Path Consult 2			\$32.49	0					
88334	Intraop Cyto Path Consult 2	26		\$21.59	0					
88334	Intraop Cyto Path Consult 2	TC		\$10.90	0					
88341	Immunohisto Antb Addl Slide			\$53.29	0					
88341	Immunohisto Antb Addl Slide	26		\$16.24	0					
88341	Immunohisto Antb Addl Slide	TC		\$37.04	0					
88342	Immunohisto Antb 1st Stain			\$60.22	0					
88342	Immunohisto Antb 1st Stain	26		\$20.01	0					
88342	Immunohisto Antb 1st Stain	TC		\$40.21	0					
88344	Immunohisto Antibody Slide			\$101.23	0					
	Immunohisto Antibody Slide	26		\$21.79	0					
	Immunohisto Antibody Slide	TC		\$79.44	0					
88346	Immunofluor Antb 1st Stain			\$82.81	0					
88346	Immunofluor Antb 1st Stain	26		\$20.60	0					
88346	Immunofluor Antb 1st Stain	TC		\$62.20	0					
88348	Electron Microscopy			\$245.64	0					
88348	Electron Microscopy	26		\$44.37	0					
	Electron Microscopy	TC		\$201.27	0					
88350	Immunofluor Antb Addl Stain			\$62.80	0					
	Immunofluor Antb Addl Stain	26		\$16.64	0					
88350	Immunofluor Antb Addl Stain	TC		\$46.16	0					
88355	Analysis Skeletal Muscle			\$82.61	0					
	Analysis Skeletal Muscle	26		\$47.74	0					
	Analysis Skeletal Muscle	TC		\$34.87	0					
	Analysis Nerve			\$138.47	0					
	Analysis Nerve	26		\$73.89	0					
	Analysis Nerve	TC		\$64.58	0				1	
	Analysis Tumor			\$80.03	0					
	Analysis Tumor	26		\$28.53	0					
	Analysis Tumor	TC		\$51.51	0					
88360	Tumor Immunohistochem/Manual			\$70.92	0					
88360	Tumor Immunohistochem/Manual	26		\$23.97	0					
	Tumor Immunohistochem/Manual	TC		\$46.95	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
88361	Tumor Immunohistochem/Comput			\$70.52	0					
88361	Tumor Immunohistochem/Comput	26		\$24.96	0					
88361	Tumor Immunohistochem/Comput	TC		\$45.56	0					
88363	Xm Archive Tissue Molec Anal			\$13.27	0					
88364	Insitu Hybridization (Fish)			\$82.01	0					
88364	Insitu Hybridization (Fish)	26		\$19.81	0					
88364	Insitu Hybridization (Fish)	TC		\$62.20	0					
88365	Insitu Hybridization (Fish)			\$105.59	0					
88365	Insitu Hybridization (Fish)	26		\$24.96	0					
88365	Insitu Hybridization (Fish)	TC		\$80.63	0					
88367	Insitu Hybridization Auto			\$65.77	0					
88367	Insitu Hybridization Auto	26		\$19.22	0					
88367	Insitu Hybridization Auto	TC		\$46.55	0					
88368	Insitu Hybridization Manual			\$77.85	0					
88368	Insitu Hybridization Manual	26		\$23.57	0					
88368	Insitu Hybridization Manual	TC		\$54.28	0					
88369	M/Phmtrc Alysishquant/Semiq			\$67.16	0					
88369	M/Phmtrc Alysishquant/Semiq	26		\$18.42	0					
88369	M/Phmtrc Alysishquant/Semiq	TC		\$48.73	0					
88371	Protein Western Blot Tissue			\$18.41	0					
88371	Protein Western Blot Tissue	26		\$11.09	0					
88373	M/Phmtrc Alys Ishquant/Semiq			\$41.60	0					
	M/Phmtrc Alys Ishquant/Semiq	26		\$14.86	0					
88373	M/Phmtrc Alys Ishquant/Semiq	TC		\$26.74	0					
88375	Optical Endomicroscpy Interp			\$27.93	0					
	M/Phmtrc Alys Ishquant/Semiq			\$241.09	0					
	M/Phmtrc Alys Ishquant/Semiq	26		\$36.65	0					
88377	M/Phmtrc Alys Ishquant/Semiq	TC		\$204.44	0					
88380	Microdissection Laser			\$76.27	0					
88380	Microdissection Laser	26		\$31.50	0					
88380	Microdissection Laser	TC		\$44.77	0					
	Microdissection Manual			\$116.28	0					
88381	Microdissection Manual	26		\$14.07	0					
88381	Microdissection Manual	TC		\$102.22	0					
88387	Tiss Exam Molecular Study			\$20.21	0					
88387	Tiss Exam Molecular Study	26		\$15.65	0					
88387	Tiss Exam Molecular Study	TC		\$4.56	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

	ed MCO Reimbursement Rate. \$55.10									Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
88388	Tiss Ex Molecul Study Add-On			\$21.39	0					
88388	Tiss Ex Molecul Study Add-On	26		\$13.47	0					
88388	Tiss Ex Molecul Study Add-On	TC		\$7.92	0					
88399	Surgical Pathology Procedure			M	0					
88399	Surgical Pathology Procedure	26		М	0					
88399	Surgical Pathology Procedure	TC		М	0					
88720	Bilirubin Total Transcut			\$4.16	0					
88738	Hgb Quant Transcutaneous			\$4.16	0					
88740	Transcutaneous Carboxyhb			\$7.76	0					
89049	Chct For Mal Hyperthermia			\$152.74	0					
89050	Body Fluid Cell Count			\$3.91	0					
	Body Fluid Cell Count			\$4.64	0					
89055	Leukocyte Assessment Fecal			\$3.53	0					
89060	Exam Synovial Fluid Crystals			\$6.07	0					
	Exam Synovial Fluid Crystals	26		\$10.50	0					
	Nasal Smear For Eosinophils			\$4.79	0					
89220	Sputum Specimen Collection			\$10.70	0					
	Collect Sweat For Test			\$1.39	0					
89240	Pathology Lab Procedure			М	0					
	Semen Analysis W/Huhner			\$8.15	0					
	Semen Analysis W/Count			\$7.13	0					
	Semen Anal Vol/Count/Mot			\$10.19	0					
	Semen Anal Strict Criteria			\$12.83	0					
90281	Human Ig Im			М	0			YES		
	Human Ig Iv			М	0			YES		
90296	Diphtheria Antitoxin			М	0			YES		
	Hep B Ig Im			\$126.86	0			YES		
	Rabies Ig Im/Sc			\$271.37	0			YES		
	Rabies Ig Heat Treated			\$237.37	0			YES		
	Rabies Ig Ht&Sol Human Im/Sc			M	0		YES			
	Rsv Mab Im 50mg			\$1,574.00	0			YES		
	Rh Ig Full-Dose Im			\$125.08	0			YES		
	Rh Ig Minidose Im			\$58.62	0			YES		
	Varicella-Zoster Ig Im			M	0			YES		
	Immune Globulin			M	0			YES		
	Im Admin 1st/Only Component			\$7.00	0					
	Im Admin Each Addl Component			\$0.00	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
							for RHCI's			
	Immunization Admin			\$7.00	0					
0472	Immunization Admin Each Add			\$7.00	0					
0473	Immune Admin Oral/Nasal			\$3.00	0					
0474	Immune Admin Oral/Nasal Addl			\$3.00	0					
0619	Menacwy-Tt Vaccine Im		19 to 124 years	М	0			YES		
0619	Menacwy-Tt Vaccine Im		2 to 19 years	\$0.00	0			YES		
0620	Menb-4c Vacc 2 Dose Im		10 to 19 years	\$0.00	0			YES		
0620	Menb-4c Vacc 2 Dose Im		19 to 26 years	\$180.20	0			YES		
0621	Menb-Fhbp Vacc 2/3 Dose Im		10 to 19 years	\$0.00	0			YES		
0621	Menb-Fhbp Vacc 2/3 Dose Im		19 to 26 years	\$140.84	0			YES		
0630	Flu Vacc liv4 No Preserv Id			\$20.34	0			YES		
0632	Hepa Vaccine Adult Im			\$60.70	0			YES		
0633	Hepa Vacc Ped/Adol 2 Dose Im			\$0.00	0			YES		
0636	Hep A/Hep B Vacc Adult Im			\$108.65	0			YES		
0644	Hib-Mency Vacc 6wk-18m0 Im			\$0.00	0			YES		
0647	Hib Prp-Omp Vacc 3 Dose Im			\$0.00	0			YES		
0648	Hib Prp-T Vaccine 4 Dose Im			\$0.00	0			YES		
0651	9vhpv Vaccine 2/3 Dose Im		19 to 46 years	\$229.34	0			YES		
	9vhpv Vaccine 2/3 Dose Im		9 to 19 years	\$0.00	0			YES		
0653	liv Adjuvant Vaccine Im		j	\$59.53	0			YES		
0654	Flu Vacc liv3 No Preserv Id			\$18.92	0			YES		
0655	liv3 Vacc No Prsv 0.25 Ml Im			\$0.00	0			YES		
	liv3 Vacc No Prsv 0.5 Ml Im		19 to 124 years	\$19.77	0			YES		
0656	liv3 Vacc No Prsv 0.5 Ml Im		3 to 19 years	\$0.00	0			YES		
0657	liv3 Vaccine Splt 0.25 MI Im			\$0.00	0			YES		
0658	liv3 Vaccine Splt 0.5 MI Im		19 to 124 years	\$17.72	0			YES		
0658	liv3 Vaccine Splt 0.5 Ml Im		3 to 19 years	\$0.00	0			YES		
0661	Cciiv3 Vac No Prsv 0.5 Ml Im		·	\$22.29	0			YES		
	liv No Prsv Increased Ag Im			\$60.98	0			YES		
	Pcv13 Vaccine Im		19 to 124 years	\$230.14	0			YES		
	Pcv13 Vaccine Im		42 days to 19 years	\$0.00	0			YES		
0672	Laiv4 Vaccine Intranasal		19 to 50 years	\$26.88	0			YES		
	Laiv4 Vaccine Intranasal		2 to 19 years	\$0.00	0			YES		
0673	Riv3 Vaccine No Preserv Im		,	\$40.61	0			YES		
	Cciiv4 Vac No Prsv 0.5 Ml Im		19 to 124 years	\$29.23	0			YES		
	Cciiv4 Vac No Prsv 0.5 Ml Im		4 to 19 years	\$0.00	0			YES		

\$318.06

0

YES

90675 Rabies Vaccine Im

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

^{*} Indicates temporary coverage during COVID-19 Emergency

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

	1					1	1			Revised: 01/27
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit	APM Procedure	Excluded Technical	Excluded Procedure	PPS Visit	Effective Date**
					Count	Codes	Payments for RHCI's	Codes	Code	
0676	Rabies Vaccine Id			М				YES		
0880	Rv5 Vacc 3 Dose Live Oral			\$0.00	0			YES		
0681	Rv1 Vacc 2 Dose Live Oral			\$0.00	0			YES		
0682	Riv4 Vacc Recombinant Dna Im			\$60.98	0			YES		
0685	liv4 Vacc No Prsv 0.25 Ml Im			\$0.00				YES		
0686	liv4 Vacc No Prsv 0.5 Ml Im		19 to 124 years	\$19.58	0			YES		
0686	liv4 Vacc No Prsv 0.5 Ml Im		6 months to 19 years	\$0.00	0			YES		
0687	liv4 Vaccine Splt 0.25 MI Im			\$0.00	0			YES		
0688	liv4 Vaccine Splt 0.5 MI Im		19 to 124 years	\$19.17	0			YES		
90688	liv4 Vaccine Splt 0.5 Ml Im		6 months to 19 years	\$0.00	0			YES		
0691	Typhoid Vaccine Im			\$123.68	0			YES		
0694	Vacc Aiiv4 No Prsrv 0.5ml Im			\$61.00	0			YES		
0696	Dtap-lpv Vaccine 4-6 Yrs Im			\$0.00	0			YES		
0698	Dtap-Ipv/Hib Vaccine Im			\$0.00	0			YES		
0700	Dtap Vaccine < 7 Yrs Im			\$0.00	0			YES		
	Dt Vaccine Under 7 Yrs Im			\$0.00				YES		
0707	Mmr Vaccine Sc		1 to 19 years	\$0.00	0			YES		
0707	Mmr Vaccine Sc		19 to 124 years	\$77.15	0			YES		
0710	Mmrv Vaccine Sc			\$0.00	0			YES		
0713	Poliovirus Ipv Sc/Im		19 to 124 years	\$34.74	0			YES		
0713	Poliovirus Ipv Sc/Im		42 days to 19 years	\$0.00	0			YES		
	Td Vacc No Presv 7 Yrs+ Im		19 to 124 years	\$25.37	0			YES		
0714	Td Vacc No Presv 7 Yrs+ Im		7 to 19 years	\$0.00	0			YES		
0715	Tdap Vaccine 7 Yrs/> Im		19 to 124 years	\$34.06				YES		
0715	Tdap Vaccine 7 Yrs/> Im		7 to 19 years	\$0.00	0			YES		
0716	Var Vaccine Live Subq		1 to 19 years	\$0.00	0			YES		
	Var Vaccine Live Subq		19 to 124 years	\$136.26	0			YES		
0717	Yellow Fever Vaccine Subq		, i	\$149.10				YES		
0723	Dtap-Hep B-Ipv Vaccine Im			\$0.00				YES		
	Ppsv23 Vacc 2 Yrs+ Subq/lm		19 to 124 years	\$119.92	0			YES		
	Ppsv23 Vacc 2 Yrs+ Subq/Im		2 to 19 years	\$0.00	0			YES		
	Menacwyd/Menacwycrm Vacc Im		19 to 56 years	\$128.85	0			YES		
	Menacwyd/Menacwycrm Vacc Im		2 months to 19 years	\$0.00				YES		
	Hzv Vaccine Live Subq		. ,	\$236.51	0			YES		
	Hepb Vacc 2 Dose Adult Im			\$131.10				YES		
	Hepb Vacc 3 Dose Immunsup Im		0 to 19 years	\$0.00				YES		
			2 10 10 100.0	\$0.00		!	-			

\$140.76

0

YES

90740 Hepb Vacc 3 Dose Immunsup Im

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

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

19 to 124 years

^{*} Indicates temporary coverage during COVID-19 Emergency

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

Code	Short Description	Modifier	Age Range	Rate	Qualifying	APM	Excluded	Excluded	PPS	Revised: 01/2 Effective Date**
Jour	Chert Beeshpaen	in out in or	/ tgo i talligo	11010	Visit	Procedure	Technical	Procedure	Visit	20070 20.0
					Count	Codes	Payments	Codes	Code	
						350.55	for RHCI's	3333		
90744	Hepb Vacc 3 Dose Ped/Adol Im		0 to 19 years	\$0.00	0			YES		
0744	Hepb Vacc 3 Dose Ped/Adol Im		19 to 20 years	\$28.21	0			YES		
0746	Hepb Vaccine 3 Dose Adult Im			\$69.65	0			YES		
0747	Hepb Vacc 4 Dose Immunsup Im			\$140.76	0			YES		
0749	Vaccine Toxoid			М	0			YES		
0750	Hzv Vacc Recombinant Im			\$148.40	0			YES		
756	Cciiv4 Vacc Abx Free Im		19 to 124 years	\$27.70	0			YES		
0756	Cciiv4 Vacc Abx Free Im		4 to 19 years	\$0.00	0			YES		
0785	Psytx Complex Interactive		•	\$8.52	0					
0791	Psych Diagnostic Evaluation		0 to 21 years	\$176.92	1					
	Psych Diagnostic Evaluation		21 to 124 years	\$102.62	0					
	Psych Diag Eval W/Med Srvcs		0 to 21 years	\$197.01	1					
	Psych Diag Eval W/Med Srvcs		21 to 124 years	\$114.50	0					
	Psytx W Pt 30 Minutes		0 to 21 years	\$48.06						
	Psytx W Pt 30 Minutes		21 to 124 years	\$44.18						
	Psytx W Pt W E/M 30 Min		0 to 21 years	\$43.86	0					
	Psytx W Pt W E/M 30 Min		21 to 124 years	\$40.41	0					
	Psytx W Pt 45 Minutes		0 to 21 years	\$63.79	1					
	Psytx W Pt 45 Minutes		21 to 124 years	\$58.64	1					
	Psytx W Pt W E/M 45 Min		0 to 21 years	\$55.47	0					
	Psytx W Pt W E/M 45 Min		21 to 124 years	\$51.11	0					
	Psytx W Pt 60 Minutes		0 to 21 years	\$94.19	1					
	Psytx W Pt 60 Minutes		21 to 124 years	\$86.57	1					
	Psytx W Pt W E/M 60 Min		0 to 21 years	\$73.53	0					
	Psytx W Pt W E/M 60 Min		21 to 124 years	\$67.75	0					
	Psytx Crisis Initial 60 Min		0 to 21 years	\$89.63	1					
	Psytx Crisis Initial 60 Min		21 to 124 years	\$82.41	1					
	Psytx Crisis Ea Addl 30 Min		0 to 21 years	\$42.46	0					
	Psytx Crisis Ea Addl 30 Min		21 to 124 years	\$39.03	0					
	Family Psytx W/Pt 50 Min		0 to 21 years	\$63.90	-					
)847	Family Psytx W/Pt 50 Min		21 to 124 years	\$58.24	1					
0853	Group Psychotherapy		0 to 21 years	\$17.00	•					
853	Group Psychotherapy		21 to 124 years	\$15.65						
	Consultation With Family		0 to 21 years	\$55.47	1		1			
0887	Consultation With Family		21 to 124 years	\$50.32	1					
	Sarscov2 Vac 30mcg/0.3ml Im		21 to 12+ yours	\$0.00	•					
	Sarssovz vao oomog/o.omi ini			ψ0.00			 		1	

\$0.00

0

91301* | Sarscov2 Vac 100mcg/0.5ml Im

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

^{*} Indicates temporary coverage during COVID-19 Emergency

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
91303*	Sarscov2 Vac Ad26 .5ml Im			\$0.00	0					Rate Effective: 02/27/2021
92002	Eye Exam New Patient			\$49.72	1					
92004	Eye Exam New Patient			\$86.57	1					
92012	Eye Exam Establish Patient			\$51.70	1					
92014	Eye Exam&Tx Estab Pt 1/>Vst			\$72.90	1					
92015	Determine Refractive State			\$11.49	0					
92020	Special Eye Evaluation			\$16.05	1					
92025	Corneal Topography			\$21.20	0					
92025	Corneal Topography	26		\$11.09	0					
92025	Corneal Topography	TC		\$10.10	0					
92065	Orthoptic/Pleoptic Training			\$30.90	0					
	Orthoptic/Pleoptic Training	26		\$10.10	0					
	Orthoptic/Pleoptic Training	TC		\$20.80	0					
92072	Fit Contac Lens For Managmnt			\$73.89	1					
92081	Visual Field Examination(S)			\$19.41	0					
92081	Visual Field Examination(S)	26		\$9.11	0					
92081	Visual Field Examination(S)	TC		\$10.30	0					
92082	Visual Field Examination(S)			\$27.34	0					
92082	Visual Field Examination(S)	26		\$12.08	0					
92082	Visual Field Examination(S)	TC		\$15.25	0					
92083	Visual Field Examination(S)			\$36.45	0					
92083	Visual Field Examination(S)	26		\$15.45	0					
92083	Visual Field Examination(S)	TC		\$21.00	0					
	Serial Tonometry Exam(S)			\$49.13	0					
92132	Cmptr Ophth Dx Img Ant Segmt			\$18.23	0					
	Cmptr Ophth Dx Img Ant Segmt	26		\$9.31	0					
	Cmptr Ophth Dx Img Ant Segmt	TC		\$8.91	0					
	Cmptr Ophth Img Optic Nerve			\$21.39	0					
	Cmptr Ophth Img Optic Nerve	26		\$12.48	0					
	Cmptr Ophth Img Optic Nerve	TC		\$8.91	0					
	Cptr Ophth Dx Img Post Segmt			\$23.57	0					
	Cptr Ophth Dx Img Post Segmt	26		\$14.46	0					
	Cptr Ophth Dx Img Post Segmt	TC		\$9.11	0					
92227	Img Rta Detcj/Mntr Ds Staff			\$9.11	0					
	Img Rta Detc/Mntr Ds Phy/Qhp			\$17.63	0					
	Img Rta Detc/Mntr Ds Phy/Qhp	26		\$10.30	0					
92228	Img Rta Detc/Mntr Ds Phy/Qhp	TC		\$7.33	0				1	

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
2230	Eye Exam With Photos			\$52.50	1		101 141010			
	Fluorescein Angrph Uni/Bi			\$67.75	0					
	Fluorescein Angrph Uni/Bi	26		\$24.17	0					
	Fluorescein Angrph Uni/Bi	TC		\$43.58	0					
	Icg Angiography Uni/Bi			\$117.47	0					
	Icg Angiography Uni/Bi	26		\$26.55	0					
	Icg Angiography Uni/Bi	TC		\$90.93	0					
	Fluorescein Icg Angiography			\$145.60	0					
	Fluorescein Icg Angiography	26		\$30.90	0					
	Fluorescein Icg Angiography	TC		\$114.70	0					
	Eye Exam With Photos			\$22.58	0					
	Eye Exam With Photos	26		\$12.08	0					
	Eye Exam With Photos	TC		\$10.50	0					
	Ophthalmoscopy/Dynamometry			\$11.49	0					
	Eye Muscle Evaluation			\$50.32	0					
	Eye Muscle Evaluation	26		\$26.15	0					
	Eye Muscle Evaluation	TC		\$24.17	0					
	Electro-Oculography			\$59.43	0					
	Electro-Oculography	26		\$23.97	0					
	Electro-Oculography	TC		\$35.46	0					
	Color Vision Examination			\$31.50	0					
	Color Vision Examination	26		\$5.15	0					
	Color Vision Examination	TC		\$26.35	0					
	Dark Adaptation Eye Exam			\$34.07	0					
	Dark Adaptation Eye Exam	26		\$6.93	0					
	Dark Adaptation Eye Exam	TC		\$27.14	0					
	Contact Lens Fitting			\$59.63	0					
	Contact Lens Fitting			\$62.01	0					
	Contact Lens Fitting			\$71.32	0					
	Contact Lens Fitting			\$58.44	0					
	Replacement Of Contact Lens			\$22.78	0					
	Fit Spectacles Monofocal			\$20.21	0					
	Fit Spectacles Bifocal			\$22.98	0					
	Fit Spectacles Multifocal			\$24.56	0					
	Fit Aphakia Spectcl Monofocl			\$26.74	0					
	Fit Aphakia Spectol Multifoc			\$30.31	0					

\$18.23

0

92370 Repair & Adjust Spectacles

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

^{*} Indicates temporary coverage during COVID-19 Emergency

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
92371	Repair & Adjust Spectacles			\$6.34	0					
	Speech/Hearing Therapy			\$44.37	1					
	Speech/Hearing Therapy			\$13.67	1					
92511	Nasopharyngoscopy			\$68.34	1					
	Laryngeal Function Studies			\$46.75	1					
92521	Evaluation Of Speech Fluency			\$77.66	1					
	Evaluate Speech Production			\$64.98	1					
92523	Speech Sound Lang Comprehen			\$133.52	1					
	Behavral Qualit Analys Voice			\$63.59	1					
	Oral Function Therapy			\$49.13	1					
	Caloric Vstblr Test W/Rec			\$24.17	1					
92537	Caloric Vstblr Test W/Rec	26		\$18.03	1					
92537	Caloric Vstblr Test W/Rec	TC		\$6.14	1					
92538	Caloric Vstblr Test W/Rec			\$13.07	1					
92538	Caloric Vstblr Test W/Rec	26		\$9.11	1					
92538	Caloric Vstblr Test W/Rec	TC		\$3.96	1					
92541	Spontaneous Nystagmus Test			\$14.66	1					
92541	Spontaneous Nystagmus Test	26		\$12.08	1					
92541	Spontaneous Nystagmus Test	TC		\$2.58	1					
92542	Positional Nystagmus Test			\$17.04	1					
92542	Positional Nystagmus Test	26		\$14.46	1					
92542	Positional Nystagmus Test	TC		\$2.58	1					
92544	Optokinetic Nystagmus Test			\$10.50	1					
92544	Optokinetic Nystagmus Test	26		\$8.32	1					
92544	Optokinetic Nystagmus Test	TC		\$2.18	1					
92545	Oscillating Tracking Test			\$9.71	0					
92545	Oscillating Tracking Test	26		\$7.73	0					
	Oscillating Tracking Test	TC		\$1.98	0					
	Sinusoidal Rotational Test			\$68.94	1					
92546	Sinusoidal Rotational Test	26		\$8.52	1					
92546	Sinusoidal Rotational Test	TC		\$60.42	1					
92547	Supplemental Electrical Test			\$5.74	0					
92548	Cdp-Sot 6 Cond W/I&R			\$28.72	1					
92548	Cdp-Sot 6 Cond W/I&R	26		\$19.81	1					
92548	Cdp-Sot 6 Cond W/I&R	TC		\$8.91	1					
92549	Cdp-Sot 6 Cond W/I&R Mct&Adt			\$36.85	1					
92549	Cdp-Sot 6 Cond W/I&R Mct&Adt	26		\$25.95	1					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
92549	Cdp-Sot 6 Cond W/I&R Mct&Adt	TC		\$10.90	1					
	Tympanometry & Reflex Thresh			\$12.88	1					
	Pure Tone Hearing Test Air			\$6.74	1					
92552	Pure Tone Audiometry Air			\$18.62	1					
	Audiometry Air & Bone			\$22.78	1					
	Speech Threshold Audiometry			\$14.26	1					
	Speech Audiometry Complete			\$22.58	1					
92557	Comprehensive Hearing Test			\$22.19	1					
92561	Bekesy Audiometry Diagnosis			\$22.78	1					
92562	Loudness Balance Test			\$26.74	1					
92563	Tone Decay Hearing Test			\$18.03	0					
92564	Sisi Hearing Test			\$13.67	0					
92565	Stenger Test Pure Tone			\$10.10	0					
92567	Tympanometry			\$9.51	1					
92568	Acoustic Refl Threshold Tst			\$8.91	1					
92570	Acoustic Immitance Testing			\$19.22	1					
92571	Filtered Speech Hearing Test			\$16.05	0					
	Sensorineural Acuity Test			\$39.42	0					
92576	Synthetic Sentence Test			\$21.79	0					
92577	Stenger Test Speech			\$8.72	0					
92579	Visual Audiometry (Vra)			\$27.14	0					
92582	Conditioning Play Audiometry			\$43.38	0					
92587	Evoked Auditory Test Limited			\$12.88	1					
92587	Evoked Auditory Test Limited	26		\$10.50	1					
92587	Evoked Auditory Test Limited	TC		\$2.38	1					
92588	Evoked Auditory Tst Complete			\$19.61	1					
92588	Evoked Auditory Tst Complete	26		\$16.44	1					
92588	Evoked Auditory Tst Complete	TC		\$3.17	1					
	Hearing Aid Exam One Ear			\$56.28	0					
92591	Hearing Aid Exam Both Ears			\$56.28	0					
92594	Electro Hearng Aid Test One			\$16.30	0					
92595	Electro Hearng Aid Tst Both			\$32.63	0					
92625	Tinnitus Assessment			\$40.21	0					
92626	Eval Aud Funcj 1st Hour			\$51.90	0					
92627	Eval Aud Funcj Ea Addl 15			\$12.28	0					
92630	Aud Rehab Pre-Ling Hear Loss			\$40.85	0					
92633	Aud Rehab Postling Hear Loss			\$40.85	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
	Electrocardiogram Complete			\$8.52	0					
93005	Electrocardiogram Tracing			\$3.76	0					
	Electrocardiogram Report			\$4.75	0					
	Cardiovascular Stress Test			\$40.81	0					
93016	Cardiovascular Stress Test			\$12.48	0					
	Cardiovascular Stress Test			\$8.32	0					
	Rhythm Ecg With Report			\$7.33	0					
93041	Rhythm Ecg Tracing			\$3.37	0					
	Rhythm Ecg Report			\$3.96	0					
93224	Ecg Monit/Reprt Up To 48 Hrs			\$45.76	0					
	Ecg Monit/Reprt Up To 48 Hrs			\$11.49	0					
93226	Ecg Monit/Reprt Up To 48 Hrs			\$23.57	0					
	Ecg Monit/Reprt Up To 48 Hrs			\$10.70	0					
93228	Remote 30 Day Ecg Rev/Report			\$14.86	0					
	Remote 30 Day Ecg Tech Supp			\$407.10	0					
93241	Ext Ecg>48hr<7d Rec Scan A/R			\$45.76	0					
93242	Ext Ecg>48hr<7d Recording			\$8.72	0					
93243	Ext Ecg>48hr<7d Scan A/R			\$23.57	0					
93244	Ext Ecg>48hr<7d Rev&Interpj			\$14.07	0					
93245	Ext Ecg>7d<15d Rec Scan A/R			\$45.76	0					
93246	Ext Ecg>7d<15d Recording			\$8.72	0					
93247	Ext Ecg>7d<15d Scan A/R			\$23.57	0					
93248	Ext Ecg>7d<15d Rev&Interpj			\$15.45	0					
93268	Ecg Record/Review			\$114.50	0					
93270	Remote 30 Day Ecg Rev/Report			\$5.15	0					
93271	Ecg/Monitoring And Analysis			\$95.09	0					
93272	Ecg/Review Interpret Only			\$14.26	0					
	Ecg/Signal-Averaged			\$17.23	0					
93278	Ecg/Signal-Averaged	26		\$7.13	0					
	Ecg/Signal-Averaged	TC		\$10.10	0					
93303	Echo Transthoracic			\$135.10	0					
93303	Echo Transthoracic	26		\$35.66	0					
93303	Echo Transthoracic	TC		\$99.45	0					
	Echo Transthoracic			\$94.69	0					
93304	Echo Transthoracic	26		\$21.00	0					<u> </u>
	Echo Transthoracic	TC		\$73.69	0					
93306	Tte W/Doppler Complete			\$118.07	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

	ed MCO Reimbursement Rate: \$53.10									Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
93306	Tte W/Doppler Complete	26		\$40.21	0					
93306	Tte W/Doppler Complete	TC		\$77.85	0					
93307	Tte W/O Doppler Complete			\$83.40	0					
93307	Tte W/O Doppler Complete	26		\$25.75	0					
93307	Tte W/O Doppler Complete	TC		\$57.65	0					
93308	Tte F-Up Or Lmtd			\$58.44	0					
93308	Tte F-Up Or Lmtd	26		\$14.46	0					
93308	Tte F-Up Or Lmtd	TC		\$43.98	0					
93320	Doppler Echo Exam Heart			\$30.90	0					
93320	Doppler Echo Exam Heart	26		\$10.30	0					
93320	Doppler Echo Exam Heart	TC		\$20.60	0					
	Doppler Echo Exam Heart			\$15.45	0					
93321	Doppler Echo Exam Heart	26		\$4.16	0					
93321	Doppler Echo Exam Heart	TC		\$11.29	0					
93325	Doppler Color Flow Add-On			\$14.46	0					
93325	Doppler Color Flow Add-On	26		\$1.78	0					
	Doppler Color Flow Add-On	TC		\$12.68	0					
	Stress Tte Only			\$111.73	0					
93350	Stress Tte Only	26		\$40.21	0					
93350	Stress Tte Only	TC		\$71.51	0					
	Myocrd Strain Img Spckl Trck			\$23.38	0					
	Extracranial Bilat Study			\$115.89	0					
93880	Extracranial Bilat Study	26		\$22.19	0					
93880	Extracranial Bilat Study	TC		\$93.70	0					
93882	Extracranial Uni/Ltd Study			\$75.48	0					
93882	Extracranial Uni/Ltd Study	26		\$14.07	0					
93882	Extracranial Uni/Ltd Study	TC		\$61.41	0					
	Upr/L Xtremity Art 2 Levels			\$49.53	0					
	Upr/L Xtremity Art 2 Levels	26		\$7.33	0					
93922	Upr/L Xtremity Art 2 Levels	TC		\$42.20	0					
	Upr/Lxtr Art Stdy 3+ Lvls			\$76.66	0					
	Upr/Lxtr Art Stdy 3+ Lvls	26		\$12.48	0					
	Upr/Lxtr Art Stdy 3+ Lvls	TC		\$64.18	0					
	Lwr Xtr Vasc Stdy Bilat			\$95.09	0					
	Lwr Xtr Vasc Stdy Bilat	26		\$13.87	0					
	Lwr Xtr Vasc Stdy Bilat	TC		\$81.22	0				İ	
	Lower Extremity Study			\$147.58	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCl's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
	Lower Extremity Study	26		\$21.79	0					
	Lower Extremity Study	TC		\$125.79	0					
	Lower Extremity Study			\$86.97	0					
93926	Lower Extremity Study	26		\$13.47	0					
93926	Lower Extremity Study	TC		\$73.50	0					
93930	Upper Extremity Study			\$119.85	0					
93930	Upper Extremity Study	26		\$22.58	0					
93930	Upper Extremity Study	TC		\$97.27	0					
93931	Upper Extremity Study			\$74.88	0					
93931	Upper Extremity Study	26		\$13.87	0					
93931	Upper Extremity Study	TC		\$61.01	0					
93970	Extremity Study			\$113.71	0					
93970	Extremity Study	26		\$19.22	0					
93970	Extremity Study	TC		\$94.49	0					
93971	Extremity Study			\$71.51	0					
93971	Extremity Study	26		\$12.48	0					
93971	Extremity Study	TC		\$59.03	0					
93975	Vascular Study			\$161.25	0					
93975	Vascular Study	26		\$32.29	0					
93975	Vascular Study	TC		\$128.96	0					
93976	Vascular Study			\$95.29	0					
93976	Vascular Study	26		\$22.19	0					
93976	Vascular Study	TC		\$73.10	0					
93978	Vascular Study			\$109.55	0					
93978	Vascular Study	26		\$22.39	0					
93978	Vascular Study	TC		\$87.16	0					
93979	Vascular Study			\$70.72	0					
93979	Vascular Study	26		\$13.67	0					
93979	Vascular Study	TC		\$57.05	0					
	Penile Vascular Study			\$69.73	0					
	Penile Vascular Study	26		\$34.67	0					
93980	Penile Vascular Study	TC		\$35.06	0					
	Penile Vascular Study			\$42.39	0					
	Penile Vascular Study	26		\$12.08	0					
	Penile Vascular Study	TC		\$30.31	0					
	Breathing Capacity Test			\$17.04	0					
	Breathing Capacity Test	26		\$4.75	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCl's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
	Breathing Capacity Test	TC		\$12.28	0					
	Spirometry Up To 2 Yrs Old			\$49.53	0					
	Spirmtry W/Brnchdil Inf-2 Yr			\$80.43	0					
	Meas Lung Vol Thru 2 Yrs			\$11.29	0					
	Evaluation Of Wheezing			\$26.74	0					
94060	Evaluation Of Wheezing	26		\$5.94	0					
94060	Evaluation Of Wheezing	TC		\$20.80	0					
94070	Evaluation Of Wheezing			\$35.86	0					
94070	Evaluation Of Wheezing	26		\$16.24	0					
94070	Evaluation Of Wheezing	TC		\$19.61	0					
94150	Vital Capacity Test			\$14.46	0					
94150	Vital Capacity Test	26		\$2.18	0					
94150	Vital Capacity Test	TC		\$12.28	0					
94200	Lung Function Test (Mbc/Mvv)			\$10.30	0					
94200	Lung Function Test (Mbc/Mvv)	26		\$2.18	0					
94200	Lung Function Test (Mbc/Mvv)	TC		\$8.12	0					
94375	Respiratory Flow Volume Loop			\$22.39	0					
94375	Respiratory Flow Volume Loop	26		\$8.32	0					
94375	Respiratory Flow Volume Loop	TC		\$14.07	0					
94640	Airway Inhalation Treatment			\$8.12	0					
95115	Immunotherapy One Injection			\$5.35	0					
95117	Immunotherapy Injections			\$6.54	0					
95249	Cont Gluc Mntr Pt Prov Eqp			\$33.28	0					
95250	Cont Gluc Mntr Phys/Qhp Eqp			\$89.34	0					
95251	Cont Gluc Mntr Analysis I&R			\$20.21	0					
95805	Multiple Sleep Latency Test			\$243.66	0					
95805	Multiple Sleep Latency Test	26		\$33.28	0					
95805	Multiple Sleep Latency Test	TC		\$210.38	0					
	Sleep Study Unatt&Resp Efft			\$58.24	0					
	Sleep Study Unatt&Resp Efft	26		\$25.75	0					
	Sleep Study Unatt&Resp Efft	TC		\$32.49	0					
	Sleep Study Attended			\$230.98	0		ĺ			
	Sleep Study Attended	26		\$34.87	0					
	Sleep Study Attended	TC		\$196.12	0				İ	
	Polysom Any Age 1-3> Param			\$383.13	0		ĺ			
	Polysom Any Age 1-3> Param	26		\$49.72	0					
	Polysom Any Age 1-3> Param	TC		\$333.40	0				İ	

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/20
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
	Polysom 6/> Yrs 4/> Param			\$356.98	0					
95810 F	Polysom 6/> Yrs 4/> Param	26		\$68.94	0					
95810 F	Polysom 6/> Yrs 4/> Param	TC		\$288.04	0					
95811 F	Polysom 6/>Yrs Cpap 4/> Parm			\$372.63	0					
95811 F	Polysom 6/>Yrs Cpap 4/> Parm	26		\$71.51	0					
95811 F	Polysom 6/>Yrs Cpap 4/> Parm	TC		\$301.11	0					
95812 E	Eeg 41-60 Minutes			\$200.68	0					
95812 E	Eeg 41-60 Minutes	26		\$32.88	0					
	Eeg 41-60 Minutes	TC		\$167.79	0					
95813 E	Eeg Extnd Mntr 61-119 Min			\$246.83	0					
	Eeg Extnd Mntr 61-119 Min	26		\$50.12	0					
	Eeg Extnd Mntr 61-119 Min	TC		\$196.71	0					
	Eeg Awake And Drowsy			\$219.49	0					
	Eeg Awake And Drowsy	26		\$32.88	0					
	Eeg Awake And Drowsy	TC		\$186.61	0					
	Eeg Awake And Asleep	-		\$263.27	0					
	Eeg Awake And Asleep	26		\$33.08	0					
	Eeg Awake And Asleep	TC		\$230.19	0					
	Range Of Motion Measurements			\$13.07	1					
	Range Of Motion Measurements			\$10.50	1					
	Cholinesterase Challenge			\$32.29	0					
	Muscle Test One Limb			\$69.14	0					
	Muscle Test One Limb	26		\$29.52	0					
	Muscle Test One Limb	TC		\$39.62	0					
	Muscle Test 2 Limbs			\$99.84	0					
	Muscle Test 2 Limbs	26		\$46.95	0					
	Muscle Test 2 Limbs	TC		\$52.89	0					
	Muscle Test 3 Limbs			\$130.15	0					
	Muscle Test 3 Limbs	26		\$57.05	0					
	Muscle Test 3 Limbs	TC		\$73.10	0					
	Muscle Test 4 Limbs	10		\$145.60	0					
	Muscle Test 4 Limbs	26		\$61.21	0					
	Muscle Test 4 Limbs	TC		\$84.39						
	Muscle Test Larynx			\$90.73	0					
	Muscle Test Larynx	26		\$47.54	0					
	Muscle Test Larynx	TC		\$43.19	0					
	Muscle Test Larynx Muscle Test Hemidiaphragm	10		\$79.04	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
95866	Muscle Test Hemidiaphragm	26		\$37.64	0					
95866	Muscle Test Hemidiaphragm	TC		\$41.40	0					
	Muscle Test Cran Nerv Unilat			\$65.17	0					
	Muscle Test Cran Nerv Unilat	26		\$24.17	0					
	Muscle Test Cran Nerv Unilat	TC		\$41.01	0					
95868	Muscle Test Cran Nerve Bilat			\$84.98	0					
95868	Muscle Test Cran Nerve Bilat	26		\$36.05	0					
95868	Muscle Test Cran Nerve Bilat	TC		\$48.93	0					
	Muscle Test Thor Paraspinal			\$59.43	0					
95869	Muscle Test Thor Paraspinal	26		\$11.49	0					
95869	Muscle Test Thor Paraspinal	TC		\$47.94	0					
95870	Muscle Test Nonparaspinal			\$53.09	0					
95870	Muscle Test Nonparaspinal	26		\$11.29	0					
95870	Muscle Test Nonparaspinal	TC		\$41.80	0					
95872	Muscle Test One Fiber			\$119.06	0					
	Muscle Test One Fiber	26		\$87.96	0					
95872	Muscle Test One Fiber	TC		\$31.10	0					
95873	Guide Nerv Destr Elec Stim			\$46.16	0					
95873	Guide Nerv Destr Elec Stim	26		\$11.49	0					
95873	Guide Nerv Destr Elec Stim	TC		\$34.67	0					
95874	Guide Nerv Destr Needle Emg			\$48.14	0					
95874	Guide Nerv Destr Needle Emg	26		\$11.29	0					
95874	Guide Nerv Destr Needle Emg	TC		\$36.85	0					
95885	Musc Tst Done W/Nerv Tst Lim			\$38.63	0					
95885	Musc Tst Done W/Nerv Tst Lim	26		\$10.70	0					
95885	Musc Tst Done W/Nerv Tst Lim	TC		\$27.93	0					
95886	Musc Test Done W/N Test Comp			\$59.23	0					
95886	Musc Test Done W/N Test Comp	26		\$26.35	0					
95886	Musc Test Done W/N Test Comp	TC		\$32.88	0					
	Musc Tst Done W/N Tst Nonext			\$51.31	0					
95887	Musc Tst Done W/N Tst Nonext	26		\$21.59	0					
95887	Musc Tst Done W/N Tst Nonext	TC		\$29.72	0					
95907	Nvr Cndj Tst 1-2 Studies			\$55.07	0					
	Nvr Cndj Tst 1-2 Studies	26		\$30.71	0					
95907	Nvr Cndj Tst 1-2 Studies	TC		\$24.37	0					
	Nrv Cndj Tst 3-4 Studies			\$69.53	0					
95908	Nrv Cndj Tst 3-4 Studies	26		\$38.43	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

Juggeste	ed MCO Reimbursement Rate: \$53.10									Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
95908	Nrv Cndj Tst 3-4 Studies	TC		\$31.10	0					
95909	Nrv Cndj Tst 5-6 Studies			\$83.00	0					
95909	Nrv Cndj Tst 5-6 Studies	26		\$45.76	0					
	Nrv Cndj Tst 5-6 Studies	TC		\$37.24	0					
95910	Nrv Cndj Test 7-8 Studies			\$109.15	0					
95910	Nrv Cndj Test 7-8 Studies	26		\$61.61	0					
95910	Nrv Cndj Test 7-8 Studies	TC		\$47.54	0					
95911	Nrv Cndj Test 9-10 Studies			\$130.94	0					
95911	Nrv Cndj Test 9-10 Studies	26		\$76.47	0					
95911	Nrv Cndj Test 9-10 Studies	TC		\$54.48	0					
95912	Nrv Cndj Test 11-12 Studies			\$151.55	0					
95912	Nrv Cndj Test 11-12 Studies	26		\$91.52	0					
	Nrv Cndj Test 11-12 Studies	TC		\$60.02	0					
	Nrv Cndj Test 13/> Studies			\$175.91	0					
95913	Nrv Cndj Test 13/> Studies	26		\$108.36	0					
	Nrv Cndj Test 13/> Studies	TC		\$67.55	0					
	Somatosensory Testing			\$91.52	0					
	Somatosensory Testing	26		\$16.44	0					
	Somatosensory Testing	TC		\$75.08	0					
	Somatosensory Testing			\$84.39	0					
	Somatosensory Testing	26		\$15.85	0					
	Somatosensory Testing	TC		\$68.54	0					
	Somatosensory Testing			\$82.81	0					
	Somatosensory Testing	26		\$15.45	0					
	Somatosensory Testing	TC		\$67.35	0					
	C Motor Evoked Uppr Limbs			\$137.88	0					
	C Motor Evoked Uppr Limbs	26		\$45.76						
	C Motor Evoked Uppr Limbs	TC		\$92.12	0					
	C Motor Evoked Lwr Limbs			\$141.84	0					
	C Motor Evoked Lwr Limbs	26		\$45.36	_					
	C Motor Evoked Lwr Limbs	TC		\$96.47	0					
	Neuromuscular Junction Test	1.5		\$60.82	0					
	Neuromuscular Junction Test	26		\$20.01	0					
	Neuromuscular Junction Test	TC		\$40.81	0					
	lo Anal Gast N-Stim Subsq	1.5		\$21.39	0					
	lo Ga N-Stim Subsq W/Reprog			\$33.88	0					
	Developmental Screen W/Score			\$9.20						

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
96112	Devel Tst Phys/Qhp 1st Hr			\$74.68	1					
	Devel Tst Phys/Qhp Ea Addl			\$33.28	0					
96116	Nubhvl Xm Phys/Qhp 1st Hr			\$55.07	1					
96121	Nubhvl Xm Phy/Qhp Ea Addl Hr			\$46.75	0					
96127	Brief Emotional/Behav Assmt			\$2.77	0					
96130	Psycl Tst Eval Phys/Qhp 1st			\$68.54	1					
96131	Psycl Tst Eval Phys/Qhp Ea			\$51.90	0					
96132	Nrpsyc Tst Eval Phys/Qhp 1st			\$75.67	1					
96133	Nrpsyc Tst Eval Phys/Qhp Ea			\$59.03	0					
96136	Psycl/Nrpsyc Tst Phy/Qhp 1st			\$26.55	1					
96137	Psycl/Nrpsyc Tst Phy/Qhp Ea			\$23.77	0					
96138	Psycl/Nrpsyc Tech 1st			\$21.20	1					
96139	Psycl/Nrpsyc Tst Tech Ea			\$21.20	0					
96146	Psycl/Nrpsyc Tst Auto Result			\$1.19	0					
96156	Hith Bhy Assmt/Reassessment			\$41.46	1					
96158	Hlth Bhv Ivntj Indiv 1st 30			\$28.38	1					
	Hlth Bhv Ivntj Indiv Ea Addl			\$9.81	0					
	Pt-Focused HIth Risk Assmt			\$1.58	0					
96161	Caregiver Health Risk Assmt			\$1.58	0					
	Hlth Bhv Ivntj Grp 1st 30			\$4.16	1					
	Hlth Bhv Ivntj Grp Ea Addl			\$1.93	0					
	Hlth Bhv Ivnti Fam 1st 30			\$30.31	1					
	Hith Bhy lyntj Fam Ea Addl			\$10.85	0					
	Hydration Iv Infusion Init			\$20.60	0					
	Hydrate Iv Infusion Add-On			\$7.92	0					
	Ther/Proph/Diag Iv Inf Init			\$41.80	0					
	Ther/Proph/Diag Iv Inf Addon			\$12.68	0					
	Tx/Proph/Dg Addl Seq Iv Inf			\$18.23	0					
	Ther/Diag Concurrent Inf			\$12.08	0					
	Ther/Proph/Diag Inj Sc/Im			\$8.12	0					
	Ther/Proph/Diag Inj Iv Push			\$23.77	0					
	Tx/Pro/Dx Inj New Drug Addon			\$9.71	0					
	Application On-Body Injector			\$11.49	0					
	Mechanical Traction Therapy			\$8.52	1					
	Electric Stimulation Therapy			\$7.73	1					
	Vasopneumatic Device Therapy			\$6.93	1					
	Paraffin Bath Therapy			\$3.37	1					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/202
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCl's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
	Whirlpool Therapy			\$10.30	1					
97024	Diathermy Eg Microwave			\$4.16	1					
97026	Infrared Therapy			\$3.76	1					
97028	Ultraviolet Therapy			\$4.75	1					
97032	Electrical Stimulation			\$8.52	1					
97033	Electric Current Therapy			\$11.69	1					
97034	Contrast Bath Therapy			\$8.52	1					
	Ultrasound Therapy			\$8.32	1					
97036	Hydrotherapy			\$20.01	1					
97039	Physical Therapy Treatment			М	1					
	Therapeutic Exercises			\$17.23	1					
97112	Neuromuscular Reeducation			\$20.01	1					
97116	Gait Training Therapy			\$17.23	1					
97124	Massage Therapy			\$16.84	1					
97129	Ther Ivntj 1st 15 Min			\$13.27	1					
97130	Ther Ivntj Ea Addl 15 Min			\$12.88	0					
97140	Manual Therapy 1/> Regions			\$15.85	1					
97161	Pt Eval Low Complex 20 Min			\$57.85	1					
	Pt Eval Mod Complex 30 Min			\$57.85	1					
97163	Pt Eval High Complex 45 Min			\$57.85	1					
	Pt Re-Eval Est Plan Care			\$39.62	1					
97165	Ot Eval Low Complex 30 Min			\$56.06	1					
97166	Ot Eval Mod Complex 45 Min			\$56.06	1					
97167	Ot Eval High Complex 60 Min			\$56.06	1					
97168	Ot Re-Eval Est Plan Care			\$37.84	1					
97530	Therapeutic Activities			\$22.39	1					
	Sensory Integration			\$34.47	1					
	Self Care Mngment Training			\$19.22	1					
	Wheelchair Mngment Training			\$18.62	1					
	Rmvl Devital Tis 20 Cm/<			\$58.24	0					
	Rmvl Devital Tis Addl 20cm/<			\$26.55	0					
	Orthotic Mgmt&Traing 1st Enc			\$28.53	1					
	Prosthetic Traing 1st Enc			\$24.17	1					
	Orthc/Prostc Mgmt Sbsq Enc			\$31.30	1					
	Physical Medicine Procedure			M	1					
	Osteopath Manj 1-2 Regions			\$18.23	1					
	Osteopath Manj 3-4 Regions			\$25.75	1					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/202
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
98927	Osteopath Manj 5-6 Regions			\$33.68	1					
98928	Osteopath Manj 7-8 Regions			\$41.01	1					
98929	Osteopath Manj 9-10 Regions			\$49.33	1					
98940	Chiropract Manj 1-2 Regions			\$16.05	1					
	Chiropract Manj 3-4 Regions			\$22.98	1					
98942	Chiropractic Manj 5 Regions			\$30.11	1					
99000*	Specimen Handling Office-Lab			\$13.07	0			YES		
99001*	Specimen Handling Pt-Lab			\$13.07	0			YES		
99188	App Topical Fluoride Varnish			\$7.13	0					
99202	Office O/P New Sf 15-29 Min			\$42.00	1					
99203	Office O/P New Low 30-44 Min			\$64.58	1					
99204	Office O/P New Mod 45-59 Min			\$96.47	1					
99205	Office O/P New Hi 60-74 Min			\$127.38	1					
99211	Office O/P Est Minimal Prob			\$13.07	0					
99212	Office O/P Est Sf 10-19 Min			\$32.29	1					
99213	Office O/P Est Low 20-29 Min			\$52.50	1					
99214	Office O/P Est Mod 30-39 Min			\$74.49	1					
99215	Office O/P Est Hi 40-54 Min			\$104.00	1					
99241	Office Consultation			\$26.74	1					
99242	Office Consultation			\$50.52	1					
99243	Office Consultation			\$69.14	1					
99244	Office Consultation			\$103.61	1					
99245	Office Consultation			\$126.19	1					
	Nursing Facility Care Init			\$50.91	1					
	Nursing Facility Care Init			\$73.50	1					
	Nursing Facility Care Init			\$94.49	1					
	Nursing Fac Care Subseq			\$24.96	1					
	Nursing Fac Care Subseq			\$39.22	1					
	Nursing Fac Care Subseq			\$51.70	1					
99310	Nursing Fac Care Subseq			\$76.66	1					
	Nursing Fac Discharge Day			\$41.40	1					
	Nursing Fac Discharge Day			\$59.63	1					
	Annual Nursing Fac Assessmnt			\$54.28	1					
99324	Domicil/R-Home Visit New Pat			\$30.71	1					
	Domicil/R-Home Visit New Pat			\$44.97	1					
	Domicil/R-Home Visit New Pat			\$78.65	1					
	Domicil/R-Home Visit New Pat			\$105.39	1					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
99328	Domicil/R-Home Visit New Pat			\$124.01	1					
99334	Domicil/R-Home Visit Est Pat			\$34.07	1					
99335	Domicil/R-Home Visit Est Pat			\$54.28	1					
99336	Domicil/R-Home Visit Est Pat			\$76.86	1					
99337	Domicil/R-Home Visit Est Pat			\$109.95	1					
99341	Home Visit New Patient			\$30.90	1					
99342	Home Visit New Patient			\$43.58	1					
99343	Home Visit New Patient			\$72.11	1					
99344	Home Visit New Patient			\$102.81	1					
99345	Home Visit New Patient			\$125.20	1					
99347	Home Visit Est Patient			\$31.10	1					
99348	Home Visit Est Patient			\$47.54	1					
99349	Home Visit Est Patient			\$73.30	1					
99350	Home Visit Est Patient			\$101.43	1					
	Prolng Svc O/P 1st Hour			\$73.30	0					
99355	Prolng Svc O/P Ea Addl 30			\$54.68	0					
99381	Init Pm E/M New Pat Infant			\$86.72	1					
99382	Init Pm E/M New Pat 1-4 Yrs			\$93.36	1					
99383	Prev Visit New Age 5-11			\$91.46	1					
99384	Prev Visit New Age 12-17			\$99.37	1					
99385	Prev Visit New Age 18-39			\$99.37	1					
99386	Prev Visit New Age 40-64			\$117.10	1					
99387	Init Pm E/M New Pat 65+ Yrs			\$126.92	1					
	Per Pm Reeval Est Pat Infant			\$65.83	1					
99392	Prev Visit Est Age 1-4			\$73.74	1					
99393	Prev Visit Est Age 5-11			\$72.79	1					
99394	Prev Visit Est Age 12-17			\$80.39	1					
99395	Prev Visit Est Age 18-39			\$81.34	1					
99396	Prev Visit Est Age 40-64			\$89.89	1					
99397	Per Pm Reeval Est Pat 65+ Yr			\$99.06	1					
99406	Behav Chng Smoking 3-10 Min			\$8.91	0					
99407	Behav Chng Smoking > 10 Min			\$16.44	0					
99408	Audit/Dast 15-30 Min			\$15.45	1					
99409	Audit/Dast Over 30 Min			\$29.72	1					
99415	Prolng Clin Staff Svc 1st Hr			\$5.74	0					
	Prolng Clin Staff Svc Ea Add			\$2.97	0					
	Prolng Off/Op E/M Ea 15 Min			\$19.22	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
	Phone E/M Phys/Qhp 5-10 Min			\$32.29	0					
	Phone E/M Phys/Qhp 11-20 Min			\$52.69	0					
	Phone E/M Phys/Qhp 21-30 Min			\$74.68	0					
	Ntrprof Ph1/Ntrnet/Ehr 5-10			\$10.70	0					
	Interprof Phone/Online 11-20			\$19.22	0					
	Interprof Phone/Online 21-30			\$30.51	0					
	Interprof Phone/Online 31/>			\$41.60	0					
	Ntrprof Ph1/Ntrnet/Ehr 5/>			\$20.60	0					
	Ntrprof Ph1/Ntrnet/Ehr Rfrl			\$20.80	0					
99453	Rem Mntr Physiol Param Setup			\$10.90	0					
99454	Rem Mntr Physiol Param Dev			\$35.86	0					
99457	Rem Physiol Mntr 1st 20 Min			\$28.92	0					
	Rem Physiol Mntr Ea Addl 20			\$23.38	0					
99473*	Self-Meas Bp Pt Educaj/Train			\$6.54	0					
99474*	Self-Meas Bp 2 Readg Bid 30d			\$8.52	0					
99483	Assmt & Care Pln Pt Cog Imp			\$160.46	1					
99484	Care Mgmt Svc Bhvl Hlth Cond			\$26.55	0					
99495	Trans Care Mgmt 14 Day Disch			\$118.07	1					
99496	Trans Care Mgmt 7 Day Disch			\$159.87	1					
99497	Advncd Care Plan 30 Min			\$48.73	1					
99498	Advncd Care Plan Addl 30 Min			\$42.20	0					
99605	Mtms By Pharm Np 15 Min			\$50.00	1					
99606	Mtms By Pharm Est 15 Min			\$25.00	1					
99607	Mtms By Pharm Addl 15 Min			\$10.00	0					
A4266	Diaphragm			\$18.50	0					
A4267	Male Condom			\$0.06	0					
A4268	Female Condom			\$0.68	0					
A4269	Spermicide			\$4.95	0					
	Pessary Rubber, Any Type			\$16.98	0					
	Pessary, Non Rubber, Any Type			\$42.18	0					
	Screening Of A Patient			\$14.89	0					
G0008	Admin Influenza Virus Vac			\$7.00	0					
G0009	Admin Pneumococcal Vaccine			\$7.00	0					
G0010	Admin Hepatitis B Vaccine			\$7.00	0					
G0027	Semen Analysis			\$5.38	0					
G0101	Ca Screen;Pelvic/Breast Exam			\$22.58	1					
G0102	Prostate Ca Screening; Dre			\$13.07	1					

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/202
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
G0103	Psa Screening			\$15.99	0					
G0117	Glaucoma Scrn Hgh Risk Direc			\$33.08	1					
G0118	Glaucoma Scrn Hgh Risk Direc			\$24.17	1					
G0130	Single Energy X-Ray Study			\$20.80	0					
G0130	Single Energy X-Ray Study	26		\$6.34	0					
G0130	Single Energy X-Ray Study	TC		\$14.46	0					
G0168	Wound Closure By Adhesive			\$70.52	0					
G0306	Cbc/Diffwbc W/O Platelet			\$6.43	0					
G0307	Cbc Without Platelet			\$5.35	0					
G0328	Fecal Blood Scrn Immunoassay			\$14.95	0					
G0396	Alcohol/Subs Interv 15-30mn			\$20.60	1					
G0397	Alcohol/Subs Interv >30 Min			\$38.43	1					
G0432	Eia Hiv-1/Hiv-2 Screen			\$16.20	0					
G0433	Elisa Hiv-1/Hiv-2 Screen			\$15.14	0					
G0435	Oral Hiv-1/Hiv-2 Screen			\$9.92	0					
G0472	Hep C Screen High Risk/Other			\$38.38	0					
	Hiv Combination Assay			\$19.94	0					
	Hpv Combo Assay Ca Screen			\$29.05	0					
	Drug Test Def 1-7 Classes			\$94.75	0					
	Drug Test Def 8-14 Classes			\$129.66	0					
	Drug Test Def 15-21 Classes			\$164.56	0					
	Drug Test Def 22+ Classes			\$204.45	0					
	Home Visit Rn, Lpn By Rhc/Fq			\$80.98						
	Hepb Screen High Risk Indiv			\$23.40	0					
	Cocm By Rhc/Fqhc 60 Min Mo			\$87.56	0			YES		
	Insert Drug Del Implant, >=4			\$126.39	1	YES				
	Remove Drug Implant			\$125.79	1	YES				
	Remove W Insert Drug Implant			\$238.12	1	YES				
	Alcohol/Sub Misuse Assess			\$9.71	1					
	Prolong Outpt/Office Vis			\$19.02	0					
	Inj., Omadacycline, 1 Mg			\$3.27	0			YES		
	Adrenalin Epinephrine Inject			\$0.85	0			YES		
	Inj., Plazomicin, 5 Mg			\$3.07	0			YES		
	Azithromycin			\$3.30	0			YES		
	Bethanechol Chloride Inject			M	0			YES		
	Peng Benzathine/Procaine Inj			\$12.01	0			YES		
	Penicillin G Benzathine Inj			\$15.10				YES		

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit	APM Procedure	Excluded Technical	Excluded Procedure	PPS Visit	Effective Date**
					Count	Codes	Payments	Codes	Code	
							for RHCI's	200.00		
0570	Buprenorphine Implant 74.2mg			\$1,204.99	0			YES		
0583	Bivalirudin			\$0.45	0			YES		
0588	Incobotulinumtoxin A			\$5.06	0			YES		
0593	Inj., Lanadelumab-Flyo, 1 Mg			M	0			YES		
0600	Edetate Calcium Disodium Inj			\$5,594.42	0			YES		
10606	Inj, Etelcalcetide, 0.1 Mg			\$3.47	0			YES		
0610	Calcium Gluconate Injection			\$3.85	0			YES		
0620	Calcium Glycer & Lact/10 Ml			M	0			YES		
0630	Calcitonin Salmon Injection			\$2,830.55	0			YES		
0636	Inj Calcitriol Per 0.1 Mcg			\$0.74	0			YES		
0637	Caspofungin Acetate			\$6.65	0			YES		
0640	Leucovorin Calcium Injection			\$2.73	0			YES		
0690	Cefazolin Sodium Injection			\$0.82	0			YES		
0691	Inj Lefamulin 1 Mg			\$0.72	0			YES		
0692	Cefepime Hcl For Injection			\$1.81	0			YES		
0694	Cefoxitin Sodium Injection			\$6.79	0			YES		
0695	Inj Ceftolozane Tazobactam			\$6.43	0			YES		
0696	Ceftriaxone Sodium Injection			\$0.56	0			YES		
	Sterile Cefuroxime Injection			\$1.90	0			YES		
	Cefotaxime Sodium Injection			\$2.33	0			YES		
	Betamethasone Acet&Sod Phosp			\$7.21	0			YES		
	Cephapirin Sodium Injection			M	0			YES		
	Ceftaroline Fosamil Inj			\$3.35	0			YES		
	Inj Ceftazidime Per 500 Mg			\$1.98	0			YES		
	Ceftazidime And Avibactam			\$92.28	0			YES		
0715	Ceftizoxime Sodium / 500 Mg			M	0			YES		
0735	Clonidine Hydrochloride			\$22.57	0			YES		
	Cilastatin Sodium Injection			\$7.03	0			YES		
	Ciprofloxacin Iv			\$0.99	0			YES		
	Prochlorperazine Injection			\$5.07	0			YES		
	Inj Crizanlizumab-Tmca 5mg			\$122.43	0			YES		
	Crotalidae Poly Immune Fab			\$2,908.21	0			YES		
	Injection, Dalbavancin			\$15.39	0			YES		
	Daptomycin Injection			\$0.13	0			YES		
	Darbepoetin Alfa, Non-Esrd			\$3.56	0			YES		
-	Darbepoetin Alfa, Esrd Use			\$3.56	0		 	YES		

\$8.82

0

YES

J0885 Epoetin Alfa, Non-Esrd

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

^{*} Indicates temporary coverage during COVID-19 Emergency

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Qualifying

APM

Excluded

Excluded

PPS

Rate

Suggested MCO Reimbursement Rate: \$53.10

Short Description

Modifier

Age Range

Code

Revised: 01/27/2022 Effective Date**

Code	Short Description	Modifier	Age Kange	Kate	Visit Count	Procedure Codes	Technical Payments for RHCI's	Procedure Codes	Visit Code	Effective Date
J0887	Epoetin Beta Esrd Use			\$1.50	0			YES		
J0888	Epoetin Beta Non Esrd			\$1.50	0			YES		
J0895	Deferoxamine Mesylate Inj			\$7.90	0			YES		
	Depo-Estradiol Cypionate Inj			\$24.05	0			YES		
J1020	Methylprednisolone 20 Mg Inj			\$3.35	0			YES		
J1030	Methylprednisolone 40 Mg Inj			\$5.80	0			YES		
J1040	Methylprednisolone 80 Mg Inj			\$10.76	0			YES		
J1050	Medroxyprogesterone Acetate			\$0.57	0			YES		
J1071	Inj Testosterone Cypionate			\$0.03	0			YES		
J1094	Inj Dexamethasone Acetate			\$0.14	0			YES		
J1100	Dexamethasone Sodium Phos			\$0.14	0			YES		
J1130	Inj Diclofenac Sodium 0.5mg			M	0			YES		
J1170	Hydromorphone Injection			\$2.74	0			YES		
J1200	Diphenhydramine Hcl Injectio			\$0.62	0			YES		
J1201	Inj. Cetirizine Hcl 0.5mg			M	0			YES		
	Ertapenem Injection			\$32.18	0			YES		
	Erythro Lactobionate /500 Mg			\$73.74	0			YES		
J1380	Estradiol Valerate 10 Mg Inj			\$11.51	0			YES		
J1410	Inj Estrogen Conjugate 25 Mg			\$325.51	0			YES		
J1435	Injection Estrone Per 1 Mg			M	0			YES		
J1438	Etanercept Injection			\$411.71	0			YES		
J1447	Inj Tbo Filgrastim 1 Microg			\$0.46	0			YES		
J1450	Fluconazole			\$3.32	0			YES		
	Foscarnet Sodium Injection			M	,			YES		
	Inj Ivig Privigen 500 Mg			\$42.43	0			YES		
J1460	Gamma Globulin 1 Cc Inj			\$43.30	0			YES		
	Inj Cuvitru, 100 Mg			\$13.94				YES		
	Inj, Imm Glob Bivigam, 500mg			\$70.49				YES		
	Gammaplex Injection			\$48.89				YES		
	Hizentra Injection			\$11.09				YES		
	Gamma Globulin > 10 Cc Inj			\$432.96	0			YES		
	Gamunex-C/Gammaked			\$43.67	0			YES		
	Vivaglobin, Inj			M				YES		
	Immune Globulin, Powder			\$66.97				YES		
	Octagam Injection			\$41.63				YES		
	Gammagard Liquid Injection			\$43.63				YES		
J1570	Ganciclovir Sodium Injection			\$46.50	0			YES		

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

Code	Short Description	Modifier	Age Range	Rate	Qualifying	APM	Excluded	Excluded	PPS	Effective Date**
Code	Short Description	Woulder	Age Range	Nate	Visit	Procedure	Technical	Procedure	Visit	Ellective Date
					Count	Codes	Payments	Codes	Code	
							for RHCI's			
11571	Hepagam B Im Injection			\$65.61	0			YES		
	Flebogamma Injection			\$36.86	0			YES		
11573	Hepagam B Intravenous, Inj			\$51.29	0			YES		
J1575	Hyqvia 100mg Immuneglobulin			\$14.34	0			YES		
J1580	Garamycin Gentamicin Inj			\$1.78	0			YES		
	Ivig Non-Lyophilized, Nos			M	0			YES		
J1626	Granisetron Hcl Injection			\$0.22	0			YES		
J1627	Inj, Granisetron, Xr, 0.1 Mg			\$7.73	0			YES		
J1630	Haloperidol Injection			\$0.89	0			YES		
J1631	Haloperidol Decanoate Inj			\$14.16	0			YES		
	Tetanus Immune Globulin Inj			\$469.95	0			YES		
J1675	Histrelin Acetate			M	0			YES		
11700	Hydrocortisone Acetate Inj			M	0			YES		
11710	Hydrocortisone Sodium Ph Inj			M	0			YES		
	Hydrocortisone Sodium Succ I			\$14.15	0			YES		
J1726	Makena, 10 Mg			\$32.40	0			YES		
J1729	Inj Hydroxyprogst Capoat Nos			M	0			YES		
J1741	Ibuprofen Injection			M	0			YES		
J1750	Inj Iron Dextran			\$15.05	0			YES		
J1756	Iron Sucrose Injection			\$0.35	0			YES		
J1815	Insulin Injection			\$0.89	0			YES		
11826	Interferon Beta-1a Inj			M	0			YES		
J1830	Interferon Beta-1b / .25 Mg			М	0			YES		
	Injection, Isavuconazonium			M	0			YES		
11840	Kanamycin Sulfate 500 Mg Inj			\$7.69	0			YES		
11850	Kanamycin Sulfate 75 Mg Inj			\$1.15	0			YES		
11885	Ketorolac Tromethamine Inj			\$0.39	0			YES		
	Cephalothin Sodium Injection			M	0			YES		
1940	Furosemide Injection			\$0.65	0			YES		
1943	Inj., Aristada Initio, 1 Mg			\$2.91	0			YES		
11944	Aripirazole Lauroxil 1 Mg			\$2.90	0			YES		
1950	Leuprolide Acetate /3.75 Mg			\$1,582.13	0		_	YES		
1956	Levofloxacin Injection			\$0.39	0			YES		
	Lincomycin Injection			\$13.21	0			YES		
	Linezolid Injection			\$7.07	0			YES		

Μ

\$5.34

0

0

YES

YES

J2062 Loxapine For Inhalation 1 Mg

J2175 | Meperidine Hydrochl /100 Mg

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

^{*} Indicates temporary coverage during COVID-19 Emergency

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

										Revised: 01/2
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
	Meperidine/Promethazine Inj			М	0			YES		
J2182	Injection, Mepolizumab, 1mg			\$28.86	0			YES		
	Meropenem			\$0.76	0			YES		
	Inj., Meropenem, Vaborbactam			M	0			YES		
J2265	Minocycline Hydrochloride			М	0			YES		
J2270	Morphine Sulfate Injection			\$3.15	0			YES		
J2280	Inj, Moxifloxacin 100 Mg			\$9.19	0			YES		
2300	Inj Nalbuphine Hydrochloride			\$3.34	0			YES		
J2310	Inj Naloxone Hydrochloride			\$11.94	0			YES		
2315	Naltrexone, Depot Form			\$3.43	0			YES		
2320	Nandrolone Decanoate 50 Mg			М	0			YES		
2360	Orphenadrine Injection			\$6.83	0			YES		
2405	Ondansetron Hcl Injection			\$0.09	0			YES		
2410	Oxymorphone Hcl Injection			\$2.85	0			YES		
2426	Paliperidone Palmitate Inj			\$12.12	0			YES		
2430	Pamidronate Disodium /30 Mg			\$10.70	0			YES		
2505	Injection, Pegfilgrastim 6mg			\$3,079.49	0			YES		
2510	Penicillin G Procaine Inj			\$29.86	0			YES		
2540	Penicillin G Potassium Inj			\$1.10	0			YES		
2543	Piperacillin/Tazobactam			\$1.61	0			YES		
2547	Injection, Peramivir			М	0			YES		
2550	Promethazine Hcl Injection			\$2.32	0			YES		
2650	Prednisolone Acetate Inj			М	0			YES		
2675	Inj Progesterone Per 50 Mg			\$1.20	0			YES		
2680	Fluphenazine Decanoate 25 Mg			\$11.62	0			YES		
2700	Oxacillin Sodium Injeciton			\$1.22	0			YES		
2780	Ranitidine Hydrochloride Inj			\$6.12	0			YES		
2786	Injection, Reslizumab, 1mg			\$9.75	0			YES		
2788	Rho D Immune Globulin 50 Mcg			\$24.78	0			YES		
2790	Rho D Immune Globulin Inj			\$80.36	0			YES		
2791	Rhophylac Injection			\$4.75	0			YES		
2792	Rho(D) Immune Globulin H, Sd			\$29.40	0			YES		
2794	Inj Risperdal Consta, 0.5 Mg			\$10.53	0			YES		
	Inj., Perseris, 0.5 Mg			\$10.16	0			YES		
2840	Inj Sebelipase Alfa 1 Mg			М	0			YES		
	Injection, Siltuximab			\$111.50	0			YES		
	N E 1 O1 1 O 1		İ		_		1	\/50		

\$2.01

J2916 Na Ferric Gluconate Complex

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

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

YES

^{*} Indicates temporary coverage during COVID-19 Emergency

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

										Revised: 01/27
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
J2920	Methylprednisolone Injection			\$4.38	0			YES		
J2930	Methylprednisolone Injection			\$5.49	0			YES		
13000	Streptomycin Injection			\$33.06	0			YES		
J3030	Sumatriptan Succinate / 6 Mg			\$51.89	0			YES		
3031	Inj., Fremanezumab-Vfrm 1 Mg			М	0			YES		
3090	Inj Tedizolid Phosphate			\$1.59	0			YES		
3111	Inj. Romosozumab-Aqqg 1 Mg			\$9.00	0			YES		
3250	Trimethobenzamide Hcl Inj			\$40.53	0			YES		
3260	Tobramycin Sulfate Injection			\$4.60	0			YES		
3265	Injection Torsemide 10 Mg/Ml			М	0			YES		
3300	Triamcinolone A Inj Prs-Free			\$3.86	0			YES		
3301	Triamcinolone Acet Inj Nos			\$1.38	0			YES		
3302	Triamcinolone Diacetate Inj			М	0			YES		
3303	Triamcinolone Hexacetonl İnj			\$3.61	0			YES		
3304	Inj Triamcinolone Ace Xr 1mg			\$18.01	0			YES		
	Inj Trimetrexate Glucoronate			М	0			YES		
3310	Perphenazine Injeciton			М	0			YES		
	Triptorelin Pamoate			\$503.81	0			YES		
3316	Inj., Triptorelin Xr 3.75 Mg			М	0			YES		
3320	Spectinomycn Di-Hcl Inj			М	0			YES		
3358	Ustekinumab, Iv Inject, 1 Mg			\$11.95	0			YES		
3360	Diazepam Injection			\$7.15	0			YES		
	Vancomycin Hcl Injection			\$2.61	0			YES		
3410	Hydroxyzine Hcl Injection			\$8.30	0			YES		
3411	Thiamine Hcl 100 Mg			\$2.54	0			YES		
3415	Pyridoxine Hcl 100 Mg			\$10.26	0			YES		
	Vitamin B12 Injection			\$1.84	0			YES		
	Vitamin K Phytonadione Inj			\$3.86	0			YES		
	Injection, Voriconazole			\$1.65	0			YES		
	Ovine, Up To 999 Usp Units			\$0.46	0			YES		
	Ovine, 1000 Usp Units			\$137.80	0			YES		
	Hyaluronidase Recombinant			\$0.36	0			YES		
	Inj Magnesium Sulfate			\$0.63	0			YES		
	Inj Potassium Chloride			\$0.16	0			YES		
3485	Zidovudine			\$1.51	0			YES		
	Ziprasidone Mesylate			\$20.95	0			YES		

\$10.30

0

YES

J3489 Zoledronic Acid 1mg

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

^{*} Indicates temporary coverage during COVID-19 Emergency

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

<u> </u>	01 (0) (1	A4 1161	4 5		0 117 1	4514			222	Ess 1: D 1 44
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit	APM Procedure	Excluded Technical	Excluded Procedure	PPS Visit	Effective Date**
					Count	Codes	Payments	Codes	Code	
					Count	Codes	for RHCI's	Codes	Code	
3591	Esrd On Dialysi Drug/Bio Noc			М	0			YES		
7030	Normal Saline Solution Infus			\$2.73	0			YES		
7040	Normal Saline Solution Infus			\$1.37	0			YES		
7042	5% Dextrose/Normal Saline			\$1.21	0			YES		
7050	Normal Saline Solution Infus			\$0.68	0			YES		
7060	5% Dextrose/Water			\$1.98	0			YES		
7070	D5w Infusion			\$3.93	0			YES		
7100	Dextran 40 Infusion			\$17.77	0			YES		
7110	Dextran 75 Infusion			M	0			YES		
7120	Ringers Lactate Infusion			\$2.49	0			YES		
7121	5% Dextrose In Lac Ringers			M	0			YES		
7296	Kyleena, 19.5 Mg			\$1,010.72	0			YES		
7297	Liletta, 52 Mg			\$786.87	0			YES		
7298	Mirena, 52 Mg			\$1,010.72	0			YES		
7300	Intraut Copper Contraceptive			\$937.57	0			YES		
7301	Skyla, 13.5 Mg			\$802.28	0			YES		
7303	Contraceptive Vaginal Ring			\$172.38	0			YES		
7304	Contraceptive Hormone Patch			\$43.15	0			YES		
7307	Etonogestrel Implant System			\$981.56	0			YES		
	Aminolevulinic Acid Hcl Top			\$388.42	0			YES		
7309	Methyl Aminolevulinate, Top			\$83.69	0			YES		
	Inj, Ocriplasmin, 0.125 Mg			\$1,046.93	0			YES		
7318	Inj, Durolane 1 Mg			М	0			YES		
	Genvisc 850, Inj, 1mg			\$6.25	0			YES		
	Hyalgan Or Supartz Inj Dose			\$75.17	0			YES		
	Hymovis Injection 1 Mg			M	0			YES		
	Euflexxa Inj Per Dose			\$135.14	0			YES		
	Orthovisc Inj Per Dose			\$128.55	0			YES		
	Synvisc Or Synvisc-One			\$10.67	0			YES		
	Gel-One			\$537.36	0			YES		
	Monovisc Inj Per Dose			\$785.19	0			YES		
	Gelsyn-3 Injection 0.1 Mg			М	0			YES		
	Inj, Trivisc 1 Mg			M	0			YES		
	Synojoynt, Inj., 1 Mg			\$18.02	0			YES		
	Inj., Triluron, 1 Mg			M	0			YES		
7333	Visco-3 Inj Dose			M	0			YES		

\$3.25

J7336 Capsaicin 8% Patch

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

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

YES

^{*} Indicates temporary coverage during COVID-19 Emergency

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

	eu MCO Reimbursement Rate. \$55.10									Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
J7501	Azathioprine Parenteral			\$217.30	0			YES		
J7504	Lymphocyte Immune Globulin			\$2,257.65	0			YES		
J7511	Antithymocyte Globuln Rabbit			\$790.60	0			YES		
J7516	Cyclosporin Parenteral 250mg			\$51.32	0			YES		
J7525	Tacrolimus Injection			\$212.22	0			YES		
J7999	Compounded Drug, Noc			М	0			YES		
J9212	Interferon Alfacon-1 Inj			М	0			YES		
J9213	Interferon Alfa-2a Inj			М	0			YES		
J9214	Interferon Alfa-2b Inj			\$33.99	0			YES		
J9215	Interferon Alfa-N3 Inj			\$31.80	0			YES		
J9216	Interferon Gamma 1-B Inj			М	0			YES		
	Leuprolide Acetate Suspnsion			\$228.93	0			YES		
J9219	Leuprolide Acetate Implant			М	0			YES		
	Vantas Implant			\$4,586.21	0			YES		
	Supprelin La Implant			\$40,116.00	0			YES		
	Inj. Isatuximab-Irfc 10 Mg			\$66.37	0			YES		
	Inj., Evomela, 1 Mg			М	0			YES		
	Inj Fam-Trastu Deru-Nxki 1mg			\$24.13	0			YES		
L4350	Ankle Control Ortho Pre Ots			\$73.80	0					
L4360	Pneumat Walking Boot Pre Cst			\$197.46	0					
	Pneuma/Vac Walk Boot Pre Ots			\$176.50	0					
L4370	Pneum Full Leg Splnt Pre Ots			\$179.50	0					
	Bamlanivimab-Xxxx Infusion			\$285.51	1					
	Casirivi And Imdevi Infusion			\$285.51	1					
M0245*	Bamlan And Etesev Infusion			\$285.51	1					Rate Effective: 02/09/2021
Q0091	Obtaining Screen Pap Smear			\$24.96	1					
	Wet Mounts/ W Preparations			\$12.54	0					
Q0112	Potassium Hydroxide Preps			\$4.83	0					
	Pinworm Examinations			\$3.53	0					
Q0114	Fern Test			\$8.07	0					
	Ferumoxytol, Non-Esrd			\$0.93	0			YES		
	Ferumoxytol, Esrd Use			\$0.93	0		ĺ	YES		
	Azithromycin Dihydrate, Oral			\$15.05	0					
	Bamlanivimab-Xxxx			\$0.00	0		ĺ			
	Casirivimab And Imdevimab			\$0.00	0		ĺ			
Q0245*	Bamlanivimab And Etesevima			\$0.00	0		ĺ			Rate Effective: 02/09/2021
	Agriflu Vaccine			М	0			YES		

^{*} Indicates temporary coverage during COVID-19 Emergency

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

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

										Revised: 01/27/2
Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	APM Procedure Codes	Excluded Technical Payments for RHCI's	Excluded Procedure Codes	PPS Visit Code	Effective Date**
	Afluria Vacc, 3 Yrs & >, Im			\$18.24	0			YES		
	Flulaval Vacc, 3 Yrs & >, Im			\$8.58	0			YES		
	Fluvirin Vacc, 3 Yrs & >, Im			\$17.69	0			YES		
22038	Fluzone Vacc, 3 Yrs & >, Im			\$12.04	0			YES		
	Influenza Virus Vaccine, Nos			М	0			YES		
23027	Inj Beta Interferon Im 1 Mcg			\$54.42	0			YES		
	Finger Splint, Static			\$1.55	0					
24051	Splint Supplies Misc			М	0					
	Apligraf			\$30.46	0					
Q4102	Oasis Wound Matrix			\$9.56	0					
Q4106	Dermagraft			\$31.86	0					
Q4107	Graftjacket			\$92.59	0					
Q4110	Primatrix			\$42.33	0					
Q4111	Gammagraft			\$7.02	0					
Q4113	Graftjacket Xpress			\$919.55	0					
	Alloskin			\$13.50	0					
Q4121	Theraskin			\$43.45	0					
Q4132	Grafix Core, Grafixpl Core			\$116.59	0					
	Grafix Stravix Prime PI Sqcm			\$135.23	0					
	Amnioexcel Biodexcel 1sq Cm			\$86.59	0					
	Epifix, Inj, 1mg			\$18.66	0					
	Amnioband, Guardian 1 Sq Cm			\$126.01	0					
	Biovance 1 Square Cm			\$110.82	0					
	Affinity1 Square Cm			\$644.48	0					
	Nushield 1 Square Cm			\$99.53	0					
	Cygnus, Per Sq Cm			\$132.78	0					
	Epifix 1 Sq Cm			\$156.23	0					
	Puraply 1 Sq Cm			\$95.49	0					
	Puraply Am 1 Sq Cm			\$108.76						
	Inj Pegfilgrastim-Bmez 0.5mg			\$297.96				YES		
	Inj, Nyvepria			M	0			YES		
	Buprenorph Xr 100 Mg Or Less			\$1,737.26	0			YES		
	Buprenorphine Xr Over 100 Mg			\$1,737.26	0			YES		
	Injection, Metronidazole			\$0.05	0			YES		
	Injection, Nafcillin Sodium			М	0			YES		
				M	0			YES		
	injection, Ociotetan Disoulu			IVI	U			120		

\$3.30

0

YES

S0077 Injection, Clindamycin Phosp

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

^{*} Indicates temporary coverage during COVID-19 Emergency

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

Suggested MCO Reimbursement Rate: \$53.10

										Revised: 01/27/2022
Code	Short Description	Modifier	Age Range	Rate	Qualifying	APM	Excluded	Excluded	PPS	Effective Date**
					Visit	Procedure	Technical	Procedure	Visit	
					Count	Codes	Payments	Codes	Code	
							for RHCI's			
S0080	Injection, Pentamidine Iseth			M	0			YES		
S0145	Peg Interferon Alfa-2a/180			M	0			YES		
	Peg Interferon Alfa-2b/10			M	0			YES		
	Injection Pantroprazole			\$5.30	0			YES		
S0166	Inj Olanzapine 2.5mg			\$11.37	0			YES		
S0171	Bumetanide 0.5 Mg			M	0			YES		
	Mifepristone, Oral, 200 Mg			M	0			YES		
S0191	Misoprostol, Oral, 200 Mcg			M	0			YES		
S0199	Med Abortion Inc All Ex Drug			M	0					
S0592	Comp Cont Lens Eval			\$36.45	1					
S0620	Routine Ophthalmological Exa			\$49.72	1					
S0621	Routine Ophthalmological Exa			\$51.70	1					
S2083	Adjustment Gastric Band			\$37.04	0					
S9152	Speech Therapy, Re-Eval			\$36.64	1					
S9443	Lactation Class			\$54.91	0					
T1015	Clinic Service			Clinic Specific Rate	0				YES	
U0001	2019-Ncov Diagnostic P			\$29.74	0					
U0002	Covid-19 Lab Test Non-Cdc			\$42.48	0					
U0003	Cov-19 Amp Prb Hgh Thruput			\$62.10	0					
U0004	Cov-19 Test Non-Cdc Hgh Thru			\$62.10	0					
U0005	Infec Agen Detec Ampli Probe			\$20.70	0					

^{*} Indicates temporary coverage during COVID-19 Emergency

^{**}Effective date will only be populated when the rate begins after the published fee schedule date.

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