

MDCH Outpatient Prospective Payment System
 Wrap Around Codes
 Effective October 1 to December 31, 2012

MDCH Status Indicators Key

- | | |
|--|---------------------------------------|
| A1 = MDCH Covered | A5 = Medicaid Covered Vaccines |
| A2 = Dialysis Services | A6 = Vaccines for Children |
| A3 = Hospital Owned Ambulance Service | A7 = State Plan Reimbursement |
| A4 = Non-Medicare Covered Services | R1 = 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 | IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH 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 | \$18.38 | A5 | Flu vaccine no preserve, ID (18 to 65 years) |
| 90655 | \$0.00 | A6 | Flu vaccine, no preserv 6-35m |
| 90656 | \$12.38 | 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 | \$22.32 | 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 8 weeks through age 65) |
| 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) |
| 90696 | \$0.00 | A6 | Dtap-ipv vacc 4-6 yr im (effective DOS on/after 8-01-08) |

Codes with UC modifier removed and price changes in red

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| Code | Fee | Status Indicator | Description |
| 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 & diptheria toxoids (Td) absorbed, preservative free, when administered to 7 years or >, IM |
| 90715 | \$0.00 | A6 | Tetanus, diptheria 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) |
| 90718 | \$0.00 | A6 | Tetanus & diptheria toxoids (Td) absorbed when administered to 7 years or >, IM |
| 90723 | \$0.00 | A6 | Dtap-hep b-ipv vaccine, im |
| 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) |

| Covered | | | |
|---------|----------|------------------|---|
| Code | Fee | Status Indicator | Description |
| 90740 | \$119.42 | A5 | Hepb vacc, ill pat 3 dose im (19 and older) |
| 90744 | \$0.00 | A6 | Hep B vacc ped/adol 3 dose im |
| 90746 | \$59.71 | 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 |
| 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 |

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Wrap Around Codes
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| Covered | | | |
|---------|---------|------------------|--|
| Code | Fee | Status Indicator | Description |
| 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 |
| G9141 | \$7.00 | A7 | Influenza A H1N1, admin w co (effective DOS on/after 9-15-09) *Recommended for Medicare billing and adults |
| G9142 | \$0.00 | A6 | Influenza A H1N1, vaccine (effective DOS on/after 9-15-09) *Recommended for Medicare billing |
| J1055 | \$56.00 | A4 | Medrxypogester acet inj 150 mg |

| 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 | \$4.02 | 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 |

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| Dialysis | | | |
|----------|----------|------------------|---|
| Code | Fee | Status Indicator | Description |
| 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) |

| Dialysis | | | |
|----------|---------------|------------------|----------------------------|
| Code | Fee | Status Indicator | Description |
| J0882 | \$3.32 | A2 | Darb EPO - 1 mcg- ESRD Use |
| J0886 | \$9.87 | A2 | Epoetin 1000 Units |
| Q0139 | \$0.64 | A2 | Ferumoxytol, ESRD use |
| Q2047 | \$11.46 | A2 | PEGINESATIDE INJECTION |
| Q4081 | \$0.99 | A2 | EPO - 100 units |

| Non-Covered | | | |
|-------------|-----|------------------|-----------------------------|
| Code | Fee | Status Indicator | Description |
| 0042T | N | R1 | Ct perfusion w/contrast cbf |
| 0099T | T | R1 | Implant corneal ring |
| 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 |
| 0159T | N | R1 | Cad breast mri |
| 0163T | C | R1 | Lumb artif disectomy addl |
| 0164T | C | R1 | Remove lumb artif disc addl |
| 0165T | C | R1 | Revise lumb artif disc addl |

| Non-Covered | | | |
|-------------|-----|------------------|------------------------------|
| Code | Fee | Status Indicator | Description |
| 0169T | C | R1 | Place stereo cath brain |
| 0171T | T | R1 | Lumbar spine proces distract |
| 0172T | T | R1 | Lumbar spine proces addl |
| 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 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 | S | R1 | Implt/rpl crtd sns dev gen |
| 0269T | T | R1 | Rev/remvl crtd sns dev total |

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| 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 |
| 0276T | T | R1 | Bronch thermoplasty 1 lobe |
| 0277T | T | R1 | Bronch thermoplasty lobes |
| 0278T | S | R1 | Tempr |
| 0279T | X | R1 | Ctc test |
| 0280T | X | R1 | Ctc test w/i & r |
| 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 |

| Non-Covered | | | |
|-------------|-----|------------------|------------------------------|
| Code | Fee | Status Indicator | Description |
| 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 | X | R1 | Esw wound healing init wound |
| 0300T | X | R1 | Esw wound healing addl wound |
| 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 |
| 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 |

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| Code | Fee | Status Indicator | Description |
| 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 |
| 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 stimulat 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 |

| Non-Covered | | | |
|-------------|-----|------------------|-----------------------------|
| Code | Fee | Status Indicator | Description |
| 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 |
| 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 |
| 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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MDCH Outpatient Prospective Payment System
 Wrap Around Codes
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MDCH Status Indicators Key

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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 chromatography, qual |
| 82542 | A | R1 | Column chromatography, 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 |
| 82757 | A | R1 | Assay of semen fructose |

| Non-Covered | | | |
|-------------|-----|------------------|------------------------------|
| Code | Fee | Status Indicator | Description |
| 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 |
| 83919 | A | R1 | Organic acids, qual, each |
| 83993 | A | R1 | Assay for calprotectin fecal |

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| Non-Covered | | | |
|-------------|-----|------------------|------------------------------|
| Code | Fee | Status Indicator | Description |
| 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 protoporphyryn |
| 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 |
| 85130 | A | R1 | Chromogenic substrate assay |
| 85170 | A | R1 | Blood clot retraction |
| 85536 | A | R1 | Iron stain peripheral blood |

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

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| Non-Covered | | | |
|-------------|-----|------------------|---|
| Code | Fee | Status Indicator | Description |
| 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 cryopresrvd; embryo |
| 89353 | X | R1 | Thawing cryopresrvd; sperm |
| 89354 | X | R1 | Thaw cryoprsrvd; reprod tiss |
| 89356 | X | R1 | Thawing cryopresrvd; oocyte |
| 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 |

| Non-Covered | | | |
|-------------|-----|------------------|-----------------------------|
| Code | Fee | Status Indicator | Description |
| 90701 | N | R1 | Dtp vaccine im |
| 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 |
| 90869 | S | R1 | Tcran magn stim redetermine |
| 90880 | Q3 | R1 | Hypnotherapy |
| 90885 | N | R1 | Psy evaluation of records |
| 90889 | N | R1 | Preparation of report |
| 90865 | Q | R1 | Narcosynthesis |
| 90867 | S | R1 | Tcranial magn stim tx plan |
| 90868 | S | R1 | Tcranial magn stim tx deli |
| 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 |

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|-------------|-----|------------------|------------------------------|
| Code | Fee | Status Indicator | Description |
| 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 |
| 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 |

| Non-Covered | | | |
|-------------|-----|------------------|------------------------------|
| Code | Fee | Status Indicator | Description |
| 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 |
| 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 |
| 95075 | X | R1 | Ingestion challenge test |
| 95831 | A | R1 | Limb muscle testing, manual |
| 95832 | A | R1 | Hand muscle testing, manual |

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

| Non-Covered | | | |
|-------------|-----|------------------|------------------------------|
| Code | Fee | Status Indicator | Description |
| 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 |
| 99367 | N | R1 | Team conf w/o pat by phys |
| 99368 | N | R1 | Team conf w/o pat by hc pro |
| 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 dispoible suppl |

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

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

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|-------------|-----|------------------|------------------------------|
| Code | Fee | Status Indicator | Description |
| D7240 | S | R1 | Impact tooth remov comp bony |
| D7241 | S | R1 | Impact tooth rem bony w/comp |
| D7250 | S | R1 | Tooth root removal |
| D7260 | S | R1 | Oral antral fistula closure |
| D7261 | S | R1 | Primary closure sinus perf |
| D7291 | S | R1 | Transseptal fiberotomy |
| D7940 | S | R1 | Reshaping bone orthognathic |
| 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 |

| Non-Covered | | | |
|-------------|-----|------------------|-------------------------------|
| Code | Fee | Status Indicator | Description |
| G0249 | V | R1 | Provide test material,equipm |
| G0251 | S | R1 | Linear acc based stereo 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 |
| 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 |

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MDCH Outpatient Prospective Payment System
 Wrap Around Codes
 Effective October 1 to December 31, 2012

MDCH Status Indicators Key

- | | |
|--|---------------------------------------|
| A1 = MDCH Covered | A5 = Medicaid Covered Vaccines |
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| Non-Covered | | | |
|-------------|-----|------------------|--|
| Code | Fee | Status Indicator | Description |
| 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, approx. 45 - 50 min |
| G0411 | P | R1 | Interactive group psychotherapy, partial hospital setting, approx. 45 - 50 min |
| G0438 | A | R1 | PPPS, initial visit |
| G0439 | A | R1 | PPPS, subseq visit |
| G0451 | S | R1 | Development test interpret&rep |
| 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 pwdr, 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) |
| J0190 | E | R1 | Inj biperiden lactate/5 mg |
| J0365 | N | R1 | Aprotonin, 10,000 kiu |
| J0833 | K | R1 | Cosyntropin injection NOS |

| Non-Covered | | | |
|-------------|-----|------------------|---|
| Code | Fee | Status Indicator | Description |
| J1205 | K | R1 | Chlorothiazide sodium inj |
| J1430 | K | R1 | Ethanolamine oleate 100 mg |
| J1680 | K | R1 | Injection, human fibrinogen concentrate, 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 |

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| 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 |
| 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 |

| Non-Covered | | | |
|-------------|-----|------------------|--|
| Code | Fee | Status Indicator | Description |
| 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 cardiomyopathy (HCM) in an individual with a known HCM mutation in the family |
| S3870 | A | R1 | Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or mental retardation |

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| Pay status "A/B" fee schedule items in the following code ranges are considered R1/Sl. 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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