



## Outpatient Hospital Services

### CPT Code Changes for January 2016

This information provided as a courtesy to the user. Appropriate measures have been used to insure that this information is accurate. However, it is possible that there is a variance between when this information is published and when it is effective. The department will have final determination on any discrepancies.

This file does not guarantee payment of a claim. Payment will only be made on properly filed valid claims. This information should only be used to anticipate the Medicaid payment.

**APPENDIX C**

**AMBULATORY SURGERY FEE SCHEDULE**

**Effective 1/1/2016**

	<b><u>Level 1</u></b>	<b><u>Level 2</u></b>
<b>GROUP A</b>	\$131	\$140
<b>GROUP B</b>	\$233	\$224
<b>GROUP 1</b>	\$408	\$423
<b>GROUP 2</b>	\$716	\$692
<b>GROUP 3</b>	\$1,062	\$1,192
<b>GROUP 4</b>	\$1,401	\$1,552
<b>GROUP 5</b>	\$1,818	\$1,787
<b>GROUP 6</b>	\$1,759	\$1,671
<b>GROUP 7</b>	\$2,304	\$2,228
<b>GROUP 8</b>	\$1,530	\$1,492
<b>GROUP 9</b>	\$2,224	\$2,218

LEVEL 1 - CHILDREN'S HOSPITALS

LEVEL 2 - ALL OTHER HOSPITALS SUBJECT TO PROSPECTIVE PAYMENT

See rule 5160-2-07.2 of the Administrative Code for definitions of hospitals.

**NOTES**

- \*\*\* Paid only if billed with an anesthesia CPT code.
- \*\*\*\* Paid only if no other surgical CPT code on claim.
- \*\*\*\*\* Procedure not considered a surgery or is incident to another surgery.
- PA Procedure requires prior authorization for payment.
- PC Procedure requires pre-certification for payment.

**APPENDIX C**

<b>CPT CODE</b>	<b>CPT CODE DESCRIPTION (ABBREVIATED)</b>	<b>GROUP</b>	<b>NOTE</b>
10035	Perq dev soft tiss 1st imag	B	
10036	Perq dev soft tiss add imag	0	*****
31652	Bronch ebus sampling 1/2 node	3	
31653	Bronch ebus sampling 3/> node	3	
31654	Bronch ebus ivntj perph les	0	*****
37252	Intrvasc us noncoronary 1st	A	
37253	Intrvasc us noncoronary addl	A	
39401	Mediastinoscopy w/medstnl bx	5	
39402	Mediastinoscopy w/lmph nod bx	5	
43210	Egd esophagogastrc fndoplsty	7	
47531	Injection for cholangiogram	A	
47532	Injection for cholangiogram	3	
47533	Plmt biliary drainage cath	3	
47534	Plmt biliary drainage cath	3	
47535	Conversion ext bil drg cath	3	
47536	Exchange biliary drg cath	3	
47537	Removal biliary drg cath	B	
47538	Perq plmt bile duct stent	7	
47539	Perq plmt bile duct stent	7	
47540	Perq plmt bile duct stent	7	
47541	Plmt access bil tree sm bwl	3	
47542	Dilate biliary duct/ampulla	0	*****
47543	Endoluminal bx biliary tree	0	*****
47544	Removal duct gblldr calculi	0	*****
49185	Sclerotx fluid collection	1	
50430	Njx px nfrosgrm &/urtrgrm	B	
50431	Njx px nfrosgrm &/urtrgrm	B	
50432	Plmt nephrostomy catheter	2	
50433	Plmt nephroureteral catheter	2	
50434	Convert nephrostomy catheter	B	
50435	Exchange nephrostomy cath	B	
50606	Endoluminal bx urtr rnl plvs	0	*****
50693	Plmt ureteral stent prq	3	
50694	Plmt ureteral stent prq	3	
50695	Plmt ureteral stent prq	3	
50705	Ureteral embolization/occl	0	*****
50706	Balloon dilate urtrl strix	0	*****
54437	Repair corporeal tear	2	
64461	Pvb thoracic single inj site	B	****
64462	Pvb thoracic 2nd+ inj site	0	*****
64463	Pvb thoracic cont infusion	B	****
65785	Impltj ntrstrml crnl rng seg	9	
69209	Remove impacted ear wax uni	A	

**APPENDIX F  
ANCILLARY FEE SCHEDULE**

<b>NOTE</b>	<b>CPT CODE</b>	<b>CPT CODE DESCRIPTION (ABBREVIATED)</b>	<b>RATE</b>
	92537	Caloric vstblr test w/rec	\$ 39.94
	92538	Caloric vstblr test w/rec	\$ 39.94
	93050	Art pressure waveform analys	\$ 23.19

NOTE: All hospitals will receive the same payment rate for these new CPT codes.

**APPENDIX G  
OUTPATIENT HOSPITAL RADIOLOGY FEE SCHEDULE**

<b>CPT CODE</b>	<b>CPT CODE DESCRIPTION</b>	<b>RATE</b>
72081	X-ray of spine, 1 view	\$ 46.21
72082	X-ray of spine, 2 or 3 views	\$ 76.52
72083	X-ray of spine, 4 or 5 views	\$ 145.90
72084	X-ray of spine, minimum of 6 views	\$ 145.90
73501	X-ray of hip with pelvis, 1 view	\$ 46.21
73502	X-ray of hip with pelvis, 2-3 views	\$ 46.21
73503	X-ray of hip with pelvis, minimum of 4 views	\$ 76.52
73521	X-ray of both hips with pelvis, 2 views	\$ 76.52
73522	X-ray of both hips with pelvis, 3-4 views	\$ 76.52
73523	X-ray of both hips with pelvis, minimum of 5 views	\$ 145.90
73551	X-ray of femur, 1 view	\$ 46.21
73552	X-ray of femur, minimum 2 views	\$ 46.21
74712	Magnetic resonance imaging of fetus, single or first pregnancy	\$ 207.89
74713	Magnetic resonance imaging of fetus, each additional pregnancy	\$ 157.65
77767	High dose brachytherapy through skin surface, 1 channel or up to 2.0 cm	\$ 147.71
77768	High dose brachytherapy through skin surface, 2 channels or more than 2.0 cm	\$ 147.71
77770	High dose brachytherapy , 1 channel	\$ 529.12
77771	High dose brachytherapy , 2- 12 channels	\$ 529.12
77772	High dose brachytherapy , more than 12 channels	\$ 529.12
78265	Stomach emptying and small bowel transit study	\$ 252.81
78266	Stomach emptying and small bowel with colon transit study	\$ 335.43

NOTE: All hospitals will receive the same payment rate for these new CPT codes.

**DISCONTINUED CPT CODES ON OHIO MEDICAID'S OUTPATIENT HOSPITAL APPENDICES**

<b>APPENDIX C CPT CODE</b>	<b>APPENDIX F CPT CODE</b>	<b>APPENDIX G CPT CODE</b>	<b>APPENDIX H CPT CODE</b>
21805	90645	70373	82486
31620	90646	72010	82487
37202	90669	72069	82488
37250	90703	72090	82489
37251	90721	73500	82491
39400	90735	73510	82492
47500	92543	73520	82541
47505	95973	73530	82543
47510		73540	82544
47511		73550	83788
47525		74305	88347
47530		74320	
47560		74327	
47561		74475	
47630		74480	
50392		75896	
50393		75980	
50394		75982	
50398		77776	
64412		77777	
67112		77785	
		77786	
		77787	

**HCPCS Q-CODES COVERED IN OUTPATIENT HOSPITAL SETTING**

<b>Range From</b>	<b>Range To</b>
Q0138	Q0139
Q0161	Q0164
Q0166	Q0167
Q0169	Q0169
Q0173	Q0175
Q0177	Q0177
Q0180	Q0181
Q0515	Q0515
Q2009	Q2009
Q2017	Q2017
Q2026	Q2026
Q2028	Q2028
Q2034	Q2034
Q2043	Q2043
Q2049	Q2050
Q3027	Q3028
Q4074	Q4074
Q4081	Q4082
Q4107	Q4107
Q4113	Q4113
Q5101	Q5101
Q9950	Q9950
Q9951	Q9951
Q9953	Q9969
Q9980	Q9980

- NOTES:**
- 1) These Q-codes must be submitted with RCC 025X and/or 636 to qualify for payment.
  - 2) There are only two instances in which pharmaceuticals qualify for additional payment: (1) The claim contains an IV therapy CPT code (96365, 96366, 96367, or 96368); (2) The claim does not contain dialysis, chemotherapy, surgical, clinic, emergency room, radiology, ancillary, laboratory, or pregnancy related services as defined in paragraphs (D) to (K) of OAC rule 5160-2-21 and therefore is considered independently billed.
  - 3) For reimbursement policies for pharmaceuticals, please refer to OAC rule 5160-2-21.
  - 4) For reimbursement rates, please refer to the Provider-Administered Pharmaceuticals fee schedule.