

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202158    JULY 20, 2021

## IHCP updates Outpatient Fee Schedule

The Indiana Health Coverage Programs (IHCP) recently reviewed the Outpatient Fee Schedule and discovered discrepancies. The changes noted in this bulletin will be reflected in the next regular update to the Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers):

- The procedure codes in [Table 1](#) appear twice on previous versions of the Outpatient Fee Schedule. With the next regular update, each code will only be on the Outpatient Fee Schedule once.
- The procedure codes in [Table 2](#) have been missing from the Outpatient Fee Schedule and are covered in the outpatient setting. Providers can submit any outpatient claims for dates of service (DOS) on or after the date listed in Table 2 for reimbursement consideration.
- The procedure codes in [Table 3](#) have been missing from the Outpatient Fee Schedule and are noncovered procedure codes. These codes will be added to the Outpatient Fee Schedule.
- The procedure codes in [Table 4](#) have been nationally end dated and will be removed from the Outpatient Fee Schedule.
- Current Dental Terminology (CDT) codes cannot be billed on institutional claims (UB-04 claim form or electronic equivalent). The CDT codes in [Table 5](#) will be removed from the Outpatient Fee Schedule.



Reimbursement, prior authorization (PA) and billing information applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

### QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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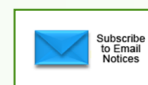


Table 1 – Procedure codes that have had two rows on previous versions of the Outpatient Fee Schedule

Procedure code	Description	Discrepancy resolution
77048	MRI of one breast w or w/o contrast	Pricing is 15% of billed charges per <a href="#">BR201938</a>
77049	MRI of both breast w or w/o contrast	Pricing is 15% of billed charges per <a href="#">BR201938</a>
81163	BRCA1&2 gene full seq alys	Pays max fee of \$468.00
81164	BRCA1&2 gen ful dup/del alys	Pays max fee of \$584.23
81165	BRCA1 gene full seq alys	Pays max fee of \$282.88
81166	BRCA1 gene full dup/del alys	Pays max fee of \$301.35
81167	BRCA2 gene full dup/del alys	Pays max fee of \$282.88
83722	Lipoprtn dir meas sd ldl chl	Pays max fee of \$34.19
96112	Devel tst phys/qhp 1st hr	Requires PA
96130	Psycl tst eval phys/qhp 1st	Requires PA
96132	Nrpsyc tst eval phys/qhp 1st	Requires PA
96136	Psycl/nrpsyc tst phy/qhp 1st	Requires PA
96138	Psycl/nrpsyc tech 1st	Requires PA
96146	Psycl/nrpsyc tst auto result	Requires PA
97151	Bhv id assmt by phys/qhp	Not reimbursable on outpatient claims per <a href="#">BT201867</a>
97152	Bhv id suprt assmt by 1 tech	Not reimbursable on outpatient claims per <a href="#">BT201867</a>
97153	Adaptive behavior tx by tech	Not reimbursable on outpatient claims per <a href="#">BT201867</a>
97154	Grp adapt bhv tx by tech	Not reimbursable on outpatient claims per <a href="#">BT201867</a>
97155	Adapt behavior tx phys/qhp	Not reimbursable on outpatient claims per <a href="#">BT201867</a>
97156	Fam adapt bhv tx gdn phy/qhp	Not reimbursable on outpatient claims per <a href="#">BT201867</a>
97157	Mult fam adapt bhv tx gdn	Not reimbursable on outpatient claims per <a href="#">BT201867</a>
97158	Grp adapt bhv tx by phy/qhp	Not reimbursable on outpatient claims per <a href="#">BT201867</a>
3051F	Hg a1c level 7.0-9.0%	Code remains noncovered
3052F	Hemoglobin a1c level >9.0%	Code remains noncovered

*Table 2 – Procedure codes covered in the outpatient setting that have been missing from the Outpatient Fee Schedule and can be billed for DOS on or after the date indicated in the table*

Procedure code	Description	Price effective date	Pricing method
C9761	Cysto, litho, vacuum kidney	10/1/2020	ASC G
C9768	Endo us-guide hep porto grad	10/1/2020	Manual (90% of billed charges)
C9769	Cysto w/temp pros implant	10/1/2020	ASC G
G2212	Prolong outpt/office vis	1/1/2021	FLAT RC

*Table 3 – Noncovered procedure codes that have been missing from the Outpatient Fee Schedule*

Procedure code	Description
76145	Med physic dos eval rad exps
76391	Mr elastography
81191	Ntrk1 translocation analysis
81192	Ntrk2 translocation analysis
81193	Ntrk3 translocation analysis
81194	Ntrk translocation analysis
81338	Mpl gene common variants
81339	Mpl gene seq alys exon 10
81347	Sf3b1 gene common variants
81348	Srsf2 gene common variants
81351	Tp53 gene full gene sequence
81352	Tp53 gene trgt sequence alys
81353	Tp53 gene known famil vrnt
81357	U2af1 gene common variants
81360	Zrsr2 gene common variants
81419	Epilepsy gen seq alys panel
81513	Nfct ds bv rna vag flu alg
81514	Nfct ds bv&vaginitis dna alg
81529	Onc cutan mlnma mrna 31 gene
81546	Onc thyr mrna 10,196 gen alg
81554	Pulm ds ipf mrna 190 gen alg
86413	Sars-cov-2 antib quantitative
90689	Vacc iiv4 no prsrv 0.25ml im
92517	Vemp test i&r cervical
92518	Vemp test i&r ocular
92519	Vemp tst i&r cervical&ocular
93264	Rem mntr wrls p-art prs snr

*Table 3 – Noncovered procedure codes that have been missing from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
95836	Ecog impltd brn npgt <30 d
99439	Chrc care mgmt svc ea addl
99451	Ntrprof ph1/ntnret/ehr 5/>
99452	Ntrprof ph1/ntnret/ehr rfll
99453	Rem mntr physiol param setup
99454	Rem mntr physiol param dev
99457	Rem physiol mntr 1st 20 min
99491	Chrc care mgmt svc 30 min
0014M	Liver ds alys 3 bmrk srm alg
0015M	Adrnl cortcl tum bchm asy 25
0016M	Onc bladder mrna 209 gen alg
0017M	Onc dlbcl mrna 20 genes alg
0080U	Onc lng 5 clin rsk factr alg
0082U	Rx test def 90+ rx/sbsts ur
0083U	Onc rspse chemo cntrst tomog
0163U	Onc clrct scr 3 prtn alg
0164U	Gi ibs ia anti-cdtb&vinculin
0165U	Peanut allg asmt epi
0166U	Liver ds 10 biochem asy srm
0167U	Chorc gonadotropin hcg ia
0168U	Ftl aneuploidy dna seq alys
0169U	Nudt15&tpmt gene com vrnt
0170U	Neuro asd rna next gen seq
0171U	Trgt gen seq alys pnl dna 23
0172U	Onc sld tum alys brca1 brca2
0173U	Psyc gen alys panel 14 genes
0174U	Onc solid tumor 30 prtn trgt
0175U	Psyc gen alys panel 15 genes
0176U	Cdtb&vinculin igg antb ia
0177U	Onc brst ca dna pik3ca 11
0178U	Peanut allg asmt epi clin rx
0179U	Onc nonsm cll lng ca alys 23
0180U	Abo gnotyp abo 7 exons
0181U	Co gnotyp aqp1 exon 1
0182U	Crom gnotyp cd55 exons 1-10
0183U	Di gnotyp slc4a1 exon 19
0184U	Do gnotyp art4 exon 2

Table 3 – Noncovered procedure codes that have been missing from the Outpatient Fee Schedule

Procedure code	Description
0185U	Fut1 gnotyp fut1 exon 4
0186U	Fut2 gnotyp fut2 exon 2
0187U	Fy gnotyp ackr1 exons 1-2
0188U	Ge gnotyp gypc exons 1-4
0189U	Gypa gnotyp ntrns 1 5 exon 2
0190U	Gypb gnotyp ntrns 1 5 seux 3
0191U	In gnotyp cd44 exons 2 3 6
0192U	Jk gnotyp slc14a1 exon 9
0193U	Jr gnotyp abcg2 exons 2-26
0194U	Kel gnotyp kel exon 8
0195U	Klf1 targeted sequencing
0196U	Lu gnotyp bcam exon 3
0197U	Lw gnotyp icam4 exon 1
0198U	Rhd&rhce gntyp rhd1-10&rhce5
0199U	Sc gnotyp ermap exons 4 12
0200U	Xk gnotyp xk exons 1-3
0201U	Yt gnotyp ache exon 2
0202U	Nfct ds 22 trgt sars-cov-2
0203U	Ai ibd mrna xprsn prfl 17
0204U	Onc thyr mrna xprsn alys 593
0205U	Oph amd alys 3 gene variants
0206U	Neuro alzheimer cell aggregj
0207U	Neuro alzheimer quan imaging
0208U	Onc mtc mrna xprsn alys 108
0209U	Cytog const alys interrog
0210U	Syphilis tst antb ia quan
0211U	Onc pan-tum dna&rna gnrrj seq
0212U	Rare ds gen dna alys proband
0213U	Rare ds gen dna alys ea comp
0214U	Rare ds xom dna alys proband
0215U	Rare ds xom dna alys ea comp
0216U	Neuro inh ataxia dna 12 com
0217U	Neuro inh ataxia dna 51 gene
0218U	Neuro musc dys dmd seq alys
0219U	Nfct agt hiv gnrrj seq alys
0220U	Onc brst ca ai assmt 12 feat
0221U	Abo gnotyp next gnrrj seq abo

Table 3 – Noncovered procedure codes that have been missing from the Outpatient Fee Schedule

Procedure code	Description
0222U	Rhd&rhce gntyp next gnrj seq
0223U	Nfct ds 22 trgt sars-cov-2
0224U	Antibody sars-cov-2 titer(s)
0225U	Nfct ds dna&rna 21 sarscov2
0226U	Svnt sarscov2 elisa plsm srm
0227U	Rx asy prsmv 30+rx/metabl
0228U	Onc prst8 ma molec prfl alg
0229U	Bcat1 promoter mthyltn alys
0230U	Ar full sequence analysis
0231U	Cacna1a full gene analysis
0232U	Cstb full gene analysis
0233U	Fxn gene analysis
0234U	Mecp2 full gene analysis
0235U	Pten full gene analysis
0236U	Smn1&smn2 full gene analysis
0237U	Car ion chnlpthy gen seq pnl
0238U	Onc lnc syn gen dna seq aly
0239U	Trgt gen seq alys pnl 311+
0240U	Nfct ds vir resp rna 3 trgt
0241U	Nfct ds vir resp rna 4 trgt
0481T	Njx autol wbc concentrate
0509T	Pattern erg w/i&r
0510T	Rmvl sinus tarsi implant
0511T	Rmvl&rinsj sinus tarsi implt
0512T	Esw integ wnd hlg 1st wnd
0513T	Esw integ wnd hlg ea addl
0515T	Insj wcs lv compl sys
0516T	Insj wcs lv eltrd only
0517T	Insj wcs lv pg compnt
0518T	Rmvl pg compnt wcs
0519T	Rmvl & rplcmt pg compnt wcs
0520T	Rmvl&rplcmt pg wcs new eltrd
0521T	Interrog dev eval wcs ip
0522T	Prgmng dev eval wcs ip
0523T	Ntrapx c ffr w/3d funcjl map
0524T	Ev cath dir chem abltj w/img
0525T	Insj/rplcmt compl iims

*Table 3 – Noncovered procedure codes that have been missing from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
0526T	Insj/rplcmt iims eltrd only
0527T	Insj/rplcmt iims implt mntr
0528T	Prgrmg dev eval iims ip
0529T	Interrog dev eval iims ip
0530T	Removal complete iims
0531T	Removal iims electrode only
0532T	Removal iims implt mntr only
0533T	Cont rec mvmt do 6-10 days
0534T	Cont rec mvmt do setup&train
0535T	Cont rec mvmt do reprt cnfig
0536T	Cont rec mvmt do dl w/i&r
0541T	Myocardial imaging mcg
0542T	Myocardial imaging mcg i&r
0596T	Temp fml iu vlv-pmp 1st insj
0597T	Temp fml iu valve-pmp rplcmt
0598T	Ncntc r-t fluor wnd img 1st
0599T	Ncntc r-t fluor wnd img ea
0600T	Ire abltj 1+tum organ perq
0601T	Ire abltj 1+tumors open
0602T	Transdermal gfr measurements
0603T	Transdermal gfr monitoring
0604T	Rem oct rta dev setup&educaj
0605T	Rem oct rta techl sprt min 8
0606T	Rem oct rta phys/qhp ea 30d
0609T	Mrs disc pain acquisj data
0610T	Mrs disc pain transmis data
0611T	Mrs disc pain alg alys data
0612T	Mrs discogenic pain i&r
0613T	Perq tcat intratrl septl sht
0616T	Insertion of iris prosthesis
0617T	Insj iris prosth w/rmvl&insj
0618T	Insj iris prosth sec io lens
0639T	Wrls skn snr anisotropy meas
A4563	Vag inser rectal control sys
A9589	Insti hexaminolevulinate hcl
A9591	Fluoroestradiol f 18
C1062	Intravertebral fx aug impl

Table 3 – Noncovered procedure codes that have been missing from the Outpatient Fee Schedule

Procedure code	Description
C1823	Gen, neuro, trans sen/stim
C1849	Skin substitute, synthetic
C9067	Gallium ga-68 dotatoc
C9751	Microwave bronch, 3d, ebus
C9752	Intraosseous des lumb/sacrum
C9753	Intraosseous destruct add'l
C9759	Transcath intraop microinf
C9760	Non-blind interatrial shunt
C9764	Revasc intravasc lithotripsy
C9765	Revasc intra lithotrip-stent
C9766	Revasc intra lithotrip-ather
C9767	Revasc lithotrip-stent-ather
C9771	Nsl/sins cryo post nasal tis
C9772	Revasc lithotrip tibi/perone
C9773	Revasc lithotr-stent tib/per
C9774	Revasc lithotr-ather tib/per
C9775	Revasc lith-sten-ath tib/per
G0068	Adm iv infusion drug in home
G0069	Adm sq infusion drug in home
G0070	Adm of chemo drug in home
G0071*	Comm svcs by rhc/fqhc 5 min
G0076	Care manag h vst new pt 20 m
G0077	Care manag h vst new pt 30 m
G0078	Care manag h vst new pt 45 m
G0079	Care manag h vst new pt 60 m
G0080	Care manag h vst new pt 75 m
G0081	Care man h v ext pt 20 mi
G0082	Care man h v ext pt 30 m
G0083	Care man h v ext pt 45 m
G0084	Care man h v ext pt 60 m
G0085	Care man h v ext pt 75 m
G0086	Care man home care plan 30 m
G0087	Care man home care plan 60 m
G0088	Adm iv drug 1st home visit
G0089	Adm subq drug 1st home visit
G0090	Adm iv chemo 1st home visit
G1020	Cdsm curbside



*Table 3 – Noncovered procedure codes that have been missing from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
G1021	Cdsm ehealthline
G1022	Cdsm intermountain
G1023	Cdsm persivia
G2000	Blinded conv. Tx mdd clin tr
G2001	Post d/c h vst new pt 20 m
G2002	Post-d/c h vst new pt 30 m
G2003	Post-d/c h vst new pt 45 m
G2004	Post-d/c h vst new pt 60 m
G2005	Post-d/c h vst new pt 75 m
G2006	Post-d/c h vst ext pt 20 m
G2007	Post-d/c h vst ext pt 30 m
G2008	Post-d/c h vst ext pt 45 m
G2009	Post-d/c h vst ext pt 60 m
G2010	Remot image submit by pt
G2011	Alcohol/sub misuse assess
G2012	Brief check in by md/qhp
G2013	Post-d/c h vst ext pt 75 m
G2014	Post-d/c care plan overs 30m
G2015	Post-d/c care plan overs 60m
G2170	Avf by tissue w thermal e
G2171	Avf use magnetic/art/ven
G2173	Uri w comorb 12m oth dx
G2174	Uri new rx antibiotic 30d
G2175	Pt comorb dx 12m of epi
G2176	Outpt ed obs w inpt admit
G2177	Bronch w rx antibx 30d
G2178	Pt not elig low neuro ex
G2179	Med doc rsn no low ex
G2180	Inelig footwr eval
G2181	Bmi not doc medrsn ptref
G2182	Pt 1st biolog antirheum
G2183	Doc pt unable comm
G2184	No caregiver
G2185	Caregiver dem trained
G2186	Pt ref app rsrcs
G2187	Clin ind img hd trauma
G2188	Pt 50 yrs w/clin ind hd

*Table 3 – Noncovered procedure codes that have been missing from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
G2189	Img hd abnml neuro exam
G2190	Ind img hd rad neck
G2191	Ind img hd pos hd ache
G2192	>55 yrs temp hd ache
G2193	<6yr new onset hd ache
G2194	New hdache ped pt dis
G2195	Occip hdache child
G2196	Screen unhlthy etoh use
G2197	Screen hlthy etoh use
G2198	Med rsn no unhlthy etoh
G2199	Not scrn etoh no rsn
G2200	Unhlthy etoh rcvd couns
G2201	Med rsn no brief couns
G2202	No rsn no brief couns
G2203	Med rsn no etoh couns
G2204	Pt 50-85 w/ scope
G2205	Preg drng adjv trtmt
G2206	Adjv trtmt chemo her2
G2207	Rsn no trtmt chem her2
G2208	No trtmt chemo and her2
G2209	Refused to participate
G2210	No neck fs prom no rsn
G2211	Complex e/m visit add on
G2213	Initiat med assist tx in er
G2214	Init/sub psych care m 1st 30
G2215	Home supply nasal naloxone
G2216	Home supply inject naloxon
G2250	Remot img sub by pt, non e/m
G2251	Brief chkin, 5-10, non-e/m
G2252	Brief chkin by md/qhp, 11-20
G9868	Cmmi asyntehealth <10min
G9869	Cmmi asyntehealth 10-20min
G9870	Cmmi asyntehealth >20min
J0591	Inj deoxycholic acid, 1 mg
J1437	Inj. Fe derisomaltose 10 mg
J2787	Riboflavin 5'phos oph<=3ml
J9304	Inj. pemetrexed

*Table 3 – Noncovered procedure codes that have been missing from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
K1006	Suct pum ext urine mgmt sys
K1007	Bil hkaf pc s/d micro sensor
K1009	Speech volume modulation sys
L8608	Arg ii ext com/sup/acc misc
L8701	Ewh s/d uprt micro sensor
L8702	Ewhf s/d uprt micro sensor
M1003	Tb scr 12 mo pri fst bio dz
M1004	Doc med rsn no sm tb
M1005	Tb scr no perf
M1006	Dz not ases, no rsn
M1007	>=50% total pt outpt ra enct
M1008	<50% total pt outpt ra encts
M1009	Dc eoc doc med rec
M1010	Dc eoc doc med rec
M1011	Dc eoc doc med rec
M1012	Dc eoc doc med rec
M1013	Dc eoc doc med rec
M1014	Dc epi care doc medrec
M1016	Pt dx meop or sur steri
M1017	Pt admt to palitve serv
M1018	Pt dx hst cr pt sk lg cr scr
M1019	Adl pt mj dep ds rs 12 phq<5
M1020	Adl pt mj dep ds no rs 12 mo
M1021	Pt uc in pp
M1022	Pt hospice during perf pd
M1025	Pt hospice during perf pd
M1026	Pt hospice during perf pd
M1027	Img head (ct or mri) obtnd
M1028	Doc of pt prm hda dx and otr
M1029	Doc sysm rsn img hd
M1031	Pt clin ind img hd
M1032	Adt tkng pharmthry for oud
M1034	Adt 180 dys pharmthry oud
M1035	Adt pd out mat pr 180 dys tx
M1036	Adt no 180 dys pharmthry oud
M1037	Pt dx lum sp reg cacr
M1038	Pt dx lum sp reg fract

*Table 3 – Noncovered procedure codes that have been missing from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
M1039	Pt dx lum sp reg inf
M1040	Pt dx lum idi or cong scol
M1041	Pt cr ft inf lm or pt id sl
M1043	Fs no odi 9-15mo
M1045	Fs oks 9-15mo >= 37 >= 71
M1046	Fs oks 9-15mo < 37 < 71
M1049	Fs wth scr no odi pre and p
M1051	Pt w/cancer scoliosis
M1052	Lg pn not meas w/ vas 1yr po
M1054	Pt uc in pp
M1055	Aspirin used
M1056	Presc antico med in pp
M1057	Aspirin not used, no rsn
M1058	Pt prm nurs hm res in pp
M1059	Pt no prm nurs hm res in pp
M1060	Pt died in pp
M1067	Hspc pt prv time meam per
M1068	Pt not ambulatory
M1069	Pt scr ft fall rsk
M1070	Pt not scrn fut fall no rsn
M1071	Pt had add'l sp pcr perf
M1145	Mfn drug add-on, per dose
M1146	Ongoing care not ind
M1147	Care not poss med rsn
M1148	Pt self dschg
M1149	No neck fs prom incap
Q5109	Injection, ixifi, 10 mg
Q9001	Va chaplain assessment
Q9002	Va chaplain counsel individu
Q9003	Va chaplain counsel group
T4545	Incon disposable penile wrap

\*Covered for outpatient crossover claims for the duration of the public health emergency

*Table 4 – Procedure codes that have been nationally end dated and will be removed from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
10022	Fna w/image
11100	Biopsy skin lesion
11101	Biopsy skin add-on
19260	Removal of chest wall lesion
19271	Revision of chest wall
19272	Extensive chest wall surgery
19304	Mast subq
19324	Enlarge breast
19366	Breast reconstruction
20005	I&d abscess subfascial
20926	Removal of tissue for graft
27370	Injection for knee x-ray
31595	Larynx nerve surgery
32405	Percut bx lung/mediastinum
33010	Drainage of heart sac
33011	Repeat drainage of heart sac
33015	Incision of heart sac
33282	Implant pat-active ht record
33284	Remove pat-active ht record
33860	Ascending aortic graft
33870	Transverse aortic arch graft
35721	Exploration femoral artery
35741	Exploration popliteal artery
35761	Exploration of artery/vein
41500	Fixation of tongue
43401	Esophagus surgery for veins
43760	Change gastrostomy tube
46762	Implant artificial sphincter
49220	Multiple surgery abdomen
50395	Create passage to kidney
57112	Vaginectomy w/nodes compl
58293	Vag hyst w/uro repair compl
61332	Explore/biopsy eye socket
61480	Incise skull for surgery
61610	Transect artery sinus
61612	Transect artery sinus

*Table 4 – Procedure codes that have been nationally end dated and will be removed from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
61870	Implant neuroelectrodes
62163	Zneuroendoscopy w/fb removal
63180	Revise spinal cord ligaments
63182	Revise spinal cord ligaments
63615	Remove lesion of spinal cord
64402	N block inj facial
64410	N block inj phrenic
64413	N block inj cervical plexus
64508	N block carotid sinus s/p
64550	Appl surface neurostimulator
66220	Repair eye lesion
69605	Mastoid surgery revision
74241	X-ray upper gi delay w/kub
74245	X-ray upper gi&small intest
74247	Contrst x-ray uppr gi tract
74249	Contrst x-ray uppr gi tract
74260	X-ray exam of small bowel
76001	Fluoroscope exam extensive
76930	Echo guide cardiocentesis
76970	Ultrasound exam follow-up
77058	Mri one breast
77059	Mri both breasts
78135	Red cell survival kinetics
78205	Liver imaging (3d)
78206	Liver image (3d) with flow
78270	Vit b-12 absorption exam
78271	Vit b-12 absrp exam int fac
78272	Vit b-12 absorp combined
78320	Bone imaging (3d)
78607	Brain imaging (3d)
78647	Cerebrospinal fluid scan
78710	Kidney imaging (3d)
78805	Abscess imaging ltd area
78806	Abscess imaging whole body
78807	Nuclear localization/abscess
81211	Brca1&2 seq & com dup/del

*Table 4 – Procedure codes that have been nationally end dated and will be removed from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
81213	Brca1&2 uncom dup/del var
81214	Brca1 full seq & com dup/del
81545	Oncology thyroid
87450	Ag detect nos ia single
92225	Special eye exam initial
92226	Special eye exam subsequent
92275	Electroretinography
92585	Auditor evoke potent compre
92586	Auditor evoke potent limit
92992	Revision of heart chamber
92993	Revision of heart chamber
93299	Icm/ilr remote tech serv
94250	Expired gas collection
94400	Co2 breathing response curve
94750	Pulmonary compliance study
94770	Exhaled carbon dioxide test
95071	Bronchial allergy tests
95827	Eeg all night recording
95831	Limb muscle testing manual
95832	Hand muscle testing manual
95833	Body muscle testing manual
95834	Body muscle testing manual
95950	Ambulatory eeg monitoring
95951	Eeg monitoring/videorecord
95953	Eeg monitoring/computer
95956	Eeg monitor technol attended
95974	Cranial neurostim complex
95975	Cranial neurostim complex
95978	Analyze neurostim brain/1h
95979	Analyz neurostim brain addon
96101	Psycho testing by psych/phys
96102	Psycho testing by technician
96103	Psycho testing admin by comp
96111	Developmental test extend
96118	Neuropsych tst by psych/phys
96119	Neuropsych testing by tec

*Table 4 – Procedure codes that have been nationally end dated and will be removed from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
96120	Neuropsych tst admin w/comp
96150	Assess hlth/behav init
96151	Assess hlth/behav subseq
96152	Intervene hlth/behav indiv
96153	Intervene hlth/behav group
96154	Interv hlth/behav fam w/pt
96155	Interv hlth/behav fam no pt
97127	Ther ivntj w/focus cog funcj
98969	Online service by hc pro
99090	Computer data analysis
99201	Office/outpatient visit new
99274	Multifocal erg w/i&r
99444	Online e/m by phys/qhp
0001M	Infectious dis hcv 6 assays
0006U	Rx mntr 120+ drugs & sbsts
0020U	Rx test prsmv ur w/def conf
0028U	Cyp2d6 gene cpy nmr cmn vrnt
0058T	Cryopreservation ovary tiss
0085T	Breath test heart reject
0098U	Respir pathogen 14 targets
0099U	Respir pathogen 20 targets
0100U	Respir pathogen 21 targets
0111T	Rbc membranes fatty acids
0124U	Fetal Congen 3 analytes
0125U	Fetal Congen 5 analytes
0126T	Chd risk imt study
0126U	Fetal congen 5 analytes cell-free DNA
0127U	Obstetrics (preeclampsia) biochem 3 analytes
0128U	Obstetrics (preeclampsia) biochem free cell-DNA
0159T	Cad breast mri
0188T	Videoconf crit care 74 min
0189T	Videoconf crit care addl 30
0190T	Place intraoc radiation src
0195T	Prescrl fuse w/o instr I5/s1
0196T	Prescrl fuse w/o instr I4/I5
0228T	Njx tfmrl eprl w/us cer/thor



*Table 4 – Procedure codes that have been nationally end dated and will be removed from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
0229T	Njx tfrml eprl w/us cer/thor
0230T	Njx tfrml eprl w/us lumb/sac
0231T	Njx tfrml eprl w/us lumb/sac
0295T	Ext ecg complete
0296T	Ext ecg recording
0297T	Ext ecg scan w/report
0298T	Ext ecg review and interp
0337T	Endothel fxnassmnt non-invas
0346T	Ultrasound elastography
0359T	Behavioral id assessment
0360T	Observ behav assessment
0361T	Observ behav assess addl
0363T	Expose behav assess addl
0364T	Adaptive behavior treatment
0365T	Adaptive behavior tx addl
0366T	Group behavior treatment
0367T	Group behav treatment addl
0368T	Behavior treatment modified
0369T	Behav treatment modify addl
0370T	Fam behav treatment guidance
0371T	Mult fam behav treat guide
0372T	Social skills training group
0374T	Expose behav treatment addl
0381T	Ext h rate epi sz 14 days
0382T	Ext h rate sz 14 day ri only
0383T	Ext h rate sz up to 30 days
0384T	Ex h rate sz 30 day ri only
0385T	Ex h rate for sz ovr 30 day
0386T	Ex h rate sz 30+ day ri only
0387T	Leadless c pm ins/rpl ventr
0388T	Leadless c pm remove ventr
0389T	Prog eval inper leadls pm
0390T	Periproc eval inper ledls pm
0391T	Intergt eval inper leadls pm
0396T	Intraop kinetic balnce sensr
0400T	Mltispectrl digital les alys

*Table 4 – Procedure codes that have been nationally end dated and will be removed from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
0401T	Mltispectrl digital les alys
0405T	Ovrsght xtrcorp liv asst pat
0406T	Sin ndsc plmt drg elut mplnt
0407T	Sin ndsc plmt drg elut mplnt
C8904	Mri w/o cont, breast, uni
C8907	Mri w/o cont, breast, bi
C9014	Injection, cerliponase alfa
C9015	C-1 esterase, haegarda
C9016	Inj, triptorelin ext rel
C9024	Inj, daunorubicin-cytarabine
C9028	Inj. Inotuzumab ozogamicin
C9029	Injection, guselkumab
C9030	Inj copanlisib
C9031	Lutetium Lu 177 dotatate, tx
C9032	Voretigene neparvovec-rzyl
C9033	Inj, akynzeo
C9034	Injection, dexamethasone 9%,
C9035	Injection, aristada initio
C9036	Injection, patisiran
C9037	Injection, risperidone
C9038	Inj mogamulizumab-kpkc
C9039	Injection, plazomicin
C9040	Injection, fremanezumab-vfrm
C9041	Injection, coagulation factor Xa Andexxa
C9042	Injection, bendamustine hcl (belrapzo)
C9043	Injection, levoleucovorin
C9044	Injection, cemiplimab-rwlc
C9045	Injection, moxetumomab pasudotox-tdfk
C9048	Dexamethasone ophth insert
C9049	Injection, tagraxofusp-erzs, 10 mcg
C9050	Injection, emapalumab-lzsg, 1 mg
C9051	Injection, omadacycline, 1 mg
C9052	Injection, ravulizumab-cwvz, 10 mg
C9053	Inj, crizanlizumab-tmca
C9054	Injection, lefamulin
C9055	Inj, brexanolone

*Table 4 – Procedure codes that have been nationally end dated and will be removed from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
C9056	Injection, givosiran
C9057	Inj cetirizine hydrochloride
C9058	Injection,pegfilgrastim-bmez
C9059	Injection, meloxicam, 1 mg
C9061	Injection, teprotumumab-trbw, 10 mg
C9062	Injection, daratumumab 10 mg and hyaluronidase-fihj
C9063	Injection, eptinezumab-jjmr, 1 mg
C9064	Mitomycin pyelocalyceal instillation, 1 mg
C9066	Injection, sacituzumab govitecan-hziy, 2.5 mg
C9069	Belantamab mafodontin-blmf
C9070	Injection, tafasitamab-cxix
C9072	Inj, imm glob asceniv
C9073	Brexucabtagene autoleucel ca
C9122	Mometasone furoate sinus implant, 10 micrograms (sinuva)
C9141	Factor viii pegylated-aucl
C9275	Hexaminolevulinate hcl
C9447	Inj, phenylephrine ketorolac
C9463	Injection, aprepitant
C9464	Injection, rolapitant
C9465	Injection, Durolane
C9466	Injection, benralizumab
C9467	Inj rituximab hyaluronidase
C9468	Inj, factor ix, Rebinyn
C9492	Injection, durvalumab
C9493	Injection, edaravone
C9497	Loxapine, inhalation powder
C9741	Impl pressure sensor w/angio
C9744	Abd us w/contrast
C9745	Nasal endo eustachian tube
C9747	Ablation, hifu, prostate
C9748	Prostatic rf water vapor tx
C9749	Repair nasal stenosis w/imp
C9750	Ins/rem-replace compl iims
C9754	Perc av fistula, direct
C9755	Rf magnetic-guide av fistula
G0297	Ldct for lung ca screen

*Table 4 – Procedure codes that have been nationally end dated and will be removed from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
G0365	Vessel mapping hemo access
G0515	Cognitive skills development
G1000	Cdsm applied pathways
G1005	Cdsm nia
G1006	Cdsm test approp
G2058	Ccm add 20min
G2061	Qual nonmd est pt 5-10m
G2062	Qual nonmd est pt 11-20m
G2063	Qual nonmd est pt 21>min
G2089	A1c level 7 to 9%
G2102	Dil retinal eye exam
G2103	7 stereo photos interpret
G2104	Eye img valid w/7 stereo
G2114	Pt 66-80 frailty and med dem
G2117	Pt 66-80 frailty and adv ill
G2119	Calc vitd opt
G2120	No calc vitd opt
G2123	Pt 66-80 frailty med dem
G2124	Pt 66-80 frailty adv ill
G2130	Pt 66+ lt inst > 90
G2131	Pt 81+ frailty
G2132	Pt 66-80 frailty and med dem
G2133	Pt 66-80 frailty and adv ill
G2134	Pt 66+ frailty and med dem
G2135	Pt 66+ frailty and adv ill
G2153	Hosp dur meas pd
G2154	Td 9 yrs start end meas
G2155	Hist contraindications
G2156	No prior td or hx contra
G2157	Pneum vacc 12 mo 60+
G2158	Pneum vacc adv rx
G2159	No pneum vacc 12 mo 60+
G2160	Herpzos 50+
G2161	Adv rx zos
G2162	No herpzos 50+
G2163	Infl vacc 07/01 to 06/30

*Table 4 – Procedure codes that have been nationally end dated and will be removed from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
G2164	Adv rx infl vacc
G2165	No infl vacc 07/01 to 06/30
G2166	No pt adm dx no neck fs prom
G8398	Dil macular/fundus not perfo
G8442	Doc pain as nt perf, not elg
G8509	Pos pain assess no f/u doc
G8571	Ster wd ifx 30 d postop
G8572	No ster wd ifx
G8573	Stk cabg
G8574	No strk cabg
G8627	Surg proc w/in 30 days
G8628	No surg proc w/in 30 days
G8671	Rafscrs neck, score >=0
G8672	Rafscrs neck, score <0
G8674	Rafscrs neck, no msr/no foto
G8730	Pain doc pos and plan
G8731	Pain neg no plan
G8732	No doc of pain
G8809	Rh-immunoglobulin order
G8810	Doc reas no rh-immuno
G8811	No rh-immunoglobulin order
G8872	Intraop image confirm excise
G8873	Specimen not intraop image
G8874	Tissue not image intraop
G8939	Pain as doc positive, no f/u
G8959	Clin tx mdd comm to tx clin
G8960	Clin tx mdd not comm
G8973	Mst rcnt hbb < 10g/dl
G8974	Hgb not doc rns not gvn
G8975	Hgb <10g/dl, med rsn
G8976	Hgb >= 10 g/dl
G9232	Ptrsn no comm comorbid
G9239	Doc rsn hemod & cath acc
G9240	Doc pt w cath maint dia
G9241	Doc pt w out cath maint dia
G9256	Doc of pat death after cas

*Table 4 – Procedure codes that have been nationally end dated and will be removed from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
G9257	Doc of pat stroke after cas
G9258	Doc of pat stroke after cea
G9259	Survive/no stroke post cas
G9260	Doc of pat death after cea
G9261	Survive/no stroke post cea
G9262	Doc of death post-aaa repair
G9263	Doc of disch post-aaa repair
G9264	Doc rsn hemod w/cath >=90d
G9265	Doc cath >90d for maint dia
G9266	Norsn pt cath >=90d
G9300	Doc medrsn no compl antibio
G9301	Doc compl inf antibio
G9302	Norsn incomp inf antibio
G9303	Norsn no pros info op rpt
G9304	Pros info op rpt
G9326	Ct done no rad ds index, nrg
G9327	Ct done rad ds index
G9329	Norsn no dicom format doc
G9340	Dicom format doc on rpt
G9365	1high risk med ord
G9366	1high risk no ord
G9389	Unpln rup post cap
G9390	No unpln rup post cap
G9469	Rec cortico>60d or 1rx 600mg
G9503	Pt tk tams hcl
G9523	D/c hemo or perit dialysis
G9524	Refer to hospice
G9525	Doc pt reas no hospice refer
G9526	No reason, no refer hospice
G9532	Inj >24 hr in ed gcs <15
G9534	Adv brain image not ordered
G9535	Normal neuro exam
G9536	Doc med reas adv brain image
G9538	Adv brain image ordered
G9558	Tx beta-lactam abx therapy
G9559	Doc med reas no abx therapy

*Table 4 – Procedure codes that have been nationally end dated and will be removed from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
G9560	No beta-lactam abx ther, rng
G9573	Remis 6m w/6mos phq-9 <5
G9574	Remis 6m w/o 6mos phq-9 <5
G9600	Symp aaa urgent repair
G9601	Pt dchg home post op day 7
G9602	Pt no dchg home postop day 7
G9615	Pre-op asst doc
G9616	Doc rsn no preop assmt
G9617	Pre-op asst not doc, rng
G9686	Nursing facility conference
G9701	Child anbx 30 prior dx estab
G9738	Refused to participate
G9739	Pt no foto orth, no proxy
G9747	Pall dialysis with catheter
G9748	App transpl lvg kidney donor
G9749	Pall dialysis with catheter
G9750	App transpl lvg kidney donor
G9759	Hx preop post cap rup
G9798	D/c ami btw 7/1-6/30 mst per
G9799	Med disp evt indic hx asth
G9800	Pt id intol/alleg beta-block
G9801	Nonacut transf from inpt
G9802	Pt w/hosp anytime msmt per
G9803	Post d/c 180d tx beta-bl ami
G9804	No post d/c 180d tx bb ami
G9814	Death during index hosp
G9815	Death not during index hosp
G9816	Death <30 day post discharge
G9817	No death 30-days post-disch
G9825	Her-2 neg,undoc/unkn
G9826	Transf pract aft init chemo
G9827	Her-2 targ ther no init tx
G9828	Her-2 targ ther dur init tx
G9829	Breast adj chemo admin
G9833	Transf pract aft init chemo
G9834	Pt met dis at dx

*Table 4 – Procedure codes that have been nationally end dated and will be removed from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
G9835	Trastuz given w/in 12 mos dx
G9836	Rsn no trast given doc
G9837	Trastuz not in 12 mos dx
G9849	Pt died from cancer
G9850	1/more ed last 30d life
G9851	1/no ed visit last 30d life
G9855	Pt died from cancer
G9856	Pt no hospice
G9857	Pt admit hospice
G9924	Doc med rsn no scrn or recs
G9933	Canc detectd during col scrn
G9934	Doc rsn not detecting cancer
G9935	Canc not detectd during srcn
G9936	Pmh plyp/neo co/rect/jun/ans
G9937	Dig or surv colSCO
G9966	Scrn, inter, report child
G9967	No scrn, inter, rept child
J0833	Cosyntropin injection nos
J1942	Aripiprazole lauroxil 1mg
J7401	Mometasone furoate sinus imp
J7333	Hyaluronan or derivative, visco-3, for intra-articular injection, per dose
J9031	Bcg live intravesical vac
J9199	Injection, infugem, 200 mg
K0903	Mult den insert dir carv/cam
M1136	Start eoc doc med rec
M1137	Docu dx degen neuro
M1138	Oc ni pt 1-2 vis
M1139	Oc ni pt self dc 1-2 vis
M1140	Oc ni pt dc 1-2 vis
M1144	Oc no ind pt 1-2 vis
Q2040	Tisagenlecleucel car-pos t
Q4131	Epifix or epicord
Q4172	Puraply or puraply am
Q9993	Inj., triamcinolone ext rel
Q9994	Enzyme cartridge enteral nut
Q9995	Inj. Emeticumab-kxwh, 0.5 mg



*Table 4 – Procedure codes that have been nationally end dated and will be removed from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
S0832	Low dose ct lung screening
S1090	Mometasone sinus implant

*Table 5 – CDT codes that will be removed from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
D0419	Assess of salivary flow
D1551	Recement space maint - max
D1552	Recement space maint - man
D1553	Recement unilat space maint
D1556	Rem fixed unilat space maint
D1557	Remove fixed bilat maint max
D1558	Remove fixed bilat man
D2753	Crown porc fused to titanium
D5284	Rem unilat dent flex base
D5286	Rem unilat dent 1 pc resin
D6082	Imp crown porc to base alloy
D6083	Imp crown porc to noble allo
D6084	Imp crown porc to titanium
D6086	Imp crown base alloys
D6087	Implant crown noble alloys
D6088	Imp crown titanium alloys
D6097	Abut crown porc to titanium
D6098	Imp retain porc to base allo
D6099	Imp retainer for fpd
D6120	Imp retain porc to titanium
D6121	Retain metal fpd base alloys
D6122	Retain metal fpd noble alloy
D6123	Retain metal fpd titanium
D6195	Abut retain porc to titanium
D6243	Pontic porcelain to titanium
D6753	Retain crown porc to titaniu
D6784	Retainer crown 3/4 titanium
D7922	Place intra-socket bio dress
D8696	Rep of ortho appliance max
D8697	Rep of ortho appliance man

*Table 5 – CDT codes that will be removed from the Outpatient Fee Schedule*

<b>Procedure code</b>	<b>Description</b>
D8698	Recement fixed retainer max
D8699	Recement fixed retainer man
D8701	Repair fixed retainer max
D8702	Repair of fixed retainer man
D8703	Replace broken retainer max
D8704	Replace broken retainer man
D9997	Dent case mgmt special needs