

**APPENDIX I
HCPCS Q-CODES COVERED IN AN OUTPATIENT HOSPITAL SETTING**

Range From	Range To
Q0138 -	Q0139
Q0161 -	Q0164
Q0166 -	Q0167
Q0169 -	Q0169
Q0173 -	Q0175
Q0177 -	Q0177
Q0180 -	Q0181
Q0515 -	Q0515
Q2009 -	Q2009
Q2017 -	Q2017
Q2026 -	Q2026
Q2043 -	Q2043
Q2049 -	Q2050
Q3027 -	Q3028
Q4074 -	Q4074
Q4081 -	Q4081
Q5101 -	Q5101
Q9955 -	Q9957
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.