

**MDCH Outpatient Prospective Payment System**  
 Wrap Around Codes  
 Effective January 1 to March 31, 2013

**MDCH Status Indicators Key**

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

Covered			
Code	Fee	Status Indicator	Description
0019T	\$0.00	A1	Extracorp shock wv tx,ms nos
58300	\$16.95	A4	Insert intrauterine device
80055	\$38.39	A1	Obstetric panel
90284	\$7.08	A4	Human ig, sc
90460	\$7.00	A7	Im admin 1st/only component: Immunization Administration through 18 years of age via any route of administration w/counseling by physician or other qualified health care professional; first vaccine/toxoid/component.
90461	\$0.00	A7	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; EACH ADDITIONAL VACCINE/TOXOID COMPONENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
90471	\$7.00	A7	Immunization admin
90472	\$7.00	A7	Immunization admin, each add
90473	\$3.00	A7	Immune admin oral/nasal
90474	\$3.00	A7	Immune admin oral/nasal addl
90633	\$0.00	A6	Hep a vacc ped/adol 2 dose (1 to 19 years)
90647	\$0.00	A6	Hib vaccine prp-omp im
90648	\$0.00	A6	Hib vaccine prp-t im (6 weeks through 5 years)

Covered			
Code	Fee	Status Indicator	Description
90649	\$137.58	A5	HPV (19 to 27 years)
90649UC	\$0.00	A6	HPV (9 to 19 years)
90650	\$135.68	A5	HPV vaccine 2 valent, IM (19 to 26 years)
90650UC	\$0.00	A6	HPV vaccine 2 valent, IM, (9 to 19 years)
90654	<b>\$18.98</b>	A5	Flu vaccine no preserve, ID (18 to 65 years)
90655	\$0.00	A6	Flu vaccine, no preserv 6-35m
90656	<b>\$12.40</b>	A5	Flu vaccine, no preserv 3 & >
90656UC	\$0.00	A6	Flu vaccine, no preserv 3 & >
90657	\$0.00	A6	Flu vaccine, no preserv 6-35m
90658	\$0.00	A6	Flu vaccine 3 yrs & > im (3 to 19 years)
90660	<b>\$23.46</b>	A5	Flu vaccine, nasal (19 and older)
90660UC	\$0.00	A6	Flu vaccine, nasal (0 to 19 years)
90662	\$30.92	A5	Flu vacc prsv free inc antig, age 65 and >
90663	\$0.00	A5	Flu vacc pandemic H1N1 (effective DOS on/after 9-15-09)
90669	\$0.00	A6	Pneumococcal vacc, ped <5
90670	\$0.00	A6	Pneumococcal vacc, 13 val im (age 6 weeks through age 18)
90680	\$0.00	A6	Rotovirus vacc 3 dose oral, 3 doses (0-2 years)
90681	\$0.00	A6	Rotovirus vacc 2 dose oral (effective DOS on/after 8-01-08)
90685	\$0.00	A6	FLU VAC NO PRSV 4 VAL 6-35 M

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

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*Subject to Change*

# FDA recalled drug effective 2/24/13. After 2/24/13, J0890 is MDCH Non-Covered.

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Covered			
Code	Fee	Status Indicator	Description
90686	M	A5	FLU VAC NO PRSV 4 VAL 3 YRS+(19 to 124 years)
90686UC	\$0.00	A6	FLU VAC NO PRSV 4 VAL 3 YRS+(3 to 19 years)
90696	\$0.00	A6	Dtap-ipv vacc 4-6 yr im (effective DOS on/after 8-01-08)
90698	\$0.00	A6	Dtap-hib-ip vaccine, im (effective DOS on/after 8-01-08)
90700	\$0.00	A6	Dtap vaccine < 7 yrs im
90702	\$0.00	A6	Dt vaccine < 7 im
90707	\$0.00	A6	Measles, mumps & rubella virus vaccine (MMR), live, SC (0 to 19 years)
90710	\$0.00	A6	MmrV vaccine, sc
90713	\$0.00	A6	Poliovirus vaccine, inactivated, (IPV), for SC or IM use (0 to 19 years)
90714	\$0.00	A6	Tetanus & diphtheria toxoids (Td) absorbed, preservative free, when administered to 7 years or >, IM
90715	\$0.00	A6	Tetanus, diphtheria toxoids & acellular pertussis vaccine (Tdap), when administered to 7 years & >, IM
90716	\$92.35	A5	Chicken pox vaccine sc (19 to 65 years)
90716UC	\$0.00	A6	Chicken pox vaccine sc (0 to 19 years)
90723	\$0.00	A6	Dtap-hep b-ipv vaccine, im

Covered			
Code	Fee	Status Indicator	Description
90732	\$65.77	A5	Pneumococcal vaccine (19 & older)
90732UC	\$0.00	A6	Pneumococcal vaccine (0 to 19 years)
90734UC	\$0.00	A5/A6	Meningococcal vaccine, im age change * (2 to 19 years)
90740	\$119.42	A5	Hepb vacc, ill pat 3 dose im (19 and older)
90744	\$0.00	A6	Hep B vacc ped/adol 3 dose im
90746	\$59.71	A1	Hep b vaccine, adult, im
90747	\$119.42	A1	Hepb vacc, ill pat 4 dose im
90748	\$0.00	A6	Hep b/hib vaccine, im
92551	\$9.51	A4	Pure tone hearing test, air
92590	\$45.02	A4	Hearing aid exam, one ear
92591	\$45.02	A4	Hearing aid exam, both ears
92594	\$13.04	A4	Electro hearing aid test, one
92595	\$26.10	A4	Electro hearing aid test, both
92630	\$32.68	A4	Aud rehab pre-ling hear loss
92633	\$32.68	A4	Aud rehab postling hear loss
97014	\$7.52	A4	Electric stim -unattended
97039	\$6.13	A4	Physical therapy treatment
97139	\$8.32	A4	Physical medicine procedure
97799	M	A4	Physical medicine procedure
99381	\$18.12	A4	Prev visit, new, infant

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Covered			
Code	Fee	Status Indicator	Description
99382	\$18.12	A4	Prev visit, new, age 1-4
99383	\$18.12	A4	Prev visit, new, age 5-11
99384	\$18.12	A4	Prev visit, new, age 12-17
99385	\$18.12	A4	Prev visit, new, age 18-39
99386	\$18.12	A4	Prev visit, new, age 40-64
99387	\$18.12	A4	Prev visit, new, 65 & over
99391	\$18.12	A4	Prev visit, est, infant
99392	\$18.12	A4	Prev visit, est, age 1-4
99393	\$18.12	A4	Prev visit, est, age 5-11
99394	\$18.12	A4	Prev visit, est, age 12-17
99395	\$18.12	A4	Prev visit, est, age 18-39
99396	\$18.12	A4	Prev visit, est, age 18-39
99397	\$18.12	A4	Prev visit, est, age 40-64
99401	\$18.12	A4	Prev counseling, indiv 15 min
99402	\$18.12	A4	Prev counseling, indiv 30 min
G0008	\$7.00	A7	Admin influenza virus vac
G0009	\$7.00	A7	Admin pneumococcal vaccine
G0010	\$7.00	A7	Admin hepatitis b vaccine

Covered			
Code	Fee	Status Indicator	Description
J1826	\$765.32	A4	Interferon Beta-1A inj
J7300	\$598.00	A4	Intraut copper contraceptive
J7302	\$745.23	A4	Levonorgestrel IU Contracep
J7306	\$385.00	A4	Levonorgestrel implant sys
J7307	\$662.54	A4	Etonogestrel implant system
Q2035	\$7.00	A7	Afluria vacc, 3 yrs & >, im
Q2036	\$7.00	A7	Flulaval vacc, 3 yrs & >, im
Q2037	\$7.00	A7	Fluvirin vacc, 3 yrs & >, im
Q2038	\$7.00	A7	Fluzone vacc, 3 yrs & >, im
Q2039	\$7.00	A7	NOS flu vacc, 3 yrs & >, im
S0077	<b>\$3.24</b>	A4	Clindamycin Phosph Inj 300mg
S4005	\$113.55	A4	Interim labor(labor occurring but not resulting in delivery/false labor)
S4989	\$127.82	A4	Contraceptive IUD
S9152	\$36.64	A4	Speech Therapy, re-evaluation
S9442	\$29.46	A4	Birthing Class
V5020	\$28.60	A4	Conformity evaluation
V5020GY	\$28.60	A4	Conformity evaluation
V5264	\$36.43	A4	Ear mold/insert

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

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

Dialysis			
Code	Fee	Status Indicator	Description
90935	\$142.49	A2	Hemodialysis, one evaluation
90937	\$39.33	A2	Hemodialysis - Repeated Eval
90945	\$61.07	A2	Dialysis procedure other than hemodialysis (eg. Peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation
90947	\$40.21	A2	Dialysis - Repeated Eval
90963	\$1,830.00	A2	ESRD related services, home dialysis per full month, 2 yrs & <
90964	\$1,830.00	A2	ESRD related services, home dialysis per full month, 2-11 yrs

Dialysis			
Code	Fee	Status Indicator	Description
90965	\$1,830.00	A2	ESRD related services, home dialysis per full month, 12-19 yrs
90966	\$1,830.00	A2	ESRD related services, home dialysis per full month, 20 yrs & >
90967	\$61.07	A2	ESRD related services, home dialysis < full month, per day , 2 yrs & <
90968	\$61.07	A2	ESRD related services, home dialysis < full month, per day , 2-11 yrs
90969	\$61.07	A2	ESRD related services, home dialysis < full month, per day , 12-19 yrs
90970	\$61.07	A2	ESRD related services, home dialysis < full month, per day , 20 yrs & >

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Dialysis			
Code	Fee	Status Indicator	Description
90989	\$331.14	A2	Dialysis Training - Complete
90993	\$22.07	A2	Dialysis Training - Per Session
90999	\$142.49	A2	Unlisted Dialysis procedure (*per Medicare, hemodialysis claims must include HCPCS 90999 on the line reporting Revenue Code 082X)

Dialysis			
Code	Fee	Status Indicator	Description
J0882	<b>\$3.45</b>	A2	Darb EPO - 1 mcg- ESRD Use
J0886	<b>\$10.26</b>	A2	Epoetin 1000 Units
J0890#	<b>\$9.07</b>	A2	Peginesatide injection
Q0139	\$0.64	A2	Ferumoxytol, ESRD use
Q4081	<b>\$1.03</b>	A2	EPO – 100 units

Non-Covered			
Code	Fee	Status Indicator	Description
0042T	N	R1	Ct perfusion w/contrast cbf
0051T	C	R1	Implant total heart system
0052T	C	R1	Replace component heart syst
0053T	C	R1	Replace component heart syst
0054T	N	R1	Bone surgery using computer
0055T	N	R1	Bone surgery using computer
0058T	X	R1	Cryopreservation ovary tiss
0059T	X	R1	Cryopreservation oocyte
0071T	S	R1	U/s leiomyomata ablate <200
0072T	S	R1	U/s leiomyomata ablate >200
0075T	C	R1	Perq stent/chest vert art
0076T	C	R1	S&i stent/chest vert art

Non-Covered			
Code	Fee	Status Indicator	Description
0078T	C	R1	Endovasc aort repr w/device
0079T	C	R1	Endovasc visc extnsn repr
0080T	C	R1	Endovasc aort repr rad s&i
0081T	C	R1	Endovasc visc extnsn s&i
0092T	C	R1	Artific disc addl
0095T	C	R1	Artific 5isposable addl
0098T	C	R1	Rev artific disc addl
0099T	T	R1	Implant corneal ring
0100T	T	R1	Prosth retina receive&gen
0101T	T	R1	Extracorp shockwv tx hi enrg
0102T	T	R1	Extracorp shockwv tx anesth
0103T	A	R1	Holotranscobalamin

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Non-Covered			
Code	Fee	Status Indicator	Description
0106T	X	R1	Touch quant sensory test
0107T	X	R1	Vibrate quant sensory test
0108T	X	R1	Cool quant sensory test
0109T	X	R1	Heat quant sensory test
0110T	X	R1	Nos quant sensory test
0123T	T	R1	Scleral fistulization
0124T	T	R1	Conjunctival drug placement
0126T	Q1	R1	Chd risk imt study
0159T	N	R1	Cad breast mri
0163T	C	R1	Lumb artif 6isposable addl
0164T	C	R1	Remove lumb artif disc addl
0165T	C	R1	Revise lumb artif disc addl
0169T	C	R1	Place stereo cath brain
0171T	T	R1	Lumbar spine 6isposa distract
0172T	T	R1	Lumbar spine 6isposa addl
0173T	T	R1	lop monit io pressure
0174T	T	R1	Cad cxr with interp
0175T	N	R1	Cad cxr with interp
0178T	N	R1	64 lead ecg w/i&r
0179T	N	R1	64 lead ecg w/tracing
0180T	B	R1	64 lead ecg w/i&r only

Non-Covered			
Code	Fee	Status Indicator	Description
0181T	X	R1	Corneal hysteresis
0182T	B	R1	Hdr elect brachytherapy
0183T	S	R1	Wound ultrasound
0184T	S	R1	Exc rectal tumor endoscopic
0185T	T	R1	Comptr probability analysis
0186T	T	R1	Suprachoroidal drug delivery
0261T	N	R1	Hyphrm head neonate 28d/<
0262T	C	R1	Impltj pulm vlv evasc appr
0263T	S	R1	Im b1 mrw cel ther cmpl
0264T	S	R1	Im b1 mrw cel ther xcl hrvst
0265T	S	R1	Im b1 mrw cel ther hrvt onl
0266T	C	R1	Implt/rpl crtd sns dev total
0267T	T	R1	Implt/rpl crtd sns dev lead
0268T	S	R1	Implt/rpl crtd sns dev gen
0269T	T	R1	Rev/remvl crtd sns dev total
0270T	T	R1	Rev/remvl crtd sns dev lead
0271T	T	R1	Rev/remvl crtd sns dev gen
0272T	S	R1	Interrogate crtd sns dev
0273T	S	R1	Interrogate crtd sns w/pgrmg
0274T	T	R1	Perq lamot/lam crv/thrc
0275T	T	R1	Perq lamot/lam lumbar

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Non-Covered			
Code	Fee	Status Indicator	Description
0278T	S	R1	Tempr
0281T	C	R1	Laa closure w/implant
0282T	S	R1	Periph field stimul trial
0283T	S	R1	Periph field stimul perm
0284T	T	R1	Periph field stimul revise
0285T	S	R1	Periph field stimul analys
0286T	N	R1	Near ifr spectrsc of wounds
0287T	N	R1	Near ifr guide of vasc site
0288T	T	R1	Anoscopy w/rf delivery
0289T	N	R1	Laser inc for pkp/lkp donor
0290T	N	R1	Laser inc for pkp/lkp recip
0291T	N	R1	Iv oct for proc init vessel
0292T	N	R1	Iv oct for proc addl vessel
0293T	C	R1	Ins lt atrl press monitor
0294T	C	R1	Ins lt atrl press mont addon
0295T	M	R1	Ext ecg complete
0296T	S	R1	Ext ecg recording
0297T	S	R1	Ext ecg scan w/report
0298T	M	R1	Ext ecg review and interp
0299T	T	R1	Esw wound healing init wound
0300T	T	R1	Esw wound healing addl wound

Non-Covered			
Code	Fee	Status Indicator	Description
0301T	S	R1	Mw therapy for breast tumor
0302T	T	R1	Icar ischm mntrng sys compl
0303T	T	R1	Icar ischm mntrng sys eltrd
0304T	T	R1	Icar ischm mntrng sys device
0305T	S	R1	Icar ischm mntrng prgrm eval
0306T	S	R1	Icar ischm mntrng interr eva
0307T	T	R1	Rmvl icar ischm mntrng dvce
0308T	T	R1	Insj ocular telescope prosth
0309T	C	R1	Prescrl fuse w/ instr I4/I5
0310T	S	R1	Motor function mapping ntms
0311T	S	R1	Cal & alys cntrl artl press
0312T	C	R1	Laps impltj nstim vagus
0313T	T	R1	Laps rmvl nstim array vagus
0314T	T	R1	Laps rmvl vgl arry & pls gen
0315T	T	R1	Rmvl vagus nerve pls gen
0316T	S	R1	Replc vagus nerve pls gen
0317T	S	R1	Elec alys vagus nrv pls gen
0318T	C	R1	Replace aortic valve ththorac
0319T	T	R1	Insert subq defib w/eltrd
0320T	T	R1	Insert subq defib electrode
0321T	T	R1	Insert subq defib pls gen

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 Wrap Around Codes  
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Non-Covered			
Code	Fee	Status Indicator	Description
0322T	T	R1	Rmvl subq defib pls gen
0323T	T	R1	Rmvl & replc subq pls gen
0324T	T	R1	Rmvl subq defib electrode
0325T	T	R1	Repos subq defib eltrd &/gen
0326T	N	R1	Ephys eval subq implt defib
0327T	S	R1	Implt subq defib interrogat
0328T	S	R1	Implt subq defib sys dev evl
19396	T	R1	Design custom breast implant
55400	T	R1	Repair of sperm duct
58321	T	R1	Artificial insemination
58322	T	R1	Artificial insemination
58323	T	R1	Sperm washing
58672	T	R1	Laparoscopy fimbrioplasty
58750	C	R1	Repair oviduct
58752	C	R1	Revise ovarian tube(s)
58760	C	R1	Fimbrioplasty
58970	T	R1	Retrieval of oocyte
58974	T	R1	Transfer of embryo
58976	T	R1	Transfer of embryo
64550	A	R1	Apply neurostimulator
76948	N	R1	Echo guide, ova aspiration

Non-Covered			
Code	Fee	Status Indicator	Description
80400	A	R1	Acth stimulation panel
80402	A	R1	Acth stimulation panel
80406	A	R1	Acth stimulation panel
80408	A	R1	Aldosterone suppression eval
80410	A	R1	Calcitonin stimul panel
80412	A	R1	CRH stimulation panel
80414	A	R1	Testosterone response
80415	A	R1	Estradiol response panel
80416	A	R1	Renin stimulation panel
80417	A	R1	Renin stimulation panel
80418	A	R1	Pituitary evaluation panel
80420	A	R1	Dexamethasone panel
80422	A	R1	Glucagon tolerance panel
80424	A	R1	Glucagon tolerance panel
80426	A	R1	Gonadotropin hormone panel
80428	A	R1	Growth hormone panel
80430	A	R1	Growth hormone panel
80432	A	R1	Insulin suppression panel
80434	A	R1	Insulin tolerance panel
80435	A	R1	Insulin tolerance panel
80436	A	R1	Metyrapone panel

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Non-Covered			
Code	Fee	Status Indicator	Description
80438	A	R1	TRH stimulation panel
80439	A	R1	TRH stimulation panel
80440	A	R1	TRH stimulation panel
81007	A	R1	Urine screen for bacteria
81020	A	R1	Urinalysis, glass test
81050	A	R1	Urinalysis, volume measure
81227	A	R1	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER VARIANTS (EG, BACTERIAL ARTIFICIAL CHROMOSOME [BAC] OR OLIGO-BASED COMPARATIVE GENOMIC HYBRIDIZATION [CGH] MICROARRAY ANALYSIS)
81228	A	R1	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES
81229	A	R1	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL

Non-Covered			
Code	Fee	Status Indicator	Description
			ABNORMALITIES
81243	A	R1	FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES
81244	A	R1	FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE AND METHYLATION STATUS)
81252	A	R1	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA; CONNEXIN 26) (EG, NONSYNDROMIC HEARING LOSS) GENE ANALYSIS; FULL GENE SEQUENCE
81253	A	R1	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA; KNOWN FAMILIAL VARIANTS
81254	A	R1	GJB6 (GAP JUNCTION PROTEIN, BETA 6, 30KDA, CONNEXIN 30) (EG, NONSYNDROMIC HEARING LOSS) GENE ANALYSIS, COMMON VARIANTS (EG, 309KB [DEL(GJB6-D13S1830)] AND 232KB [DEL(GJB6-D13S1854)])

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Non-Covered			
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81260	A	R1	IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KINASE COMPLEX-ASSOCIATED PROTEIN) (EG, FAMILIAL DYSAUTONOMIA) GENE ANALYSIS, COMMON VARIANTS (EG, 2507+6T>C, R696P)
81291	A	R1	MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (EG, 677T, 1298C)
81302	A	R1	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
81303	A	R1	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT
81304	A	R1	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS
81324	A	R1	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; DUPLICATION/DELETION ANALYSIS

Non-Covered			
Code	Fee	Status Indicator	Description
81325	A	R1	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
81326	A	R1	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; KNOWN FAMILIAL VARIANT
81350	A	R1	UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (EG, IRINOTECAN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *28, *36, *37)
81355	A	R1	VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (EG, WARFARIN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, -1639/3673)
81500	A	R1	ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF TWO PROTEINS (CA-125 AND HE4), UTILIZING SERUM, WITH MENOPAUSAL STATUS, ALGORITHM REPORTED AS A RISK SCORE

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Non-Covered			
Code	Fee	Status Indicator	Description
81503	A	R1	ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF FIVE PROTEINS (CA-125, APOLIPROTEIN A1, BETA-2 MICROGLOBULIN, TRANSFERRIN, AND PRE-ALBUMIN), UTILIZING SERUM, ALGORITHM REPORTED AS A RISK SCORE
81506	A	R1	ENDOCRINOLOGY (TYPE 2 DIABETES), BIOCHEMICAL ASSAYS OF SEVEN ANALYTES (GLUCOSE, HBA1C, INSULIN, HS-CRP, ADOPONECTIN, FERRITIN, INTERLEUKIN 2-RECEPTOR ALPHA), UTILIZING SERUM OR PLASMA, ALGORITHM REPORTING A RISK SCORE
81508	A	R1	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF TWO PROTEINS (PAPP-A, HCG [ANY FORM]), UTILIZING MATERNAL SERUM, ALGORITHM REPORTED AS A RISK SCORE
81509	A	R1	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE PROTEINS (PAPP-A, HCG [ANY FORM], DIA), UTILIZING MATERNAL SERUM, ALGORITHM REPORTED AS A RISK SCORE

Non-Covered			
Code	Fee	Status Indicator	Description
81510	A	R1	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE ANALYTES (AFP, UE3, HCG [ANY FORM]), UTILIZING MATERNAL SERUM, ALGORITHM REPORTED AS A RISK SCORE
81511	A	R1	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FOUR ANALYTES (AFP, UE3, HCG [ANY FORM], DIA) UTILIZING MATERNAL SERUM, ALGORITHM REPORTED AS A RISK SCORE (MAY INCLUDE ADDITIONAL RESULTS FROM PREVIOUS BIOCHEMICAL TESTING)
81512	A	R1	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FIVE ANALYTES (AFP, UE3, TOTAL HCG, HYPERGLYCOSYLATED HCG, DIA) UTILIZING MATERNAL SERUM, ALGORITHM REPORTED AS A RISK SCORE
82000	A	R1	Assay of blood acetaldehyde
82075	A	R1	Assay of breath ethanol
82101	A	R1	Assay of urine alkaloids
82104	A	R1	Alpha-1-antitrypsin, pheno
82190	A	R1	Atomic absorption
82205	A	R1	Assay of barbiturates
82286	A	R1	Assay of bradykinin
82331	A	R1	Calcium infusion test

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Non-Covered			
Code	Fee	Status Indicator	Description
82387	A	R1	Assay of cathepsin-d
82397	A	R1	Chemiluminescent assay
82441	A	R1	Test for chlorohydrocarbons
82485	A	R1	Assay, chondroitin sulfate
82486	A	R1	Gas/liquid chromatography
82487	A	R1	Paper chromatography
82488	A	R1	Paper chromatography
82489	A	R1	Thin layer chromatography
82491	A	R1	Chromotography, quant, sing
82492	A	R1	Chromotography, quant, mult
82507	A	R1	Assay of citrate
82523	A	R1	Collagen crosslinks
82541	A	R1	Column 12isposable12ed12, qual
82542	A	R1	Column 12isposable12ed12, quant
82543	A	R1	Column chromatograph/isotope
82544	A	R1	Column chromatograph/isotope
82610	A	R1	Cystatin c
82657	A	R1	Enzyme cell activity
82658	A	R1	Enzyme cell activity, ra
82664	A	R1	Electrophoretic test
82690	A	R1	Assay of ethchlorvynol

Non-Covered			
Code	Fee	Status Indicator	Description
82757	A	R1	Assay of semen fructose
82759	A	R1	Assay of rbc galactokinase
82776	A	R1	Galactose transferase test
82820	A	R1	Hemoglobin-oxygen affinity
82963	A	R1	Assay of glucosidase
82978	A	R1	Assay of glutathione
83008	A	R1	Assay of guanosine
83012	A	R1	Assay of haptoglobins
83088	A	R1	Assay of histamine
83499	A	R1	Assay of progesterone
83516	A	R1	Immunoassay, nonantibody
83518	A	R1	Immunoassay, dipstick
83519	A	R1	Immunoassay, nonantibody
83520	A	R1	Immunoassay, RIA
83528	A	R1	Assay of intrinsic factor
83670	A	R1	Assay of lap enzyme
83727	A	R1	Assay of lrh hormone
83788	A	R1	Mass spectrometry qual
83789	A	R1	Mass spectrometry quant
83883	A	R1	Assay, nephelometry not spec
83918	A	R1	Organic acids, total, quant

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Non-Covered			
Code	Fee	Status Indicator	Description
83919	A	R1	Organic acids, qual, each
83993	A	R1	Assay for calprotectin fecal
84061	A	R1	Phosphatase, forensic exam
84085	A	R1	Assay of rbc pg6d enzyme
84150	A	R1	Assay of prostaglandin
84203	A	R1	Test RBC protoporphyrin
84206	A	R1	Assay of proinsulin
84235	A	R1	Assay of endocrine hormone
84270	A	R1	Assay of sex hormone globul
84275	A	R1	Assay of sialic acid
84315	A	R1	Body fluid specific gravity
84375	A	R1	Chromatogram assay, sugars
84376	A	R1	Sugars, single, qual
84377	A	R1	Sugars, multiple, qual
84378	A	R1	Sugars, single, quant
84379	A	R1	Sugars multiple quant
84482	A	R1	T3 reverse
84485	A	R1	Assay duodenal fluid trypsin
84525	A	R1	Urea nitrogen semi-quant
84597	A	R1	Assay of vitamin k
84704	A	R1	Hcg, free betachain test

Non-Covered			
Code	Fee	Status Indicator	Description
85130	A	R1	Chromogenic substrate assay
85170	A	R1	Blood clot retraction
85536	A	R1	Iron stain peripheral blood
85555	A	R1	RBC osmotic fragility
86023	A	R1	Immunoglobulin assay
86155	A	R1	Chemotaxis assay
86185	A	R1	Counterimmunoelectrophoresis
86280	A	R1	Hemagglutination inhibition
86327	A	R1	Immunoelectrophoresis assay
86331	A	R1	Immunodiffusion ouchterlony
86343	A	R1	Leukocyte histamine release
86344	A	R1	Leukocyte phagocytosis
86378	A	R1	Migration inhibitory factor
86822	A	R1	Lymphocyte culture, primed
86940	A	R1	Hemolysins/agglutinins, auto
86941	A	R1	Hemolysins/agglutinins
87001	A	R1	Small animal inoculation
87003	A	R1	Small animal inoculation
87176	A	R1	Tissue homogenization, cultr
87187	A	R1	Microbe susceptible, mlc
87197	A	R1	Bactericidal level, serum

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Non-Covered			
Code	Fee	Status Indicator	Description
88150	A	R1	Cytopath, c/v, manual
88152	A	R1	Cytopath, c/v, auto redo
88153	A	R1	Cytopath, c/v, redo
88154	A	R1	Cytopath, c/v, select
89272	X	R1	Extended culture of oocytes
89280	X	R1	Assist oocyte fertilization
89281	X	R1	Assist oocyte fertilization
89290	X	R1	Biopsy, oocyte polar body
89291	X	R1	Biopsy, oocyte polar body
89325	A	R1	Sperm antibody test
89329	A	R1	Sperm evaluation test
89330	A	R1	Evaluation, cervical mucus
89335	X	R1	Cryopreserve testicular tiss
89342	X	R1	Storage/year; embryo(s)
89343	X	R1	Storage/year; sperm/semen
89344	X	R1	Storage/year; reprod tissue
89346	X	R1	Storage/year; oocyte(s)
89352	X	R1	Thawing 14isposable14ed; embryo
89353	X	R1	Thawing 14isposable14ed; sperm
89354	X	R1	Thaw cryoprsvrd; reprod tiss
89356	X	R1	Thawing 14isposable14ed; oocyte

Non-Covered			
Code	Fee	Status Indicator	Description
89398	X	R1	Unlisted reproductive medicine laboratory procedure
90585	K	R1	Bcg vaccine, percut
90634	N	R1	Hep a vacc ped/adol 3 dose
90646	N	R1	Hib vaccine prp-d im
90690	N	R1	Typhoid vaccine oral
90703	N	R1	Tetanus vaccine im
90712	N	R1	Oral poliovirus vaccine
90719	N	R1	Diphtheria vaccine im
90725	E	R1	Cholera vaccine injectable
90743	F	R1	Hep b vacc adol 2 dose im
90845	Q3	R1	Psychoanalysis
90846	Q3	R1	Family psytx w/o patient
90849	Q3	R1	Multiple family group psytx
90865	Q	R1	Narcosynthesis
90867	S	R1	Tcranial magn stim tx plan
90868	S	R1	Tcranial magn stim tx deli
90869	S	R1	Tcran magn stim redetermine
90880	Q3	R1	Hypnotherapy
90885	N	R1	Psy evaluation of records
90889	N	R1	Preparation of report
90901	A	R1	Biofeedback train, any meth

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**MDCH Outpatient Prospective Payment System**  
 Wrap Around Codes  
 Effective January 1 to March 31, 2013

**MDCH Status Indicators Key**

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| <b>A4</b> = Non-Medicare Covered Services    | <b>R1</b> = MDCH Non-Covered Items    |

Non-Covered			
Code	Fee	Status Indicator	Description
90911	T	R1	Biofeedback peri/uro/rectal
92140	S	R1	Glaucoma provocative tests
92311	S	R1	Contact lens fitting
92312	S	R1	Contact lens fitting
92313	S	R1	Contact lens fitting
92315	S	R1	Prescription of contact lens
92316	S	R1	Prescription of contact lens
92317	S	R1	Prescription of contact lens
92325	S	R1	Modification of contact lens
92326	S	R1	Replacement of contact lens
92352	S	R1	Special spectacles fitting
92353	S	R1	Special spectacles fitting
92354	S	R1	Special spectacles fitting
92355	S	R1	Special spectacles fitting
92358	S	R1	Eye prosthesis service
92371	S	R1	Repair & adjust spectacles
92512	X	R1	Nasal function studies
92516	X	R1	Facial nerve function test
92531	N	R1	Spontaneous nystagmus study
92532	N	R1	Positional nystagmus test
92533	N	R1	Caloric vestibular test

Non-Covered			
Code	Fee	Status Indicator	Description
92534	N	R1	Optokinetic nystagmus test
92572	X	R1	Staggered spondaic word test
92583	X	R1	Select picture audiometry
92584	S	R1	Electrocochleography
92596	X	R1	Ear protector evaluation
92605	A	R1	Eval for nonspeech device rx
92606	A	R1	Non-speech device service
92618	A	R1	Ex for nonspeech dev rx add
92620	X	R1	Auditory function, 60 min
92621	N	R1	Auditory function, + 15 min
92640	X	R1	Aud brainstem implt programg
93786	S	R1	Ambulatory BP recording
93788	S	R1	Ambulatory BP analysis
94014	X	R1	Patient recorded spirometry
94015	X	R1	Patient recorded spirometry
94016	A	R1	Review patient spirometry
94452	X	R1	Hast w/report
94453	X	R1	Hast w/oxygen titrate
94664	S	R1	Evaluate pt use of inhaler
94760	N	R1	Measure blood oxygen level
94761	N	R1	Measure blood oxygen level

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Non-Covered			
Code	Fee	Status Indicator	Description
94775	S	R1	Ped home apnea rec, hk-up
94776	S	R1	Ped home apnea rec, downld
94780	X	R1	Car seat/bed test 60 min
94781	X	R1	Car seat/bed test + 30 min
95831	A	R1	Limb muscle testing, manual
95832	A	R1	Hand muscle testing, manual
95833	A	R1	Body muscle testing, manual
95834	A	R1	Body muscle testing, manual
95875	S	R1	Limb exercise test
95933	S	R1	Blink reflex test
95941	N	R1	lonm remote/>1 pt or per hr
95954	S	R1	EEG monitoring/giving drugs
95992	A	R1	Canalith repositioning procedure(s) (EG, Epley Maneuver, Semont Maneuver), per
96125	A	R1	Cognitive test by hc pro
96150	Q3	R1	Assess hlth/behave, init
96151	Q3	R1	Assess hlth/behave, subseq
96152	Q3	R1	Intervene hlth/behave, indiv
96153	Q3	R1	Intervene hlth/behave, group
96154	Q3	R1	Interv hlth/16ispos, fam w/pt
96900	S	R1	Ultraviolet light therapy

Non-Covered			
Code	Fee	Status Indicator	Description
96902	N	R1	Trichogram
96904	N	R1	Whole body photography
96913	S	R1	Photochemotherapy, UV-A or B
97010	A	R1	Hot or cold packs therapy
97113	A	R1	Aquatic therapy/exercises
97150	A	R1	Group therapeutic procedures
97537	A	R1	Community/work reintegration
97545	A	R1	Work hardening
97750	A	R1	Physical performance test
97755	A	R1	Assistive technology assess
97802	A	R1	Medical nutrition, indiv, in
97803	A	R1	Med nutrition, indiv, subseq
97804	A	R1	Medical nutrition, group
99078	N	R1	Group health education
99091	N	R1	Collect/review data from pt
99190	C	R1	Special pump services
99191	C	R1	Special pump services
99192	C	R1	Special pump services
99358	N	R1	Prolonged serv, w/o contact
99359	N	R1	Prolonged serv, w/o contact
99366	N	R1	Team conf w/pat by hc pro

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Non-Covered			
Code	Fee	Status Indicator	Description
99367	N	R1	Team conf w/o pat by phys
99368	N	R1	Team conf w/o pat by hc pro
99487	N	R1	Cmplx chron care w/o pt vsit
99488	N	R1	Cmplx chron care w/ pt vsit
99489	N	R1	Complex chron care add30 min
A0382	A	R1	Basic support routine suppl
A0384	A	R1	Bls defibrillation supplies
A0390	E	R1	Advanced life support mileag
A0392	A	R1	Als defibrillation supplies
A0394	A	R1	Als IV drug therapy supplies
A0396	A	R1	Als esophageal intub suppl
A0398	A	R1	Als routine 17isposable suppl
A0422	A	R1	Ambulance 02 life sustaining
A0424	A	R1	Extra ambulance attendant
A0432	A	R1	PI volunteer ambulance co
A0434	A	R1	Specialty care transport
A4216	A	R1	Sterile water/saline, 10 ml
A4217	A	R1	Sterile water/saline, 500 ml
D0150	S	R1	Comprehensve oral evaluation
D0240	S	R1	Intraoral occlusal film
D0250	S	R1	Extraoral first film

Non-Covered			
Code	Fee	Status Indicator	Description
D0260	S	R1	Extraoral ea additional film
D0270	S	R1	Dental bitewing single film
D0272	S	R1	Dental bitewings two films
D0274	S	R1	Dental bitewings four films
D0277	S	R1	Vert bitewings-sev to eight
D0460	S	R1	Pulp vitality test
D1510	S	R1	Space maintainer fxd unilat
D1515	S	R1	Fixed bilat space maintainer
D1520	S	R1	Remove unilat space maintain
D1525	S	R1	Remove bilat space maintain
D1550	S	R1	Recement space maintainer
D2999	S	R1	Dental unspec restorative pr
D3460	S	R1	Endodontic endosseous implan
D3999	S	R1	Endodontic procedure
D4260	S	R1	Osseous surgery per quadrant
D4263	S	R1	Bone replce graft first site
D4264	S	R1	Bone replce graft each add
D4268	S	R1	Surgical revision procedure
D4270	S	R1	Pedicle soft tissue graft pr
D4271	S	R1	Free soft tissue graft proc
D4273	S	R1	Subepithelial tissue graft

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

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

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Non-Covered			
Code	Fee	Status Indicator	Description
G0283	A	R1	Elec stim other than wound
G0293	X	R1	Non-cov surg proc,clin trial
G0294	X	R1	Non-cov proc, clinical trial
G0302	S	R1	Pre-op service LVRS complete
G0303	S	R1	Pre-op service LVRS 10-15dos
G0304	S	R1	Pre-op service LVRS 1-9 dos
G0305	S	R1	Post op service LVRS min 6
G0329	A	R1	Electromagntic tx for ulcers
G0389	S	R1	Ultrasound exam AAA screen
G0396	S	R1	Alcohol/subs interv 15-30mn
G0397	S	R1	Alcohol/subs interv >30 min
G0398	S	R1	Home Sleep Test/type 2 Porta
G0399	S	R1	Home Sleep Test/type 3 Porta
G0400	S	R1	Home Sleep Test/type 4 Porta
G0402	V	R1	Initial preventive exam
G0403	M	R1	EKG for initial prevent exam
G0404	S	R1	EKG tracing for initial prev
G0405	B	R1	EKG interpret & report preve
G0410	P	R1	Group psychotherapy, not multiple-family, partial hospital setting, appro. 45 – 50 min
G0411	P	R1	Interactive group psychotherapy, partial hospital setting, appro. 45 – 50 min

Non-Covered			
Code	Fee	Status Indicator	Description
G0416	X	R1	Sat biopsy 10-20
G0417	X	R1	Sat biopsy prostate 21-40
G0418	X	R1	Sat biopsy prostate 41-60
G0419	X	R1	Sat biopsy prostate: >60
G0438	A	R1	PPPS, initial visit
G0439	A	R1	PPPS, subseq visit
G0451	S	R1	Devlopment test interpt&rep
G0453	N	R1	Cont intraop neuro monitor
G9017	A	R1	Amantadine HCL 100mg oral
G9018	A	R1	Zanamivir,inhalation pwd 10m
G9019	A	R1	Osetamivir phosphate 75mg
G9020	A	R1	Rimantadine HCL 100mg oral
G9033	A	R1	Amantadine HCL oral brand
G9034	A	R1	Zanamivir, inh pwdr, brand
G9035	A	R1	Osetamivir phosp, brand
G9036	A	R1	Rimantadine HCL, brand
G9143	A	R1	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)
J0190	E	R1	Inj biperiden lactate/5 mg
J0365	N	R1	Aprotonin, 10,000 kiu
J0833	K	R1	Cosyntropin injection NOS

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Non-Covered			
Code	Fee	Status Indicator	Description
J0890#	A	R1	Peginesatide injection
J1205	K	R1	Chlorothiazide sodium inj
J1430	K	R1	Ethanolamine oleate 100 mg
J1730	N	R1	Diazoxide injection
J1955	B	R1	Inj levocarnitine per 1 gm
J2670	N	R1	Totazoline hcl injection
J2850	K	R1	Inj secretin synthetic human
J3350	K	R1	Urea injection
J3355	K	R1	Urofollitropin, 75 iu
J7502	N	R1	Cyclosporine oral 100 mg
J7505	N	R1	Monoclonal antibodies
J7507	N	R1	Tacrolimus oral per 1 MG
J7517	N	R1	Mycophenolate mofetil oral
J7518	N	R1	Mycophenolic acid
J7520	N	R1	Sirolimus, oral
J8501	K	R1	Oral aprepitant
J8510	K	R1	Oral busulfan
J8520	K	R1	Capecitabine, oral, 150 mg
J8560	K	R1	Etoposide oral 50 MG
J8650	E	R1	Nabilone oral
J9218	K	R1	Leuprolide acetate injeciton

Non-Covered			
Code	Fee	Status Indicator	Description
K0672	A	R1	Add to lower ext orthosis, removable soft interface, all comp
K0744	A	R1	Absorp drg <= 16 suc pump
K0745	A	R1	Absorp drg >16 <=48 suc pump
K0746	A	R1	Absorp drg >48 suc pump
L5859	A	R1	Knee-shin pro flex/ext cont
L7902	A	R1	Tension ring, vac erect dev
P2028	A	R1	Cephalin flocculation test
P2029	A	R1	Congo red blood test
P2033	A	R1	Blood thymol turbidity
P2038	A	R1	Blood mucoprotein
P9603	A	R1	One-way allow prorated miles
P9604	A	R1	One-way allow prorated trip
Q4115	K	R1	Alloskin skin sub
Q4116	K	R1	Skin Substitute, alloderm, per square centimeter
Q9968	N	R1	Injection, non-radioactive, non-contrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg
S0280	A	R1	Medical home program, comprehensive care coordination and planning, initial plan
S0281	A	R1	Medical home program, comprehensive care coordination and planning, maintenance of plan

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Non-Covered			
Code	Fee	Status Indicator	Description
S3713	A	R1	KRAS mutation analysis testing
S3865	A	R1	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy
S3866	A	R1	Genetic analysis for specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family

Non-Covered			
Code	Fee	Status Indicator	Description
S3870	A	R1	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or mental retardation
S9110	NA	R1	MDCH Not Covering. NC OR INCLUDED ON Addendum B

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Pay status "A/B" fee schedule items in the following code ranges are considered R1/SI. If applicable, they may be billed by the appropriately enrolled MDCH (i.e., DME, Vision, Practitioner) provider.			
Code	Fee	Status Indicator	Description
A4216 - A9901	A	R1	Misc Med/Surg - DME Supplies
E0203 - E2625	A	R1	DME Supplies
G0270 - G9044*	A	R1	Procedures Exceptions: G0306, G0307, G0420, G0421, G0422, G0423, G0424, G0431, G0432, G0433, G0434, G0435 & G9041
L0112 - L9900	A	R1	Orthotics
L4386 - L9900	A	R1	Prothetics
V2020 - V2799	A	R1	Vision

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