

MDCH Outpatient Prospective Payment System
 Wrap Around Codes
 Effective January 1 to March 31, 2014

MDCH Status Indicators Key

- | | |
|--|---------------------------------------|
| A1 = MDCH Covered | A5 = Medicaid Covered Vaccines |
| A2 = Dialysis Services | A6 = Vaccines for Children |
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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
81161	M	A1	DMD DUP/DELET ANALYSIS
81228	\$111.19	A1	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES
81229	\$111.19	A1	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES
90284	\$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

Covered			
Code	Fee	Status Indicator	Description
90461	\$0.00	A7	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; EACH ADDITIONAL VACCINE/TOXOID COMPONENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
90471	\$7.00	A7	Immunization admin
90472	\$7.00	A7	Immunization admin, each add
90473	\$3.00	A7	Immune admin oral/nasal
90474	\$3.00	A7	Immune admin oral/nasal addl
90633	\$0.00	A6	Hep a vacc ped/adol 2 dose (1 to 19 years)
90644	\$0.00	A6	MENINGOCCL HIB VAC 4 DOSE IM (6 weeks-18 months)
90647	\$0.00	A6	HIB VACCINE PRP-OMP IM (2 months-4 years)
90648	\$0.00	A6	HIB VACCINE PRP-T IM (2 months-4 years)
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	\$18.92	A5	Flu vaccine no preserve, ID (18 and older)
90655	\$0.00	A6	Flu vaccine, no preserv 6-35m
90656	\$12.40	A5	Flu vaccine, no preserv 3 & > (19 and older)

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Code	Fee	Status Indicator	Description
90656UC	\$0.00	A6	Flu vaccine, no preserv 3 & > (3-18 years)
90657	\$0.00	A6	Flu vaccine, no preserv 6-35m
90658	\$11.37	A5	Flu vaccine 3 yrs & > im (19 and older)
90658UC	\$0.00	A6	Flu vaccine 3 yrs & > im (3-18 years)
90660	\$23.46	AA5	Flu vaccine, nasal (19 and older)
90660UC	\$0.00	AA6	Flu vaccine, nasal (0 to 19 years)
90661	\$20.66	A5	Flu vacc cell cult prsv free
90662	\$31.82	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)
90670	\$0.00	A6	Pneumococcal vacc, 13 val im (6 weeks and older)
90672	\$24.60	A5	FLU VACCINE 4 VALENT NASAL(19 to 50 years)
90672UC	\$0.00	A6	FLU VACCINE 4 VALENT NASAL(2 to 19 years)
90673	\$36.48	A5	Vaccine for influenza administered into muscle, preservative and antibiotic free(18-49 years)
90680	\$0.00	A6	Rotovirus vacc 3 dose oral, 3 doses (6-31 weeks)
90681	\$0.00	A6	Rotovirus vacc 2 dose oral (6 to 23 weeks) (effective DOS on/after 8-01-08)
90685	\$0.00	A6	FLU VAC NO PRSV 4 VAL 6-35 M(Effective DOS on/after 7/1/2013)
90686	\$19.41	A5	FLU VAC NO PRSV 4 VAL 3 YRS+(19 and older)

Covered			
Code	Fee	Status Indicator	Description
90686UC	\$0.00	A6	FLU VAC NO PRSV 4 VAL 3 YRS+(0 to 19 years)
90687	\$0.00	A6	FLU VACCINE 4 VAL 6-35 MO IM
90688	\$16.82	A5	Flu vacc 4 val 3 yrs plus im
90688UC	\$0.00	A6	Flu vacc 4 val 3 yrs plus im
90696	\$0.00	A6	Dtap-ipv vacc 4-6 yr im (effective DOS on/after 8-01-08)
90698	\$0.00	A6	Dtap-hib-ip vaccine, im (effective DOS on/after 8-01-08)
90700	\$0.00	A6	Dtap vaccine < 7 yrs im
90702	\$0.00	A6	Dt vaccine < 7 im
90707	\$0.00	A6	Measles, mumps & rubella virus vaccine (MMR), live, SC (0 to 19 years)
90710	\$0.00	A6	Mmr vaccine, sc
90713	\$0.00	A6	POLIOVIRUS IPV SC/IM (6 weeks and older)
90714	\$0.00	A6	TD VACCINE NO PRSRV 7/> IM
90715	\$0.00	A6	TDAP VACCINE 7 YRS/> IM
90716	\$88.10	A5	Chicken pox vaccine sc (19 and older)
90716UC	\$0.00	A6	Chicken pox vaccine sc (1-18 years)
90723	\$0.00	A6	Dtap-hep b-ipv vaccine, im
90732	\$72.35	A5	Pneumococcal vaccine (19 & older)
90732UC	\$0.00	A6	Pneumococcal vaccine (0 to 19 years)
90734UC	\$0.00	A5/A6	Meningococcal vaccine, im age change * (2 months-55 years)
90736	\$175.62	A5	ZOSTER VACC SC (50 and older)

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Code	Fee	Status Indicator	Description
90740	\$119.42	A5	Hepb vacc, ill pat 3 dose im (19 and older)
90744	\$0.00	A6	Hep B vacc ped/adol 3 dose im
90746	\$59.71	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	\$49.41	A4	Prev visit, new, infant
99382	\$49.41	A4	Prev visit, new, age 1-4
99383	\$49.41	A4	Prev visit, new, age 5-11
99384	\$49.41	A4	Prev visit, new, age 12-17
99385	\$49.41	A4	Prev visit, new, age 18-39
99386	\$49.41	A4	Prev visit, new, age 40-64

Covered			
Code	Fee	Status Indicator	Description
99387	\$49.41	A4	Prev visit, new, 65 & over
99391	\$49.41	A4	Prev visit, est, infant
99392	\$49.41	A4	Prev visit, est, age 1-4
99393	\$49.41	A4	Prev visit, est, age 5-11
99394	\$49.41	A4	Prev visit, est, age 12-17
99395	\$49.41	A4	Prev visit, est, age 18-39
99396	\$49.41	A4	Prev visit, est, age 18-39
99397	\$49.41	A4	Prev visit, est, age 40-64
99401	\$49.41	A4	Prev counseling, indiv 15 min
99402	\$49.41	A4	Prev counseling, indiv 30 min
G0008	\$7.00	A7	Admin influenza virus vac
G0009	\$7.00	A7	Admin pneumococcal vaccine
G0010	\$7.00	A7	Admin hepatitis b vaccine
J1826	\$765.32	A4	Interferon Beta-1A inj
J7300	\$598.00	A4	Intraut copper contraceptive
J7301	\$689.33	A1	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg
J7302	\$819.00	A4	Levonorgestrel IU Contracep
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

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Covered			
Code	Fee	Status Indicator	Description
Q2039	\$7.00	A7	NOS flu vacc, 3 yrs & >, im
S0077	\$3.21	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

Covered			
Code	Fee	Status Indicator	Description
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

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

Dialysis			
Code	Fee	Status Indicator	Description
90937	\$39.33	A2	Hemodialysis - Repeated Eval

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Dialysis			
Code	Fee	Status Indicator	Description
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
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

Dialysis			
Code	Fee	Status Indicator	Description
90969	\$61.07	A2	ESRD related services, home dialysis < full month, per day , 12-19 yrs
90970	\$61.07	A2	ESRD related services, home dialysis < full month, per day , 20 yrs & >
90989	\$331.14	A2	Dialysis Training - Complete
90993	\$22.07	A2	Dialysis Training - Per Session
90999	\$142.49	A2	Unlisted Dialysis procedure (*per Medicare, hemodialysis claims must include HCPCS 90999 on the line reporting Revenue Code 082X)
J0882	\$3.68	A2	Darb EPO - 1 mcg- ESRD Use
J0886	\$11.38	A2	Epoetin 1000 Units
Q0139	\$0.69	A2	Ferumoxytol, ESRD use
Q4081	\$1.14	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

Non-Covered			
Code	Fee	Status Indicator	Description
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

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Non-Covered			
Code	Fee	Status Indicator	Description
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
0092T	C	R1	Artific disc addl
0095T	C	R1	Artific diskectomy 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
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
0126T	Q1	R1	Chd risk imt study
0159T	N	R1	Cad breast mri
0163T	C	R1	Lumb artif diskectomy addl
0164T	C	R1	Remove lumb artif disc addl

Non-Covered			
Code	Fee	Status Indicator	Description
0165T	C	R1	Revise lumb artif disc addl
0169T	C	R1	Place stereo cath brain
0171T	T	R1	Lumbar spine proces distract
0172T	N	R1	Lumbar spine proces addl
0174T	N	R1	Cad cxr with interp
0175T	N	R1	Cad cxr with interp
0178T	B	R1	64 lead ecg w/i&r
0179T	X	R1	64 lead ecg w/tracing
0181T	S	R1	Corneal hysteresis
0182T	S	R1	Hdr elect brachytherapy
0184T	T	R1	Exc rectal tumor endoscopic
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 hrvst 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	Q2	R1	Rev/remvl crtd sns dev total
0270T	Q2	R1	Rev/remvl crtd sns dev lead
0271T	Q2	R1	Rev/remvl crtd sns dev gen
0272T	S	R1	Interrogate crtd sns dev

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Code	Fee	Status Indicator	Description
0273T	S	R1	Interrogate crtd sns w/pgrmg
0274T	T	R1	Perq lamot/lam crv/thrc
0275T	T	R1	Perq lamot/lam lumbar
0278T	S	R1	Temp
0281T	C	R1	Laa closure w/implant
0282T	S	R1	Periph field stimul trial
0283T	S	R1	Periph field stimul perm
0284T	Q2	R1	Periph field stimul revise
0285T	S	R1	Periph field stimul analys
0286T	N	R1	Near ifr spectrsc of wounds
0287T	N	R1	Near ifr guide of vasc site
0288T	T	R1	Anoscopy w/rf delivery
0289T	N	R1	Laser inc for pkp/lkp donor
0290T	N	R1	Laser inc for pkp/lkp recip
0291T	N	R1	Iv oct for proc init vessel
0292T	N	R1	Iv oct for proc addl vessel
0293T	C	R1	Ins It atrl press monitor
0294T	C	R1	Ins It atrl press mont addon
0296T	S	R1	Ext ecg recording
0297T	S	R1	Ext ecg scan w/report
0299T	T	R1	Esw wound healing init wound
0300T	N	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	Q2	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	Q2	R1	Laps rmvl vgl arry & pls gen
0315T	Q2	R1	Rmvl vagus nerve pls gen
0316T	S	R1	Replc vagus nerve pls gen
0317T	S	R1	Elec alys vagus nrv pls gen
0319T	T	R1	Insert subq defib w/eltrd
0320T	T	R1	Insert subq defib electrode
0321T	T	R1	Insert subq defib pls gen
0322T	Q2	R1	Rmvl subq defib pls gen
0323T	Q2	R1	Rmvl & replc subq pls gen

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0324T	Q2	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
0330T	S	R1	Tear film img uni/bi w/i&r
0331T	S	R1	Heart symp image plnr
0332T	S	R1	Heart symp image plnr spect
0334T	T	R1	Perq stablj sacroiliac joint
0335T	T	R1	Insertion of foot joint implant
0336T	T	R1	Destruction of growths in uterus with ultrasound guidance using an endoscope
0337T	S	R1	Noninvasive upper limbs blood vessel study
0338T	S	R1	Destruction of nerves of arteries of both kidneys accessed through the skin with fluoroscopy and radiological supervision and interpretation
0339T	S	R1	Destruction of nerves of arteries of one kidney accessed through the skin with fluoroscopy and radiological supervision and interpretation
0340T	T	R1	Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance
0341T	N	R1	Quantitative pupillometry with interpretation and report, unilateral or bilateral
0342T	S	R1	Therapeutic apheresis with selective hdl

Non-Covered			
Code	Fee	Status Indicator	Description
			delipidation and plasma reinfusion
0343T	C	R1	Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; initial prosthesis
0344T	C	R1	Additional prosthesis (es) during same session (list separately in addition to code for primary procedure)
0345T	C	R1	Transcatheter mitral valve repair percutaneous approach via the coronary sinus
0346T	N	R1	Ultrasound, elastography (list separately in addition to code for primary procedure)
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

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Non-Covered			
Code	Fee	Status Indicator	Description
80400	N	R1	Acth stimulation panel
80402	N	R1	Acth stimulation panel
80406	N	R1	Acth stimulation panel
80408	N	R1	Aldosterone suppression eval
80410	N	R1	Calcitonin stimulat panel
80412	N	R1	CRH stimulation panel
80414	N	R1	Testosterone response
80415	N	R1	Estradiol response panel
80416	N	R1	Renin stimulation panel
80417	N	R1	Renin stimulation panel
80418	N	R1	Pituitary evaluation panel
80420	N	R1	Dexamethasone panel
80422	N	R1	Glucagon tolerance panel
80424	N	R1	Glucagon tolerance panel
80426	N	R1	Gonadotropin hormone panel
80428	N	R1	Growth hormone panel
80430	N	R1	Growth hormone panel
80432	N	R1	Insulin suppression panel
80434	N	R1	Insulin tolerance panel
80435	N	R1	Insulin tolerance panel
80436	N	R1	Metyrapone panel
80438	N	R1	TRH stimulation panel

Non-Covered			
Code	Fee	Status Indicator	Description
80439	N	R1	TRH stimulation panel
80440	N	R1	TRH stimulation panel
81007	N	R1	Urine screen for bacteria
81020	N	R1	Urinalysis, glass test
81050	N	R1	Urinalysis, volume measure
81213	A	R1	BRCA1&2 UNCOM DUP/DEL VAR
81227	A	R1	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER VARIANTS (EG, BACTERIAL ARTIFICIAL CHROMOSOME [BAC] OR OLIGO-BASED COMPARATIVE GENOMIC HYBRIDIZATION [CGH] MICROARRAY ANALYSIS)
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

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Non-Covered			
Code	Fee	Status Indicator	Description
81254	A	R1	GJB6 (GAP JUNCTION PROTEIN, BETA 6, 30KDA, CONNEXIN 30) (EG, NONSYNDROMIC HEARING LOSS) GENE ANALYSIS, COMMON VARIANTS (EG, 309KB [DEL(GJB6-D13S1830)] AND 232KB [DEL(GJB6-D13S1854)])
81260	A	R1	IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KINASE COMPLEX-ASSOCIATED PROTEIN) (EG, FAMILIAL DYSAUTONOMIA) GENE ANALYSIS, COMMON VARIANTS (EG, 2507+6T>C, R696P)
81287	A	R1	MGMT (O-6-methylguanine-DNA methyltransferase) gene analysis
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

Non-Covered			
Code	Fee	Status Indicator	Description
81324	A	R1	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; DUPLICATION/DELETION ANALYSIS
81325	A	R1	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
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)
81504	A	R1	Genetic profiling on oncology biopsy lesions
81507	A	R1	DNA analysis using maternal plasma
82000	A	R1	Assay of blood acetaldehyde
82075	A	R1	Assay of breath ethanol

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Non-Covered			
Code	Fee	Status Indicator	Description
82101	A	R1	Assay of urine alkaloids
82104	A	R1	Alpha-1-antitrypsin, pheno
82190	N	R1	Atomic absorption
82205	N	R1	Assay of barbiturates
82286	N	R1	Assay of bradykinin
82331	N	R1	Calcium infusion test
82387	N	R1	Assay of cathepsin-d
82397	N	R1	Chemiluminescent assay
82441	N	R1	Test for chlorohydrocarbons
82485	N	R1	Assay, chondroitin sulfate
82486	N	R1	Gas/liquid chromatography
82487	N	R1	Paper chromatography
82488	N	R1	Paper chromatography
82489	N	R1	Thin layer chromatography
82491	N	R1	Chromotography, quant, sing
82492	N	R1	Chromotography, quant, mult
82507	N	R1	Assay of citrate
82523	N	R1	Collagen crosslinks
82541	N	R1	Column chromatography, qual
82542	N	R1	Column chromatography, quant
82543	N	R1	Column chromatograph/isotope
82544	N	R1	Column chromatograph/isotope

Non-Covered			
Code	Fee	Status Indicator	Description
82610	N	R1	Cystatin c
82657	A	R1	Enzyme cell activity
82658	A	R1	Enzyme cell activity, ra
82664	A	R1	Electrophoretic test
82690	N	R1	Assay of ethchlorvynol
82757	N	R1	Assay of semen fructose
82759	N	R1	Assay of rbc galactokinase
82776	N	R1	Galactose transferase test
82820	N	R1	Hemoglobin-oxygen affinity
82963	N	R1	Assay of glucosidase
82978	N	R1	Assay of glutathione
83008	N	R1	Assay of guanosine
83012	N	R1	Assay of haptoglobins
83088	N	R1	Assay of histamine
83499	N	R1	Assay of progesterone
83516	N	R1	Immunoassay, nonantibody
83518	N	R1	Immunoassay, dipstick
83519	N	R1	Immunoassay, nonantibody
83520	N	R1	Immunoassay, RIA
83528	N	R1	Assay of intrinsic factor
83670	N	R1	Assay of lap enzyme
83727	N	R1	Assay of lrh hormone

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Non-Covered			
Code	Fee	Status Indicator	Description
83788	N	R1	Mass spectrometry qual
83789	N	R1	Mass spectrometry quant
83883	N	R1	Assay, nephelometry not spec
83918	N	R1	Organic acids, total, quant
83919	N	R1	Organic acids, qual, each
83993	N	R1	Assay for calprotectin fecal
84061	N	R1	Phosphatase, forensic exam
84085	N	R1	Assay of rbc pg6d enzyme
84150	N	R1	Assay of prostaglandin
84203	N	R1	Test RBC protoporphyrin
84206	N	R1	Assay of proinsulin
84235	N	R1	Assay of endocrine hormone
84270	N	R1	Assay of sex hormone globul
84275	N	R1	Assay of sialic acid
84315	N	R1	Body fluid specific gravity
84375	N	R1	Chromatogram assay, sugars
84376	N	R1	Sugars, single, qual
84377	N	R1	Sugars, multiple, qual
84378	N	R1	Sugars, single, quant
84379	N	R1	Sugars multiple quant
84482	N	R1	T3 reverse
84485	N	R1	Assay duodenal fluid trypsin

Non-Covered			
Code	Fee	Status Indicator	Description
84525	N	R1	Urea nitrogen semi-quant
84597	N	R1	Assay of vitamin k
85130	N	R1	Chromogenic substrate assay
85170	N	R1	Blood clot retraction
85536	N	R1	Iron stain peripheral blood
85555	N	R1	RBC osmotic fragility
86023	N	R1	Immunoglobulin assay
86155	N	R1	Chemotaxis assay
86185	N	R1	Counterimmunoelectrophoresis
86280	N	R1	Hemagglutination inhibition
86327	N	R1	Immunoelectrophoresis assay
86331	N	R1	Immunodiffusion ouchterlony
86343	N	R1	Leukocyte histamine release
86344	N	R1	Leukocyte phagocytosis
86378	N	R1	Migration inhibitory factor
86822	N	R1	Lymphocyte culture, primed
86940	N	R1	Hemolysins/agglutinins, auto
86941	N	R1	Hemolysins/agglutinins
87001	N	R1	Small animal inoculation
87003	N	R1	Small animal inoculation
87176	N	R1	Tissue homogenization, cultr
87187	N	R1	Microbe susceptible, mlc

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Non-Covered			
Code	Fee	Status Indicator	Description
87197	N	R1	Bactericidal level, serum
88150	N	R1	Cytopath, c/v, manual
88152	N	R1	Cytopath, c/v, auto redo
88153	N	R1	Cytopath, c/v, redo
88154	N	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	N	R1	Sperm antibody test
89329	N	R1	Sperm evaluation test
89330	N	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 cryopresrvd; embryo
89353	X	R1	Thawing cryopresrvd; sperm
89354	X	R1	Thaw cryoprsrvd; reprod tiss
89356	X	R1	Thawing cryopresrvd; 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
90645	N	R1	HIB VACCINE HBOC IM
90646	N	R1	Hib vaccine prp-d im
90669	L	R1	Flu vacc cell cult prsv free
90690	N	R1	Typhoid vaccine oral
90703	N	R1	Tetanus vaccine im
90704	K	R1	Mumps vaccine sc
90705	N	R1	MEASLES VACCINE SC
90706	N	R1	RUBELLA VACCINE SC
90708	N	R1	MEASLES-RUBELLA VACCINE SC
90712	N	R1	Oral poliovirus vaccine
90719	N	R1	Diphtheria vaccine im
90721	N	R1	DTAP/HIB VACCINE IM
90725	N	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	Q3	R1	Narcosynthesis
90867	S	R1	Tcranial magn stim tx plan

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Non-Covered			
Code	Fee	Status Indicator	Description
90868	S	R1	Tcranial magn stim tx deli
90869	S	R1	Tcran magn stim redetemine
90880	Q3	R1	Hypnotherapy
90885	N	R1	Psy evaluation of records
90889	N	R1	Preparation of report
90901	A	R1	Biofeedback train, any meth
90911	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

Non-Covered			
Code	Fee	Status Indicator	Description
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
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

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Non-Covered			
Code	Fee	Status Indicator	Description
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
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	N	R1	Car seat/bed test + 30 min
95831	A	R1	Limb muscle testing, manual
95832	A	R1	Hand muscle testing, manual
95833	A	R1	Body muscle testing, manual
95834	A	R1	Body muscle testing, manual
95875	S	R1	Limb exercise test
95933	S	R1	Blink reflex test
95941	N	R1	Ionm remote/>1 pt or per hr
95954	S	R1	EEG monitoring/giving drugs
95992	A	R1	Canalith repositioning procedure(s) (EG, Epley Maneuver, Semont Maneuver), per
96125	A	R1	Cognitive test by hc pro
96150	Q3	R1	Assess hlth/behav, init
96151	Q3	R1	Assess hlth/behav, subseq
96152	Q3	R1	Intervene hlth/behav, indiv
96153	Q3	R1	Intervene hlth/behav, group

Non-Covered			
Code	Fee	Status Indicator	Description
96154	Q3	R1	Interv hlth/behav, fam w/pt
96900	S	R1	Ultraviolet light therapy
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
97610	T	R1	Low frequency, non-contact, non-thermal ultrasound wound assessment, and instructions for ongoing care, per day
97750	A	R1	Physical performance test
97755	A	R1	Assistive technology assess
97802	A	R1	Medical nutrition, indiv, in
97803	A	R1	Med nutrition, indiv, subseq
97804	A	R1	Medical nutrition, group
99078	N	R1	Group health education
99091	N	R1	Collect/review data from pt
99190	C	R1	Special pump services
99191	C	R1	Special pump services
99192	C	R1	Special pump services

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Non-Covered			
Code	Fee	Status Indicator	Description
99358	N	R1	Prolonged serv, w/o contact
99359	N	R1	Prolonged serv, w/o contact
99366	N	R1	Team conf w/pat by hc pro
99367	N	R1	Team conf w/o pat by phys
99368	N	R1	Team conf w/o pat by hc pro
99481	N	R1	Reduce temperature of total body in a critically ill neonate, per day
99482	N	R1	Reduce temperature of head in a critically ill neonate, per day
99487	N	R1	Cmplx chron care w/o pt vsit
99488	N	R1	Cmplx chron care w/ pt vsit
99489	N	R1	Complx chron care addl30 min
A0432	A	R1	PI volunteer ambulance co
A0434	A	R1	Specialty care transport
A4216	N	R1	Sterile water/saline, 10 ml
A4217	N	R1	Sterile water/saline, 500 ml
A7047	N	R1	Resp suction oral interface
C1841	H	R1	Retinal prosth int/ext comp
C9734	S	R1	U/S trtmt, not leiomyomata
C9737	T	R1	Laparoscopy, surgical, esophageal sphincter augmentation with device (eg, magnetic band)
D0150	S	R1	Comprehensve oral evaluation
D0240	S	R1	Intraoral occlusal film

Non-Covered			
Code	Fee	Status Indicator	Description
D0250	S	R1	Extraoral first film
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
D4273	S	R1	Subepithelial tissue graft
D4355	S	R1	Full mouth debridement

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Non-Covered			
Code	Fee	Status Indicator	Description
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 flap
D7220	S	R1	Impact tooth remov soft tiss
D7230	S	R1	Impact tooth remov part bony
D7240	S	R1	Impact tooth remov comp bony
D7241	S	R1	Impact tooth rem bony w/comp
D7250	S	R1	Tooth root removal
D7260	S	R1	Oral antral fistula closure
D7261	S	R1	Primary closure sinus perf
D7291	S	R1	Transseptal fibrotomy
D7940	S	R1	Reshaping bone orthognathic
D9110	N	R1	Tx dental pain minor proc
D9630	S	R1	Other drugs/medicaments

Non-Covered			
Code	Fee	Status Indicator	Description
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
G0177	N	R1	OPPS/PHP; train & educ serv
G0237	S	R1	Therapeutic procd strg endure
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
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
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

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Non-Covered			
Code	Fee	Status Indicator	Description
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	X	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
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

Non-Covered			
Code	Fee	Status Indicator	Description
G0453	N	R1	Cont intraop neuro monitor
G0460	T	R1	Autologous PRP for ulcers
G9017	A	R1	Amantadine HCL 100mg oral
G9018	A	R1	Zanamivir, inhalation pwd 10m
G9019	A	R1	Oseltamivir phosphate 75mg
G9020	A	R1	Rimantadine HCL 100mg oral
G9033	A	R1	Amantadine HCL oral brand
G9034	A	R1	Zanamivir, inh powdr, brand
G9035	A	R1	Oseltamivir 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)
J0365	K	R1	Aprotonin, 10,000 kiu
J0833	K	R1	Cosyntropin injection NOS
J0890	A	R1	Peginesatide injection
J1205	K	R1	Chlorothiazide sodium inj
J1430	K	R1	Ethanolamine oleate 100 mg
J1955	B	R1	Inj levocarnitine per 1 gm
J2670	K	R1	Totazoline hcl injection
J2850	K	R1	Inj secretin synthetic human
J3350	K	R1	Urea injection
J3355	K	R1	Urofollitropin, 75 iu

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Non-Covered			
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J7502	N	R1	Cyclosporine oral 100 mg
J7505	K	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	N	R1	Oral busulfan
J8520	K	R1	Capecitabine, oral, 150 mg
J8560	K	R1	Etoposide oral 50 MG
J8650	K	R1	Nabilone oral
J9218	K	R1	Leuprolide acetate injeciton
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

Non-Covered			
Code	Fee	Status Indicator	Description
P2033	A	R1	Blood thymol turbidity
P2038	A	R1	Blood mucoprotein
P9603	A	R1	One-way allow prorated miles
P9604	A	R1	One-way allow prorated trip
Q9968	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
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 cadiomyopathy (HCM) in an individual with a known HCM mutation in the family
S3870	A	R1	Comparative genomic hybrization (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, G0328 , G0420, G0421, G0422, G0423, G0424, G0431, G0432, G0433, G0434, G0435, & G9041
L0112 - L9900	A	R1	Orthotics
L4386 - L9900	A	R1	Prothetics
V2020 - V2799	A	R1	Vision

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