

INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER CODE TABLES

Medical Review Team Codes

Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate current coverage. See <u>IHCP Bulletins</u> and <u>IHCP Fee Schedules</u> for updates to coding, coverage and benefit information.

For information about using this code table, see the <u>Claim Submission and Processing</u> provider reference module.

Medical Review Team Procedure Codes and Modifier

Reviewed/Updated: February 29, 2024

Note: All Medical Review Team (MRT) procedure codes must be billed with the modifier SE – State and/or federally funded programs/services. For provider type 34 – MRT Copy Center, the only covered code is S9981 SE.				
Procedure Code	Modifier	Procedure Code Description		
36415	SE	Collection of venous blood by venipuncture		
70250	SE	Radiologic examination, skull; less than 4 views		
70260	SE	Radiologic examination skull; minimum of 4 views		
71045	SE	X-ray of chest, 1 view		
71046	SE	X-ray of chest, 2 views		
71047	SE	X-ray of chest, 3 views		
71048	SE	X-ray of chest, minimum of 4 views		
71100	SE	Radiologic examination, ribs, unilateral; 2 views		
72040	SE	Radiologic examination, spine, cervical; 3 views		
72050	SE	Radiologic examination, spine, cervical; 4 or 5 views		
72052	SE	Radiologic examination, spine, cervical; complete, 6 or more views		
72070	SE	Radiologic examination, spine; thoracic; 2 views		
72072	SE	Radiologic examination, spine; thoracic; 3 views		
72074	SE	Radiologic examination, spine; thoracic; minimum of 4 views		
72080	SE	Radiologic examination, spine; thoracolumbar; 2 views		
72081	SE	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (e.g., scoliosis evaluation); one view		
72100	SE	Radiologic examination, spine, lumbosacral; 2 or 3 views		
72110	SE	Radiologic examination, spine, lumbosacral; minimum of 4 views		

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Procedure Code	Modifier	Procedure Code Description
72114	SE	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views
72170	SE	Radiologic examination, pelvis; 1 or 2 views
72200	SE	Radiologic examination, sacroiliac joints; less than 3 views
72202	SE	Radiologic examination, sacroiliac joints; 3 or more views
72220	SE	Radiologic examination, sacrum and coccyx; minimum of 2 views
73020	SE	Radiologic examination, shoulder; 1 view
73030	SE	Radiologic examination, shoulder; complete, minimum of 2 views
73060	SE	Radiologic examination, humerus; minimum of 2 views
73070	SE	Radiologic examination, elbow; 2 views
73080	SE	Radiologic examination, elbow, complete; minimum of 3 views
73090	SE	Radiologic examination, forearm; 2 views
73100	SE	Radiologic examination, wrist; 2 views
73110	SE	Radiologic examination, wrist; complete, minimum of 3 views
73120	SE	Radiologic examination, hand; 2 views
73130	SE	Radiologic examination, hand; minimum of 3 views
73501	SE	Radiologic examination, hip unilateral, with pelvis when performed; 1 view
73502	SE	Radiologic examination, hip unilateral, with pelvis when performed; 2-3 views
73503	SE	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views
73521	SE	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views
73522	SE	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views
73552	SE	Radiologic examination, femur; minimum 2 views
73560	SE	Radiologic examination, knee; 1 or 2 views
73562	SE	Radiologic examination, knee; 3 views
73564	SE	Radiologic examination, knee; complete, 4 or more views
73565	SE	Radiologic examination, knee; both knees, standing, anteroposterior
73590	SE	Radiologic examination, tibia and fibula; 2 views
73600	SE	Radiologic examination, ankle; 2 views
73610	SE	Radiologic examination, ankle; complete, minimum of 3 views
73620	SE	Radiologic examination, foot; 2 views
73630	SE	Radiologic examination, foot; complete, minimum of 3 views
74018	SE	X-ray of abdomen, 1 view
74019	SE	X-ray of abdomen, 2 views

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		Procedure Code Description
74021	SE	X-ray of abdomen, minimum of 3 views
74022	SE	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views; single view chest
76700	SE	Ultrasound, abdominal, real time with image documentation; complete
80048	SE	Basic metabolic panel
80053	SE	Comprehensive metabolic panel
80061	SE	Lipid panel
80076	SE	Hepatic function panel
80164	SE	Dipropylacetic acid (valproic acid)
82150	SE	Amylase
82465	SE	Cholesterol, serum or whole blood, total
82565	SE	Creatinine; blood
82575	SE	Creatinine; clearance
82803	SE	Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation)
82947	SE	Glucose; quantitative, blood (except reagent strip)
83036	SE	Hemoglobin; glycosylated (A1C)
83690	SE	Lipase
83718	SE	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
84436	SE	Thyroxine, total
84443	SE	Thyroid stimulating hormone (TSH)
84450	SE	Transferase; aspartate amino (AST) (SGOT)
84460	SE	Transferase; alanine amino (ALT) (SGPT)
84478	SE	Triglycerides
84479	SE	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)
84550	SE	Uric acid; blood
85018	SE	Blood count; hemoglobin (Hgb)
85025	SE	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC count
85027	SE	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85651	SE	Sedimentation rate, erythrocyte; non-automated
85652	SE	Sedimentation rate, erythrocyte; automated
86361	SE	T cells; absolute CD4 count
86430	SE	Rheumatoid factor; qualitative
86707	SE	Hepatitis Be antibody (HBeAb)

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Procedure Code	Modifier	Procedure Code Description
86708	SE	Hepatitis A antibody (HAAb); total
86803	SE	Hepatitis C antibody
90791	SE	Psychiatric diagnostic evaluation
92002	SE	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92012	SE	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
92015	SE	Assessment for prescription eye wear using a range of lens powers
92083	SE	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)
92551	SE	Screening test; pure tone, air only
92552	SE	Pure tone audiometry (threshold); air only
92553	SE	Pure tone audiometry (threshold); air and bone
92557	SE	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
93000	SE	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93010	SE	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only
94010	SE	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s) with or without maximal voluntary ventilation
94060	SE	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration
95816	SE	Electroencephalogram (EEG); including recording awake and drowsy
95819	SE	Electroencephalogram (EEG); including recording awake and asleep
95860	SE	Needle electromyography; 1 extremity with or without related paraspinal areas
95861	SE	Needle electromyography; 2extremities with or without related paraspinal areas
95863	SE	Needle electromyography; 3 extremities with or without related paraspinal areas
95864	SE	Needle electromyography; 4 extremities with or without related paraspinal areas
96130	SE	Psychological testing evaluation by qualified health care professional, first 60 minutes
96131	SE	Psychological testing evaluation by qualified health care professional, additional 60 minutes
96136	SE	Psychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes
96137	SE	Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes

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Procedure Code	Modifier	Procedure Code Description		
99080	SE	Special reports as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form		
99203	SE	New patient office or other outpatient visit with low level of medical decision making, if using time, 30 minutes or more.		
99204	SE	New patient office or other outpatient visit with moderate level of medical decision making, if using time, 45 minutes or more		
99205	SE	New patient office or other outpatient visit with a high level of medical decision making, if using time, 60 minutes or more		
99213	SE	Established patient office or other outpatient visit with low level od decision making, if using time, 20 minutes or more		
99214	SE	Established patient office or other outpatient visit with moderate level of decision making, if using time, 30 minutes or more		
99215	SE	Established patient office or other outpatient visit with high level of medical decision making, if using time, 40 minutes or more		
99450	SE	Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificates.		
A0425	SE	Ground mileage, per statute mile		
S9981	SE	Medical records copying fee, administrative		
T2003	SE	Nonemergency transportation; encounter/trip		
T2007	SE	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments		
Table Revision History				
<i>February 29, 2024, update:</i> Updated description (effective January 1, 2024): 99203–99205, 99213–99215 <i>March 23, 2021, update:</i>				
Updated description (effective January 1, 2021): 99203–99205, 99213–99215 <i>February 14, 2019, update:</i> Added (effective January 1, 2019): 96130, 96131, 96136, 96137 Removed (effective January 1, 2019): 96101				
<i>March 6, 2018, update:</i> Added (effective January 1, 2018): 71045–71048, 74018, 74019, 74021				
January 1, 2018, update: Removed (effective January 1, 2018): 71010, 71020, 74000, 74020 Updated description (effective January 1, 2018): 92015				
<i>June 2, 2017, update:</i> Added (effective June 2, 2017): 72081, 73501, 73502, 73503, 73521, 73522, 73552, 73560, 76700, 82803, 85027, 99203, 99204, 99205, 99213, 99214, 99215				

Table Revision History

Removed (effective June 2, 2017): 70210, 70220, 90736, 99199, 99244, 99245, C8932, D7295, H0035, Q4129, T1023

February 13, 2017, update:

Added note (effective February 13, 2017) that all MRT codes require the SE modifier

July 1, 2016, update:

Removed (effective January 1, 2016): 72069, 73500, 73510, 73520, 73550, 73560 Removed (effective January 1, 2015): 80100