

MDHHS Outpatient Prospective Payment System
 Wrap Around Codes
 Effective January 1 to March 31, 2017

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services

A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only

R1 = MDHHS Non-Covered Items

Covered			
Code	Fee	Status Indicator	Description
58300	\$15.77	A4	Insert intrauterine device
80055	\$38.39	A1	Obstetric panel
90284	M	A4	Human ig sc
90460	\$7.00	A7	Im admin 1st/only component: Immunization Administration through 18 years of age via any route of administration w/counseling by physician or other qualified health care professional; first vaccine/toxoid/component
90461	\$0.00	A7	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; EACH ADDITIONAL VACCINE/TOXOID COMPONENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
90471	\$7.00	A7	Immunization admin
90472	\$7.00	A7	Immunization admin each add
90473	\$3.00	A7	Immune admin oral/nasal
90474	\$3.00	A7	Immune admin oral/nasal addl
90620	\$169.60	A5	Menb rp w/omv vaccine im (19 and older)
90620UC	\$0.00	A6	Menb rp w/omv vaccine im (10 to 19 years)
90621	\$121.90	A5	Menb rlp vaccine im (19 to 26 years)
90621UC	\$0.00	A6	Menb rlp vaccine im (10 to 19 years)
90630	\$20.34	A5	Flu vacc iiv4 no preserv id

Covered			
Code	Fee	Status Indicator	Description
90633	\$0.00	A6	Hepa vacc ped/adol 2 dose im (1 to 19 years)
90644	\$0.00	A6	MENINGOCCL HIB VAC 4 DOSE IM (6 weeks-18 months)
90647	\$0.00	A6	HIB VACCINE PRP-OMP IM (2 months to 5 years)
90648	\$0.00	A6	HIB VACCINE PRP-T IM (2 months to 5 years)
90649	\$155.03	A5	HPV (19 to 27 years)
90649UC	\$0.00	A6	HPV (9 to 19 years)
90650	\$135.68	A5	HPV vaccine 2 valent, IM (9 to 26 years)
90651	\$172.08	A5	Hpv vaccine non valent im (19-27 years)
90651UC	\$0.00	A6	Hpv vaccine non valent im (9 to 19 years)
90653	\$37.88	A5	Liv adjuvant vaccine im
90654	\$18.92	A5	Flu vaccine no preserve, ID (18 and older)
90655	\$0.00	A6	Flu vaccine, no preserv 6-35m
90656	\$17.72	A5	Flu vaccine, no preserv 3 & > (19 and older)
90656UC	\$0.00	A6	Flu vaccine, no preserv 3 & > (3-19 years)
90657	\$0.00	A6	Flu vaccine, no preserv 6-35m
90658	\$11.37	A5	Flu vaccine 3 yrs & > im (19 and older)
90658UC	\$0.00	A6	Flu vaccine 3 yrs & > im (3-19 years)
90661	\$22.29	A5	Flu vacc cell cult prsv free
90662	\$42.72	A5	Flu vacc prsv free inc antig, age 65 and >
90670	\$181.06	A5	Pneumococcal vacc, 13 val im (19 and older)

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Codes with UC modifier VFC code/age

"M" in fee is manually priced

Subject to Change

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Code	Fee	Status Indicator	Description
90670UC	\$0.00	A6	Pneumococcal vacc, 13 val im (6 weeks to 19 years)
90673	\$40.61	A5	Vaccine for influenza administered into muscle, preservative and antibiotic free (18-50 years)
90674	\$22.94	A5	Cciiv4 vac no prsv 0.5 ml im
90674UC	\$0.00	A6	Cciiv4 vac no prsv 0.5 ml im
90680	\$0.00	A6	Rotovirus vacc 3 dose oral, 3 doses (6-31 weeks)
90681	\$0.00	A6	Rotovirus vacc 2 dose oral (6-23 weeks) (effective DOS on/after 8-01-08)
90685	\$0.00	A6	FLU VAC NO PRSV 4 VAL 6-35 M(Effective DOS on/after 7/1/2013)
90686	\$19.03	A5	FLU VAC NO PRSV 4 VAL 3 YRS+(19 and older)
90686UC	\$0.00	A6	FLU VAC NO PRSV 4 VAL 3 YRS+(3 to 19 years)
90687	\$0.00	A6	FLU VACCINE 4 VAL 6-35 MO IM
90688	\$17.84	A5	Flu vacc 4 val 3 yrs plus im (19 and older)
90688UC	\$0.00	A6	Flu vacc 4 val 3 yrs plus im (3-19 years)
90696	\$0.00	A6	Dtap-ipv vacc 4-6 yr im (effective DOS on/after 8-01-08)
90698	\$0.00	A6	Dtap-hib-ip vaccine, im (effective DOS on/after 8-01-08)
90700	\$0.00	A6	Dtap vaccine < 7 yrs im
90702	\$0.00	A6	Dt vaccine under 7 yrs im
90707	Medicare SI - N	A5	Measles, mumps & rubella virus vaccine (MMR), live, SC (19 and older)

Covered			
Code	Fee	Status Indicator	Description
90707UC	\$0.00	A6	Measles, mumps & rubella virus vaccine (MMR), live, SC (1 to 19 years)
90710	\$0.00	A6	Mmriv vaccine sc
90713	Medicare SI - N	A5	POLIOVIRUS IPV SC/IM (19 and older)
90713UC	\$0.00	A6	POLIOVIRUS IPV SC/IM (6 weeks to 19 years)
90714	Medicare SI - N	A5	TD VACCINE NO PRSRV 7/> IM (19 and older)
90714UC	\$0.00	A6	TD VACCINE NO PRSRV 7/> IM (7 to 19 years)
90715	Medicare SI - N	A5	TDAP VACCINE 7 YRS/> IM (19 and older)
90715UC	\$0.00	A6	TDAP VACCINE 7 YRS/> IM (7 to 19 years)
90716	\$88.10	A5	Chicken pox vaccine sc (19 and older)
90716UC	\$0.00	A6	Chicken pox vaccine sc (1-19 years)
90723	\$0.00	A6	Dtap-hep b-ipv vaccine im
90732	\$89.95	A5	Pneumococcal vaccine (19 & older)
90732UC	\$0.00	A6	Pneumococcal vaccine (2 to 19 years)
90734	\$82.66	A5	Meningococcal vaccine, im age change * (19 to 56 years)
90734UC	\$0.00	A6	Meningococcal vaccine, im age change * (2 months to 19 years)
90736	\$208.95	A5	ZOSTER VACC SC (50 and older)
90740	\$122.96	A5	Hepb vacc, ill pat 3 dose im (19 and older)
90744	\$25.39	A5	Hep B vacc ped/adol 3 dose im (19 to 20 years)

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Code	Fee	Status Indicator	Description
90744UC	\$0.00	A6	Hep B vacc ped/adol 3 dose im (0 to 19 years)
90746	\$61.48	A5	Hep b vaccine, adult, im
90747	\$122.96	A5	Hepb vacc, ill pat 4 dose im
90748	\$0.00	A6	Hep b/hib vaccine, im
92551	\$6.74	A4	Pure tone hearing test air
92590	\$45.02	A4	Hearing aid exam one ear
92591	\$45.02	A4	Hearing aid exam both ears
92594	\$13.04	A4	Electro hearing aid test one
92595	\$26.10	A4	Electro hearing aid tst both
92630	\$32.68	A4	Aud rehab pre-ling hear loss
92633	\$32.68	A4	Aud rehab postling hear loss
97014	\$8.91	A4	Electric stim -unattended
99381	\$55.12	A4	Prev visit, new, infant
99382	\$55.12	A4	Prev visit new age 1-4
99383	\$55.12	A4	Prev visit new age 5-11
99384	\$55.12	A4	Prev visit new age 12-17
99385	\$55.12	A4	Prev visit new age 18-39
99386	\$55.12	A4	Prev visit new age 40-64
99387	\$55.12	A4	Prev visit, new 65 & over
99391	\$55.12	A4	Prev visit, est, infant
99392	\$55.12	A4	Prev visit est age 1-4

Covered			
Code	Fee	Status Indicator	Description
99393	\$55.12	A4	Prev visit est age 5-11
99394	\$55.12	A4	Prev visit est age 12-17
99395	\$55.12	A4	Prev visit est age 18-39
99396	\$55.12	A4	Prev visit est age 40-64
99397	\$55.12	A4	Prev visit est 65 & over
99401	\$55.12	A4	Prev counseling, indiv 15 min
99402	\$55.12	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
G0104	Medicare SI - T	A8	Ca screen;flexi sigmoidscope
G0105	Medicare SI - T	A8	Colorectal scrn; hi risk ind
G0121	Medicare SI - T	A8	Colon ca scrn not hi rsk ind
G0297	Medicare SI - S	A8	Ldct for lung ca screen
G0328	Medicare SI - A	A8	Fecal blood scrn immunoassay
J7297	\$662.50	A4	Levonorgestrel iu 52mg 3 yr
J7298	\$858.33	A4	Levonorgestrel iu 52mg 5 yr
J7300	\$783.34	A4	Intraut copper contraceptive

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Code	Fee	Status Indicator	Description
J7301	\$714.70	A1	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg
J7307	\$817.81	A4	Etonogestrel implant system
Q2034	M	A5	Agriflu vaccine
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	\$1.98	A4	Clindamycin Phosph Inj 300mg
S4005	\$113.55	A4	Interim labor(labor occurring but not resulting in delivery/false labor)

Covered			
Code	Fee	Status Indicator	Description
S4989	\$127.82	A4	Contraceptive IUD
S9152	\$36.64	A4	Speech Therapy, re-evaluation
S9442	\$29.46	A4	Birthing Class
S0030	\$0.01	A4	Injection, metronidazole
S0080	\$20.69	A4	Injection, pentamidine iseth
S0164	\$2.74	A4	Injection pantoprazole
S0166	\$5.35	A4	Inj olanzapine 2.5mg
S0171	\$0.27	A4	Bumetanide 0.5 mg
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

Ambulance			
Code	Fee	Status Indicator	Description
A0429	\$105.32	A3	Ambul Svc Emerg BLS
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

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Ambulance			
Code	Fee	Status Indicator	Description
A0436	\$14.33	A3	Rotary Wing Mileage Per Mile
A0998	\$105.32	A3	Ambul Response & Treat No Transport

Ambulance			
Code	Fee	Status Indicator	Description
A0999	M	A3	Unlisted Ambulance Service

Dialysis			
Code	Fee	Status Indicator	Description
90935	\$145.34	A2	Hemodialysis one evaluation
90937	\$39.33	A2	Hemodialysis Repeated Eval
90945	\$61.07	A2	Dialysis procedure other than hemodialysis (eg. Peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation
90947	\$40.21	A2	Dialysis Repeated Eval
90963	\$1,866.60	A2	ESRD related services, home dialysis per full month, 2 yrs & <
90964	\$1,866.60	A2	ESRD related services, home dialysis per full month, 2-11 yrs
90965	\$1,866.60	A2	ESRD related services, home dialysis per full month, 12-19 yrs
90966	\$1,866.60	A2	ESRD related services, home dialysis per full month, 20 yrs & >
90967	\$61.07	A2	ESRD related services, home dialysis < full month, per day , 2 yrs & <

Dialysis			
Code	Fee	Status Indicator	Description
90968	\$61.07	A2	ESRD related services, home dialysis < full month, per day , 2-11 yrs
90969	\$61.07	A2	ESRD related services, home dialysis < full month, per day , 12-19 yrs
90970	\$61.07	A2	ESRD related services, home dialysis < full month, per day , 20 yrs & >
90989	\$331.14	A2	Dialysis Training - Complete
90993	\$22.07	A2	Dialysis Training - Per Session
90999	\$145.34	A2	Unlisted Dialysis procedure (*per Medicare, hemodialysis claims must include HCPCS 90999 on the line reporting Revenue Code 082X)
G0491	\$145.34	A2	Dialysis acu kidney no esrd
J0882	\$3.85	A2	Darbepoetin alfa, esrd use
J0887	\$1.57	A2	Epoetin beta esrd use
Q0139	\$0.89	A2	Ferumoxytol, esrd use
Q4081	\$1.23	A2	EPO - 100 units

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Non-Covered			
Code	Fee	Status Indicator	Description
0004M	A	R1	Scoliosis dna alysis
0006M	A	R1	Onc hep gene risk classifier
0007M	A	R1	Onc gastro 51 gene nomogram
0008M	A	R1	Onc breast risk score
0009M	A	R1	Fetal aneuploidy trisom risk
0042T	N	R1	Ct perfusion w/contrast cbf
0051T	C	R1	Implant total heart system
0052T	C	R1	Replace component heart syst
0053T	C	R1	Replace component heart syst
0058T	Q1	R1	Cryopreservation ovary tiss
0071T	J1	R1	Us leiomyomata ablate <200
0072T	J1	R1	Us leiomyomata ablate >200
0075T	C	R1	Perq stent/chest vert art
0076T	C	R1	S&i stent/chest vert art
0095T	C	R1	Artific diskectomy addl
0098T	C	R1	Rev artific disc addl
0100T	T	R1	Prosth retina receive&gen
0101T	J1	R1	Extracorp shockwv tx hi enrg
0102T	J1	R1	Extracorp shockwv tx anesth
0106T	Q1	R1	Touch quant sensory test

Non-Covered			
Code	Fee	Status Indicator	Description
0107T	Q1	R1	Vibrate quant sensory test
0108T	Q1	R1	Cool quant sensory test
0109T	Q1	R1	Heat quant sensory test
0110T	Q1	R1	Nos quant sensory test
0111T	A	R1	Rbc membranes fatty acids
0126T	Q1	R1	Chd risk imt study
0159T	N	R1	Cad breast mri
0163T	C	R1	Lumb artif diskectomy addl
0164T	C	R1	Remove lumb artif disc addl
0165T	C	R1	Revise lumb artif disc addl
0174T	N	R1	Cad cxr with interp
0175T	N	R1	Cad cxr with interp
0184T	J1	R1	Exc rectal tumor endoscopic
0263T	S	R1	Im b1 mrw cel ther cmpl
0264T	S	R1	Im b1 mrw cel ther xcl hrstv
0265T	S	R1	Im b1 mrw cel ther hrstv onl
0266T	C	R1	Implt/rpl crtd sns dev total
0267T	T	R1	Implt/rpl crtd sns dev lead
0268T	J1	R1	Implt/rpl crtd sns dev gen
0269T	Q2	R1	Rev/remvl crtd sns dev total

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Code	Fee	Status Indicator	Description
0270T	Q2	R1	Rev/remvl crtd sns dev lead
0271T	Q2	R1	Rev/remvl crtd sns dev gen
0272T	S	R1	Interrogate crtd sns dev
0273T	S	R1	Interrogate crtd sns w/pgrmg
0274T	J1	R1	Perq lamot/lam crv/thrc
0275T	J1	R1	Perq lamot/lam lumbar
0278T	Q1	R1	Tempr
0290T	N	R1	Laser inc for pkp/lkp recip
0293T	C	R1	Ins lt atrl press monitor
0294T	C	R1	Ins lt atrl press mont addon
0296T	Q1	R1	Ext ecg recording
0297T	Q1	R1	Ext ecg scan w/report
0299T	T	R1	Esw wound healing init wound
0300T	N	R1	Esw wound healing addl wound
0301T	J1	R1	Mw therapy for breast tumor
0302T	J1	R1	Icar ischm mntrng sys compl
0303T	J1	R1	Icar ischm mntrng sys eltrd
0304T	J1	R1	Icar ischm mntrng sys device
0305T	Q1	R1	Icar ischm mntrng prgrm eval
0306T	Q1	R1	Icar ischm mntr interr eval
0307T	Q2	R1	Rmvl icar ischm mntrng dvce

Non-Covered			
Code	Fee	Status Indicator	Description
0308T	J1	R1	Insj ocular telescope prosth
0309T	C	R1	Prescrl fuse w/ instr l4/l5
0310T	S	R1	Motor function mapping ntms
0312T	J1	R1	Laps impltj nstim vagus
0313T	T	R1	Laps rmvl nstim array vagus
0314T	Q2	R1	Laps rmvl vgl arry&pls gen
0315T	Q2	R1	Rmvl vagus nerve pls gen
0316T	J1	R1	Replc vagus nerve pls gen
0317T	Q1	R1	Elec alys vagus nrv pls gen
0330T	Q1	R1	Tear film img uni/bi w/i&r
0331T	S	R1	Heart symp image plnr
0332T	S	R1	Heart symp image plnr spect
0335T	J1	R1	Insertion of foot joint implant
0337T	Q1	R1	Noninvasive upper limbs blood vessel study
0338T	J1	R1	Destruction of nerves of arteries of both kidneys accessed through the skin with fluoroscopy and radiological supervision and interpretation
0339T	J1	R1	Destruction of nerves of arteries of one kidney accessed through the skin with fluoroscopy and radiological supervision and interpretation
0340T	J1	R1	Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance

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R1 = MDHHS Non-Covered Items

Non-Covered			
Code	Fee	Status Indicator	Description
0341T	N	R1	Quantitative pupillometry with interpretation and report, unilateral or bilateral
0342T	S	R1	Therapeutic apheresis with selective hdl delipidation and plasma reinfusion
0345T	C	R1	Transcatheter mitral valve repair percutaneous approach via the coronary sinus
0346T	N	R1	Ultrasound, elastography (list separately in addition to code for primary procedure)
0347T	Q1	R1	Ins bone device for rsa
0348T	Q1	R1	RSA spine exam
0349T	Q1	R1	RSA upper extr exam
0350T	Q1	R1	RSA lower extr exam
0351T	N	R1	Intraop oct brst/node spec
0353T	N	R1	Intraop oct breast cavity
0355T	J1	R1	GI tract capsule endoscopy
0356T	Q1	R1	Insrt drug device for iop
0357T	Q1	R1	Cryopreservation oocyte(s)
0358T	Q1	R1	BIA whole body
0359T	S	R1	Behavioral id assessment
0360T	S	R1	Observ behav assessment
0361T	N	R1	Observ behav assess addl
0362T	S	R1	Expose behav assessment
0363T	N	R1	Expose behav assess addl

Non-Covered			
Code	Fee	Status Indicator	Description
0364T	S	R1	Behavior treatment
0365T	N	R1	Behavior treatment addl
0366T	S	R1	Group behavior treatment
0367T	N	R1	Group behav treatment addl
0368T	S	R1	Behavior treatment modified
0369T	N	R1	Behav treatment modify addl
0370T	S	R1	Fam behav treatment guidance
0371T	S	R1	Mult fam behav treat guide
0372T	S	R1	Social skills training group
0373T	S	R1	Exposure behavior treatment
0374T	N	R1	Expose behav treatment addl
0375T	C	R1	Total disc arthrp ant appr
0376T	N	R1	Insert ant segment drain int
0377T	J1	R1	Anoscopy inj agent for incont
0379T	Q1	R1	Vis field assmnt tech suppt
0380T	Q1	R1	Comp animat ret imag series
0387T	J1	R1	Leadless c pm ins/rpl ventr
0388T	T	R1	Leadless c pm remove ventr
0389T	Q1	R1	Prog eval inper leadls pm
0390T	N	R1	Periproc eval inper ledls pm
0391T	Q1	R1	Intergt eval inper leadls pm

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Non-Covered			
Code	Fee	Status Indicator	Description
0394T	S	R1	Hdr elctrcn skn surf brchytx
0395T	S	R1	Hdr elctr ntrst/ntrcv brchtx
0396T	N	R1	Intraop kinetic balnce sensr
0397T	N	R1	Ercp w/optical endomicroscopy
0398T	S	R1	Mrgfus strtctc les abltj
0399T	N	R1	Myocardial strain imaging
0400T	N	R1	Mltispectrl digital les alys
0401T	N	R1	Mltispectrl digital les alys
0402T	T	R1	Collagen crosslinking cornea
0404T	J1	R1	Trnscrvt uterin fibroid abltj
0406T	Q2	R1	Sin ndsc plmt drg elut mplnt
0407T	Q2	R1	Sin ndsc plmt drg elut mplnt
0408T	J1	R1	Insj/rplc cardiac modulj sys
0409T	J1	R1	Insj/rplc cardiac modulj pls
0410T	J1	R1	Insj/rplc car modulj atr elt
0411T	J1	R1	Insj/rplc car modulj vnt elt
0412T	Q2	R1	Rmvl cardiac modulj pls gen
0413T	Q2	R1	Rmvl car modulj tranvns elt
0414T	J1	R1	Rmvl & rpl car modulj pls gn
0415T	T	R1	Repos car modulj tranvns elt
0416T	T	R1	Reloc skin pocket pls gen

Non-Covered			
Code	Fee	Status Indicator	Description
0417T	Q1	R1	Prgmng eval cardiac modulj
0418T	Q1	R1	Interro eval cardiac modulj
0419T	T	R1	Dstrj neurofibromata xtmsv
0420T	T	R1	Dstrj neurofibromata xtmsv
0422T	Q1	R1	Tactile breast img uni/bi
0423T	A	R1	Assay secretory type ii pla2
0424T	J1	R1	Insj/rplc nstim apnea compl
0425T	J1	R1	Insj/rplc nstim apnea sen ld
0426T	J1	R1	Insj/rplc nstim apnea stm ld
0427T	J1	R1	Insj/rplc nstim apnea pls gn
0428T	Q2	R1	Rmvl nstim apnea pls gen
0429T	Q2	R1	Rmvl nstim apnea sen ld
0430T	Q2	R1	Rmvl nstim apnea stimj ld
0431T	J1	R1	Rmvl/rplc nstim apnea pls gn
0432T	T	R1	Repos nstim apnea stimj ld
0433T	T	R1	Repos nstim apnea sensing ld
0434T	S	R1	Interro eval npgs sleep apne
0435T	S	R1	Prgmng eval npgs apnea 1 ses
0436T	S	R1	Prgmng eval npgs apnea study
0437T	N	R1	Impltj synth rnfcmnt abdl wal
0438T	T	R1	Tprnl plmt biodegrdabl matrl

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Non-Covered			
Code	Fee	Status Indicator	Description
0439T	N	R1	Myocrd contrast prfuj echo
0440T	J1	R1	Abtlj perc uxtr/perph nrv
0441T	J1	R1	Abtlj perc lxtr/perph nrv
0442T	J1	R1	Abtlj perc plex/trncl nrv
0443T	N	R1	R-t spctrl alys prst8 tiss
0444T	N	R1	1st plmt drug elut oc ins
0445T	N	R1	Sbsqt plmt drug elut oc ins
0446T	T	R1	Insj impltbl glucose sensor
0447T	Q2	R1	Rmvl impltbl glucose sensor
0448T	T	R1	Remvl insj impltbl gluc sens
0449T	J1	R1	Insj aqueous drain dev 1st
0450T	N	R1	Insj aqueous drain dev each
0451T	C	R1	Insj/rplcmt aortic ventr sys
0452T	C	R1	Insj/rplcmt dev vasc seal
0453T	J1	R1	Insj/rplcmt mech-elec ntrfce
0454T	J1	R1	Insj/rplcmt subq electrode
0455T	C	R1	Remvl aortic ventr cmpl sys
0456T	C	R1	Remvl aortic dev vasc seal
0457T	Q2	R1	Remvl mech-elec skin ntrfce
0458T	Q2	R1	Remvl subq electrode
0459T	C	R1	Relocaj rplcmt aortic ventr

Non-Covered			
Code	Fee	Status Indicator	Description
0460T	T	R1	Repos aortic ventr dev eltrd
0461T	C	R1	Repos aortic contrpulsj dev
0462T	S	R1	Prgmg eval aortic ventr sys
0463T	S	R1	Interrog aortic ventr sys
0464T	S	R1	Visual ep test for glaucoma
0465T	T	R1	Supchrdl njx rxw/o supply
0466T	N	R1	Insj chwal respir eltrd/ra
0467T	Q2	R1	Revj/rplmnt ch respir eltrd
0468T	Q2	R1	Rmvl chwal respir eltrd/ra
01991	N	R1	Anesth nerve block/inj
01992	N	R1	Anesth n block/inj prone
55400	J1	R1	Repair of sperm duct
55970	J1	R1	Sex transformation m to f
55980	J1	R1	Sex transformation f to m
58321	T	R1	Artificial insemination
58322	T	R1	Artificial insemination
58323	T	R1	Sperm washing
58672	J1	R1	Laparoscopy fimbrioplasty
58750	C	R1	Repair oviduct
58752	C	R1	Revise ovarian tube(s)
58760	C	R1	Fimbrioplasty

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Non-Covered			
Code	Fee	Status Indicator	Description
58970	T	R1	Retrieval of oocyte
58974	T	R1	Transfer of embryo
58976	T	R1	Transfer of embryo
61630	C	R1	Intracranial angioplasty
61635	C	R1	Intracran angioplasty w/stent
62380	J1	R1	Ndsc dcmprn 1 ntrspc lumbar
64550	A	R1	Apply neurostimulator
76706	S	R1	Us abdl aorta screen aaa
76948	N	R1	Echo guide ova aspiration
80400	Q4	R1	Acth stimulation panel
80402	Q4	R1	Acth stimulation panel
80406	Q4	R1	Acth stimulation panel
80408	Q4	R1	Aldosterone suppression eval
80410	Q4	R1	Calcitonin stimulat panel
80412	Q4	R1	CRH stimulation panel
80414	Q4	R1	Testosterone response
80415	Q4	R1	Estradiol response panel
80416	Q4	R1	Renin stimulation panel
80417	Q4	R1	Renin stimulation panel
80418	Q4	R1	Pituitary evaluation panel
80420	Q4	R1	Dexamethasone panel

Non-Covered			
Code	Fee	Status Indicator	Description
80422	Q4	R1	Glucagon tolerance panel
80424	Q4	R1	Glucagon tolerance panel
80426	Q4	R1	Gonadotropin hormone panel
80428	Q4	R1	Growth hormone panel
80430	Q4	R1	Growth hormone panel
80432	Q4	R1	Insulin suppression panel
80434	Q4	R1	Insulin tolerance panel
80435	Q4	R1	Insulin tolerance panel
80436	Q4	R1	Metyrapone panel
80438	Q4	R1	TRH stimulation panel
80439	Q4	R1	TRH stimulation panel
81007	Q4	R1	Urine screen for bacteria
81020	Q4	R1	Urinalysis glass test
81050	Q4	R1	Urinalysis volume measure
81162	A	R1	Brca1&2 seq & full dup/del
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)

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Non-Covered			
Code	Fee	Status Indicator	Description
81246	A	R1	Flt3 gene analysis
81252	A	R1	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA; CONNEXIN 26) (EG, NONSYNDROMIC HEARING LOSS) GENE ANALYSIS; FULL GENE SEQUENCE
81253	A	R1	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA; KNOWN FAMILIAL VARIANTS
81254	A	R1	GJB6 (GAP JUNCTION PROTEIN, BETA 6, 30KDA, CONNEXIN 30) (EG, NONSYNDROMIC HEARING LOSS) GENE ANALYSIS, COMMON VARIANTS (EG, 309KB [DEL(GJB6-D13S1830)] AND 232KB [DEL(GJB6-D13S1854)])
81260	A	R1	IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KINASE COMPLEX-ASSOCIATED PROTEIN) (EG, FAMILIAL DYSAUTONOMIA) GENE ANALYSIS, COMMON VARIANTS (EG, 2507+6T>C, R696P)
81287	A	R1	MGMT (O-6-methylguanine-DNA methyltransferase) gene analysis
81288	A	R1	Mlh1 gene
81291	A	R1	MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (EG, 677T, 1298C)
81302	A	R1	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS

Non-Covered			
Code	Fee	Status Indicator	Description
81303	A	R1	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT
81304	A	R1	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS
81313	A	R1	Pca3/klk3 antigen
81324	A	R1	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; DUPLICATION/DELETION ANALYSIS
81325	A	R1	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
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)

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Non-Covered			
Code	Fee	Status Indicator	Description
81355	A	R1	VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (EG, WARFARIN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, -1639/3673)
81410	A	R1	Aortic dysfunction/dilation
81411	A	R1	Aortic dysfunction/dilation
81412	A	R1	Ashkenazi jewish assoc dis
81413	A	R1	Car ion chnnp1path inc 10 gns
81414	A	R1	Car ion chnnp1path inc 2 gns
81415	A	R1	Exome sequence analysis
81416	A	R1	Exome sequence analysis
81417	A	R1	Exome re-evaluation
81422	A	R1	Fetal chrmm1 microdel1j
81425	A	R1	Genome sequence analysis
81426	A	R1	Genome sequence analysis
81427	A	R1	Genome re-evaluation
81430	A	R1	Hearing loss sequence analys
81431	A	R1	Hearing loss dup/del analys
81432	A	R1	Hrdtry brst ca-rlatd dsordrs
81433	A	R1	Hrdtry brst ca-rlatd dsordrs
81434	A	R1	Hereditary retinal disorders
81435	A	R1	Hereditary colon cancer

Non-Covered			
Code	Fee	Status Indicator	Description
81436	A	R1	Hereditary colon ca synd
81437	A	R1	Hereditary neuroendocrine tumor disorder
81438	A	R1	Hereditary neuroendocrine tumor disorder
81439	A	R1	Inherited cardiomyopathy 5 gns
81440	A	R1	Mitochondrial gene
81442	A	R1	Noonan spectrum disorders
81445	A	R1	Targeted genomic seq analys
81450	A	R1	Targeted genomic seq analys
81455	A	R1	Targeted genomic seq analys
81460	A	R1	Whole mitochondrial genome
81465	A	R1	Whole mitochondrial genome
81470	A	R1	X-linked intellectual disability
81471	A	R1	X-linked intellectual disability
81490	Q4	R1	Autoimmune rheumatoid arthritis
81493	A	R1	Coronary artery disease mRNA
81503	Q4	R1	Oncology (ovary) five proteins
81504	A	R1	Genetic profiling on oncology biopsy lesions
81507	A	R1	DNA analysis using maternal plasma
81519	A	R1	Oncology breast mRNA
81525	A	R1	Oncology colon mRNA
81538	Q4	R1	Oncology lung

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Non-Covered			
Code	Fee	Status Indicator	Description
81540	A	R1	Oncology tum unknown origin
81545	A	R1	Oncology thyroid
81595	A	R1	Cardiology hrt trnspl mrna
82075	Q4	R1	Assay of breath ethanol
82104	Q4	R1	Alpha-1-antitrypsin pheno
82190	Q4	R1	Atomic absorption
82286	Q4	R1	Assay of bradykinin
82331	Q4	R1	Calcium infusion test
82387	Q4	R1	Assay of cathepsin-d
82397	Q4	R1	Chemiluminescent assay
82441	Q4	R1	Test for chlorohydrocarbons
82485	Q4	R1	Assay chondroitin sulfate
82507	Q4	R1	Assay of citrate
82523	Q4	R1	Collagen crosslinks
82542	Q4	R1	Column chromatography qual/quant
82610	Q4	R1	Cystatin c
82657	Q4	R1	Enzyme cell activity
82658	Q4	R1	Enzyme cell activity ra
82664	Q4	R1	Electrophoretic test
82757	Q4	R1	Assay of semen fructose
82759	Q4	R1	Assay of rbc galactokinase

Non-Covered			
Code	Fee	Status Indicator	Description
82776	Q4	R1	Galactose transferase test
82820	Q4	R1	Hemoglobin-oxygen affinity
82963	Q4	R1	Assay of glucosidase
82978	Q4	R1	Assay of glutathione
83012	Q4	R1	Assay of haptoglobins
83088	Q4	R1	Assay of histamine
83499	Q4	R1	Assay of progesterone 20-
83516	Q4	R1	Immunoassay nonantibody
83518	Q4	R1	Immunoassay dipstick
83519	Q4	R1	Immunoassay nonantibody
83520	Q4	R1	Immunoassay RIA
83528	Q4	R1	Assay of intrinsic factor
83670	Q4	R1	Assay of lap enzyme
83727	Q4	R1	Assay of lrh hormone
83789	Q4	R1	Mass spectrometry qua/quant
83883	Q4	R1	Assay nephelometry not spec
83918	Q4	R1	Organic acids total, quant
83919	Q4	R1	Organic acids qual, each
84061	Q4	R1	Phosphatase forensic exam
84085	Q4	R1	Assay of rbc pg6d enzyme
84150	Q4	R1	Assay of prostaglandin

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Non-Covered			
Code	Fee	Status Indicator	Description
84203	Q4	R1	Test RBC protoporphyrin
84206	Q4	R1	Assay of proinsulin
84235	Q4	R1	Assay of endocrine hormone
84270	Q4	R1	Assay of sex hormone globul
84275	Q4	R1	Assay of sialic acid
84315	Q4	R1	Body fluid specific gravity
84375	Q4	R1	Chromatogram assay sugars
84376	Q4	R1	Sugars single qual
84377	Q4	R1	Sugars multiple qual
84378	Q4	R1	Sugars single quant
84379	Q4	R1	Sugars multiple quant
84482	Q4	R1	T3 reverse
84485	Q4	R1	Assay duodenal fluid trypsin
84525	Q4	R1	Urea nitrogen semi-quant
84597	Q4	R1	Assay of vitamin k
84830	Q4	R1	Ovulation tests
85130	Q4	R1	Chromogenic substrate assay
85170	Q4	R1	Blood clot retraction
85536	Q4	R1	Iron stain peripheral blood
85555	Q4	R1	RBC osmotic fragility
86023	Q4	R1	Immunoglobulin assay

Non-Covered			
Code	Fee	Status Indicator	Description
86155	Q4	R1	Chemotaxis assay
86185	Q4	R1	Counterimmunoelectrophoresis
86280	Q4	R1	Hemagglutination inhibition
86327	Q4	R1	Immunolectrophoresis assay
86331	Q4	R1	Immunodiffusion ouchterlony
86343	Q4	R1	Leukocyte histamine release
86344	Q4	R1	Leukocyte phagocytosis
86378	Q4	R1	Migration inhibitory factor
86822	Q4	R1	Lymphocyte culture primed
86940	Q4	R1	Hemolysins/agglutinins auto
86941	Q4	R1	Hemolysins/agglutinins
87003	Q4	R1	Small animal inoculation
87176	Q4	R1	Tissue homogenization cultr
87187	Q4	R1	Microbe susceptible mlc
87197	Q4	R1	Bactericidal level serum
88150	Q4	R1	Cytopath c/v manual
88152	Q4	R1	Cytopath c/v auto redo
88153	Q4	R1	Cytopath c/v redo
88154	Q4	R1	Cytopath c/v select
89272	Q2	R1	Extended culture of oocytes
89280	Q2	R1	Assist oocyte fertilization

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Non-Covered			
Code	Fee	Status Indicator	Description
89281	Q1	R1	Assist oocyte fertilization
89290	Q1	R1	Biopsy oocyte polar body
89291	Q1	R1	Biopsy oocyte polar body
89325	Q4	R1	Sperm antibody test
89329	Q4	R1	Sperm evaluation test
89330	Q4	R1	Evaluation cervical mucus
89335	Q1	R1	Cryopreserve testicular tiss
89337	Q1	R1	Cryopreservation oocyte(s)
89342	Q1	R1	Storage/year embryo(s)
89343	Q1	R1	Storage/year sperm/semen
89344	Q1	R1	Storage/year reprod tissue
89346	Q2	R1	Storage/year oocyte(s)
89352	Q1	R1	Thawing cryopresrvd embryo
89353	Q1	R1	Thawing cryopresrvd sperm
89354	Q1	R1	Thaw cryoprsrvd reprod tiss
89356	Q1	R1	Thawing cryopresrvd oocyte
89398	Q1	R1	Unlisted reproductive medicine laboratory procedure
86590	Q4	R1	Streptokinase antibody
88372	N	R1	Protein analysis w/probe
89160	Q4	R1	Exam feces for meat fibers
89250	Q1	R1	Cultr oocyte/embryo <4 days

Non-Covered			
Code	Fee	Status Indicator	Description
89251	Q2	R1	Cultr oocyte/embryo <4 days
89253	Q1	R1	Embryo hatching
89254	Q1	R1	Oocyte identification
89255	Q1	R1	Prepare embryo for transfer
89257	Q1	R1	Sperm identification
89258	Q2	R1	Cryopreservation embryo(s)
89259	Q1	R1	Cryopreservation sperm
89260	Q1	R1	Sperm isolation simple
89261	Q1	R1	Sperm isolation complex
89264	Q1	R1	Identify sperm tissue
89268	Q1	R1	Insemination of oocytes
90634	N	R1	Hepa vacc ped/adol 3 dose
90660	L	R1	Flu vaccine, nasal
90672	L	R1	FLU VACCINE 4 VALENT NASAL
90682	L	R1	Riv4 vacc recombinant dna im
90690	N	R1	Typhoid vaccine oral
90743	F	R1	Hep b vacc adol 2 dose im
90845	Q3	R1	Psychoanalysis
90846	Q3	R1	Family psytx w/o patient
90849	Q3	R1	Multiple family group psytx
90865	Q3	R1	Narcosynthesis

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Non-Covered			
Code	Fee	Status Indicator	Description
90867	S	R1	Tcranial magn stim tx plan
90868	S	R1	Tcranial magn stim tx deli
90869	S	R1	Tcran magn stim redetemine
90880	Q3	R1	Hypnotherapy
90885	N	R1	Psy evaluation of records
90889	N	R1	Preparation of report
90901	A	R1	Biofeedback train any meth
90911	S	R1	Biofeedback peri/uro/rectal
92311	Q1	R1	Contact lens fitting
92312	Q1	R1	Contact lens fitting
92313	Q1	R1	Contact lens fitting
92315	Q1	R1	Prescription of contact lens
92316	Q1	R1	Prescription of contact lens
92317	Q1	R1	Prescription of contact lens
92325	Q1	R1	Modification of contact lens
92326	Q1	R1	Replacement of contact lens
92352	Q1	R1	Special spectacles fitting
92353	Q1	R1	Special spectacles fitting
92354	Q1	R1	Special spectacles fitting
92355	Q1	R1	Special spectacles fitting
92358	Q1	R1	Eye prosthesis service

Non-Covered			
Code	Fee	Status Indicator	Description
92371	Q1	R1	Repair & adjust spectacles
92512	S	R1	Nasal function studies
92516	S	R1	Facial nerve function test
92531	N	R1	Spontaneous nystagmus study
92532	N	R1	Positional nystagmus test
92533	N	R1	Caloric vestibular test
92534	N	R1	Optokinetic nystagmus test
92572	Q1	R1	Staggered spondaic word test
92583	Q1	R1	Select picture audiometry
92584	S	R1	Electrocochleography
92596	Q1	R1	Ear protector evaluation
92605	A	R1	Exl for nonspeech device rx
92606	A	R1	Non-speech device service
92618	A	R1	Ex for nonspeech dev rx add
92620	Q1	R1	Auditory function 60 min
92621	N	R1	Auditory function + 15 min
92640	S	R1	Aud brainstem implt programg
93050	Q1	R1	Art pressure waveform analys
93770	N	R1	Measure venous pressure
93786	Q1	R1	Ambulatory BP recording
93788	Q1	R1	Ambulatory BP analysis

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Non-Covered			
Code	Fee	Status Indicator	Description
94014	Q1	R1	Patient recorded spirometry
94015	Q1	R1	Patient recorded spirometry
94016	A	R1	Review patient spirometry
94452	Q1	R1	Hast w/report
94453	Q1	R1	Hast w/oxygen titrate
94664	Q1	R1	Evaluate pt use of inhaler
94760	N	R1	Measure blood oxygen level
94761	N	R1	Measure blood oxygen level
94775	S	R1	Ped home apnea rec hk-up
94776	S	R1	Ped home apnea rec downld
94780	Q1	R1	Car seat/bed test 60 min
94781	N	R1	Car seat/bed test + 30 min
95831	A	R1	Limb muscle testing manual
95832	A	R1	Hand muscle testing manual
95833	A	R1	Body muscle testing manual
95834	A	R1	Body muscle testing manual
95941	N	R1	Ionm remote/>1 pt or per hr
95954	S	R1	EEG monitoring/giving drugs
95992	A	R1	Canalith repositioning procedure(s) (EG, Epley Maneuver, Semont Manuever), per
96125	A	R1	Cognitive test by hc pro
96150	Q3	R1	Assess hlth/behav init

Non-Covered			
Code	Fee	Status Indicator	Description
96151	Q3	R1	Assess hlth/behav subseq
96152	Q3	R1	Intervene hlth/behav indiv
96153	Q3	R1	Intervene hlth/behav group
96154	Q3	R1	Interv hlth/behav fam w/pt
96377	N	R1	Applicaton on-body injector
96900	Q1	R1	Ultraviolet light therapy
96902	N	R1	Trichogram
96904	N	R1	Whole body photography
96913	T	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
97546	A	R1	Work hardening add-on
97610	Q1	R1	Low frequency, non-contact, non-thermal ultrasound wound assessment, and instructions for ongoing care, per day
97750	A	R1	Physical performance test
97755	A	R1	Assistive technology assess
97802	A	R1	Medical nutrition indiv in
97803	A	R1	Med nutrition indiv subseq

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Non-Covered			
Code	Fee	Status Indicator	Description
97804	A	R1	Medical nutrition group
99078	N	R1	Group health education
99091	N	R1	Collect/review data from pt
99184	C	R1	Hypothermia ill neonate
99190	C	R1	Special pump services
99191	C	R1	Special pump services
99192	C	R1	Special pump services
99358	N	R1	Prolonged service, w/o contact
99359	N	R1	Prolonged serv, w/o contact
99366	N	R1	Team conf w/pat by hc pro
99367	N	R1	Team conf w/o pat by phys
99368	N	R1	Team conf w/o pat by hc prof
99489	N	R1	Complx chron care addl 30 min
99490	S	R1	Chron care mgmt srvc 20 min
A0432	A	R1	PI volunteer ambulance co
A0434	A	R1	Specialty care transport
A4211	N	R1	Supp for self-adm injections
A4212	N	R1	Non coring needle or stylet
A4216	N	R1	Sterile water/saline, 10 ml
A4217	N	R1	Sterile water/saline, 500 ml
A4221	N	R1	Maint drug infus cath per wk

Non-Covered			
Code	Fee	Status Indicator	Description
A4222	N	R1	Infusion supplies with pump
A4223	N	R1	Infusion supplies w/o pump
A4224	N	R1	Supply insulin inf cath/wk
A4225	N	R1	Sup/ext insulin inf pump syr
A4255	N	R1	Glucose monitor platforms
A4258	N	R1	Lancet device each
A4290	N	R1	Sacral nerve stim test lead
A4321	N	R1	Cath therapeutic irrig agent
A4327	N	R1	Fem urinary collect dev cup
A4332	N	R1	Lube sterile packet
A4336	N	R1	Urethral insert
A4337	N	R1	Incontinent rectal insert
A4356	N	R1	Ext ureth clmp or compr dvc
A4360	N	R1	Disposable ext urethral dev
A4366	N	R1	Ostomy vent
A4384	N	R1	Ostomy faceplt/silicone ring
A4396	N	R1	Peristomal hernia supprt blt
A4461	N	R1	Surgicl dress hold non-reuse
A4463	N	R1	Surgical dress holder reuse
A4465	N	R1	Non-elastic extremity binder
A4470	N	R1	Gravlee jet washer

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Non-Covered			
Code	Fee	Status Indicator	Description
A4480	N	R1	Vabra aspirator
A4483	N	R1	Moisture exchanger
A4559	N	R1	Coupling gel or paste
A4565	N	R1	Slings
A4602	N	R1	Replace lithium battery 1.5v
A4604	N	R1	Tubing with heating element
A4605	N	R1	Trach suction cath close sys
A4608	N	R1	Transtracheal oxygen cath
A4616	N	R1	Tubing (oxygen) per foot
A4617	N	R1	Mouth piece
A4618	N	R1	Breathing circuits
A4634	N	R1	Replacement bulb th lightbox
A4651	N	R1	Calibrated microcap tube
A4652	N	R1	Microcapillary tube sealant
A4653	N	R1	Pd catheter anchor belt
A4680	N	R1	Activated carbon filter, ea
A4690	N	R1	Dialyzer, each
A4706	N	R1	Bicarbonate conc sol per gal
A4707	N	R1	Bicarbonate conc pow per pac
A4708	N	R1	Acetate conc sol per gallon
A4709	N	R1	Acid conc sol per gallon

Non-Covered			
Code	Fee	Status Indicator	Description
A4714	N	R1	Treated water per gallon
A4719	N	R1	"y set" tubing
A4720	N	R1	Dialysat sol fld vol > 249cc
A4721	N	R1	Dialysat sol fld vol > 999cc
A4722	N	R1	Dialys sol fld vol > 1999cc
A4723	N	R1	Dialys sol fld vol > 2999cc
A4724	N	R1	Dialys sol fld vol > 3999cc
A4725	N	R1	Dialys sol fld vol > 4999cc
A4726	N	R1	Dialys sol fld vol > 5999cc
A4730	N	R1	Fistula cannulation set, ea
A4736	N	R1	Topical anesthetic, per gram
A4737	N	R1	Inj anesthetic per 10 ml
A4740	N	R1	Shunt accessory
A4750	N	R1	Art or venous blood tubing
A4755	N	R1	Comb art/venous blood tubing
A4760	N	R1	Dialysate sol test kit, each
A4765	N	R1	Dialysate conc pow per pack
A4766	N	R1	Dialysate conc sol add 10 ml
A4770	N	R1	Blood collection tube/vacuum
A4771	N	R1	Serum clotting time tube
A4772	N	R1	Blood glucose test strips

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Non-Covered			
Code	Fee	Status Indicator	Description
A4773	N	R1	Occult blood test strips
A4774	N	R1	Ammonia test strips
A4802	N	R1	Protamine sulfate per 50 mg
A4860	N	R1	Disposable catheter tips
A4870	N	R1	Plumb/elec wk hm hemo equip
A4890	N	R1	Repair/maint cont hemo equip
A4911	N	R1	Drain bag/bottle
A4913	N	R1	Misc dialysis supplies noc
A4918	N	R1	Venous pressure clamp
A4928	N	R1	Surgical mask
A4929	N	R1	Tourniquet for dialysis, ea
A4931	N	R1	Reusable oral thermometer
A4932	N	R1	Reusable rectal thermometer
A5102	N	R1	Bedside drain btl w/wo tube
A5105	N	R1	Urinary suspensory
A5131	N	R1	Appliance cleaner
A6154	N	R1	Wound pouch each
A6228	N	R1	Gauze <= 16 sq in water/sal
A6229	N	R1	Gauze >16<=48 sq in watr/sal
A6230	N	R1	Gauze > 48 sq in water/salne
A7040	N	R1	One way chest drain valve

Non-Covered			
Code	Fee	Status Indicator	Description
A7041	N	R1	Water seal drain container
A7047	N	R1	Resp suction oral interface
A7048	N	R1	Vacuum drain bottle/tube kit
A9559	N	R1	Co57 cyano
A9586	G	R1	Florbetapir f18
C1841	N	R1	Retinal prosth int/ext comp
C9734	J1	R1	U/S trtmt, not leiomyomata
D0150	S	R1	Comprehensve oral evaluation
D0240	S	R1	Intraoral occlusal film
D0250	S	R1	Extraoral first film
D0251	Q1	R1	Extraoral posterior image
D0270	S	R1	Dental bitewing single film
D0272	S	R1	Dental bitewings two films
D0274	S	R1	Dental bitewings four films
D0277	S	R1	Vert bitewings-sev to eight
D0460	S	R1	Pulp vitality test
D0600	S	R1	Non-ionizing diag proc
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

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Non-Covered			
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D1550	S	R1	Recement space maintainer
D2999	S	R1	Dental unspec restorative pr
D3460	S	R1	Endodontic endosseous implan
D3999	S	R1	Endodontic procedure
D4260	S	R1	Osseous surgery per quadrant
D4263	S	R1	Bone replce graft first site
D4264	S	R1	Bone replce graft each add
D4268	S	R1	Surgical revision procedure
D4270	S	R1	Pedicle soft tissue graft pr
D4273	S	R1	Subepithelial tissue graft
D4355	S	R1	Full mouth debridement
D4381	S	R1	Localized delivery antimicro
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

Non-Covered			
Code	Fee	Status Indicator	Description
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 fiberotomy
D7940	S	R1	Reshaping bone orthognathic
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
E0746	N	R1	Electromyograph biofeedback
G0129	P	R1	Partial hosp prog service
G0176	P	R1	Opps/php;activity therapy
G0248	V	R1	Demonstrate use home inr mon
G0249	V	R1	Provide test material,equipm
G0276	J1	R1	Pild/placebo control clin tr

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MDHHS Outpatient Prospective Payment System
 Wrap Around Codes
 Effective January 1 to March 31, 2017

MDHHS Status Indicators Key

A1 = MDHHS Covered
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R1 = MDHHS Non-Covered Items

Non-Covered			
Code	Fee	Status Indicator	Description
G0293	Q1	R1	Non-cov surg proc,clin trial
G0294	Q1	R1	Non-cov proc, clinical trial
G0296	S	R1	Visit to determ ldct elig
G0396	S	R1	Alcohol/subs interv 15-30mn
G0397	S	R1	Alcohol/subs interv >30 min
G0398	S	R1	Home Sleep Test/type 2 Porta
G0399	S	R1	Home Sleep Test/type 3 Porta
G0400	S	R1	Home Sleep Test/type 4 Porta
G0402	V	R1	Initial preventive exam
G0404	S	R1	EKG tracing for initial prev
G0410	P	R1	Group psychotherapy, not multiple-family, partial hospital setting, approx. 45 - 50 min
G0411	P	R1	Interactive group psychotherapy, partial hospital setting, approx. 45 - 50 min
G0442	S	R1	Annual alcohol screen 15 min
G0443	S	R1	Brief alcohol misuse counsel
G0444	S	R1	Depression screen annual
G0445	S	R1	High inten beh couns std 30m
G0446	S	R1	Intens behave ther cardio dx
G0447	S	R1	Behavior counsel obesity 15m
G0453	N	R1	Cont intraop neuro monitor
G0460	T	R1	Autologous PRP for ulcers

Non-Covered			
Code	Fee	Status Indicator	Description
G0473	S	R1	Group behave couns 2-10
G0498	S	R1	Chemo extend iv infus w/pump
G0501	N	R1	Resource-inten svc during ov
G0502	S	R1	Init psych care manag, 70min
G0503	S	R1	Subseq psych care man,60mi
G0504	N	R1	Init/sub psych care add 30 m
G0506	N	R1	Comp asses care plan ccm svc
G0507	S	R1	Care manage serv minimum 20
G0659	Q4	R1	Drug test def simple all cl
G9140	A	R1	Frontier extended stay demo
G9143	N	R1	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)
J1205	K	R1	Chlorothiazide sodium inj
J1430	K	R1	Ethanolamine oleate 100 mg
J1730	K	R1	Diazoxide injection
J2460	N	R1	Oxytetracycline injection
J2670	K	R1	Totazoline hcl injection
J2850	K	R1	Inj secretin synthetic human
J3355	K	R1	Urofollitropin, 75 iu
J3365	K	R1	Urokinase 250,000 iu inj
J7500	N	R1	Azathioprine oral 50mg

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Non-Covered			
Code	Fee	Status Indicator	Description
J7502	N	R1	Cyclosporine oral 100 mg
J7503	G	R1	Tacrol envarsus ex rel oral
J7505	K	R1	Monoclonal antibodies
J7507	N	R1	Tacrolimus imme rel oral 1mg
J7508	N	R1	Tacrol astagraf ex rel oral
J7509	N	R1	Methylprednisolone oral
J7510	N	R1	Prednisolone oral per 5 mg
J7512	N	R1	Prednisone ir or dr oral 1mg
J7515	N	R1	Cyclosporine oral 25 mg
J7517	N	R1	Mycophenolate mofetil oral
J7518	N	R1	Mycophenolic acid
J7520	N	R1	Sirolimus, oral
J7527	N	R1	Oral everolimus
J8501	K	R1	Oral aprepitant
J8510	K	R1	Oral busulfan
J8520	N	R1	Capecitabine, oral, 150 mg
J8521	N	R1	Capecitabine, oral, 500 mg
J8530	N	R1	Cyclophosphamide oral 25 mg
J8540	N	R1	Oral dexamethasone
J8560	K	R1	Etoposide oral 50 MG
J8597	N	R1	Antiemetic drug oral nos

Non-Covered			
Code	Fee	Status Indicator	Description
J8600	N	R1	Melphalan oral 2 mg
J8610	N	R1	Methotrexate oral 2.5 mg
J8650	K	R1	Nabilone oral
J8670	K	R1	Rolapitant, oral, 1mg
J8700	K	R1	Temozolomide
J8705	K	R1	Topotecan oral
J9218	K	R1	Leuprolide acetate injeciton
J9270	N	R1	Plicamycin (mithramycin) inj
J9325	G	R1	Inj talimogene laherparepvec
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
L8679	N	R1	Imp neurosti pls gn any type
L9900	N	R1	O&P supply/accessory/service
P2028	A	R1	Cephalin flocculation test
P2029	A	R1	Congo red blood test
P2033	A	R1	Blood thymol turbidity
P2038	A	R1	Blood mucoprotein
P9603	A	R1	One-way allow prorated miles
P9604	A	R1	One-way allow prorated trip

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Non-Covered			
Code	Fee	Status Indicator	Description
Q0035	Q1	R1	Cardiokymography
Q0161	N	R1	Chlorpromazine hcl 5mg oral
Q0162	N	R1	Ondansetron oral
Q0163	N	R1	Diphenhydramine hcl 50mg
Q0164	N	R1	Prochlorperazine maleate 5mg
Q0166	N	R1	Granisetron hcl 1 mg oral
Q0167	N	R1	Dronabinol 2.5mg oral
Q0169	N	R1	Promethazine hcl 12.5mg oral
Q0173	N	R1	Trimethobenzamide hcl 250mg
Q0175	N	R1	Perphenazine 4mg oral
Q0177	N	R1	Hydroxyzine pamoate 25mg

Non-Covered			
Code	Fee	Status Indicator	Description
Q0180	N	R1	Dolasetron mesylate oral
Q0181	N	R1	Unspecified oral anti-emetic
Q0478	A	R1	Power adapter, combo vad
Q0479	A	R1	Power module combo vad, rep
Q0488	A	R1	Pwr pack base elec vad, rep
Q2028	N	R1	Inj, sculptra, 0.5mg
Q9954	N	R1	Oral mr contrast, 100 ml
Q9968	K	R1	Injection, non-radioactive, non-contrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg
Q9982	G	R1	flutemetamol f18 diagnostic
Q9983	G	R1	florbetaben f18 diagnostic

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Pay status "A/B" fee schedule items in the following code ranges are considered R1/SI. If applicable, they may be billed by the appropriately enrolled MDHHS (i.e., DME, Vision, Practitioner) provider.			
Code	Fee	Status Indicator	Description
A4216 - A9901	A	R1	Misc Med/Surg - DME Supplies
E0203 - E2625	A	R1	DME Supplies
G0270 - G9044*	A	R1	Procedures Exceptions: G0328, G0420, G0421, G0432, G0433, G0435, G0472, G0476 & G0499 NOTE: Clinical laboratory procedure codes that are assigned to Payment Status Indicator Q4 will be packaged and will not be separately payable, if billed on the same date of service as a procedure code assigned to Payment Status Indicator J1, J2, S, T, V, Q1, Q2, or Q3.
L0112 - L9900	A	R1	Orthotics/Prosthetics Procedure Exceptions: L4350, L4360, L4361, L4370 & L8691
V2020 - V2799	A	R1	Vision

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