



Outpatient Hospital Services

CPT Code Changes for January 2017

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.

DISCONTINUED CPT CODES ON OHIO MEDICAID'S OUTPATIENT HOSPITAL APPENDICES

APPENDIX C CPT CODE	APPENDIX F CPT CODE	APPENDIX G CPT CODE	APPENDIX I CPT CODE
11752	92140	75791	Q9980
21495	93965	75962	
22305	97001	75964	
27193	97002	75966	
27194	97003	75968	
28290	97004	75978	
28293		77051	
28294		77052	
31582		77055	
31588		77056	
35458		77057	
35460			
35471			
35472			
35475			
35476			
36147			
36148			
36870			
62310			
62311			
62318			
62319			

APPENDIX B

REVENUE CENTER CODES REQUIRING CPT OR HCPCS CODING

GENERAL CATEGORY	REVENUE CENTER CODE	DETAIL DESCRIPTION
Pharmacy	0636	Drugs Requiring Detailed Coding* (Only covered J-codes, Q-codes, and vaccines are accepted.)

* List of CPT and HCPCS codes accepted with RCC 0636 was updated to reflect current policy.

APPENDIX C

AMBULATORY SURGERY FEE SCHEDULE

Effective 1/1/2017

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

CPT CODE	CPT CODE DESCRIPTION (ABBREVIATED)	GROUP	NOTE
22853	Insj biomechanical device	A	
22854	Insj biomechanical device	A	
22859	Insj biomechanical device	A	
27197	Clsd tx pelvic ring fx	A	
27198	Clsd tx pelvic ring fx	A	
28291	Corrj halux rigdus w/implt	3	
28295	Correction hallux valgus	3	
31551	Laryngoplasty laryngeal sten	5	
31552	Laryngoplasty laryngeal sten	5	
31553	Laryngoplasty laryngeal sten	5	
31554	Laryngoplasty laryngeal sten	5	
31572	Largsc w/laser dstrj les	2	
31573	Largsc w/ther injection	1	
31574	Largsc w/njx augmentation	1	
31591	Laryngoplasty medialization	5	
31592	Cricotracheal resection	5	
36456	Prtl exchange transfuse nb	B	
36473	Endovenous mchnchem 1st vein	4	PA
36474	Endovenous mchnchem add-on	1	PA
36901	Intro cath dialysis circuit	1	
36902	Intro cath dialysis circuit	9	
36903	Intro cath dialysis circuit	7	
36904	Thrmbc/nfs dialysis circuit	9	
36905	Thrmbc/nfs dialysis circuit	7	
36906	Thrmbc/nfs dialysis circuit	7	
36907	Balo angiop ctr dialysis seg	5	
36908	Stent plmt ctr dialysis seg	5	
36909	Dialysis circuit embolj	5	
37246	Trluml balo angiop 1st art	9	
37247	Trluml balo angiop addl art	6	
37248	Trluml balo angiop 1st vein	9	
37249	Trluml balo angiop addl vein	6	
43284	Laps esophgl sphnctr agmntj	7	
43285	Rmvl esophgl sphnctr dev	5	
55970	Sex transformation m to f	4	PA
55980	Sex transformation f to m	5	PA
58674	Laps abltj uterine fibroids	7	PA
62320	Njx interlaminar crv/thrc	1	
62321	Njx interlaminar crv/thrc	1	
62322	Njx interlaminar lmbcr/sac	1	
62323	Njx interlaminar lmbcr/sac	1	
62324	Njx interlaminar crv/thrc	1	
62325	Njx interlaminar crv/thrc	1	
62326	Njx interlaminar lmbcr/sac	1	
62327	Njx interlaminar lmbcr/sac	1	
62380	Ndsc dcprn 1 ntrspc lumbar	9	

APPENDIX F

ANCILLARY FEE SCHEDULE

NOTE	CPT CODE	CPT CODE DESCRIPTION (ABBREVIATED)	RATE
VFC	90653	Iiv adjuvant vaccine im	\$ 28.41
VFC	90674	Cciiv4 vac no prsv 0.5 ml im	\$ 17.43
	92242	Fluorescein icg angiography	\$ 176.48
	93590	Perq transcath cls mitral	\$ 2,583.30
	93591	Perq transcath cls aortic	\$ 2,583.30
	93592	Perq transcath closure each	\$ 1,291.65
	96377	Applicaton on-body injector	\$ 14.10
	97161	Pt eval low complex 20 min	\$ 46.96
	97162	Pt eval mod complex 30 min	\$ 52.47
	97163	Pt eval high complex 45 min	\$ 57.22
	97164	Pt re-eval est plan care	\$ 32.55
	97165	Ot eval low complex 30 min	\$ 56.78
	97166	Ot eval mod complex 45 min	\$ 60.64
	97167	Ot eval high complex 60 min	\$ 68.38
	97168	Ot re-eval est plan care	\$ 37.12

NOTE: All hospitals will receive the same payment rate for these new CPT codes.
VFC: Immunizations covered under the federal vaccines for children (VFC), will be reimbursed at \$10.00 for individuals 18 and under.

APPENDIX G

OUTPATIENT HOSPITAL RADIOLOGY FEE SCHEDULE

CPT CODE	CPT CODE DESCRIPTION (ABBREVIATED)	RATE
76706	Us abdl aorta screen aaa	\$ 85.64
77065	Dx mammo incl cad uni	\$ 39.21
77066	Dx mammo incl cad bi	\$ 49.60
77067	Scr mammo bi incl cad	\$ 49.60

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