

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2019
Codes for Out-Patient Hospital Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION
A4641	RADIOPHARMACEUTICAL, DIAGNOSTI
A9505	THALLIUM TL-201 THALLOUS CHLOR
A9512	TECHNETIUM TC-99M PERTECHNETAT
A9516	IODINE I-123 SODIUM IODIDE, DI
A9521	TECHNETIUM TC-99M EXAMETAZIME,
A9528	IODINE I-131 SODIUM IODIDE CAP
A9537	TECHNETIUM TC-99M MEBROFENIN,
A9540	TECHNETIUM TC-99M MACROAGGREGA
A9541	TECHNETIUM TC-99M SULFUR COLLO
A9555	RUBIDIUM RB-82, DIAGNOSTIC, PE
A9556	GALLIUM GA-67 CITRATE, DIAGNOS
A9558	XENON XE-133 GAS, DIAGNOSTIC,
A9560	TECHNETIUM TC-99M LABELED RED
A9561	TECHNETIUM TC-99M OXIDRONATE,
A9562	TECHNETIUM TC-99M MERTIATIDE,
A9567	TECHNETIUM TC-99M PENTETATE, D
A9587	GALLIUM GA-68, DOTATATE, DIAGN
A9588	FLUCICLOVINE F-18, DIAGNOSTIC,
C1300	HYPERBARIC OXYGEN UNDER PRESSU
C1713	ANCHOR/SCREW FOR OPPOSING BONE
C1714	CATHETER, TRANSLUMINAL ATHEREC
C1715	BRACHYTHERAPY NEEDLE
C1716	BRACHYTHERAPY SOURCE, NON-STRA
C1717	BRACHYTHERAPY SOURCE, NON-STRA
C1719	BRACHYTHERAPY SOURCE, NON-STRA
C1721	CARDIOVERTER-DEFIBRILLATOR, DU
C1722	CARDIOVERTER-DEFIBRILLATOR, SI
C1724	CATHETER, TRANSLUMINAL ATHEREC
C1725	CATHETER, TRANSLUMINAL ANGIOPL
C1726	CATHETER, BALLOON DILATATION,

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2019
Codes for Out-Patient Hospital Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION
C1727	CATHETER, BALLOON TISSUE DISSE
C1728	CATHETER, BRACHYTHERAPY SEED A
C1729	CATHETER, DRAINAGE
C1730	CATHETER, ELECTROPHYSIOLOGY, D
C1731	CATHETER, ELECTROPHYSIOLOGY, D
C1732	CATHETER, ELECTROPHYSIOLOGY, D
C1733	CATHETER, ELECTROPHYSIOLOGY, D
C1749	ENDOSCOPE, RETROGRADE IMAGING/
C1750	CATHETER, HEMODIALYSIS, LONG-T
C1751	CATHETER, INFUSION, INSERTED P
C1752	CATHETER, HEMODIALYSIS, SHORT-
C1753	CATHETER, INTRAVASCULAR ULTRAS
C1754	CATHETER, INTRADISCAL
C1755	CATHETER, INTRASPINAL
C1756	CATHETER, PACING, TRANSESOPHAG
C1757	CATHETER, THROMBECTOMY/EMBOLEC
C1758	CATHETER, URETERAL
C1759	CATHETER, INTRACARDIAC ECHOCAR
C1760	CLOSURE DEVICE, VASCULAR (IMPL
C1762	CONNECTIVE TISSUE, HUMAN (INCL
C1763	CONNECTIVE TISSUE, NON-HUMAN (
C1764	EVENT RECORDER, CARDIAC (IMPLA
C1765	ADHESION BARRIER
C1766	INTRODUCER/SHEATH, GUIDING, IN
C1767	GENERATOR, NEUROSTIMULATOR (IM
C1768	GRAFT, VASCULAR
C1769	GUIDE WIRE
C1770	IMAGING COIL, MAGNETIC RESONAN
C1771	REPAIR DEVICE, URINARY, INCONT
C1772	INFUSION PUMP, PROGRAMMABLE (I

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2019
Codes for Out-Patient Hospital Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION
C1773	RETRIEVAL DEVICE, INSERTABLE (
C1776	JOINT DEVICE (IMPLANTABLE)
C1777	LEAD, CARDIOVERTER-DEFIBRILLAT
C1778	LEAD, NEUROSTIMULATOR (IMPLANT
C1779	LEAD, PACEMAKER, TRANSVENOUS V
C1780	LENS, INTRAOCULAR (NEW TECHNOL
C1781	MESH (IMPLANTABLE)
C1782	MORCELLATOR
C1783	OCULAR IMPLANT, AQUEOUS DRAINA
C1784	OCULAR DEVICE, INTRAOPERATIVE,
C1785	PACEMAKER, DUAL CHAMBER, RATE-
C1786	PACEMAKER, SINGLE CHAMBER, RAT
C1787	PATIENT PROGRAMMER, NEUROSTIMU
C1788	PORT, INDWELLING (IMPLANTABLE)
C1789	PROSTHESIS, BREAST (IMPLANTABL
C1813	PROSTHESIS, PENILE, INFLATABLE
C1814	RETINAL TAMPONADE DEVICE, SILI
C1815	PROSTHESIS, URINARY SPHINCTER
C1816	RECEIVER AND/OR TRANSMITTER, N
C1817	SEPTAL DEFECT IMPLANT SYSTEM,
C1818	INTEGRATED KERATOPROSTHESIS
C1819	SURGICAL TISSUE LOCALIZATION A
C1820	GENERATOR, NEUROSTIMULATOR (IM
C1821	INTERSPINOUS PROCESS DISTRACTI
C1822	GENERATOR, NEUROSTIMULATOR (IM
C1830	POWERED BONE MARROW BIOPSY NEE
C1840	LENS, INTRAOCULAR (TELESCOPIC)
C1841	RETINAL PROSTHESIS, INCLUDES A
C1874	STENT, COATED/COVERED, WITH DE
C1875	STENT, COATED/COVERED, WITHOUT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2019
Codes for Out-Patient Hospital Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION
C1876	STENT, NON-COATED/NON-COVERED,
C1877	STENT, NON-COATED/NON-COVERED,
C1878	MATERIAL FOR VOCAL CORD MEDIAL
C1880	VENA CAVA FILTER
C1881	DIALYSIS ACCESS SYSTEM (IMPLAN
C1882	CARDIOVERTER-DEFIBRILLATOR, OT
C1883	ADAPTOR/EXTENSION, PACING LEAD
C1884	EMBOLIZATION PROTECTIVE SYSTEM
C1885	CATHETER, TRANSLUMINAL ANGIOPL
C1886	CATHETER, EXTRAVASCULAR TISSUE
C1887	CATHETER, GUIDING (MAY INCLUDE
C1888	CATHETER, ABLATION, NON-CARDIA
C1891	INFUSION PUMP, NON-PROGRAMMABL
C1892	INTRODUCER/SHEATH, GUIDING, IN
C1893	INTRODUCER/SHEATH, GUIDING, IN
C1894	INTRODUCER/SHEATH, OTHER THAN
C1895	LEAD, CARDIOVERTER-DEFIBRILLAT
C1896	LEAD, CARDIOVERTER-DEFIBRILLAT
C1897	LEAD, NEUROSTIMULATOR TEST KIT
C1898	LEAD, PACEMAKER, OTHER THAN TR
C1899	LEAD, PACEMAKER/CARDIOVERTER-D
C1900	LEAD, LEFT VENTRICULAR CORONAR
C2613	LUNG BIOPSY PLUG WITH DELIVERY
C2614	PROBE, PERCUTANEOUS LUMBAR DIS
C2615	SEALANT, PULMONARY, LIQUID
C2616	BRACHYTHERAPY SOURCE, NON-STRA
C2617	STENT, NON-CORONARY, TEMPORARY
C2618	PROBE/NEEDLE, CRYOABLATION
C2619	PACEMAKER, DUAL CHAMBER, NON R
C2620	PACEMAKER, SINGLE CHAMBER, NON

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2019
Codes for Out-Patient Hospital Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION
C2621	PACEMAKER, OTHER THAN SINGLE O
C2622	PROSTHESIS, PENILE, NON-INFLAT
C2623	CATHETER, TRANSLUMINAL ANGIOPL
C2624	IMPLANTABLE WIRELESS PULMONARY
C2625	STENT, NON-CORONARY, TEMPORARY
C2626	INFUSION PUMP, NON-PROGRAMMABL
C2627	CATHETER, SUPRAPUBIC/CYSTOSCOPI
C2628	CATHETER, OCCLUSION
C2629	INTRODUCER/SHEATH, OTHER THAN
C2630	CATHETER, ELECTROPHYSIOLOGY, D
C2631	REPAIR DEVICE, URINARY, INCONT
C2634	BRACHYTHERAPY SOURCE, NON-STRA
C2635	BRACHYTHERAPY SOURCE, NON-STRA
C2636	BRACHYTHERAPY LINEAR SOURCE, N
C2637	BRACHYTHERAPY SOURCE, NON-STRA
C2638	BRACHYTHERAPY SOURCE, STRANDED
C2639	BRACHYTHERAPY SOURCE, NON-STRA
C2640	BRACHYTHERAPY SOURCE, STRANDED
C2641	BRACHYTHERAPY SOURCE, NON-STRA
C2642	BRACHYTHERAPY SOURCE, STRANDED
C2643	BRACHYTHERAPY SOURCE, NON-STRA
C2644	BRACHYTHERAPY SOURCE, CESIUM-1
C2645	BRACHYTHERAPY PLANAR SOURCE, P
C2698	BRACHYTHERAPY SOURCE, STRANDED
C2699	BRACHYTHERAPY SOURCE, NON-STRA
C5271	APPLICATION OF LOW COST SKIN S
C5272	APPLICATION OF LOW COST SKIN S
C5273	APPLICATION OF LOW COST SKIN S
C5274	APPLICATION OF LOW COST SKIN S
C5275	APPLICATION OF LOW COST SKIN S

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2019
Codes for Out-Patient Hospital Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION
C5276	APPLICATION OF LOW COST SKIN S
C5277	APPLICATION OF LOW COST SKIN S
C5278	APPLICATION OF LOW COST SKIN S
C8900	MAGNETIC RESONANCE ANGIOGRAPHY
C8901	MAGNETIC RESONANCE ANGIOGRAPHY
C8902	MAGNETIC RESONANCE ANGIOGRAPHY
C8903	MAGNETIC RESONANCE IMAGING WIT
C8905	MAGNETIC RESONANCE IMAGING WIT
C8906	MAGNETIC RESONANCE IMAGING WIT
C8908	MAGNETIC RESONANCE IMAGING WIT
C8909	MAGNETIC RESONANCE ANGIOGRAPHY
C8910	MAGNETIC RESONANCE ANGIOGRAPHY
C8911	MAGNETIC RESONANCE ANGIOGRAPHY
C8912	MAGNETIC RESONANCE ANGIOGRAPHY
C8913	MAGNETIC RESONANCE ANGIOGRAPHY
C8914	MAGNETIC RESONANCE ANGIOGRAPHY
C8918	MAGNETIC RESONANCE ANGIOGRAPHY
C8919	MAGNETIC RESONANCE ANGIOGRAPHY
C8920	MAGNETIC RESONANCE ANGIOGRAPHY
C8921	TRANSTHORACIC ECHOCARDIOGRAPHY
C8922	TRANSTHORACIC ECHOCARDIOGRAPHY
C8923	TRANSTHORACIC ECHOCARDIOGRAPHY
C8924	TRANSTHORACIC ECHOCARDIOGRAPHY
C8925	TRANSESOPHAGEAL ECHOCARDIOGRAP
C8926	TRANSESOPHAGEAL ECHOCARDIOGRAP
C8927	TRANSESOPHAGEAL ECHOCARDIOGRAP
C8928	TRANSTHORACIC ECHOCARDIOGRAPHY
C8929	TRANSTHORACIC ECHOCARDIOGRAPHY
C8930	TRANSTHORACIC ECHOCARDIOGRAPHY
C8931	MAGNETIC RESONANCE ANGIOGRAPHY

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2019
Codes for Out-Patient Hospital Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION
C8932	MAGNETIC RESONANCE ANGIOGRAPHY
C8933	MAGNETIC RESONANCE ANGIOGRAPHY
C8934	MAGNETIC RESONANCE ANGIOGRAPHY
C8935	MAGNETIC RESONANCE ANGIOGRAPHY
C8936	MAGNETIC RESONANCE ANGIOGRAPHY
C8957	IV INFUS FOR THER/DIAG PROLONG
C9021	INJECTION, OBINUTUZUMAB, 10 MG
C9113	INJECTION, PANTOPRAZOLE SODIUM
C9132	PROTHROMBIN COMPLEX CONCENTRAT
C9248	INJECTION, CLEVIDIPINE BUTYRAT
C9250	HUMAN PLASMA FIBRIN SEALANT 2
C9285	LIDOCAINE 70 MG/TETRACAINE 70
C9290	INJECTION, BUPIVACAINE LIPOSOM
C9293	INJECTION, GLUCARPIDASE, 10 UN
C9352	MICROPOROUS COLLAGEN IMPLANTAB
C9353	MICROPOROUS COLLAGEN IMPLANTAB
C9354	ACELLULAR PERICARD TISSUE MATR
C9355	COLLAGEN NERVE CUFF PER 0.5 CE
C9356	TENDON, POROUS MATRIX OF CROSS
C9358	DERMAL SUBSTITUTE, NATIVE, NON
C9359	POROUS PURIFIED COLLAGEN MATRI
C9360	DERMAL SUBSTITUTE, NATIVE, NON
C9361	COLLAGEN MATRIX NERVE WRAP PER
C9362	POROUS PURIFIED COLLAGEN MATRI
C9363	SKIN SUBSTITUTE, INTEGRA MESHE
C9364	PORCINE IMPLANT, PERMACOL,PER
C9367	SKIN SUBSTITUTE, ENDOFORM DERM
C9399	UNCLASSIFIED DRUGS OR BIOLOGIC
C9441	INJECTION, FERRIC CARBOXYMALTO
C9447	INJECTION, PHENYLEPHRINE AND K

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2019
Codes for Out-Patient Hospital Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION
C9460	INJECTION, CANGRELOR, 1 MG
C9600	PERCUTANEOUS TRANSCATHETER PLA
C9601	PERCUTANEOUS TRANSCATHETER PLA
C9602	PERCUTANEOUS TRANSLUMINAL CORO
C9603	PERCUTANEOUS TRANSLUMINAL CORO
C9604	PERCUTANEOUS TRANSLUMINAL REVA
C9605	PERCUTANEOUS TRANSLUMINAL REVA
C9606	PERCUTANEOUS TRANSLUMINAL REVA
C9607	PERCUTANEOUS TRANSLUMINAL REVA
C9608	PERCUTANEOUS TRANSLUMINAL REVA
C9716	CREATIONS OF THERMAL ANAL LESI
C9725	PLACEMENT OF ENDORECTAL INTRAC
C9726	PLACEMENT & REMOV APPLIC IN BR
C9727	INSERTION OF IMPLANTS INTO SOF
C9728	PLACEMENT OF INTERSTITIAL DEVI
C9733	NON-OPHTHALMIC FLUORESCENT VAS
C9735	ANOSCOPY: WITH DIRECTED SUBMUC
C9739	CYSTOURETHROSCOPY, W/TRANSPROS
C9740	CYSTOURETHROSCOPY W/TRANSPROST
G0008	INJECT INFLUENZA VACCINE
G0009	INJECT PNEUMOCOCCAL VACCINE
G0108	DIABETES OP SELF MNGMT TX SERV
G0109	DIABETES SELF MNGMT SERV GRP S
G0123	SCR CYTO C/V THIN PREP AUTO
G0129	OCCUPATIONAL THERAPY SERVICES
G0175	SCHEDULED INTERDISCIPLINARY TE
G0176	ACTIVITY THERAPY, SUCH AS MUSI
G0177	TRAINING AND EDUCATIONAL SERVI
G0239	THERAPEUTIC PROCEDURES TO IMPR
G0269	PLACEMENT OF OCCLUSIVE DEVICE

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2019
Codes for Out-Patient Hospital Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION
G0283	ELECTRICAL STIMULATION (UNATTE
G0339	IMAGE-GUIDED ROBOTIC LINEAR AC
G0340	IMAGE-GUIDED ROBOTIC LINEAR AC
G0378	HOSPITAL OBSERVATION SERVICE,
G0410	GROUP PSYCHOTHERAPY OTHER THAN
G0411	INTERACTIVE GROUP PSYCHOTHERAP
G0463	HOSPITAL OUTPATIENT CLINIC VIS
G9017	AMANTADINE HYDROCHLORIDE, ORAL
G9147	OUTPATIENT INTRAVENOUS INSULIN
J7336	CAPSAICIN 8% PATCH, PER SQUARE
J7512	PREDNISONE, IMMEDIATE RELEASE
J7599	IMMUNOSUPPRESSIVE DRUG, NOT OT
J7699	NOC DRUGS, INHALATION SOLUTION
J8540	DEXAMETHASONE, ORAL, 0.25 MG
J8540	DEXAMETHASONE, ORAL, 0.25 MG
P9604	TRAVEL ALLOWANCE ONE WAY IN CO
Q0091	SCREENING PAPANICOLAOU SMEAR:
Q0092	SET UP PORTABLE XRAY
Q0162	ONDANSETRON 1 MG. ORAL
Q4100	SKIN SUBSTITUTE, NOT OTHERWISE
Q4101	APLIGRAF, PER SQUARE CENTIMETE
Q4103	OASIS BURN MATRIX, PER SQUARE
Q4103	OASIS BURN MATRIX, PER SQUARE
Q4104	INTEGRA BILAYER MATRIX WOUND D
Q4104	INTEGRA BILAYER MATRIX WOUND D
Q4106	DERMAGRAFT, PER SQUARE CENTIME
Q4106	DERMAGRAFT, PER SQUARE CENTIME
Q4107	GRAFTJACKET, PER SQUARE CENTIM
Q4107	GRAFTJACKET, PER SQUARE CENTIM
Q4108	INTEGRA MATRIX, PER SQUARE CEN

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2019
Codes for Out-Patient Hospital Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION
Q4108	INTEGRA MATRIX, PER SQUARE CEN
Q4110	PRIMATRIX, PER SQUARE CENTIMET
Q4110	PRIMATRIX, PER SQUARE CENTIMET
Q4111	GAMMAGRAFT, PER SQUARE CENTIME
Q4111	GAMMAGRAFT, PER SQUARE CENTIME
Q4112	CYMETRA, INJECTABLE, 1CC
Q4112	CYMETRA, INJECTABLE, 1CC
Q4113	GRAFTJACKET XPRESS, INJECTABLE
Q4113	GRAFTJACKET XPRESS, INJECTABLE
Q4114	INTEGRA FLOWABLE WOUND MATRIX,
Q4114	INTEGRA FLOWABLE WOUND MATRIX,
Q4122	DERMACELL, PER SQUARE CENTIMET
Q4123	ALLOSKIN RT, PER SQUARE CENTIM
Q4124	OASIS ULTRA TRI-LAYER WOUND MA
Q4125	ARTHROFLEX, PER SQUARE CENTIME
Q4126	MEMODERM, DERMASPER, TRANZGRAF
Q4127	TALYMED, PER SQUARE CENTIMETER
Q4128	FLEX HD, ALLOPATCH HD, OR MATR
Q4130	STRATTICE TM, PER SQUARE CENTI
Q4134	HMATRIX, PER SQUARE CENTIMETER
Q4135	MEDISKIN, PER SQUARE CENTIMETE
Q4136	EZ-DERM, PER SQUARE CENTIMETER
Q4150	ALLOWRAP DS OR DRY, PER SQUARE
Q4151	AMNIOBAND OR GUARDIAN, PER SQU
Q4152	DERMAPURE, PER SQUARE CENTIMET
Q4153	DERMAVEST AND PLURIVEST, PER S
Q4154	BIOVANCE, PER SQUARE CENTIMETE
Q4155	NEOXFLO OR CLARIXFLO, 1 MG
Q4156	NEOX 100 OR CLARIX 100, PER SQ
Q4157	REVITALON, PER SQUARE CENTIMET

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2019
Codes for Out-Patient Hospital Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION
Q4158	KERECIS OMEGA3, PER SQUARE CEN
Q4159	AFFINITY, PER SQUARE CENTIMETE
Q4160	NUSHIELD, PER SQUARE CENTIMETE
Q9962	HIGH OSMOLAR CONTRAST MAT 300-
Q9962	HIGH OSMOLAR CONTRAST MAT 300-
S0596	PHAKIC INTRAOCULAR LENS FOR CO
S1090	MOMETASONE FUROATE SINUS IMPLA
77385	RADIATION THERAPY DELIVERY
77386	RADIATION THERAPY DELIVERY
77387	GUIDANCE FOR LOCALIZATION OF T
90785	INTERACTIVE COMPLEXITY (LIST S
90802	INTERACT PSYCH DIAG INTERV EXA
90840	PSYCHOTHERAPY FOR CRISIS: EACH
90846	FAMILY PSYCHOTHERAPY, 50 MINUT
90846	FAMILY PSYCHOTHET, 50MINS SUD
90849	MULTI-FAMILY PSYCHOTHERAPY.,...
90849	MULTI-FAMILY PSYCHOTHERAPY SUD
90863	PHARMACOLOGIC MANAGEMENT, INCL
90885	PSYCHIATRIC EVALUATION OF HOSP
90889	PREPARATION OF REPORT OF PATIE
90901	BIOFEEDBACK TRAINING BY ANY MO
92508	GROUP TREATMENT OF SPEECH, LAN
92546	TORSION SWING TEST, WITH RECOR
92556	SPEECH AUDIOMETRY, THRESHOLD/DI
92558	EVOKED OTOACOUSTIC EMISSIONS,
92579	VISUAL REINFORCEMENT AUDIOMETR
92605	EVAL RX NON-SPEECH GEN AUG COM
92606	THERAP SERV NON-SPEECH-GENERAT
92618	EVALUATION FOR PRESCRIPTION OF
93786	AMBULATORY B/P MONITORING...RE

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2019
Codes for Out-Patient Hospital Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION
93788	AMBULATORY BLOOD PRESSURE MONI
93797	PHYSICIAN OR OTHER QUALIFIED H
94640	NONPRESSURED INHALATION TX...
94660	CPAP,INITATION/MANAGEMENT
94667	MANIPULATION CHEST WALL...INIT
97010	P.T. TX TO 1 AREA:HOT/COLD PAC
97012	P.T. TX-1 AREA:TRACTION,MECHAN
97014	APPLICATION OF ELECTRICAL STIM
97016	P.T. TX-1 AREA:PNEUMATIC DEVIC
97018	P.T. TX-1 AREA:PARAFFIN BATH
97022	P.T. TX-1 AREA: WHIRLPOOL
97024	P.T. TX-1 AREA: DIATHERMY
97026	P.T. TX-1 AREA: INFRARED
97028	PHY.MED.TX TO 1 AREA:ULTRAVIOL
97032	APPLICATION OF ELECTRICAL STIM
97033	APPLICATION OF MEDICATION THRO
97034	THERAPEUTIC HOT AND COLD BATHS
97035	APPLICATION OF ULTRASOUND TO 1
97036	PHYSICAL THERAPY TREATMENT TO
97039	UNLISTED MODALITY (SPECIFY)
97113	WATER POOL THERAPY WITH THERAP
97116	WALKING TRAINING TO 1 OR MORE
97124	THERAPEUTIC MASSAGE TO 1 OR MO
97139	UNLISTED P.T. PROCEDURE (SPECI
97140	MANUAL (PHYSICAL) THERAPY TECH
97150	GROUP THERAPEUTIC PROCEDURE
97533	SENSORY TECHNIQUE TO ENHANCE P
97537	COMMUNITY OR WORK REINTEGRATIO
97542	WHEELCHAIR MANAGEMENT, EACH 15
97545	WORK HARDENING OR CONDITIONING

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

MEDICAID FEE FOR SERVICES: UPDATE DECEMBER 1, 2019
Codes for Out-Patient Hospital Billing ONLY

CPT/HCPCS	SHORT - DESCRIPTION
97546	WORK HARDENING/CONDITION EA AD
97602	REM REVIT TISSUE NON SELECT DE
97750	PHYSICAL PERFORMANCE TEST OR M
97755	ASSISTIVE TECHNOLOGY ASSESMEN
97760	TRAINING IN USE OF ORTHOTICS (
97761	TRAINING IN USE OF PROSTHESIS
99078	PHYSICIAN OR OTHER QUALIFIED H
99152	MODERATE SEDATION SERVICES BY

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.