Proposed Lab and Vaccine codes for 7/1/2016 implementation - to be available for all MH and SUD providers who employ qualified medical practitioners

Procedure Code	Description	Current Maximum Fee (Medicaid)	Medicare Fee (For dually eligible beneficiaries)	Other Conditions/Rate source	Covered through Vaccines for Children (VFC) program	CLIA* Waived	MUE**	NCCI*** Procedure to Procedure (PTP) Edits - Cannot be billed together	NCCI Procedure to Procedure (PTP) Edits - May be billed together only in defined circumstances using an NCCI-associated modifier****
Labs									
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	$12.58	$13.21	CMS Clinical lab fee schedule/Appendix DD	N/A	QW Modifier (certificate of waiver)	1	83036	82985
85014	Blood count; hematocrit (Hct)	$3.17	$3.23	CMS Clinical lab fee schedule/Appendix DD	N/A	QW Modifier (certificate of waiver)	2	88738, 85021	85013, 85029, 85030, 80081, 85022-85024, 85027, 85031, G0306, G0307
82962	Blood glucose by monitoring device cleared by the FDA specifically for home use	$3.17	$3.19	CMS Clinical lab fee schedule/Appendix DD	N/A	Yes	N/A	95250	82947, 82948, 82950-82952, G0001
86803	Hepatitis C antibody	$17.66	$17.93	CMS Clinical lab fee schedule/Appendix DD	N/A	QW Modifier (certificate of waiver)	1	G0472, 80074	N/A
86701	Antibody; HIV-1	$11.91	$12.09	CMS Clinical lab fee schedule/Appendix DD	N/A	QW Modifier (certificate of waiver)	1	N/A	87389, 87806,
87806	Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	$26.22	$32.80	CMS Clinical lab fee schedule/Appendix DD	N/A	QW Modifier (certificate of waiver)	1	N/A	86701-86703, 87389, 87390, 87534-87536
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	$10.97	$11.14	CMS Clinical lab fee schedule/Appendix DD	N/A	QW Modifier (certificate of waiver)	1	80061, 83700, 83701, 83704	80500, 80502
82465	Cholesterol, serum or whole blood, total	$5.84	$5.92	CMS Clinical lab fee schedule/Appendix DD	N/A	QW Modifier (certificate of waiver)	1	80061	80500, 80502, 83721, 83704
80061	Lipid panel	$17.04	$17.31	CMS Clinical lab fee schedule/Appendix DD	N/A	QW Modifier (certificate of waiver)	1	82465, 83718, 84478	80500, 80502, 83721, 83704
81002	Urinalysis, by dip stick or tablet reagent; non-automated, without microscopy	$3.16	$3.21	CMS Clinical lab fee schedule/Appendix DD	N/A	Yes	2	59400, 59425, 59426, 59510, 59610, 81007, 81015, 81005	81001, 81003
81003	Urinalysis, by dip stick or tablet reagent; automated, without microscopy	$3.01	$3.06	CMS Clinical lab fee schedule/Appendix DD	N/A	QW Modifier (certificate of waiver)	2	81007, 81015, 81005	81001, 81000, 81002,
81025	Urine Preg test, visual color comparison	$8.48	$8.61	CMS Clinical lab fee schedule/Appendix DD	N/A	Yes	1		
80178	Lithium	$8.86	$9.00	CMS Clinical lab fee schedule	N/A	QW Modifier (certificate of waiver)	2	N/A	N/A
36415	Collection of venous blood by venipuncture	$2.91	$3.00	CMS Clinical lab fee schedule/Appendix DD	N/A	No	4	G0471	99291, 99466-99469, 99471, 99472, 99475-99480, 99485, 99486
80300	Drug screen, any number of drug classes from Drug Class List A; any number of non-TLC devices or procedures	$52.75	N/A	Acceptable for non-duals only. Bill G-codes for duals	N/A	No	1	80303	80500,80502, 80301-80302, 80304
80301	Drug screen, any number of drug classes from Drug Class List A; single drug class method, by instrumental systems	$11.79	N/A	Acceptable for non-duals only. Bill G-codes for duals	N/A	No	1	80303	80300, 80302, 80304, 80500, 80502,
80302	Drug screen, presumptive, single drug class from Drug Class List B	$11.79	N/A	Acceptable for non-duals only. Bill G-codes for duals	N/A	No	3	80303	80300, 80301, 80500, 80502, 80304
80303	Drug screen, presumptive, single or multiple drug class method	$11.79	N/A	Acceptable for non-duals only. Bill G-codes for duals	N/A	No	1	80300-80302, 80304	80500, 80502
80304	Drug screen, presumptive, single or multiple drug class method, not otherwise specified presumptive procedure	$11.79	N/A	Acceptable for non-duals only. Bill G-codes for duals	N/A	No	3	80303	80300-80302, 80502, 80502
82055	Alcohol (ethanol); any specimen except breath	$14.48	N/A	Non-duals only	N/A	No	N/A	N/A	N/A
82075	Alcohol (ethanol), breath	$15.08	$15.71	CMS Clinical lab fee schedule	N/A	No	2	N/A	N/A
82948	Glucose; blood, reagent strip	$4.13	$4.31	CMS Clinical lab fee schedule/Appendix DD	N/A	No	N/A	95250, 95251	82945, 82947, 82950-82953, 82962
86580	Skin test; tuberculosis, intradermal	$4.89	$7.28	Appendix DD	N/A	No	1	N/A	86480, 96372
86702	Antibody; HIV-2	$18.13	$18.39	CMS Clinical lab fee schedule/Appendix DD	N/A	No	2	N/A	87389, 87806
G0477	Drug test presump optical	$7.95	$8.83	CMS Clinical lab fee schedule - Code added as of 1/1/16	N/A	No	N/A	N/A	N/A

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29	G0478	Drug test presump opt inst	$10.59	$11.77	CMS Clinical lab fee schedule - Code added as of 1/1/16	N/A	No	N/A	N/A	N/A	
30	G0479	Drug test presump not opt	$42.37	$47.08	CMS Clinical lab fee schedule - Code added as of 1/1/17	N/A	No	N/A	N/A	N/A	
31	G0480	Drug test def 1-7 classes	$71.95	$79.94	CMS Clinical lab fee schedule - Code added as of 1/1/18	N/A	No	N/A	N/A	N/A	
32	G0481	Drug test def 8-14 classes	$110.69	$122.99	CMS Clinical lab fee schedule - Code added as of 1/1/19	N/A	No	N/A	N/A	N/A	
33	G0482	Drug test def 15-21 classes	$149.43	$166.03	CMS Clinical lab fee schedule - Code added as of 1/1/20	N/A	No	N/A	N/A	N/A	
34	G0483	Drug test def 22+ classes	$193.71	$215.23	CMS Clinical lab fee schedule - Code added as of 1/1/21	N/A	No	N/A	N/A	N/A	
35	**Vaccine Administration (to be billed in conjunction with each vaccine administered)**										
36	90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other health care professional; first or only component of each vaccine or toxoid administered	$15.00 (as of 1/1/16)	$26.16		N/A	N/A	6	36591, 36592, 90471, 90473,	96372, 99201-99205, 99211-99215, 99241-99245, 99281-99285, 99381-99387, 99391-99397, 99401-99409, 99411-99412, 99412, 99420, G0008-G0010, G0463	
37	90471	Immunization administration (includes percutaneous, intradermal, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	$19.35 (as of 1/1/16)	$23.95		N/A	N/A	1	90460, 36591, 36592, 90473, 99211	99201-99205, 99212-99215, 99241-99245, 99281-99285, 99381-99387, 99391-99397, 99401-99404, 99406-99409, 99411-99412, 99420, 99497, G0008-G0010, G0463	
38	+90472 (add-on to 90471)	Immunization administration; each additional vaccine. List separately in addition to code for primary procedure	$9.50 (as of 1/1/16)	$12.34	Add-on code to 90471	N/A	N/A	5	36591, 36592, 99211	99201-99205, 99212-99215, 99241-99245, 99281-99285, 99381-99387, 99391-99397, 99401-99409, 99411-99412, 99420, 99497, G0463	
39	90473	Administration of 1 nasal or oral vaccine	$19.35	$23.86		N/A	N/A	1	90460, 90471, 90472, 36591, 36592, 99211	99201-99205, 99212-99215, 99241-99245, 99281-99285, 99381-99387, 99391-99397, 99401-99404, 99406-99409, 99411, 99412, 99420, 99497, G0008, G0463	
40	**Vaccines**										
41	90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	$61.64 (covered under VFC program, not billed to Medicaid)	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, +90472)	N/A	1	90632, 90634, 36591, 36592, 90636	N/A	
42	90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	$61.64 (covered under VFC program, not billed to Medicaid)	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	90632, 90633, 36591, 36592, 90636	N/A	
43	90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	$51.23	$49.40	Part B ASP Fee schedule	No	N/A	1	36591, 36592, 90633, 90634, 90636	N/A	
44	90371	Hepatitis B immune globulin (HBIg), human, for intramuscular use	$113.22	$110.39	Part B ASP Fee schedule	No	N/A	N/A	36591, 36592	N/A	
45	90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use	$136.96	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90649, 90651	N/A	
46	90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use	$144.43	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90650, 90651	N/A	
47	90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenza type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use	Covered under VFC program, not billed to Medicaid	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90647, 90648, 90733, 90734	N/A	
48	90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenza type b, and inactivated poliovirus vaccine (DTaP-IPV/Hib), for intramuscular use	$85.33 (adult)	$85.33	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90647, 90648, 90696, 90697, 90700, 90702, 90713, 90714, 90715, 90748	N/A	
49	90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	$18.92	Payment allowance pending for 2015-2016 Flu season ($18.92 for 2014-2015 season)	95% of AWP (Average Wholesale Price)	No	N/A	1	90630, 36591, 36592, 90653, 90655-90658, 90660-90662, 90672, 90673, 90685-90688, Q2034-Q2039	90664, 90666-90668,	
50	90658	Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older, for intramuscular use	Covered under VFC program, not billed to Medicaid	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	90630, 90654,-90657, 36592, 36593, 90653, 90660-90662, 90685-90688, Q2034, Q2035, Q2037-Q2039	90664, 90666-90668,	
51	90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	23.46 (adult)	$23.46 (8/1/12-7/31/13)	Covered by Part B.	Yes. Bill Medicaid for administration only (90460-VFC, 90473-Adult)	N/A	1	90630, 90654-90659, 36591, 36592, 90661, 90662, 90672, 90673, Q2035-Q2039	90664, 90666-90668,	

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52	90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	$173.15	$173.15	Part B ASP Fee schedule	Yes (0-5, 12+)	N/A	1	36591, 36592	90732	
53	90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	Covered under VFC program, not billed to Medicaid	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, or 90473)	N/A	1	36591, 36592, 90681	N/A	
54	90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Covered under VFC program, not billed to Medicaid	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460 or 90473)	N/A	1	36591, 36592, 90680	N/A	
55	90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	Covered under VFC program, not billed to Medicaid	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90698, 90700, 90702, 90713, 90714, 90715, 90697, 90723	N/A	
56	90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	Covered under VFC program, not billed to Medicaid	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90696, 90697, 90698, 90723	N/A	
57	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	$57.66	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90710	N/A	
58	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	$157.59	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90707	N/A	
59	90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	$22.75	$21.06	Part B ASP Fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90696-90698, 90700, 90702, 90715, 90723	N/A	
60	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	$31.21	$31.58	Part B ASP Fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90696-90698, 90700, 90702, 90714	N/A	
61	90716	Varicella virus vaccine (VAR), live, for subcutaneous use	$104.85 (adults)	$104.85	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90710	N/A	
62	90736	Shingles vaccine (HZV), live, for subcutaneous injection (individuals 60+ years old)	$210.93	$210.93	ODM Provider-Administered Pharmaceutical fee schedule	No	N/A	1	36591, 36592	N/A	
63	90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	$82.52	$82.51	Part B ASP Fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592	90670	
64	90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use	$126.39	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration only (90460, 90471, or 90472)	N/A	1	36591, 36592, 90644, 90734	90620, 90621	
65	90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MenACWY), for intramuscular use	$115.88	N/A	ODM Provider-Administered Pharmaceutical fee schedule	Yes. Bill Medicaid for administration (90460, 90471, or 90472)	N/A	1	36591, 36592, 90644, 90733	N/A	
66	90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	$119.42	$119.42	Part B ASP Fee schedule	No	N/A	1	90746, 90747, 90697, 90739, 90743, 90744, 90746, 90747	N/A	
67	90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	$59.71	$59.71	Part B ASP Fee schedule	No	N/A	1	36591, 36592, 90697, 90739, 90740, 90743, 90744, 90747	N/A	
68	90747	Hepatitis B vaccine (HepB), dialysis or immunos	$119.42	$119.42	Part B ASP Fee schedule	No	N/A	1	36591, 36592, 90697, 90739, 90740, 90743, 90744, 90746,	N/A	
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71	KEY	
72	Medicaid Appendix DD	Found in OAC rule 5160-1-60
73	Medicaid Appendix A and B	Found in OAC rule 5160-4-12
74	*CLIA	Clinical Laboratory Improvement Amendments - CMS program to ensure quality laboratory testing
75	**MUE	Medically Unlikely Edits. This refers to the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service. These are updated on a quarterly basis.

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76	***NCCI	Medicaid National Correct Coding Initiative (NCCI) Procedure to Procedure (PTP) edits define when two HCPCS/CPT codes should not be reported together either in all situations or in most situation. These are updated on a quarterly basis.									
77	****	For proper use of Medicaid NCCI-associated modifiers, please refer to: https://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/downloads/ncci_modifier_59.pdf									

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