

MOLINA HEALTHCARE OF MICHIGAN - PA MATRIX

This document is updated quarterly. Please check this document before a Prior Authorization (PA) submission as codes may be removed or added

All codes listed require PA, regardless of the setting of the service

Referrals to PAR/Network Specialists do not require PA

Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility, benefit limitations/exclusions, and evidence of medical necessity during the claim review.

\*Please reference the 2021 Changes tab below for updates on codes added or removed from PA\*

FOR ANY PA CHANGES OR UPDATES RELATED TO COVID-19, PLEASE REFER TO OUR PROVIDER BLAST FAX NOTIFICATIONS ON THE PROVIDER PORTAL.

Service Category Notes	Code	Definition	Matrix Service Category	Notes
Behavioral Health/Mental Health, Alcohol-Chemical Dependency: Transitional Substance Abuse Residential, Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD)	0901	BEHAVIORAL HEALTH TREATMENT/SVCS - Electroshock Treatment	Behavioral/Mental Health, Alcohol-Chemical Dependency	
	1001	BEHAVIORAL HEALTH TREATMENT/SVCS - Accommodations; Residential; Psychiatric	Behavioral/Mental Health, Alcohol-Chemical Dependency	
	1002	BEHAVIORAL HEALTH TREATMENT/SVCS - Accommodations; Residential; Chem Dep	Behavioral/Mental Health, Alcohol-Chemical Dependency	
	2106	BEHAVIORAL HEALTH TREATMENT/SVCS - Alternative Therapy Services; Hypnosis	Behavioral/Mental Health, Alcohol-Chemical Dependency	
	0139U	NEUROLOGY (AUTISM SPECTRUM DISORDER [ASD]) quantitative measurements of 6 central carbon metabolites, algorithmic analysis with result reported as negative or positive	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
Clinical is required with submission for any of these codes	80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Medicaid & Marketplace only. PA required after 24 cumulative visits per calendar year.
	80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Medicaid & Marketplace only. PA required after 24 cumulative visits per calendar year.
	80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Medicaid & Marketplace only. PA required after 24 cumulative visits per calendar year.
	80320	DRUG TEST DEF DRUG TESTING PROCEDURES - ALCOHOLS	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
	80324	DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
	80346	DRUG SCREENING BENZODIAZEPINES 1-12	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
	80348	DRUG SCREENING BUPRENORPHINE	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
	80353	DRUG TEST DEF DRUG TESTING PROCEDURES - COCAINE	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
	80354	DRUG TEST DEF DRUG TESTING PROCEDURES - FENTANYL	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
	80356	DRUG TEST DEF DRUG TESTING PROCEDURES - HEROIN METABOLITE	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
	80358	DRUG TEST DEF DRUG TESTING PROCEDURES - METHADONE	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
	80359	DRUG TEST DEF DRUG TESTING PROCEDURES - METHYLENEDIAMPHETAMINES (MDA, MDEA, MDMA)	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
	80361	DRUG TEST DEF DRUG TESTING PROCEDURES - OPIATES, 1 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
	80362	DRUG TEST DEF DRUG TESTING PROCEDURES - OPIOIDS AND OPIATE ANALOGS, 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
	80365	DRUG TEST DEF DRUG TESTING PROCEDURES - OXYCODONE	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
	80369	DRUG TEST DEF DRUG TESTING PROCEDURES - SKELETAL MUSCLE RELAXANTS, 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
	80372	DRUG TEST DEF DRUG TESTING PROCEDURES - TAPENTADOL	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
	80373	DRUG TEST DEF DRUG TESTING PROCEDURES - TRAMADOL	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
	90867	REPET TMS TX INITIAL W MAP MOTR THRESHLD DEL AND MNG	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
	90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
	90869	REPET TMS TX SUBSEQ MOTR THRESHLD W DELIV AND MNG	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
	90870	ELECTROCONVULSIVE THERAPY (ECT)	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
	96170	HEALTH BEHAVIOR INTERVENTION, FAMILY (without the patient present), FACE-TO-FACE; INITIAL 30 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
	96171	HEALTH BEHAVIOR INTERVENTION, FAMILY (without the patient present), FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
	G0480	DRUG TEST DEF 1-7 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
	G0481	DRUG TEST DEF 8-14 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
	G0482	DRUG TEST DEF 15-21 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
	G0483	DRUG TEST DEF 22 OR MORE DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
	G0659	DRUG TEST DEF SIMPLE ALL CL	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
	H0012	ALCOHOL AND DRUG SRVC, SUB-ACUTE DTOX RES PROG OP	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Carve out to the State of MI for Medicaid.
	H0015	ALCOHOL AND/OR DRUG SRVCS	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
	H0017	BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
	H0018	PROGRAMS WITH 17 OR MORE BEDS: BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL, WITHOUT ROOM AND BOARD	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicaid
	H0035	THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
	H0046	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
	H0040	ASSERT COMM TX PROG - PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicaid
	H2012	MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
	H2013	MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
	H2015	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicaid
	H2016	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Behavioral/Mental Health, Alcohol-Chemical Dependency	
	H2018	SKILLS TRAINING AND DEVELOPMENT PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	
	H2020	COMP COMMUNITY SUPPORT SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
	H2036	PROGRAMS WITH 16 OR FEWER BEDS: ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM, PER PATIENT	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicaid
	S0201	PARTIAL HOSPITALIZATION SERVICES UNDER 24 HR PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
	S5111	UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
	S5150	HOME CARE TRAINING FAMILY; PER SESSION	Behavioral/Mental Health, Alcohol-Chemical Dependency	
	S9480	INTENSIVE OP PSYCHIATRY	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA applicable to Marketplace only. Non covered for Medicaid
	T1023	SCR CONSIDER IND PARTICIP SPEC PROG PROJ TX PER	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA required only when submitted with Autism diagnosis. See DX tab for qualifying ICD 10 codes.
	T1025	INTEN MXDISCIPLIN SRVC CHLD W CMLPLX IMPAIR DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA required only when submitted with Autism diagnosis. See DX tab for qualifying ICD 10 codes.
	T1026	INTEN MXDISCIPLIN SRVC CHLD W CMLPLX IMPAIR HR	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA required only when submitted with Autism diagnosis. See DX tab for qualifying ICD 10 codes.
T1027	FAMILY TRAIN AND COUNSEL CHLD DEVELOPMENT 15 MINS	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA required only when submitted with Autism diagnosis. See DX tab for qualifying ICD 10 codes.	
T1028	ASSESSMENT HOME PHYSICAL AND FAMILY ENVIRONMENT	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA required only when submitted with Autism diagnosis. See DX tab for qualifying ICD 10 codes.	
T2013	HABILITATION EDUCATIONAL WAIVER; PER HOUR	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA required only when submitted with Autism diagnosis. See DX tab for qualifying ICD 10 codes.	
T2040	FINANCIAL MGMT SELF-DIRECTED WAIVER; PER 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA required only when submitted with Autism diagnosis. See DX tab for qualifying ICD 10 codes.	
Clinical is required with submission for any of these procedures. PA required in ANY setting.	93797	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT CONTINUOUS ECG MONITORING (PER SESSION)	Cardiopulmonary Rehabilitation	PA applicable to Marketplace only. Medicaid and Medicare follow CMS billing guidelines
	93798	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)	Cardiopulmonary Rehabilitation	PA applicable to Marketplace only. Medicaid and Medicare follow CMS billing guidelines
	G0422	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION	Cardiopulmonary Rehabilitation	PA applicable to Marketplace only. Medicaid and Medicare follow CMS billing guidelines
	G0423	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING; WITHOUT EXERCISE, PER SESSION	Cardiopulmonary Rehabilitation	PA applicable to Marketplace only. Medicaid and Medicare follow CMS billing guidelines
	G0424	PULMONARY REHABILITATION, INCLUDING EXERCISE (INCLUDES MONITORING), ONE HOUR, PER SESSION, UP TO TWO SESSIONS PER DAY	Cardiopulmonary Rehabilitation	PA applicable to Marketplace only. Medicaid and Medicare follow CMS billing guidelines
	S9472	CARDIAC REHABILITATION PROGRAM, NON PHYSICIAN PROVIDER, PER DIEM	Cardiopulmonary Rehabilitation	PA applicable to Marketplace only. Medicaid and Medicare follow CMS billing guidelines
	S9473	PULMONARY REHABILITATION PROGRAM, NON PHYSICIAN PROVIDER, PER DIEM	Cardiopulmonary Rehabilitation	PA applicable to Marketplace only. Medicaid and Medicare follow CMS billing guidelines
11920	TATTOOING INCL MICROPIGMENTATION 6.0 CM OR LESS	Cosmetic, Plastic & Reconstructive Procedures	PA required, except with breast CA Dx. See Dx tab for qualifying ICD 10 codes	
15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	Cosmetic, Plastic & Reconstructive Procedures		
15776	PUNCH GRAFT HAIR TRANSPLANT OVER 15 PUNCH GRAFTS	Cosmetic, Plastic & Reconstructive Procedures		
15780	DERMABRASION TOTAL FACE	Cosmetic, Plastic & Reconstructive Procedures		
15781	DERMABRASION SEGMENTAL FACE	Cosmetic, Plastic & Reconstructive Procedures		
15782	DERMABRASION REGIONAL OTHER THAN FACE	Cosmetic, Plastic & Reconstructive Procedures		
15783	DERMABRASION SUPERFICIAL ANY SITE	Cosmetic, Plastic & Reconstructive Procedures		
15788	CHEMICAL PEEL FACIAL EPIDERMAL	Cosmetic, Plastic & Reconstructive Procedures		
15789	CHEMICAL PEEL FACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures		
15792	CHEMICAL PEEL NONFACIAL EPIDERMAL	Cosmetic, Plastic & Reconstructive Procedures		
15793	CHEMICAL PEEL NONFACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures		
15820	BLEPHAROPLASTY LOWER EYELID	Cosmetic, Plastic & Reconstructive Procedures		
15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Cosmetic, Plastic & Reconstructive Procedures		
15822	BLEPHAROPLASTY UPPER EYELID	Cosmetic, Plastic & Reconstructive Procedures		
15823	BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN	Cosmetic, Plastic & Reconstructive Procedures		
15824	RHYTIDECTOMY FOREHEAD	Cosmetic, Plastic & Reconstructive Procedures		
15825	RHYTIDECTOMY NECK W PLATYSMAL TIGHTENING	Cosmetic, Plastic & Reconstructive Procedures		
15826	RHYTIDECTOMY GLABELLAR FROWN LINES	Cosmetic, Plastic & Reconstructive Procedures		
15828	RHYTIDECTOMY CHEEK CHIN AND NECK	Cosmetic, Plastic & Reconstructive Procedures		
15829	RHYTIDECTOMY SMAS FLAP	Cosmetic, Plastic & Reconstructive Procedures		

15832	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH	Cosmetic, Plastic & Reconstructive Procedures	
15833	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG	Cosmetic, Plastic & Reconstructive Procedures	
15834	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP	Cosmetic, Plastic & Reconstructive Procedures	
15835	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK	Cosmetic, Plastic & Reconstructive Procedures	
15836	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM	Cosmetic, Plastic & Reconstructive Procedures	
15837	EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND	Cosmetic, Plastic & Reconstructive Procedures	
15838	EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	
15839	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	Cosmetic, Plastic & Reconstructive Procedures	
15847	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN	Cosmetic, Plastic & Reconstructive Procedures	
15876	SUCTION ASSISTED LIPECTOMY HEAD AND NECK	Cosmetic, Plastic & Reconstructive Procedures	
15877	SUCTION ASSISTED LIPECTOMY TRUNK	Cosmetic, Plastic & Reconstructive Procedures	
15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Cosmetic, Plastic & Reconstructive Procedures	
15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Cosmetic, Plastic & Reconstructive Procedures	
17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	Cosmetic, Plastic & Reconstructive Procedures	
19300	MASTECTOMY GYNECOMASTIA	Cosmetic, Plastic & Reconstructive Procedures	PA required, except with breast CA Dx. See Dx tab for qualifying ICD 10 codes
19316	MASTOPEXY	Cosmetic, Plastic & Reconstructive Procedures	PA required, except with breast CA Dx. See Dx tab for qualifying ICD 10 codes
19318	REDUCTION MAMMAPLASTY	Cosmetic, Plastic & Reconstructive Procedures	PA required, except with breast CA Dx. See Dx tab for qualifying ICD 10 codes
19325	MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	PA required, except with breast CA Dx. See Dx tab for qualifying ICD 10 codes
19328	REMOVAL INTACT MAMMARY IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	PA required, except with breast CA Dx. See Dx tab for qualifying ICD 10 codes
19330	REMOVAL MAMMARY IMPLANT MATERIAL	Cosmetic, Plastic & Reconstructive Procedures	PA required, except with breast CA Dx. See Dx tab for qualifying ICD 10 codes
19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	PA required, except with breast CA Dx. See Dx tab for qualifying ICD 10 codes
19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	PA required, except with breast CA Dx. See Dx tab for qualifying ICD 10 codes
19350	NIPPLE AREOLA RECONSTRUCTION	Cosmetic, Plastic & Reconstructive Procedures	PA required, except with breast CA Dx. See Dx tab for qualifying ICD 10 codes
19355	CORRECTION INVERTED NIPPLES	Cosmetic, Plastic & Reconstructive Procedures	PA required, except with breast CA Dx. See Dx tab for qualifying ICD 10 codes
19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	PA required, except with breast CA Dx. See Dx tab for qualifying ICD 10 codes
30400	RHINP PRIM LAT AND ALAR CRTLGS AND ELVTN NASAL TI	Cosmetic, Plastic & Reconstructive Procedures	
30410	RHINP PRIM COMPLETE XTRNL PARTS	Cosmetic, Plastic & Reconstructive Procedures	
30420	RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR	Cosmetic, Plastic & Reconstructive Procedures	
30430	RHINOPLASTY SECONDARY MINOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	
30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Cosmetic, Plastic & Reconstructive Procedures	
30450	RHINOPLASTY SECONDARY MAJOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	
30460	RHINP DFRM W COLUM LGTH TIP ONLY	Cosmetic, Plastic & Reconstructive Procedures	
30462	RHINP DFRM COLUM LGTH TIP SEPTUM OSTEO	Cosmetic, Plastic & Reconstructive Procedures	
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Cosmetic, Plastic & Reconstructive Procedures	
67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADMVMT XTRNL	Cosmetic, Plastic & Reconstructive Procedures	
67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Cosmetic, Plastic & Reconstructive Procedures	
67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Cosmetic, Plastic & Reconstructive Procedures	
69300	OTOPLASTY PROTRUDING EAR W WO SIZE RDCTJ	Cosmetic, Plastic & Reconstructive Procedures	
A7025	HI FREQ CHST WALL OSCILLAT SYS VEST REPL PT OWND	Durable Medical Equipment (DME)	
A9901	DME DEL SET UP AND DISPNS SRVC CMPNT ANOTH HCPCS	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only
A9276	SENSOR, INVASIVE, DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	Durable Medical Equipment (DME)	PA applicable to Marketplace only
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	Durable Medical Equipment (DME)	PA applicable to Medicaid and Marketplace only. Non covered for Medicare
A9278	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	PA applicable to Medicaid and Marketplace only. Non covered for Medicare
C2624	IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	Durable Medical Equipment (DME)	
E0194	AIR FLUIDIZED BED	Durable Medical Equipment (DME)	
E0255	HOS BED VARIBL HT W ANY TYPE SIDE RAIL W MATRSS	Durable Medical Equipment (DME)	
E0256	HOS BED VARIBL HT ANY TYPE SIDE RAIL W O MATRSS	Durable Medical Equipment (DME)	
E0260	HOS BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATRSS	Durable Medical Equipment (DME)	
E0261	HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATRSS	Durable Medical Equipment (DME)	
E0265	HOSP BED TOT ELEC W ANY TYPE SIDE RAIL W MATRSS	Durable Medical Equipment (DME)	
E0266	HOS BED TOT ELEC ANY TYPE SIDE RAIL W O MATRSS	Durable Medical Equipment (DME)	
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Durable Medical Equipment (DME)	
E0292	HOSP BED VARIBL HT HI-LO W O SIDE RAIL W MATRSS	Durable Medical Equipment (DME)	
E0293	HOS BED VARIBL HT HI-LO W O SIDE RAIL NO MATRSS	Durable Medical Equipment (DME)	
E0294	HOSPITAL BED SEMI-ELEC W O SIDE RAILS W MATRSS	Durable Medical Equipment (DME)	
E0295	HOSP BED SEMI-ELEC W O SIDE RAILS W O MATRSS	Durable Medical Equipment (DME)	
E0296	HOSPITAL BED TOTAL ELEC W O SIDE RAILS W MATRSS	Durable Medical Equipment (DME)	
E0297	HOSP BED TOTAL ELEC W O SIDE RAILS W O MATRSS	Durable Medical Equipment (DME)	
E0300	PED CRIB HOS GRADE FULLY ENC W WO TOP ENC	Durable Medical Equipment (DME)	
E0301	HOS BED HEVY DUTY XTRA WIDE W WT CAPACTY OVER 350 PDS	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0302	HOS BED XTRA HEVY DUTY WT CAP OVER 600 PDS W O MATRSS	Durable Medical Equipment (DME)	
E0303	HOS BED HEVY DUTY W WT CAP OVER 350 PDS UNDER EQ TO 600	Durable Medical Equipment (DME)	
E0304	HOS BED XTRA HEVY DUTY WT CAP OVER 600 PDS MATRSS	Durable Medical Equipment (DME)	
E0328	HOSPITAL BED PEDIATRIC MANUAL INCLUDES MATTRESS	Durable Medical Equipment (DME)	
E0329	HOSPITAL BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	Durable Medical Equipment (DME)	
E0371	NONPWR ADV PRSS RDUC OVRLAY MATTRESS STD LEN AND WIDTH	Durable Medical Equipment (DME)	
E0372	PWR AIR OVRLAY MATTRESS STD MATTRESS LENGTH AND WIDTH	Durable Medical Equipment (DME)	
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Durable Medical Equipment (DME)	
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	Durable Medical Equipment (DME)	PA applicable to Medicaid only
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	Durable Medical Equipment (DME)	
E0465	HOME VENTILATOR ANY TYPE USED W INVASIVE INTF	Durable Medical Equipment (DME)	
E0466	HOME VENTILATOR ANY TYPE USED W NON-INVASV INTF	Durable Medical Equipment (DME)	
E0467	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC	Durable Medical Equipment (DME)	
E0470	RESP ASST DEVC BI-LEVEL PRSS CAPABILITY W O BACKU	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0471	RESP ASST DEVC BI-LEVEL PRSS CAPABILITY W BACK-UP	Durable Medical Equipment (DME)	PA applicable to Medicaid only
E0481	INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACCSORIES	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM EA	Durable Medical Equipment (DME)	
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	Durable Medical Equipment (DME)	PA applicable to Medicaid only
E0650	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL	Durable Medical Equipment (DME)	
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	Durable Medical Equipment (DME)	PA applicable to Medicaid and Marketplace only
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Durable Medical Equipment (DME)	
E0656	SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK	Durable Medical Equipment (DME)	
E0657	SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS CHEST	Durable Medical Equipment (DME)	
E0667	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG	Durable Medical Equipment (DME)	
E0668	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM	Durable Medical Equipment (DME)	
E0670	SEG PNEU APPLINC PNEU COMPRS IN 2 FULL LEGS TRNK	Durable Medical Equipment (DME)	
E0671	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG	Durable Medical Equipment (DME)	
E0672	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL ARM	Durable Medical Equipment (DME)	
E0673	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC HALF LEG	Durable Medical Equipment (DME)	
E0675	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0691	UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0692	UV LT TX SYS PANL W BULB LAMP TIMER 4 FT PANEL	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0693	UV LT TX SYS PANL W BULBS LAMPS TIMER 6 FT PANEL	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0694	UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0747	OSTOGENS STIM ELEC NONINVASV OTH THAN SP APPLIC	Durable Medical Equipment (DME)	
E0748	OSTOGENS STIMULATOR ELEC NONINVASV SPINAL APPLIC	Durable Medical Equipment (DME)	
E0749	OSTOGENESIS STIMULATOR ELEC SURGICALLY IMPL	Durable Medical Equipment (DME)	
E0760	OSTOGENS STIM LOW INTENS ULTRASOUND NON-INVASV	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0762	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0782	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0783	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	Durable Medical Equipment (DME)	
E0785	IMPLANTABLE INTRASPINAL CATHETER USED W PUMP-REPL	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0787	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN, DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0849	TRACTION EQP CERV FREESTAND STAND FRME PNEUMATIC	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0855	CERVICAL TRACTION EQUIP NOT RQR ADD STAND FRAME	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E0983	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC	Durable Medical Equipment (DME)	
E0984	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC	Durable Medical Equipment (DME)	
E0986	MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	Durable Medical Equipment (DME)	
E0988	MANUAL WC ACCESSORY LEVR-ACTVATD WHL DRIVE PAIR	Durable Medical Equipment (DME)	
E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	Durable Medical Equipment (DME)	
E1003	WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDUC	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E1004	WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDUC	Durable Medical Equipment (DME)	
E1005	WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	
E1006	WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC	Durable Medical Equipment (DME)	
E1007	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	Durable Medical Equipment (DME)	
E1008	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	
E1010	WC ACSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR	Durable Medical Equipment (DME)	
E1012	WC ACSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	Durable Medical Equipment (DME)	
E1014	RECLIN BACK ADDITION PEDIATRIC SIZE WHEELCHAIR	Durable Medical Equipment (DME)	
E1020	RESIDUAL LIMB SUPPORT SYSTEM WHEELCHAIR ANY TYPE	Durable Medical Equipment (DME)	
E1028	WHEELCHAIR ACCESSORY, MANUAL SWING AWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSOR	Durable Medical Equipment (DME)	
E1029	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED	Durable Medical Equipment (DME)	
E1030	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	Durable Medical Equipment (DME)	
E1035	MULTI-PSTN PT TRNSF SYS W SEAT PT WT UNDER EQ 300 LBS	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E1036	MULTI-PSTN PT TRNSF SYS EXTRA WIDE PT OVER 300 LBS	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E1161	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	Durable Medical Equipment (DME)	
E1225	WHLCHAIR ACCESS MANUAL SEMIRECLINING BACK EACH	Durable Medical Equipment (DME)	
E1226	WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH	Durable Medical Equipment (DME)	
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	Durable Medical Equipment (DME)	
E1230	PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER	Durable Medical Equipment (DME)	
E1232	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS	Durable Medical Equipment (DME)	

Clinical documentation is required with submission for any of these items.

E1233	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	
E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	
E1235	WHLCHAIR PED SIZE RIGD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	
E1236	WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	
E1237	WHLCHAIR PED SZ RIGD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	
E1238	WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Durable Medical Equipment (DME)	
E1298	SPECIAL WHLCHAIR SEAT DEPTH AND OR WIDTH CONSTRUCT	Durable Medical Equipment (DME)	
E1310	WHIRLPOOL NONPORTABLE	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E1700	JAW MOTION REHABILITATION SYSTEM	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E2201	MNL WC ACSS NONSTD SEAT WIDHT GR THTN EQ 20 IN AND UNDER	Durable Medical Equipment (DME)	
E2202	MANUAL WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Durable Medical Equipment (DME)	
E2203	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 UNDER 22 IN	Durable Medical Equipment (DME)	
E2204	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only
E2227	MANUAL WC ACCESS GEAR REDUCTION DRIVE WHEEL EACH	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E2228	MNL WC ACCESS WHEEL BRAKING SYS AND LOCK COMPLETE EA	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E2291	BACK PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	Durable Medical Equipment (DME)	
E2292	SEAT PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	Durable Medical Equipment (DME)	
E2293	BACK CONTOURED PED WC INCL FIX ATTCH HARDWARE	Durable Medical Equipment (DME)	
E2294	SEAT CONTOURED PED WC INCL FIX ATTCH HARDWARE	Durable Medical Equipment (DME)	
E2295	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	Durable Medical Equipment (DME)	
E2300	WHEEL CHAIR ACCESSORY - PWR SEAT ELEVATION SYS	Durable Medical Equipment (DME)	
E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTRLER AND ONE PWR	Durable Medical Equipment (DME)	
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLER AND TWO MORE	Durable Medical Equipment (DME)	
E2312	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	Durable Medical Equipment (DME)	
E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLR EA	Durable Medical Equipment (DME)	
E2321	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL	Durable Medical Equipment (DME)	
E2322	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E2325	PWR WC ACSS SIP AND PUFF INTERFE NONPROPRTNAL	Durable Medical Equipment (DME)	
E2326	PWR WC ACSS BREATH TUBE KIT SIP AND PUFF INTERFE	Durable Medical Equipment (DME)	
E2327	PWR WC ACSS HEAD CNTRL INTERFE MECH PROPRTNAL	Durable Medical Equipment (DME)	
E2328	PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL	Durable Medical Equipment (DME)	
E2329	PWR WC ACSS HEAD CNTRL CNCT SWTCH MECH NOPRPTNL	Durable Medical Equipment (DME)	
E2330	PWR WC ACSS HEAD PROX SWITCH MECH NONPRPTNL	Durable Medical Equipment (DME)	
E2340	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	Durable Medical Equipment (DME)	
E2341	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Durable Medical Equipment (DME)	
E2342	PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN	Durable Medical Equipment (DME)	
E2343	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Durable Medical Equipment (DME)	
E2351	PWR WC ACSS ELEC INTERFE OPERATE SPCH GEN DEVC	Durable Medical Equipment (DME)	
E2361	PWR WC ACSS 22NF SEALED LEAD ACID BATTERY EA	Durable Medical Equipment (DME)	
E2366	PWR WC ACSS BATTERY CHRGR 1 MODE W ONLY 1 BATTERY	Durable Medical Equipment (DME)	
E2367	PWR WC ACSS BATT CHRGR DUL MODE W EITHER BATT EA	Durable Medical Equipment (DME)	
E2368	POWER WHEELCHAIR CMPNT MOTOR REPLACEMENT ONLY	Durable Medical Equipment (DME)	
E2369	POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY	Durable Medical Equipment (DME)	
E2370	PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY	Durable Medical Equipment (DME)	
E2373	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	Durable Medical Equipment (DME)	
E2374	PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY	Durable Medical Equipment (DME)	
E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	
E2376	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	
E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE	Durable Medical Equipment (DME)	
E2378	POWER WHEELCHAIR COMPONENT ACTUATOR REPLACE ONLY	Durable Medical Equipment (DME)	
E2397	POWER WHLCHAIR ACCESSORY LITHIUM-BASED BATTERY EA	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E2398	POWER WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK	Durable Medical Equipment (DME)	
E2500	SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME	Durable Medical Equipment (DME)	
E2502	SPCH GEN DEVC DIGITZD OVER 8 MINS LESS THTN EQ 20 MINS REC	Durable Medical Equipment (DME)	
E2504	SPCH GEN DEVC DIGITZD OVER 20 MINS UNDER EQ 40 MINS REC	Durable Medical Equipment (DME)	
E2506	SPEECH GEN DEVC DIGITIZED OVER 40 MINS REC TIME	Durable Medical Equipment (DME)	
E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT	Durable Medical Equipment (DME)	
E2510	SPCH GEN DEVC SYNTHSIZD MX METH MESS AND DEVC ACSS	Durable Medical Equipment (DME)	
E2511	SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST	Durable Medical Equipment (DME)	
E2605	PS TN WHEELCHAIR SEAT CUSHN WIDTH UNDER 22 IN DEPTH	Durable Medical Equipment (DME)	
E2606	PS TN WHEELCHAIR SEAT CUSHN WIDTH 22 IN GT DEPTH	Durable Medical Equipment (DME)	
E2607	SKN PROTECT AND PS TN WC SEAT CUSHN W DTH UNDER 22 IN DEPTH	Durable Medical Equipment (DME)	
E2608	SKN PROTECT AND PS TN WC SEAT CUSHN W DTH 22 IN GT DPTH	Durable Medical Equipment (DME)	
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	Durable Medical Equipment (DME)	
E2611	GEN WC BACK CUSHN W DTH UNDER 22 IN HT MOUNT HARDWARE	Durable Medical Equipment (DME)	
E2612	GEN WC BACK CUSHN W DTH 22 IN GT HT MOUNT HARDWRE	Durable Medical Equipment (DME)	
E2613	PS TN WC BACK CUSHN POST WIDTH UNDER 22 IN ANY HEIGHT	Durable Medical Equipment (DME)	
E2614	PS TN WC BACK CUSHN POST WIDTH 22 IN OR GRT ANY HEIGHT	Durable Medical Equipment (DME)	
E2615	PS TN WC BACK CUSHN POSTLAT WIDTH UNDER 22 IN ANY HT	Durable Medical Equipment (DME)	
E2616	PS TN WC BACK CUSHN POSTLAT WIDTH 22 IN OR GRT ANY HT	Durable Medical Equipment (DME)	
E2617	CTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	Durable Medical Equipment (DME)	
E2620	PS TN WC BACK CUSHN PLANAR LAT SUPP W DTH UNDER 22 IN	Durable Medical Equipment (DME)	
E2621	PS TN WC BACK CUSHN PLANAR LAT SUPP W DTH 22 IN OR GRT	Durable Medical Equipment (DME)	
E2622	SKIN PROTECT WC SEAT CUSH WIDTH UNDER 22 IN ANY DEPTH	Durable Medical Equipment (DME)	
E2623	SKIN PROTECT WC SEAT CUSH WIDTH 22 IN OR GRT ANY DEPTH	Durable Medical Equipment (DME)	
E2624	SKIN PROTECT AND POSITIONING WC CUSH WIDTH UNDER 22 IN	Durable Medical Equipment (DME)	
E2625	SKIN PROTECT AND POSITIONING WC CUSH WIDTH 22 IN OR GRT	Durable Medical Equipment (DME)	
E2626	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only
E2627	WC ACCESS SHLDR ELB M ARM SUPP ADJUSTBL RANCHO	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E2628	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E2629	WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E2630	WC ACCESS SHLDR ELB MOBIL MONOSUSP ARM HAND SUPP	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
E2631	WC ACCESS ADD MOBILE ARM SUPPORT ELEV PROX ARM	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
K0008	CUSTOM MANUAL WHEELCHAIR BASE	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
K0009	OTHER MANUAL WHEELCHAIR BASE	Durable Medical Equipment (DME)	
K0010	STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	
K0011	STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
K0013	CUSTOM MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	PA applicable to Medicare only
K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	Durable Medical Equipment (DME)	
K0553	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES & ACCESSORIES (1 month supply = 1 unit of service)	Durable Medical Equipment (DME)	
K0554	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE MONITOR SYSTEM SYSTEM	Durable Medical Equipment (DME)	
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	Durable Medical Equipment (DME)	
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Durable Medical Equipment (DME)	
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Durable Medical Equipment (DME)	
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Durable Medical Equipment (DME)	
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Durable Medical Equipment (DME)	
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Durable Medical Equipment (DME)	
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Durable Medical Equipment (DME)	
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Durable Medical Equipment (DME)	
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Durable Medical Equipment (DME)	
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Durable Medical Equipment (DME)	
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	Durable Medical Equipment (DME)	
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	

K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Durable Medical Equipment (DME)	
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Durable Medical Equipment (DME)	
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Durable Medical Equipment (DME)	
K0840	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Durable Medical Equipment (DME)	
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Durable Medical Equipment (DME)	
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Durable Medical Equipment (DME)	
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Durable Medical Equipment (DME)	
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Durable Medical Equipment (DME)	
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Durable Medical Equipment (DME)	
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Durable Medical Equipment (DME)	
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Durable Medical Equipment (DME)	
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	Durable Medical Equipment (DME)	
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Durable Medical Equipment (DME)	
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Durable Medical Equipment (DME)	
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Durable Medical Equipment (DME)	
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Durable Medical Equipment (DME)	
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Durable Medical Equipment (DME)	
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Durable Medical Equipment (DME)	
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Durable Medical Equipment (DME)	
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Durable Medical Equipment (DME)	
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	Durable Medical Equipment (DME)	
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Durable Medical Equipment (DME)	
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Durable Medical Equipment (DME)	
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	Durable Medical Equipment (DME)	
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	Durable Medical Equipment (DME)	
K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
K1001	ELECTRONIC POSITIONAL OBSTRUCTIVE SLEEP APNEA TREATMENT, WITH SENSOR, INCLUDES ALL COMPONENTS AND ACCESSORIES, ANY TYPE	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
K1002	CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM, INCLUDES ALL SUPPLIES AND ACCESSORIES, ANY TYPE	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
K1003	WHIRLPOOL TUB, WALK IN, PORTABLE	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
K1004	LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE FOR HOME USE, INCLUDES ALL COMPONENTS AND ACCESSORIES	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
K1017	Monthly supplies for use of device coded at K1016	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
K1019	Monthly supplies for use of device coded at K1018	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
K1020	Noninvasive vagus nerve stimulator	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE; REPLACEMENT ONLY	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
Q4183	SURGIGRAFT PER SQ CM	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
Q4184	CELLESTA PER SQ CM	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
Q4185	CELLESTA FLOWABLE AMNION; PER 0.5 CC	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
Q4186	EPIFIX, PER SQ, CENTIMETER	Durable Medical Equipment (DME)	
Q4187	EPICORD, PER SQ, CENTIMETER	Durable Medical Equipment (DME)	
Q4188	AMNIOARMOR PER SQ CM	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
Q4190	ARTACENT AC PER SQ CM	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
Q4191	RESTORIGIN PER SQ CM	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
Q4193	COLL-E-DERM PER SQ CM	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
Q4194	NOVACHOR PER SQ CM	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
Q4200	SKINTE PER SQ CM	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
Q4201	MATRION PER SQ CM	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
Q4202	KEROXX (2.5G CC) 1CC	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
Q4203	DERMA-GIDE PER SQ CM	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
Q4204	XWRAP PER SQ CM	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
Q4198	GENESIS AMNIOTIC MEMBRANE PER SQ CM	Durable Medical Equipment (DME)	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
S1034	ARTIF PANCREAS DEVC SYS THAT CMNCT W ALL DEVC	Durable Medical Equipment (DME)	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
S1035	SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
S1036	TRANSMITTER; EXT USE W ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
S1037	RECEIVER; EXTERNAL USE W ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
V2530	CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS	Durable Medical Equipment (DME)	PA applies to Marketplace and Medicare. Non covered for Medicaid
V2531	CONTACT LENS SCLERAL GAS PERMEABLE PER LENS	Durable Medical Equipment (DME)	
V5171	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE)	Durable Medical Equipment (DME)	
V5172	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC)	Durable Medical Equipment (DME)	
V5181	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE)	Durable Medical Equipment (DME)	
V5211	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITE	Durable Medical Equipment (DME)	
V5212	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/JTC	Durable Medical Equipment (DME)	
V5213	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE BTE	Durable Medical Equipment (DME)	PA applies to Marketplace only. Non covered for Medicaid and Medicare
V5214	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/JTC	Durable Medical Equipment (DME)	
V5215	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/BTE	Durable Medical Equipment (DME)	
V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE/BTE	Durable Medical Equipment (DME)	
0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0054T	CPT-ASST MUSCSKEL NAVIGI ORTHO FLUOR IMAGES	Experimental/Investigational	
0055T	CPT-ASST MUSCSKEL NAVIGI ORTHO CT MRI	Experimental/Investigational	
0071T	US ABLATJ UTERINE LEIOMYOMATA UNDER 200 CC TISSUE	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0072T	US ABLATJ UTERINE LEIOMYOMAT OR MOREQUAL 200 CC TISS	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0075T	TCAT PLMT XTRC VRT CRTD STENT RS AND I PRQ 1ST VSL	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid

Clinical is required with submission for any of these services.

0100T	PLMT SCINCL RTA PROSTH AND PLS AND IMPLTJ INTRA-OC RTA	Experimental/Investigational	PA applies to Marketplace only. Non covered for Medicaid and Medicare
0101T	EXTRCORPL SHOCK WAVE MUSCSKELE NOS HIGH ENERGY	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0102T	EXTRCORPL SHOCK WAVE W ANES LAT HUMERL EPICONDYLE	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0106T	QUANT SENSORY TEST AND INTERP J XTR W TOUCH STIMULI	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0107T	QUANT SENSORY TEST AND INTERP J XTR W VIBRJ STIMULI	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0108T	QUANT SENSORY TEST AND INTERP J XTR W COOL STIMULI	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0109T	QUANT SENSORY TEST AND INTERP J XTR W HT-PN STIMULI	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0110T	QUANT SENSORY TEST AND INTERP J XTR OTHER STIMULI	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0184T	RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0191T	ANT SEGMENT INSERTION DRAINAGE W O RESERVOIR INT	Experimental/Investigational	
0198T	MEAS OCULAR BLOOD FLOW REPEAT IO PRES SAMP W I AND R	Experimental/Investigational	
0200T	PERQ SAC AGMNTJ UNI W WO BALO MCHNL DEV 1 OR GRT NDL	Experimental/Investigational	
0201T	PERQ SAC AGMNTJ BI W WO BALO MCHNL DEV 2 OR GRT NDL	Experimental/Investigational	
0202T	POST VERT ARTHRPLSTY W WO BONE CEMENT 1 LUMB LVL	Experimental/Investigational	
0207T	EVAC MEIBOMIAN GLNDS AUTO HT AND INTMT PRESS UNI	Experimental/Investigational	
0208T	PURE TONE AUDIOMETRY AUTOMATED AIR ONLY	Experimental/Investigational	
0209T	PURE TONE AUDIOMETRY AUTOMATED AIR AND BONE	Experimental/Investigational	
0210T	SPEECH AUDIOMETRY THRESHOLD AUTOMATED	Experimental/Investigational	
0211T	SPEECH AUDIOM THRESHLD AUTO W SPEECH RECOGNITION	Experimental/Investigational	
0212T	COMPRES AUDIOM THRESHOLD EVAL AND SPEECH RECOG	Experimental/Investigational	
0213T	NIX DX THER PARAVERT FCT JT W US CER THOR 1 LVL	Experimental/Investigational	
0214T	NIX DX THER PARAVERT FCT JT W US CER THOR 2ND LVL	Experimental/Investigational	
0215T	NIX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL	Experimental/Investigational	
0216T	NIX DX THER PARAVERT FCT JT W US LUMB SAC 1 LVL	Experimental/Investigational	
0217T	NIX DX THER PARAVERT FCT JT W US LUMB SAC LVL 2	Experimental/Investigational	
0218T	NIX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL	Experimental/Investigational	
0219T	PLMT POST FACET IMPLANT UNI BI W IMG AND GRFT CERV	Experimental/Investigational	
0220T	PLMT POST FACET IMPLT UNI BI W IMG AND GRFT THOR	Experimental/Investigational	
0221T	PLMT POST FACET IMPLT UNI BI W IMG AND GRFT LUMB	Experimental/Investigational	
0234T	TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	Experimental/Investigational	
0235T	TRLUML PERIPHERAL ATHERECTOMY VISCERAL ARTERY EA	Experimental/Investigational	
0236T	TRLUML PERIPH ATHRC W RS AND I ABDOM AORTA	Experimental/Investigational	
0237T	TRLUML PERIPH ATHRC W RS AND I BRCHIOCPHL EA VSL	Experimental/Investigational	
0238T	TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	Experimental/Investigational	
0253T	INSERT ANT SGM DRAINAGE DEV W O RESERVIR INT APPR	Experimental/Investigational	
0263T	AUTO BONE MARRW CELL RX COMPLT BONE MARRW HARVST	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0264T	AUTO BONE MARRW CELL RX COMP W O BONE MAR HARVST	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0265T	BONE MAR HARVST ONLY FOR INTMUSC AUTOLO CELL RX	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0266T	IM REPL CARTD SINS BAROREFLX ACTIV DEV TOT SYST	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0267T	IM REPL CARTD SINS BAROREFLX ACT DEV LEAD ONLY	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0268T	IM REPL CARTD SINS BAROREFLX ACT DEV PLS GEN ONLY	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0269T	REV REMVL CARTD SINS BAROREFLX ACT DEV TOT SYSTEM	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0270T	REV REMVL CARTD SINS BAROREFLX ACT DEV LEAD ONLY	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0271T	REV REM CARTD SINS BAROREFLX ACT DEV PLS GEN ONLY	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0272T	INTRGORTION DEV EVAL CARTD SINS BAROREFLX W I AND R	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0273T	INTROGATION DEV EVAL CARTD SINS BAROREFLX W PRGRM	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0274T	PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0275T	PERC LAMINO- LAMINECTOMY INDIR IMAG GUIDE LUMBAR	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0278T	TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS	Experimental/Investigational	PA applies to Marketplace and Medicare. Non covered for Medicaid
0312T	LAPS IMPLTJ NSTIM ELTRD ARRAY AND PLS GEN VAGUS NRV	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0313T	LAPS REVJ REPLCMT NSTIM ELTRD ARRAY VAGUS NRV	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0314T	LAPS RMVL NSTIM ELTRD ARRAY AND PLS GEN VAGUS NRV	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0315T	REMOVAL PULSE GENERATOR VAGUS NERVE	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0316T	REPLACEMENT PULSE GENERATOR VAGUS NERVE	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0317T	ELEC ALYS NSTIM PLS GEN VAGUS NRV W REPRGRMG	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0329T	MNTR INTRAOCLAR PRESS 24HRS OR GRT UNI BI W INTERP	Experimental/Investigational	
0330T	TEAR FILM IMAGING UNILATERAL OR BILATERAL W I AND R	Experimental/Investigational	
0333T	VISUAL EVOKED POTENTIAL ACUITY SCREENING AUTO	Experimental/Investigational	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
0335T	INSERTION OF SINUS TARSI IMPLANT	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0338T	TRANSCATHETER RENAL SYMPATH DENERVATION UNILAT	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0339T	TRANSCATHETER RENAL SYMPATH DENERVATION BILAT	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0342T	THERAPEUTIC APHERESIS W SELECTIVE HDL DELIP	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0347T	PLACE INTERSTITIAL DEVICE(S) IN BONE FOR RSA	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0348T	RADIOSTEREOMETRIC ANALYSIS SPINE EXAM	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0349T	RADIOSTEREOMETRIC ANALYSIS UPPER EXTREMITY EXAM	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0350T	RADIOSTEREOMETRIC ANALYSIS LOWER EXTREMITY EXAM	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0351T	INTRAOP OCT BREAST OR AXILL NODE EACH SPECIMEN	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0352T	OCT BREAST OR AXILL NODE SPECIMEN I AND R	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0353T	OCT OF BREAST SURG CAVITY REAL TIME INTRAOP	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0354T	OCT BREAST SURG CAVITY REAL TIME REFERRED I AND R	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0355T	GI TRACT IMAGING INTRALUMINAL COLON WITH I AND R	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0356T	INSERT DRUG IMPLANT INTO LACRIMAL CANAL FOR IOP	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0358T	BIA WHOLE BODY COMPOSITION ASSESSMENT W I AND R	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0362T	BEHAVIOR ID SUPPORT ASSMT EA 15 MIN TECH TIME	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0373T	ADAPT BHV TX PRCL MODIFCAJ EA 15 MIN TECH TIME	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0394T	HDR ELECTRONIC BRACHYTHERAPY SKIN SURFACE	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0395T	HDR ELECTRONIC BRACHYTHERAPY NTRSTL INTRCAV	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0397T	ERCP WITH OPTICAL ENDOMICROSCOPY ADD ON	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0398T	MRGFUS STEREOTACTIC ABLATION LESION INTRACRANIAL	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0402T	COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0403T	DIABETES PREVENTION PROG STANDARDIZED CURRICULUM	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0408T	INSJ RPLC CAR MODULJ SYS PLS GEN TRANSVNS ELTRD	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0409T	INSJ RPLC CARDIAC MODULJ SYS PLS GENERATOR ONLY	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0410T	INSJ RPLC CARDIAC MODULJ SYS ATR ELECTRODE ONLY	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0411T	INSJ RPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0412T	REMOVAL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0413T	REMOVAL CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0414T	RMVL AND RPL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0415T	REPOS CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0416T	RELOC SKIN POCKET CARDIAC MODULJ PULSE GENERATOR	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0417T	PRGRMG DEVICE EVALUATION CARDIAC MODULJ SYSTEM	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0418T	INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0419T	DSTRJ NEUROFIBROMAS XTNSV FACE HEAD NECK OVER 50	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0420T	DSTRJ NEUROFIBROMAS XTNSV TRNK EXTREMITIES OVER 100	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0421T	TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0422T	TACTILE BREAST IMG COMPUTER-AIDED SENSORS UNI BI	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0423T	SECRETORY TYPE II PHOSPHOLIPASE A2 (SPLA2-IIA)	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0424T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA COMPLETE	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0425T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0426T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0427T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0428T	REMOVAL NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0429T	REMOVAL NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0430T	REMOVAL NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0431T	RMVL RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0432T	REPOS NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0433T	REPOS NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0434T	INTERRO DEV EVAL NSTIM PLS GEN SYS SLEEP APNEA	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0435T	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA 1 SESS	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0436T	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA STUDY	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0437T	IMPLTJ NONBIOL SYNTH IMPLT FASC RNFICMT ABDL WALL	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0440T	ABLTI PERC CRYOABLTI IMG GDN UXTR PERPH NERVE	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0441T	ABLTI PERC CRYOABLTI IMG GDN LXTR PERPH NERVE	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0442T	ABLTI PERC CRYOABLTI IMG GDN NRV PLEX TRNCL NRV	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0443T	R-T SPCTRL ALYS PRST8 TISS FLUORESCENC SPCTRSCPY	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0444T	INITIAL PLMT DRUG ELUTING OCULAR INSERT UNI BI	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0445T	SBSQ PLMT DRUG ELUTING OCULAR INSERT UNI BI	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0446T	CRJT SUBQ INSJ IMPLTBL GLUCOSE SENSOR SYS TRAIN	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0447T	RMVL IMPLTBL GLUCOSE SENSOR SUBQ POCKET VIA INC	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0448T	RMVL INSJ IMPLTBL GLUC SENSOR DIF ANATOMIC SITE	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0469T	RTA POLARIZE SCAN OC SCR W ONSITE AUTO RSLT BI	Experimental/Investigational	PA applicable to Marketplace only
0470T	OCT SKN IMG ACQUISJ I AND R 1ST LES	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0472T	DEV INTERR PRGRMG IO RTA ELTRD RA W ADJ AND REPR	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid

0473T	DEV INTERR REPRGRMG IO RTA ELTRD RA W REPRT	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0474T	INSJ ANT SEG AQUEOUS DRG DEV W IO RSVR	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0475T	REC FTL CAR SGL 3 CH PT REC AND STRG DATA SCN I AND R	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0476T	REC FTL CAR SGL PT REC SCAN W RAW ELEC TR DATA	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0477T	REC FTL CAR SGL 3 CH SGL XTRJ TECHL ALYS	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0478T	REC FTL CAR SGL 3 CH REVIEW I AND R	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0479T	FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0481T	NIX AUTOL WBC CONCENR INC IMG GDN HRV AND PREP	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0483T	TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0484T	TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0485T	OCT MIDDLE EAR WITH I AND R UNILATERAL	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0486T	OCT MIDDLE EAR WITH I AND R BILATERAL	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0487T	TRANSVAGINAL BIOMECHANICAL MAPPING W REPORT	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0488T	DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0489T	AUTOL REGN CELL TX SCLERODERMA HANDS	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0490T	AUTOL REGN CELL TX SCLDR MLT INJ 1 OR GRT HANDS	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0491T	ABL LASER TX OPEN WND PR DAY 1ST 20 SQCM OR LESS	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0493T	NEAR INFRARED SPECTROSCOPY STUDIES LOW EXT WOUNDS	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0494T	PREP AND CANNULI CDVR DON LNG ORGN PRFUJ SYS	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0495T	INIT AND MNTR CDVR DON LNG ORGN PRFUJ SYS 1ST 2 HR	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0497T	XTRNL PT ACT ECG W O ATTN MNTR IN-OFFICE CONN	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0498T	XTRNL PT ACT ECG W O ATTN MNTR R AND I PR 30 DAYS	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0499T	CYSTO W DIL AND URTL RX DEL F URTL STRIX STENOSIS	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0500T	IADNA HPV 5 PLUS SEP REPRT HIGH RISK HPV TYPES	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0505T	EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF AND CLSR	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0506T	MAC PGMT OPTICAL DNS MEAS HFP UNI BI W I AND R	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0507T	NEAR INFRARED DUAL IMG MEIBOMIAN GLND UNI BI I AND R	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0508T	PLS ECHO US B1 DNS MEAS INDIC AXL B1 MIN DNS TIB	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0509T	PATTERN ELECTRORETINOGRAPHY W I AND R	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0510T	REMOVAL OF SINUS TARSI IMPLANT	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0511T	REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0512T	ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0513T	ESW INTEGUMENTARY WOUND HEALING EA ADDL WOUND	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0514T	INTRAOPERATIVE VISUAL AXIS ID USING PT FIXATION	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0515T	INSERTION WRLS CAR STIMULATOR LV PACG COMPL SYS	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0516T	INSERTION WRLS CAR STIMULATOR LV PACG ELTRD ONLY	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0517T	INSERTION WRLS CAR STIMULATOR LV PACG PG COMPNT	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0518T	REMOVAL PG COMPNT ONLY WRLS CAR STIMULATOR	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0519T	REMOVAL AND RPLCMT WRLS CAR STIMULATOR PG COMPNT	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0520T	REMOVAL AND RPLCMT WRLS CAR STIMULATOR W NEW ELTRD	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0521T	INTERROG DEV EVAL WRLS CAR STIMULATOR IN PERSON	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0522T	PRGRMG DEVICE EVAL WRLS CAR STIMULATOR IN PERSON	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0523T	INTRAPROCEDURAL CORONARY FFP W 3D FUNCIL MAPPING	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0524T	EV CATHETER DIR CHEM ABLT INCMPNT XTR VEIN	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0525T	INSERTION REPLACEMENT COMPLETE IIMS	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0526T	INSERTION REPLACEMENT IIMS ELECTRODE ONLY	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0527T	INSERTION REPLACEMENT IIMS IMPLANTABLE MNTR ONLY	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0528T	PRGRMG DEVICE EVAL IIMS IN PERSON	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0529T	INTERROGATION DEVICE EVAL IIMS IN PERSON	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0530T	REMOVAL COMPLETE IIMS INCL IMG S AND I	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0532T	REMOVAL IIMS IMPLANTABLE MNTR ONLY INCL IMG S AND I	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0533T	CONTINUOUS REC MVMT DO SX 6 D UNDER 10 D	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0534T	CONT REC MVMT DO SX 6 D UNDER 10 D SETUP AND PT TRAINJ	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0535T	CONT REC MVMT DO SX 6 D UNDER 10 D 1ST REPRT CNFIG	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0536T	CONT REC MVMT DO SX 6 D UNDER 10 D DL REVIEW I AND R	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0541T	MYOCARDIAL IMG BY MCG DETCI CARDIAC ISCHEMIA	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0542T	MYOCARDIAL IMG BY MCG DETCI CARDIAC ISCHEMIA I AND R	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0563T	EVACUATION OF MEIBOMIAN GLANDS, USING HEAT DELIVERED THROUGH WEARABLE, OPEN EYE EYELID TREATMENT DEVICES AND MANUAL GLAND EXPRESSION (bilateral)	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0564T	ONCOLOGY, CHEMOTHERAPEUTIC DRUG CYTOTOXICITY ASSAY OF CANCER STEM CELLS (CSC), FROM CULTURED CSC AND PRIMARY TUMOR CELLS, CATEGORICAL DRUG RESPONSE REPORTED BASED ON PERCENT OF CYTOTOXICITY OBSERVED, A MINIMUM OF 14 DRUGS OR DRUG COMBINATIONS	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0565T	AUTOLOGOUS CELLULAR IMPLANT DERIVED FRM ADIPOSE TISSUE FOR THE TREATMENT OF OSTEOARTHRITIS OF THE KNEES; TISSUE HARVESTING AND CELLULAR IMPLANT CREATION	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0566T	AUTOLOGOUS CELLULAR IMPLANT DERIVED FRM ADIPOSE TISSUE FOR THE TREATMENT OF OSTEOARTHRITIS OF THE KNEES; INJECTION OF CELLULAR IMPLANT INTO KNEE JOINT INCLUDING ULTRASOUND GUIDANCE (unilateral)	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0567T	PERMANENT FALLOPIAN TUBE OCCLUSION WITH DEGRADABLE BIOPOLYMER IMPLANT, TRANSCERVICAL APPROACH, INCLUDING TRANSVAGINAL U/S	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0568T	INTRODUCTION OF MIXTURE OF SALINE AND AIR FOR SONOSALPINGOGRAPHY TO CONFIRM OCCLUSION OF FALLOPIAN TUBES, TRANSCERVICAL APPROACH, INCLUDING TRANSVAGINAL U/S AND PELVIC U/S	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0569T	TRANSCATHETER TRICUSPID VALVE REPAIR, PERCUTANEOUS APPROACH, INITIAL PROSTHESIS	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0570T	TRANSCATHETER TRICUSPID VALVE REPAIR, PERCUTANEOUS APPROACH, EACH ADDITIONAL PROSTHESIS DURING SAME SESSION	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0571T	INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH SUBSTERNAL ELECTRODE(S), INCLUDING ALL IMAGING GUIDANCE AND ELECTROPHYSIOLOGICAL EVALUATION (INCLUDES DEFIBRILLATION THRESHOLD EVALUATION, INDUCTION OF ARRHYTHMIA, EVALUATION OF SENSING FOR ARRHYTHMIA TERMINATION, AND PROGRAMMING OR REPROGRAMMING OF SENSING OR THERAPEUTIC PARAMETERS), WHEN PERFORMED	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0572T	INSERTION OF SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELECTRODE	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0573T	REMOVAL OF SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELECTRODE	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0574T	REPOSITIONING OF PREVIOUSLY IMPLANTED SUBSTERNAL IMPLANTABLE DEFIBRILLATOR-PACING ELECTRODE	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0575T	PROGRAMMING DEVICE EVALUATION (IN PERSON) OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH SUBSTERNAL ELECTRODE, WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS, REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0576T	INTERROGATION DEVICE EVALUATION (IN PERSON) OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH SUBSTERNAL ELECTRODE, WITH ANALYSIS, REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0577T	ELECTROPHYSIOLOGICAL EVALUATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH SUBSTERNAL ELECTRODE (INCLUDES DEFIBRILLATION THRESHOLD EVALUATION, INDUCTION OF ARRHYTHMIA, EVALUATION OF SENSING FOR ARRHYTHMIA TERMINATION, AND PROGRAMMING OR REPROGRAMMING OF SENSING OR THERAPEUTIC PARAMETERS)	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0578T	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS, SUBSTERNAL LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH INTERIM ANALYSIS, REVIEW(S) AND REPORT(S) BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0579T	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS, SUBSTERNAL LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM, REMOTE DATA ACQUISITION(S), RECEIPT OF TRANSMISSIONS AND TECHNICIAN REVIEW, TECHNICAL SUPPORT AND DISTRIBUTION OF RESULTS	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0580T	REMOVAL OF SUBSTERNAL IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0581T	ABLATION, MALIGNANT BREAST TUMOR(S), PERCUTANEOUS, CRYOTHERAPY, INCLUDING IMAGING GUIDANCE WHEN PERFORMED, UNILATERAL	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0582T	TRANSURETHRAL ABLATION OF MALIGNANT PROSTATE TISSUE BY HIGH-ENERGY WATER VAPOR THERMOTHERAPY, INCLUDING INTRAOPERATIVE IMAGING AND NEEDLE GUIDANCE	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0583T	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), USING AN AUTOMATED TUBE DELIVERY SYSTEM, IONTOPHORESIS LOCAL ANESTHESIA	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0584T	ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION, INCLUDING ALL IMAGING, INCLUDING GUIDANCE, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, WHEN PERFORMED; PERCUTANEOUS	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0585T	ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION, INCLUDING ALL IMAGING, INCLUDING GUIDANCE, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, WHEN PERFORMED; LAPAROSCOPIC	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0586T	ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION, INCLUDING ALL IMAGING, INCLUDING GUIDANCE, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, WHEN PERFORMED; OPEN	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid

0587T	PERCUTANEOUS IMPLANTATION OR REPLACEMENT OF INTEGRATED SINGLE DEVICE NEUROSTIMULATION SYSTEM INCLUDING ELECTRODE ARRAY AND RECEIVER OR PULSE GENERATOR, INCLUDING ANALYSIS, PROGRAMMING, AND IMAGING GUIDANCE WHEN PERFORMED, POSTERIOR TIBIAL NERVE	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0588T	REVISION OR REMOVAL OF INTEGRATED SINGLE DEVICE NEUROSTIMULATION SYSTEM INCLUDING ELECTRODE ARRAY AND RECEIVER OR PULSE GENERATOR, INCLUDING ANALYSIS, PROGRAMMING, AND IMAGING GUIDANCE WHEN PERFORMED, POSTERIOR TIBIAL NERVE	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0589T	ELECTRONIC ANALYSIS WITH SIMPLE PROGRAMMING OF IMPLANTED INTEGRATED NEUROSTIMULATION SYSTEM (EG, ELECTRODE ARRAY AND RECEIVER), INCLUDING CONTACT GROUP(S), AMPLITUDE, PULSE WIDTH, FREQUENCY (HZ), ON/OFF CYCLING, BURST, DOSE LOCKOUT, PATIENT-SELECTABLE PARAMETERS, RESPONSIVE NEUROSTIMULATION, DETECTION ALGORITHMS, CLOSED-LOOP PARAMETERS, AND PASSIVE PARAMETERS, WHEN PERFORMED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, POSTERIOR TIBIAL NERVE, 1-3 PARAMETERS	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0590T	ELECTRONIC ANALYSIS WITH COMPLEX PROGRAMMING OF IMPLANTED INTEGRATED NEUROSTIMULATION SYSTEM (EG, ELECTRODE ARRAY AND RECEIVER), INCLUDING CONTACT GROUP(S), AMPLITUDE, PULSE WIDTH, FREQUENCY (HZ), ON/OFF CYCLING, BURST, DOSE LOCKOUT, PATIENT-SELECTABLE PARAMETERS, RESPONSIVE NEUROSTIMULATION, DETECTION ALGORITHMS, CLOSED-LOOP PARAMETERS, AND PASSIVE PARAMETERS, WHEN PERFORMED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, POSTERIOR TIBIAL NERVE, 4 OR MORE PARAMETERS	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0596T	Temporary female intraurethral valve-pump (i.e., voiding prosthesis); initial insertion, including urethral measurement	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0597T	Temporary female intraurethral valve-pump (i.e., voiding prosthesis); replacement	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (e.g., lower extremity)	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (e.g., upper extremity) (List separately in addition to code for primary procedure)	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set up and patient education on use of equipment	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (e.g., ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (e.g., ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0614T	Removal and replacement of substernal implantable defibrillator pulse generator	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0615T	Eye-movement analysis without spatial calibration, with interpretation and report	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	Experimental/Investigational	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed	Experimental/Investigational	
0621T	Trabeculectomy ab interno by laser	Experimental/Investigational	
0622T	Trabeculectomy ab interno by laser; with use of ophthalmic endoscope	Experimental/Investigational	
0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report	Experimental/Investigational	
0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission	Experimental/Investigational	
0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography	Experimental/Investigational	
0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report	Experimental/Investigational	
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Experimental/Investigational	
0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	Experimental/Investigational	
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Experimental/Investigational	
0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	Experimental/Investigational	
0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity	Experimental/Investigational	
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	Experimental/Investigational	
0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed	Experimental/Investigational	
0640T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition, interpretation and report, each flap or wound	Experimental/Investigational	
0641T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition only, each flap or wound	Experimental/Investigational	

0642T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound	Experimental/Investigational	
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	Experimental/Investigational	
0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	Experimental/Investigational	
0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	Experimental/Investigational	
0646T	Transcatheter tricuspid valve implantation/replacement (TTV) with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	Experimental/Investigational	
0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	Experimental/Investigational	
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	Experimental/Investigational	
0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	Experimental/Investigational	
0650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional	Experimental/Investigational	
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	Experimental/Investigational	
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Experimental/Investigational	
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	Experimental/Investigational	
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	Experimental/Investigational	
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	Experimental/Investigational	
0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	Experimental/Investigational	
0657T	Vertebral body tethering, anterior; 8 or more vertebral segments	Experimental/Investigational	
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	Experimental/Investigational	
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	Experimental/Investigational	
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	Experimental/Investigational	
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	Experimental/Investigational	
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)	Experimental/Investigational	
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	Experimental/Investigational	
0665T	Donor hysterectomy (including cold preservation); open, from living donor	Experimental/Investigational	
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	Experimental/Investigational	
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	Experimental/Investigational	
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	Experimental/Investigational	
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	Experimental/Investigational	
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	Experimental/Investigational	
0206U	NEURO ALZHEIMER CELL AGGREGJ	Experimental/Investigational	
0207U	NEURO ALZHEIMER QUAN IMAGING	Experimental/Investigational	
0210U	SYPHILIS TST ANTB IA QUAN	Experimental/Investigational	
0219U	NFCT AGT HIV GNRJ SEQ ALYS	Experimental/Investigational	
0221U	ABO GNOTYP NEXT GNRJ SEQ ABO	Experimental/Investigational	
0222U	RHD&RHCE GNTYP NEXT GNRJ SEQ	Experimental/Investigational	
0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography w with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), w with drug or metabolite description, includes sample validation	Experimental/Investigational	
82016	ACYLCARNITINES QUALITATIVE EACH SPECIMEN	Experimental/Investigational	
82017	ACYLCARNITINES QUANTITATIVE EACH SPECIMEN	Experimental/Investigational	
83987	PH EXHALED BREATH CONDENSATE	Experimental/Investigational	
84145	PROCALCITONIN (PCT)	Experimental/Investigational	
86316	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	Experimental/Investigational	
86343	LEUKOCYTE HISTAMINE RELEASE TEST LHR	Experimental/Investigational	PA applies to Marketplace & Medicare. Non covered for Medicaid
93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	Experimental/Investigational	
93702	Lymphedema assessment for extracellular fluid analysis	Experimental/Investigational	PA applies to Marketplace only.
93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	Experimental/Investigational	
95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I AND R	Experimental/Investigational	
95836	ECOG IMPLANTED BRAIN NPGT W REC I AND R UNDER 30 DAYS	Experimental/Investigational	
95976	ELEC ALYS IMPLT SMPPL CN NPGT PRGRMG	Experimental/Investigational	
95977	ELEC ALYS IMPLT CPLX CN NPGT PRGRMG	Experimental/Investigational	
95983	ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	Experimental/Investigational	
A4563	RECTAL CNTRL SYS VAG INSR LT USE ANY TYPE EA	Experimental/Investigational	
A5514	DIAB ONLY MX DEN INSR DIRECT CARV CUSTOM FAB EA	Experimental/Investigational	PA applies to Marketplace only.
C1823	GENERATR NEUROSTIM NON-RECHRGABL TV S AND STIM LEADS	Experimental/Investigational	
C1824	GENERATOR, CARDIAC CONTRACTILITY MODULATION (Implantable)	Experimental/Investigational	
C2596	PROBE, IMAGE GUIDED, ROBOTIC, WATERJET ABLATION	Experimental/Investigational	
C8937	CMP-AID DETN INCL CMP ALG ANALYS BR MRI IMG DATA	Experimental/Investigational	
C9751	BRONCHOSCOPY RIGID FLEXIBLE TRANSBRON ABL LESION	Experimental/Investigational	
C9752	DESTRUC IO BASIVERTEB NERV 1ST 2 VERT B LUMB SAC	Experimental/Investigational	
C9753	DESTRUC IO BASIVERTEB NERV EA ADD VERT BODY L S	Experimental/Investigational	
C9754	CREATION AV FISTULA PERCUTANEOUS; DIRCT ANY SITE	Experimental/Investigational	PA applies to Marketplace & Medicare. Non covered for Medicaid
C9755	CREATION OF ARTERIOVENOUS FISTULA PERCUTANEOUS	Experimental/Investigational	PA applies to Marketplace & Medicare. Non covered for Medicaid
C9758	BLINDED PROCEDURE FOR NYHA CLASS III/IV HEART FAILURE; TRANSCATHETER IMPLANTATION OF INTERARTIAL SHUNT OR PLACEBO CONTROL, INCLUDING RIGHT HEART CATHETERIZATION, TEE/INTRACARDIAC ECHOCARDIOGRAPHY (ICE), AND ALL IMAGING WITH OR WITHOUT GUIDANCE, PERFORMED IN AN APPROVED INVESTIGATIONAL DEVICE EXEMPTION UNDER STUDY	Experimental/Investigational	PA applies to Marketplace & Medicare. Non covered for Medicaid
G2170	CREATION AV FISTULA PERCUTANEOUS; DIRCT ANY SITE	Experimental/Investigational	
G2171	CREATION OF ARTERIOVENOUS FISTULA PERCUTANEOUS	Experimental/Investigational	
K1006	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	Experimental/Investigational	PA applies to Marketplace & Medicare. Non covered for Medicaid
K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	Experimental/Investigational	PA applies to Marketplace & Medicare. Non covered for Medicaid
K1009	Speech volume modulation system, any type, including all components and accessories	Experimental/Investigational	PA applies to Marketplace & Medicare. Non covered for Medicaid
K1011	Activation device for intraurethral drainage device with valve, replacement only, each	Experimental/Investigational	PA applies to Marketplace & Medicare. Non covered for Medicaid
K1012	Charger and base station for intraurethral activation device, replacement only	Experimental/Investigational	PA applies to Marketplace & Medicare. Non covered for Medicaid
L8608	MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS	Experimental/Investigational	
Q4161	BIO-CONNKT WOUND MATRIX PER SQUARE CENTIMETER	Experimental/Investigational	
Q4162	WOUNDEX FLOW BIOSKIN FLOW 0.5 CC	Experimental/Investigational	
Q4163	WOUNDEX BIOSKIN PER SQUARE CM	Experimental/Investigational	
Q4164	HELICOLL PER SQUARE CENTIMETER	Experimental/Investigational	
Q4165	KERAMATRIX PER SQUARE CENTIMETER	Experimental/Investigational	
Q4189	ARTACENT AC 1 MG	Experimental/Investigational	PA applies to Marketplace & Medicare. Non covered for Medicaid
Q4192	RESTORIGIN 1 CC	Experimental/Investigational	PA applies to Marketplace & Medicare. Non covered for Medicaid
Q4195	PURAPLY PER SQ CM	Experimental/Investigational	PA applies to Marketplace & Medicare. Non covered for Medicaid
Q4196	PURAPLY AM PER SQ CM	Experimental/Investigational	PA applies to Marketplace & Medicare. Non covered for Medicaid
Q4197	PURAPLY XT PER SQ CM	Experimental/Investigational	PA applies to Marketplace & Medicare. Non covered for Medicaid
Q4226	MyOwn skin, includes harvesting and preparation procedures, per square centimeter	Experimental/Investigational	
81105	HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Molecular Testing	
81106	HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Molecular Testing	
81107	HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Molecular Testing	
81108	HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Molecular Testing	
81109	HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Molecular Testing	
81110	HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Molecular Testing	

Clinical documentation is required with submission for any of these services.

81111	HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Molecular Testing	
81112	HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Molecular Testing	
81120	IDH1 COMMON VARIANTS	Genetic Counseling & Molecular Testing	
81121	IDH2 COMMON VARIANTS	Genetic Counseling & Molecular Testing	
81161	DMD DUPLICATION DELETION ANALYSIS	Genetic Counseling & Molecular Testing	
81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	Genetic Counseling & Molecular Testing	
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Molecular Testing	
81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Molecular Testing	
81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Molecular Testing	
81166	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Molecular Testing	
81167	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Molecular Testing	
81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	Genetic Counseling & Molecular Testing	
81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Molecular Testing	
81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Molecular Testing	
81173	AR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Molecular Testing	
81174	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Molecular Testing	
81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Molecular Testing	
81176	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	Genetic Counseling & Molecular Testing	
81177	ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Molecular Testing	
81178	ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Molecular Testing	
81179	ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Molecular Testing	
81180	ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Molecular Testing	
81181	ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Molecular Testing	
81182	ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Genetic Counseling & Molecular Testing	
81183	ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Molecular Testing	
81184	CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Genetic Counseling & Molecular Testing	
81185	CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Molecular Testing	
81186	CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Molecular Testing	
81187	CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Molecular Testing	
81188	CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Molecular Testing	
81189	CSTB GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Molecular Testing	
81190	CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Molecular Testing	
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	Genetic Counseling & Molecular Testing	
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	Genetic Counseling & Molecular Testing	
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	Genetic Counseling & Molecular Testing	
81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	Genetic Counseling & Molecular Testing	
81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Molecular Testing	
81203	APC GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Molecular Testing	
81204	AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Molecular Testing	
81205	BCKDHB GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	
81210	BRAF GENE ANALYSIS V600 VARIANT(S)	Genetic Counseling & Molecular Testing	
81212	BRCA1 BRCA 2 GEN ALYS 185DEL 5385INS 6174DEL	Genetic Counseling & Molecular Testing	
81215	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Molecular Testing	
81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Molecular Testing	
81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Molecular Testing	
81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Molecular Testing	
81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Genetic Counseling & Molecular Testing	
81221	CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Molecular Testing	
81222	CFTR GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Molecular Testing	
81223	CFTR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Molecular Testing	
81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	
81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	
81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	
81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Genetic Counseling & Molecular Testing	
81229	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	Genetic Counseling & Molecular Testing	
81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	
81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	
81232	DYPD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	
81233	BTX GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	
81234	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Molecular Testing	
81235	EGFR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	
81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Molecular Testing	
81237	EZH2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	
81238	F9 FULL GENE SEQUENCE	Genetic Counseling & Molecular Testing	
81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Molecular Testing	
81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	Genetic Counseling & Molecular Testing	
81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Molecular Testing	
81246	FLT3 GENE ANALYSIS TYROSINE KINASE DOMAIN VARIANTS	Genetic Counseling & Molecular Testing	PA applies to Marketplace and Medicare only. Non covered for Medicaid
81247	G6PD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	PA applies to Marketplace and Medicare only. Non covered for Medicaid
81248	G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Molecular Testing	
81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Molecular Testing	
81258	HBA1 HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Molecular Testing	
81259	HBA1 HBA2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Molecular Testing	
81265	COMPARATIVE ANAL STR MARKERS PATIENT AND COMP SPEC	Genetic Counseling & Molecular Testing	
81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	Genetic Counseling & Molecular Testing	
81269	HBA1 HBA2 GENE ANALYSIS DUP DEL VARIANTS	Genetic Counseling & Molecular Testing	
81271	HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	Genetic Counseling & Molecular Testing	
81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Molecular Testing	
81273	KIT GENE ANALYSIS D816 VARIANT(S)	Genetic Counseling & Molecular Testing	
81274	HTT GENE ANALYSIS CHARACTERIZATION ALLELES	Genetic Counseling & Molecular Testing	
81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Genetic Counseling & Molecular Testing	
81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	Genetic Counseling & Molecular Testing	
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	Genetic Counseling & Molecular Testing	
81283	IFNL3 GENE ANALYSIS RS12979860 VARIANT	Genetic Counseling & Molecular Testing	
81284	FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Molecular Testing	
81285	FXN GENE ANALYSIS CHARACTERIZATION ALLELES	Genetic Counseling & Molecular Testing	
81286	FXN GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Molecular Testing	
81289	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Molecular Testing	
81291	MTFR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	
81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Molecular Testing	
81294	MLH1 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Molecular Testing	
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Molecular Testing	
81297	MSH2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Molecular Testing	
81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Molecular Testing	
81300	MSH6 GENE ANALYSIS DUPLICATION DELETION VARIA	Genetic Counseling & Molecular Testing	
81305	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	Genetic Counseling & Molecular Testing	
81306	NUDT15 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	
81307	PALB2 GENE ANALYSIS (FULL GENE SEQ)	Genetic Counseling & Molecular Testing	
81308	PALB2 GENE ANALYSIS (KNOWN FAMILIAL VARIANT)	Genetic Counseling & Molecular Testing	
81309	PIC3CA GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Molecular Testing	
81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2 AND 3	Genetic Counseling & Molecular Testing	
81312	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Molecular Testing	
81313	PCA3 KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	Genetic Counseling & Molecular Testing	
81314	PDGFRA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Molecular Testing	
81317	PMS2 GENE ANALYSIS FULL SEQUENCE	Genetic Counseling & Molecular Testing	
81319	PMS2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Molecular Testing	
81320	PLCG2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Molecular Testing	
81323	PTEN GENE ANALYSIS DUPLICATION DELETION VARIANT	Genetic Counseling & Molecular Testing	
81324	PMP22 GENE ANAL DUPLICATION DELETION ANALYSIS	Genetic Counseling & Molecular Testing	PA applies to Marketplace and Medicare only. Non covered for Medicaid
81325	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Molecular Testing	
81328	SLCO1B1 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	
81329	SMN1 GENE ANALYSIS DOSAGE DELET ALYS W SMN2 ALYS	Genetic Counseling & Molecular Testing	
81333	TGFB1 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	
81334	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Molecular Testing	PA applies to Marketplace and Medicare only. Non covered for Medicaid
81335	TPMT GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	
81336	SMN1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Molecular Testing	
81337	SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	Genetic Counseling & Molecular Testing	
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	Genetic Counseling & Molecular Testing	
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	Genetic Counseling & Molecular Testing	
81343	PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Molecular Testing	
81344	TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Molecular Testing	
81345	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Molecular Testing	
81346	TYMS GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	

81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	Genetic Counseling & Molecular Testing	
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	Genetic Counseling & Molecular Testing	
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	Genetic Counseling & Molecular Testing	
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	Genetic Counseling & Molecular Testing	
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	Genetic Counseling & Molecular Testing	
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	Genetic Counseling & Molecular Testing	
81355	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	Genetic Counseling & Molecular Testing	
81360	ZRSR2 (zinc finger CCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)	Genetic Counseling & Molecular Testing	
81361	HBB COMMON VARIANTS	Genetic Counseling & Molecular Testing	
81362	HBB KNOWN FAMILIAL VARIANTS	Genetic Counseling & Molecular Testing	
81363	HBB DUPLICATION DELETION VARIANTS	Genetic Counseling & Molecular Testing	
81364	HBB FULL GENE SEQUENCE	Genetic Counseling & Molecular Testing	
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Genetic Counseling & Molecular Testing	
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Genetic Counseling & Molecular Testing	
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Genetic Counseling & Molecular Testing	
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Genetic Counseling & Molecular Testing	
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Genetic Counseling & Molecular Testing	
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Genetic Counseling & Molecular Testing	
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Genetic Counseling & Molecular Testing	
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Genetic Counseling & Molecular Testing	
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Genetic Counseling & Molecular Testing	
81410	AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS	Genetic Counseling & Molecular Testing	
81411	AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS	Genetic Counseling & Molecular Testing	
81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Genetic Counseling & Molecular Testing	
81413	CAR ION CHNLPATH GENOMIC SEQ ALYS INC 10 GNS	Genetic Counseling & Molecular Testing	
81414	CAR ION CHNLPATH DUP DEL GN ALYS PANEL 2 GENES	Genetic Counseling & Molecular Testing	
81415	EXOME SEQUENCE ANALYSIS	Genetic Counseling & Molecular Testing	
81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Genetic Counseling & Molecular Testing	
81417	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	Genetic Counseling & Molecular Testing	
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCMQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXB1, SYNGAP1, TCF4, TFP1, TSC1, TSC2, and ZEB2	Genetic Counseling & Molecular Testing	
81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYSIS	Genetic Counseling & Molecular Testing	
81422	FETAL CHROMOSOMAL MICRODELETION GENOMIC SEQ ANALYSIS	Genetic Counseling & Molecular Testing	
81425	GENOME SEQUENCE ANALYSIS	Genetic Counseling & Molecular Testing	
81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Genetic Counseling & Molecular Testing	
81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Genetic Counseling & Molecular Testing	
81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Genetic Counseling & Molecular Testing	
81431	HEARING LOSS DUP DEL ANALYSIS	Genetic Counseling & Molecular Testing	
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYSIS 10 GEN	Genetic Counseling & Molecular Testing	
81433	HEREDITARY BRST CA-RELATED DUP DEL ANALYSIS	Genetic Counseling & Molecular Testing	
81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYSIS 15 GEN	Genetic Counseling & Molecular Testing	
81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYSIS 10 GEN	Genetic Counseling & Molecular Testing	
81436	HEREDITARY COLON CA DSRDRS DUP DEL ANALYSIS 5 GEN	Genetic Counseling & Molecular Testing	
81437	HEREDITARY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Genetic Counseling & Molecular Testing	
81438	HEREDITARY NURONDCRN TUM DSRDRS DUP DEL ANALYSIS	Genetic Counseling & Molecular Testing	
81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYSIS 5 GEN	Genetic Counseling & Molecular Testing	
81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Genetic Counseling & Molecular Testing	
81442	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYSIS 12 GEN	Genetic Counseling & Molecular Testing	
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Genetic Counseling & Molecular Testing	
81445	GEN SEQ ANALYSIS SOLID ORGAN NEOPLASM 5-50 GENE	Genetic Counseling & Molecular Testing	
81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	Genetic Counseling & Molecular Testing	
81450	GEN SEQ ANALYSIS HEMATOLOGY NEO 5-50 GENE	Genetic Counseling & Molecular Testing	
81455	GEN SEQ ANALYSIS SOLID ORG HEMATOLOGY NEO 51 OR GRT GEN	Genetic Counseling & Molecular Testing	
81460	WHOLE MITOCHONDRIAL GENOME	Genetic Counseling & Molecular Testing	
81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Genetic Counseling & Molecular Testing	
81470	X-LINKED INTELLECTUAL DBLTL GENOMIC SEQ ANALYSIS	Genetic Counseling & Molecular Testing	
81471	X-LINKED INTELLECTUAL DBLTL DUP DEL GENE ANALYSIS	Genetic Counseling & Molecular Testing	
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Genetic Counseling & Molecular Testing	
81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	Genetic Counseling & Molecular Testing	
81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Genetic Counseling & Molecular Testing	
81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	Genetic Counseling & Molecular Testing	
81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	Genetic Counseling & Molecular Testing	
81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Genetic Counseling & Molecular Testing	
81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Genetic Counseling & Molecular Testing	
81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Genetic Counseling & Molecular Testing	
81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Genetic Counseling & Molecular Testing	
81522	BREAST ONCOLOGY, MRNA, GENE EXPRESSION PROFILING	Genetic Counseling & Molecular Testing	
81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Genetic Counseling & Molecular Testing	
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	Genetic Counseling & Molecular Testing	
81535	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP 1ST	Genetic Counseling & Molecular Testing	
81536	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP ADD	Genetic Counseling & Molecular Testing	
81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Genetic Counseling & Molecular Testing	
81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Genetic Counseling & Molecular Testing	
81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Genetic Counseling & Molecular Testing	
81542	ONCOLOGY (PROSTATE), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS METASTASIS RISK SCORE	Genetic Counseling & Molecular Testing	
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	Genetic Counseling & Molecular Testing	
81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	Genetic Counseling & Molecular Testing	
81552	ONCOLOGY (UVEAL MELANOMA), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 15 GENES (12 CONTENT AND 3 HOUSEKEEPING), UTILIZING FINE NEEDLE ASPIRATE OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RISK OF METASTASIS	Genetic Counseling & Molecular Testing	
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])	Genetic Counseling & Molecular Testing	
81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Genetic Counseling & Molecular Testing	
81596	NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	Genetic Counseling & Molecular Testing	
83006	GROWTH STIMULATION EXPRESSED GENE 2	Genetic Counseling & Molecular Testing	
81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Genetic Counseling & Molecular Testing	
84999	UNLISTED CHEMISTRY PROCEDURE	Genetic Counseling & Molecular Testing	
86152	CELL ENUMERATION IMMUNE SELECTJ AND ID FLUID SPEC	Genetic Counseling & Molecular Testing	
86153	CELL ENUMERATION IMMUNE SELECTJ AND ID PHYS INTERP	Genetic Counseling & Molecular Testing	
88261	CHRM SM COUNT 5 CELL 1KARYOTYPE BANDING	Genetic Counseling & Molecular Testing	
88271	MOLECULAR CYTOGENETICS DNA PROBE EACH	Genetic Counseling & Molecular Testing	
88369	M PHMTRC ALYS ISH QUANT SEMIQ MNL PER SPEC EACH	Genetic Counseling & Molecular Testing	
88373	M PHMTRC ALYS ISH QUANT SEMIQ CPTR PER SPEC EACH	Genetic Counseling & Molecular Testing	
88374	M PHMTRC ALYS ISH QUANT SEMIQ CPTR EACH MULTIPRB	Genetic Counseling & Molecular Testing	
88377	M PHMTRC ALYS ISH QUANT SEMIQ MNL EACH MULTIPRB	Genetic Counseling & Molecular Testing	
0001U	RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0002M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W ASH	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0003M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W NASH	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0004M	SCOLIOSIS 53 SNPS SALIVA PROGNOSTIC RISK SCORE	Genetic Counseling & Molecular Testing	
0005U	ONCO PRST8 GENE XPRSN PRFL 3 GENE UR ALG RSK SCOR	Genetic Counseling & Molecular Testing	
0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Genetic Counseling & Molecular Testing	
0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Genetic Counseling & Molecular Testing	
0008U	HPYLORI DETECTION AND ANTIBIOTIC RESISTANCE DNA	Genetic Counseling & Molecular Testing	PA applies to Marketplace and Medicare only. Non covered for Medicaid
0009M	FETAL ANEUPLOIDY 21 18 SEQ ANALY TRISOM RISK	Genetic Counseling & Molecular Testing	PA applies to Marketplace and Medicare only. Non covered for Medicaid
0009U	ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP	Genetic Counseling & Molecular Testing	PA applies to Marketplace and Medicare only. Non covered for Medicaid
0010U	NFCT DS STRN TYP WHL GENOME SEQUENCING PR ISOL	Genetic Counseling & Molecular Testing	PA applies to Marketplace and Medicare only. Non covered for Medicaid
0011U	RX MNTR DRUGS PRESENT LC-MS MS ORAL FLUID PR DOS	Genetic Counseling & Molecular Testing	PA applies to Marketplace and Medicare only. Non covered for Medicaid
0011M	ONC PRST8 CA MRNA 12 GENES BLD PLSM AND UR ALG	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0012M	ONC MRNA 5 GENES UR ALG RISK UROTHELIAL CANCER	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid

0012U	GERMLN DO GENE REARGMT DETCJ DNA WHOLE BLOOD	Genetic Counseling & Molecular Testing	
0013M	ONC MRNA 5 GENES UR ALG RISK RECR UROTHELIAL CA	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0013U	ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN TISS	Genetic Counseling & Molecular Testing	
0014U	HEM HMTLMF NEO GENE REARGMT DNA WHL BLD MARROW	Genetic Counseling & Molecular Testing	
0014M	HEM HMTLMF NEO GENE REARGMT DNA WHL BLD MARROW	Genetic Counseling & Molecular Testing	
0015M	ADRNL CRTCL TUM BCHM ASY	Genetic Counseling & Molecular Testing	
0016M	ONC BLADDER MRNA 209 GEN ALG	Genetic Counseling & Molecular Testing	
0016U	ONC HMTLMF NEO RNA BCR ABL1 BLD BNE MARROW	Genetic Counseling & Molecular Testing	
0017U	ONC HMTLMF NEO JAK2 MUTATION DNA BLD BNE MARROW	Genetic Counseling & Molecular Testing	
0018U	ONC THYR 10 MICRORNA SEQ PLUS - RSLT MOD HI RSK MAL	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0019U	ONC RNA WHL TRANSCRIPTOME SEQ TISS PREDCT ALG	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES	Genetic Counseling & Molecular Testing	
0026U	ONC THYR DNA AND MRNA 112 GENES FNA NDUL ALG ALYS	Genetic Counseling & Molecular Testing	
0027U	JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	Genetic Counseling & Molecular Testing	
0029U	RX METAB ADVRS RX RXN AND RSPSE TRGT SEQ ALYS	Genetic Counseling & Molecular Testing	
0030U	RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS	Genetic Counseling & Molecular Testing	
0031U	CYP1A2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	
0032U	COMT GENE ANALYSIS C.472G OVER A VARIANT	Genetic Counseling & Molecular Testing	
0033U	HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	
0034U	TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Molecular Testing	
0036U	EXOME TUMOR TISSUE AND NORMAL SPECIMEN SEQ ALYS	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Genetic Counseling & Molecular Testing	
0045U	ONC BRST DUX CARC IS MRNA 12 GENES ALG RSK SCOR	Genetic Counseling & Molecular Testing	
0046U	FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE	Genetic Counseling & Molecular Testing	PA applies to Marketplace and Medicare only. Non covered for Medicaid
0047U	ONC PRS78 MRNA GEN XPRS PRFL 17 GEN ALG RSK SCOR	Genetic Counseling & Molecular Testing	
0048U	ONC SLD ORG NEO DNA 468 CANCER ASSOCIATED GENES	Genetic Counseling & Molecular Testing	
0049U	NPM1 GENE ANALYSIS QUANTITATIVE	Genetic Counseling & Molecular Testing	PA applies to Marketplace and Medicare only. Non covered for Medicaid
0050U	TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT	Genetic Counseling & Molecular Testing	
0053U	ONC PRS78 CA FISH ALYS 4 GENES NDL BX SPEC ALG	Genetic Counseling & Molecular Testing	
0055U	CARD HRT TRNSPL 96 TARGET DNA SEQUENCES PLASMA	Genetic Counseling & Molecular Testing	
0056U	HEM AML DNA GENE REARRANGEMENT BLOOD BONE MARROW	Genetic Counseling & Molecular Testing	
0057U	ONC SLD ORG NEO MRNA 51 GENES ALG NML PCT RANK	Genetic Counseling & Molecular Testing	
0058U	ONC MERKEL CELL CARC DETCJ ANTB SERUM QUAN	Genetic Counseling & Molecular Testing	PA applies to Marketplace and Medicare only. Non covered for Medicaid
0059U	ONC MERKEL CELL CARC DETCJ ANTB SERUM REPRTD PLUS -	Genetic Counseling & Molecular Testing	PA applies to Marketplace and Medicare only. Non covered for Medicaid
0060U	TWN ZYG GEN TRGT SEQ ALYS CHRMS2 FTL DNA MAT BLD	Genetic Counseling & Molecular Testing	
0067U	ONC BRST IMHCHEM PRTN XPRS PRFL 4 BMRK CA PRTN	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0069U	ONC CLRCT MICRORNA XPRS PRFL MIR-31-3P ALG	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0070U	CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS	Genetic Counseling & Molecular Testing	
0071U	CYP2D6 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0072U	CYP2D6 GENE TRGT SEQ ALYS CYP2D6-2D7 HYBRID GENE	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0073U	CYP2D6 GENE TRGT SEQ ALYS CYP2D7-2D6 HYBRID GENE	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0074U	CYP2D6 TRGT SEQ ALYS NONDUP GENE DUPL MLT TRANS	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0075U	CYP2D6 GENE TRGT SEQ ALYS 5' GENE DUPL MLT	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0076U	CYP2D6 GENE TRGT SEQ ALYS 3' GENE DUPL MLT	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0078U	PAIN MGT OPIOID USE DO GNOPYL PNL 16 CMN VRNTS	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0079U	CMPRTV DNA ALYS MLT SNPS UR AND BUCCAL SPEC ID VERIF	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0101U	HERED COLON CA DO GEN SEQ ALYS PNL 15 GENE	Genetic Counseling & Molecular Testing	
0102U	HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENE	Genetic Counseling & Molecular Testing	
0103U	HERED OVARIAN CA GEN SEQ ALYS PANEL 24 GENE	Genetic Counseling & Molecular Testing	
0140U	INFECTIOUS DISEASE (FUNGI), FUNGAL PATHOGEN IDENTIFICATION, DNA (15 FUNGAL TARGETS), BLOOD CULTURE, AMPLIFIED PROBE TECHNIQUE, EACH TARGET REPORTED AS DETECTED OR NOT DETECTED	Genetic Counseling & Molecular Testing	
0141U	INFECTIOUS DISEASE (BACTERIA AND FUNGI), GRAM-POSITIVE ORGANISM IDENTIFICATION AND DRUG RESISTANCE ELEMENT DETECTION, DNA (20 GRAM-POSITIVE BACTERIAL TARGETS, 4 RESISTANCE GENES, 1 PAN GRAM-NEGATIVE BACTERIAL TARGET, 1 PAN CANDIDA TARGET), BLOOD CULTURE, AMPLIFIED PROBE TECHNIQUE, EACH TARGET REPORTED AS DETECTED OR NOT DETECTED	Genetic Counseling & Molecular Testing	
0142U	INFECTIOUS DISEASE (BACTERIA AND FUNGI), GRAM-NEGATIVE BACTERIAL IDENTIFICATION AND DRUG RESISTANCE ELEMENT DETECTION, DNA (21 GRAM-NEGATIVE BACTERIAL TARGETS, 6 RESISTANCE GENES, 1 PAN GRAM-POSITIVE BACTERIAL TARGET, 1 PAN CANDIDA TARGET), AMPLIFIED PROBE TECHNIQUE, EACH TARGET REPORTED AS DETECTED OR NOT DETECTED	Genetic Counseling & Molecular Testing	
0143U	DRUG ASSAY, DEFINITIVE, 120 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION, COMMENTS INCLUDING SAMPLE VALIDATION, PER DATE OF SERVICE	Genetic Counseling & Molecular Testing	
0144U	DRUG ASSAY, DEFINITIVE, 160 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION, COMMENTS INCLUDING SAMPLE VALIDATION, PER DATE OF SERVICE	Genetic Counseling & Molecular Testing	
0145U	DRUG ASSAY, DEFINITIVE, 65 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION, COMMENTS INCLUDING SAMPLE VALIDATION, PER DATE OF SERVICE	Genetic Counseling & Molecular Testing	
0146U	DRUG ASSAY, DEFINITIVE, 80 OR MORE DRUGS OR METABOLITES, URINE, BY QUANTITATIVE LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION, COMMENTS INCLUDING SAMPLE VALIDATION, PER DATE OF SERVICE	Genetic Counseling & Molecular Testing	
0147U	DRUG ASSAY, DEFINITIVE, 85 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION, COMMENTS INCLUDING SAMPLE VALIDATION, PER DATE OF SERVICE	Genetic Counseling & Molecular Testing	
0148U	DRUG ASSAY, DEFINITIVE, 100 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION, COMMENTS INCLUDING SAMPLE VALIDATION, PER DATE OF SERVICE	Genetic Counseling & Molecular Testing	
0149U	DRUG ASSAY, DEFINITIVE, 60 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION, COMMENTS INCLUDING SAMPLE VALIDATION, PER DATE OF SERVICE	Genetic Counseling & Molecular Testing	
0150U	DRUG ASSAY, DEFINITIVE, 120 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION, COMMENTS INCLUDING SAMPLE VALIDATION, PER DATE OF SERVICE	Genetic Counseling & Molecular Testing	
0151U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INFECTION), PATHOGEN SPECIFIC NUCLEIC ACID (DNA OR RNA), 33 TARGETS, REAL-TIME SEMI-QUANTITATIVE PCR, BRONCHOALVEOLAR LAVAGE, SPUTUM, OR ENDOTRACHEAL ASPIRATE, DETECTION OF 33 ORGANISMAL AND ANTIBIOTIC RESISTANCE GENES WITH LIMITED SEMI-QUANTITATIVE RESULTS	Genetic Counseling & Molecular Testing	
0152U	INFECTIOUS DISEASE (BACTERIA, FUNGI, PARASITES, AND DNA VIRUSES), DNA, PCR AND NEXT-GENERATION SEQUENCING, PLASMA, DETECTION OF >1,000 POTENTIAL MICROBIAL ORGANISMS FOR SIGNIFICANT POSITIVE PATHOGENS	Genetic Counseling & Molecular Testing	
0153U	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY NEXT-GENERATION SEQUENCING OF 101 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A TRIPLE NEGATIVE BREAST CANCER CLINICAL SUBTYPE(S) WITH INFORMATION ON IMMUNE CELL INVOLVEMENT	Genetic Counseling & Molecular Testing	
0154U	FGFR3 (FIBROBLAST GROWTH FACTOR RECEPTOR 3) GENE ANALYSIS (IE, P.R248C [C.742C>T], P.S249C [C.746C>G], P.G370C [C.1108G>T], P.Y373C [C.1118A>G], FGFR3-TACC3V1, AND FGFR3-TACC3V3)	Genetic Counseling & Molecular Testing	
0155U	PIK3CA (PHOSPHATIDYLINOSITOL-4,5-BISPHOSPHATE 3-KINASE, CATALYTIC SUBUNIT ALPHA) (EG, BREAST CANCER) GENE ANALYSIS (IE, P.C420R, P.E542K, P.E545A, P.E545D [G.1635G>T ONLY], P.E545G, P.E545K, P.Q546E, P.Q546R, P.H1047L, P.H1047R, P.H1047Y)	Genetic Counseling & Molecular Testing	
0156U	COPY NUMBER (EG, INTELLECTUAL DISABILITY, DYSMORPHOLOGY), SEQUENCE ANALYSIS	Genetic Counseling & Molecular Testing	
0157U	APC (APC REGULATOR OF WNT SIGNALING PATHWAY) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP]) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Genetic Counseling & Molecular Testing	
0158U	MLH1 (MUTL HOMOLOG 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Genetic Counseling & Molecular Testing	
0159U	MSH2 (MUTS HOMOLOG 2) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Genetic Counseling & Molecular Testing	
0160U	MSH6 (MUTS HOMOLOG 6) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Genetic Counseling & Molecular Testing	
0161U	PMS2 (PMS1 HOMOLOG 2, MISMATCH REPAIR SYSTEM COMPONENT) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Genetic Counseling & Molecular Testing	

0162U	HEREDITARY COLON CANCER (LYNCH SYNDROME), TARGETED MRNA SEQUENCE ANALYSIS PANEL (MLH1, MSH2, MSH6, PMS2) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Genetic Counseling & Molecular Testing	
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	Genetic Counseling & Molecular Testing	
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	Genetic Counseling & Molecular Testing	
0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	Genetic Counseling & Molecular Testing	
0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol -4,5-bisphosphate 3- kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)	Genetic Counseling & Molecular Testing	
0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3 Nacetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2- 26	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing(ie, exon 13)	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAPP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0200U	Red cell antigen (Kx blood group) genotyping (KK), gene analysis, XK (Xlinked Kx blood group) exons 1 -3	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2	Genetic Counseling & Molecular Testing	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
0203U	AI IBD MRNA XPRSN PRFL 17	Genetic Counseling & Molecular Testing	
0204U	ONC THYR MRNA XPRSN ALYS 593	Genetic Counseling & Molecular Testing	
0205U	OPH AMD ALYS 3 GENE VARIANTS	Genetic Counseling & Molecular Testing	
0208U	ONC MTC MRNA XPRSN ALYS 108	Genetic Counseling & Molecular Testing	
0209U	CYTOG CONST ALYS INTERROG	Genetic Counseling & Molecular Testing	
0211U	ONC PAN-TUM DNA&RNA GNRJ SEQ	Genetic Counseling & Molecular Testing	
0212U	RARE DS GEN DNA ALYS PROBAND	Genetic Counseling & Molecular Testing	
0213U	RARE DS GEN DNA ALYS EA COMP	Genetic Counseling & Molecular Testing	
0214U	RARE DS XOM DNA ALYS PROBAND	Genetic Counseling & Molecular Testing	
0215U	RARE DS XOM DNA ALYS EA COMP	Genetic Counseling & Molecular Testing	
0216U	NEURO INH ATAXIA DNA 12 COM	Genetic Counseling & Molecular Testing	
0217U	NEURO INH ATAXIA DNA 51 GENE	Genetic Counseling & Molecular Testing	
0218U	NEURO MUSC DYS DMD SEQ ALYS	Genetic Counseling & Molecular Testing	
0220U	ONC BRST CA AI ASSMT 12 FEAT	Genetic Counseling & Molecular Testing	
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer	Genetic Counseling & Molecular Testing	
0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	Genetic Counseling & Molecular Testing	
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Genetic Counseling & Molecular Testing	
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions	Genetic Counseling & Molecular Testing	
0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Genetic Counseling & Molecular Testing	
0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Genetic Counseling & Molecular Testing	
0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Genetic Counseling & Molecular Testing	
0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Genetic Counseling & Molecular Testing	
0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions	Genetic Counseling & Molecular Testing	
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Genetic Counseling & Molecular Testing	
0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Genetic Counseling & Molecular Testing	

0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	Genetic Counseling & Molecular Testing	
G9143	WARFARIN RSPN TEST GEN TECH ANY METH ANY # SPEC	Genetic Counseling & Molecular Testing	
S3800	GENETIC TESTING AMYOTROPHIC LATERAL SCLEROSIS	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
S3840	DNA ANALYSIS GERMLINE MUTATS RET PROTO-ONCOGENE	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
S3841	GENETIC TESTING FOR RETINOBLASTOMA	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
S3842	GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
S3844	DNA ANALY CONNEXIN 26 GENE CONGN PFND DEAFNESS	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
S3845	GENETIC TESTING FOR ALPHA-THALASSEMIA	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
S3846	GENETIC TESTING HEMOGLOBIN E BETA-THALASSEMIA	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
S3850	GENETIC TESTING FOR SICKLE CELL ANEMIA	Genetic Counseling & Molecular Testing	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
S3852	DNA ANALY APOE EPSILON 4 ALLELE SUSECPT ALZS DZ	Genetic Counseling & Molecular Testing	
S3854	GENE EXPRESSION PROFILING PANL MGMT BREAST CA TX	Genetic Counseling & Molecular Testing	
S3861	GENETIC TESTING SCNSA AND VARIANTS FOR SUSPECTED BS	Genetic Counseling & Molecular Testing	
S3865	COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY	Genetic Counseling & Molecular Testing	
S3866	GENETIC ANALY GENE MUTAT HCM INDIV KNOWN HCM FAM	Genetic Counseling & Molecular Testing	
S3870	CGH MICROARRAY TEST DD ASD AND DR INTELL DISABILITY	Genetic Counseling & Molecular Testing	
90281	IMMUNE GLOBULIN IG HUMAN IM USE	Healthcare Administered Drugs	
90283	IMMUNE GLOBULIN IGIV HUMAN IV USE	Healthcare Administered Drugs	
90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	Healthcare Administered Drugs	
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN (CMV-igIV), HUMAN, FOR IV USE	Healthcare Administered Drugs	PA applicable to Marketplace only. Non covered for Medicaid
90371	HEP B IMMUNE GLOBULIN (HBig), HUMAN FOR INTRAMUSCULAR USE	Healthcare Administered Drugs	PA applicable to Marketplace and Medicaid only
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	Healthcare Administered Drugs	
A9542	INDIUM IN-111 IBRITUMOMAB TLXETAN DX TO 5 MCI	Healthcare Administered Drugs	
A9590	IODINE I-131, IOBENGUANE, 1 mCi	Healthcare Administered Drugs	
A9604	SAMARIUM SM-153 LEXIDRONAM, THERAPEUTIC, PER TREATMENT DOSE, UP TO 150 MILLICURIES	Healthcare Administered Drugs	
B4105	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Healthcare Administered Drugs	
B4187	OMEGAVEN, 10G LIPIDS	Healthcare Administered Drugs	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
C9037	INJECTION RISPERIDONE 0.5 MG	Healthcare Administered Drugs	PA applicable to Marketplace and Medicaid only. Non covered for Medicare
C9047	INJECTION CAPLACIZUMAB-YHDP 1 MG	Healthcare Administered Drugs	
C9055	INJECTION, BREXANOLONE, 1 MG	Healthcare Administered Drugs	
C9062	INJECTION, DARATUMUMAB 1-MG AND HYALURONIDASE-FIHJ	Healthcare Administered Drugs	
C9063	INJECTION, EPTINEZUMAB-JIMR, 1 MG	Healthcare Administered Drugs	
C9064	MITOMYCIN PYELOCALYCEAL INSTILLATION, 1MG	Healthcare Administered Drugs	
C9065	INJECTION, ROMIDEPSON, NON-LYOPHILIZED, (E.G. LIQUID), 1MG	Healthcare Administered Drugs	
C9066	INJECTION, SAGITUZUMAB GOVITECAN-HZYI, 10 MG	Healthcare Administered Drugs	
C9132	PROTHROMBIN CMPLX CONC KCENTRA I.U. FCT IX ACTV	Healthcare Administered Drugs	PA applicable to Medicaid only
C9293	INJECTION GLUCARIPASE 10 UNITS	Healthcare Administered Drugs	
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Healthcare Administered Drugs	
C9488	INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	
J0121	INJECTION OMADACYCLINE 1 MG	Healthcare Administered Drugs	
J0122	INJECTION, ERAVACYCLINE, 1 MG	Healthcare Administered Drugs	
J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Healthcare Administered Drugs	
J0135	INJECTION ADALIMUMAB 20 MG	Healthcare Administered Drugs	
J0178	INJECTION AFLIBERCEPT 1 MG	Healthcare Administered Drugs	
J0179	INJECTION, BROLUZUMAB-DBLL, 1 MG	Healthcare Administered Drugs	
J0180	INJECTION AGALSIDASE BETA 1 MG	Healthcare Administered Drugs	
J0202	INJECTION ALEMTUZUMAB 1 MG	Healthcare Administered Drugs	
J0205	INJECTION ALGLUCERASE PER 10 UNITS	Healthcare Administered Drugs	
J0220	INJECTION ALGLUCOSIDASE ALFA 10 MG NOS	Healthcare Administered Drugs	
J0221	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	Healthcare Administered Drugs	
J0222	INJECTION PATISIRAN 0.1 MG	Healthcare Administered Drugs	
J0223	INJECTION GIVOSIRAN, 0.5 MG	Healthcare Administered Drugs	
J0256	INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG	Healthcare Administered Drugs	
J0257	INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG	Healthcare Administered Drugs	
J0285	INJECTION, AMPHOTERICIN B, 50MG	Healthcare Administered Drugs	
J0287	INJECTION AMPHOTERICIN B LIPID COMPLEX 10 MG	Healthcare Administered Drugs	
J0289	INJECTION AMPHOTERICIN B LIPOSOME 10 MG	Healthcare Administered Drugs	
J0291	INJECTION PLAZOMICIN 5 MG	Healthcare Administered Drugs	
J0364	INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	
J0480	INJECTION BASILIXIMAB 20 MG	Healthcare Administered Drugs	
J0485	INJECTION BELATACEPT 1 MG	Healthcare Administered Drugs	
J0490	INJECTION BELIMUMAB 10 MG	Healthcare Administered Drugs	
J0517	INJECTION BENRALIZUMAB 1 MG	Healthcare Administered Drugs	
J0565	INJECTION BEZLOTUXUMAB 10 MG	Healthcare Administered Drugs	
J0567	INJECTION CERLIPONASE ALFA 1 MG	Healthcare Administered Drugs	
J0570	BUPRENORPHINE IMPLANT 74.2 MG	Healthcare Administered Drugs	
J0584	INJECTION BUROSUMAB-TWZA 1 MG	Healthcare Administered Drugs	
J0585	BOTULINUM TOXIN TYPE A PER UNIT	Healthcare Administered Drugs	
J0586	INJECTION ABOBOTULINUMTOXINA 5 UNITS	Healthcare Administered Drugs	
J0587	INJECTION RIMBOTULINUMTOXINB 100 UNITS	Healthcare Administered Drugs	
J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	Healthcare Administered Drugs	
J0593	INJECTION, LANADELUMAB-FLOY 1 mg	Healthcare Administered Drugs	
J0596	INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U	Healthcare Administered Drugs	
J0597	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Healthcare Administered Drugs	
J0598	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	Healthcare Administered Drugs	
J0599	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	Healthcare Administered Drugs	
J0604	CINACALCET ORAL 1 MG	Healthcare Administered Drugs	
J0606	INJECTION ETELICALCETIDE 0.1 MG	Healthcare Administered Drugs	
J0637	INJECTION CASPOFUNGIN ACETATE 5 MG	Healthcare Administered Drugs	
J0638	INJECTION CANAKINUMAB 1 MG	Healthcare Administered Drugs	
J0641	INJECTION LEVOLEUCOVORIN CALCIUM 0.5 MG	Healthcare Administered Drugs	
J0642	INJECTION LEVOLEUCOVORIN (Khapzory) 0.5 MG	Healthcare Administered Drugs	
J0691	INJECTION LEFAMULIN 1 MG	Healthcare Administered Drugs	
J0695	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	Healthcare Administered Drugs	
J0712	INJECTION CEFTAROLINE FOSAMIL, 10 MG	Healthcare Administered Drugs	PA applicable to Marketplace and Medicaid only. Non covered for Medicare
J0714	INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G	Healthcare Administered Drugs	
J0717	INJECTION CERTOLIZUMAB PEGOL 1 MG	Healthcare Administered Drugs	
J0725	INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS	Healthcare Administered Drugs	
J0775	INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG	Healthcare Administered Drugs	
J0791	INJECTION CRIZANLIZUMAB-TMCA 5MG	Healthcare Administered Drugs	
J0800	INJECTION CORTICOTROPIN UP TO 40 UNITS	Healthcare Administered Drugs	
J0841	INJECTION CROTALIDAE IMMUNE F120 MG	Healthcare Administered Drugs	
J0850	INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL	Healthcare Administered Drugs	
J0875	INJECTION DALBAVANCIN 5MG	Healthcare Administered Drugs	
J0878	INJECTION DAPTOMYCIN 1 MG	Healthcare Administered Drugs	
J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	Healthcare Administered Drugs	
J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	Healthcare Administered Drugs	
J0888	INJECTION EPOETIN BETA 1 MICROGRAM	Healthcare Administered Drugs	
J0895	INJECTION DEFEROXAMINE MESYLATE 500 MG	Healthcare Administered Drugs	
J0896	INJECTION LUSPATERCEPT-AAAMT 0.25MG	Healthcare Administered Drugs	
J0897	INJECTION DENOSUMAB 1 MG	Healthcare Administered Drugs	
J1095	INJECTION DEXAMETHASONE 9PCT INTRAOCCULAR 1 MCG	Healthcare Administered Drugs	
J1096	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	Healthcare Administered Drugs	
J9119	Injection, cemiplimab-rwlc, 1 mg	Healthcare Administered Drugs	
J1230	INJECTION METHADONE HCL UP TO 10 MG	Healthcare Administered Drugs	
J1290	INJECTION ECALLANTIDE 1 MG	Healthcare Administered Drugs	
J1300	INJECTION ECULIZUMAB 10 MG	Healthcare Administered Drugs	
J1301	INJECTION EDARAVONE 1 MG	Healthcare Administered Drugs	
J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	Healthcare Administered Drugs	
J1322	INJECTION ELOSULFASE ALFA 1 MG	Healthcare Administered Drugs	
J1324	INJECTION ENFUVIRTIDE 1 MG	Healthcare Administered Drugs	
J1325	INJECTION EPOPROSTENOL 0.5 MG	Healthcare Administered Drugs	
J1427	INJECTION, VITOLARSEN, 10 MG	Healthcare Administered Drugs	
J1428	INJECTION ETEPLIRSEN 10 MG	Healthcare Administered Drugs	
J1429	INJECTION GOLODIRSEN 10 MG	Healthcare Administered Drugs	
J1438	INJECTION ETANERCEPT 25 MG	Healthcare Administered Drugs	
J1439	INJECTION FERRIC CARBOXYMALTOSE 1 MG	Healthcare Administered Drugs	
J1442	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC	Healthcare Administered Drugs	
J1447	INJECTION TBO-FILGRASTIM 1 MICROGRAM	Healthcare Administered Drugs	
J1454	INJECTION FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Healthcare Administered Drugs	
J1458	INJECTION GALSULFASE 1 MG	Healthcare Administered Drugs	
J1459	INJECTION IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	
J1460	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC	Healthcare Administered Drugs	
J1554	INJECTION IMMUNE GLOBULIN (Asceniv), 500 MG	Healthcare Administered Drugs	
J1555	INJECTION IMMUNE GLOBULIN 100 MG	Healthcare Administered Drugs	
J1556	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Healthcare Administered Drugs	
J1557	INJECTION IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	
J1558	INJECTION IMMUNE GLOBULIN (Xembyfy) 100 MG	Healthcare Administered Drugs	
J1559	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	Healthcare Administered Drugs	
J1560	INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC	Healthcare Administered Drugs	
J1561	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	
J1562	INJECTION IMMUNE GLOBULIN VIVAGLBIN 100 MG	Healthcare Administered Drugs	
J1566	INJECTION IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	Healthcare Administered Drugs	
J1568	INJECTION IG OCTOGAM IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	
J1569	INJECTION IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	
J1570	INJECTION GANCICLOVIR SODIUM 500 MG	Healthcare Administered Drugs	
J1571	INJECTION HEPATITIS B IG HEPAGAM B IM 0.5 ML	Healthcare Administered Drugs	
J1572	INJECTION IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	
J1573	INJECTION HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML	Healthcare Administered Drugs	
J1575	INJECTION IMMUNE GLOBULIN HYALURONIDASE 100 MG IG	Healthcare Administered Drugs	

Clinical documentation is required with submission for any of these drugs.

J1595	INJECTION GLATIRAMER ACETATE 20 MG	Healthcare Administered Drugs	
J1599	INJECTION IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	Healthcare Administered Drugs	
J1602	INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE	Healthcare Administered Drugs	
J1627	INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG	Healthcare Administered Drugs	
J1628	INJECTION GUSELKUMAB 1 MG	Healthcare Administered Drugs	
J1640	INJECTION HEMIN 1 MG	Healthcare Administered Drugs	
J1645	INJECTION DALTEPARIN SODIUM PER 2500 IU	Healthcare Administered Drugs	
J1652	INJECTION FONDAPARINUX SODIUM 0.5 MG	Healthcare Administered Drugs	
J1726	INJECTION HYDROXYPROGESTERONE CAPROATE 10 MG	Healthcare Administered Drugs	
J1729	INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG	Healthcare Administered Drugs	
J1740	INJECTION IBANDRONATE SODIUM 1 MG	Healthcare Administered Drugs	
J1743	INJECTION IDURSULFASE 1 MG	Healthcare Administered Drugs	
J1744	INJECTION ICATIBANT 1 MG	Healthcare Administered Drugs	
J1745	INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	
J1746	INJECTION IBALIZUMAB-UIYK 10 MG	Healthcare Administered Drugs	
J1786	INJECTION IMIGLUCERASE 10 UNITS	Healthcare Administered Drugs	**Preferred drug for Medicaid and Marketplace
J1823	Injection, inebilizumab-cdon, 1 mg	Healthcare Administered Drugs	
J1826	INJECTION INTERFERON BETA-1A 30 MCG	Healthcare Administered Drugs	
J1830	INJECTION INTERFERON BETA-1B 0.25 MG	Healthcare Administered Drugs	
J1833	INJECTION ISAVUCONAZONIUM 1 MG	Healthcare Administered Drugs	
J1930	INJECTION LANREOTIDE 1 MG	Healthcare Administered Drugs	
J1931	INJECTION LARONIDASE 0.1 MG	Healthcare Administered Drugs	
J1950	INJECTION LEUPROLIDE ACETATE PER 3.75 MG	Healthcare Administered Drugs	
J1955	INJECTION LEVOCARNITINE PER 1 G	Healthcare Administered Drugs	
J2020	INJECTION LINEZOLID 200 MG	Healthcare Administered Drugs	
J2062	LOXAPINE FOR INHALATION 1 MG	Healthcare Administered Drugs	
J2170	INJECTION MECASERMIN 1 MG	Healthcare Administered Drugs	
J2182	INJECTION MEPOLIZUMAB 1 MG	Healthcare Administered Drugs	
J2186	INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG	Healthcare Administered Drugs	
J2248	INJECTION MICALFUNGIN SODIUM 1 MG	Healthcare Administered Drugs	
J2323	INJECTION NATALIZUMAB 1 MG	Healthcare Administered Drugs	**Preferred drug for Medicaid and Marketplace
J2326	INJECTION NUSINERSEN 0.1 MG	Healthcare Administered Drugs	
J2350	INJECTION OCRELIZUMAB 1 MG	Healthcare Administered Drugs	**Preferred drug for Marketplace
J2353	INJECTION OCTREOTIDE DEPOT FORM IM INJ 1 MG	Healthcare Administered Drugs	
J2357	INJECTION OMALIZUMAB 5 MG	Healthcare Administered Drugs	
J2407	INJECTION ORITAVANCIN, 10 MG	Healthcare Administered Drugs	
J2425	INJECTION PALIFERMIN 50 MICROGRAMS	Healthcare Administered Drugs	
J2430	INJECTION PAMIDRONATE DISODIUM PER 30 MG	Healthcare Administered Drugs	
J2502	INJECTION PASIREOTIDE LONG ACTING 1 MG	Healthcare Administered Drugs	
J2503	INJECTION PEGAPTANIB SODIUM 0.3 MG	Healthcare Administered Drugs	
J2504	INJECTION PEGADEMASE BOVINE 25 IU	Healthcare Administered Drugs	
J2505	INJECTION PEGFILGRASTIM 6 MG	Healthcare Administered Drugs	
J2507	INJECTION PEGLOTICASE 1 MG	Healthcare Administered Drugs	
J2562	INJECTION PLERIXAFOR 1 MG	Healthcare Administered Drugs	
J2724	INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU	Healthcare Administered Drugs	
J2770	INJECTION QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	Healthcare Administered Drugs	
J2778	INJECTION RANIBIZUMAB 0.1 MG	Healthcare Administered Drugs	
J2783	INJECTION RASBURICASE 0.5 MG	Healthcare Administered Drugs	
J2786	INJECTION RESLIZUMAB 1 MG	Healthcare Administered Drugs	
J2787	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	Healthcare Administered Drugs	
J2793	INJECTION RILONACEPT 1 MG	Healthcare Administered Drugs	
J2796	INJECTION ROMIPLOSTIM 10 MCG	Healthcare Administered Drugs	
J2797	INJECTION ROLAPITANT 0.5 MG	Healthcare Administered Drugs	
J2820	INJECTION SARGRAMOSTIM 50 MCG	Healthcare Administered Drugs	
J2840	INJECTION SEBELIPASE ALFA 1 MG	Healthcare Administered Drugs	
J2860	INJECTION SILTUXIMAB 10 MG	Healthcare Administered Drugs	
J2941	INJECTION SOMATROPIN 1 MG	Healthcare Administered Drugs	
J3031	INJECTION FREMANEZUMAB-WFRM 1 MG	Healthcare Administered Drugs	
J3060	INJECTION TALIGLUCERASE ALFA 10 UNITS	Healthcare Administered Drugs	
J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	Healthcare Administered Drugs	
J3095	INJECTION TELAVANCIN 10 MG	Healthcare Administered Drugs	
J3110	INJECTION TERIPARATIDE 10 MCG	Healthcare Administered Drugs	
J3111	INJECTION, ROMOSUZUMAB-AQQG, 1 mg	Healthcare Administered Drugs	
J3145	INJECTION TESTOSTERONE UNDECANOATE 1 MG	Healthcare Administered Drugs	
J3245	INJECTION TILDRAKIZUMAB 1 MG	Healthcare Administered Drugs	
J3262	INJECTION TOCILIZUMAB 1 MG	Healthcare Administered Drugs	
J3285	INJECTION TREPROSTINIL 1 MG	Healthcare Administered Drugs	
J3304	INJECTION TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	Healthcare Administered Drugs	
J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG	Healthcare Administered Drugs	
J3316	INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG	Healthcare Administered Drugs	
J3355	INJECTION UROFOLLITROPIN 75 IU	Healthcare Administered Drugs	
J3357	USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG	Healthcare Administered Drugs	
J3358	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	Healthcare Administered Drugs	
J3380	INJECTION VEDOLIZUMAB 1 MG	Healthcare Administered Drugs	
J3385	INJECTION VELAGLUCERASE ALFA 100 UNITS	Healthcare Administered Drugs	
J3396	INJECTION VERTEPORFIN 0.1 MG	Healthcare Administered Drugs	
J3397	INJECTION VESTRONIDASE ALFA-VJBK 1 MG	Healthcare Administered Drugs	
J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G	Healthcare Administered Drugs	
J3399	INJECTION ONASEMNOGENE ABEPARVOVEC-XIOI, per treatment, up to 5x10 <sup>15</sup> vector genomes	Healthcare Administered Drugs	
J3490	UNCLASSIFIED DRUGS	Healthcare Administered Drugs	
J3590	UNCLASSIFIED BIOLOGICS	Healthcare Administered Drugs	
J3591	UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS	Healthcare Administered Drugs	
J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	Healthcare Administered Drugs	
J7175	INJECTION FACTOR X 1 I.U.	Healthcare Administered Drugs	
J7177	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	Healthcare Administered Drugs	
J7178	INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG	Healthcare Administered Drugs	
J7179	INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO	Healthcare Administered Drugs	
J7180	INJECTION FACTOR XIII 1 I.U.	Healthcare Administered Drugs	
J7181	INJECTION FACTOR XIII A-SUBUNIT PER IU	Healthcare Administered Drugs	
J7182	INJECTION FACTOR VIII PER IU	Healthcare Administered Drugs	
J7183	INJECTION VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO	Healthcare Administered Drugs	
J7185	INJECTION FACTOR VIII PER IU	Healthcare Administered Drugs	
J7186	INJECTION AHF VWF CMPLX PER FACTOR VIII IU	Healthcare Administered Drugs	
J7187	INJECTION VONWILLEBRND FACTOR CMPLX HUMN RISTOCETIN IU	Healthcare Administered Drugs	
J7188	INJECTION FACTOR VIII PER I.U.	Healthcare Administered Drugs	
J7189	FACTOR VIIA 1 MICROGRAM	Healthcare Administered Drugs	
J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU	Healthcare Administered Drugs	
J7191	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU	Healthcare Administered Drugs	
J7192	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	
J7193	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU	Healthcare Administered Drugs	
J7194	FACTOR IX COMPLEX PER IU	Healthcare Administered Drugs	
J7195	INJECTION FACTOR IX PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	
J7196	INJECTION ANTITHROMBIN RECOMBINANT 50 I.U.	Healthcare Administered Drugs	
J7197	ANTITHROMBIN III PER IU	Healthcare Administered Drugs	
J7198	ANTI-INHIBITOR PER IU	Healthcare Administered Drugs	
J7199	HEMOPHILIA CLOTTING FACTOR NOC	Healthcare Administered Drugs	
J7200	INJECTION FACTOR IX RIXUBIS PER IU	Healthcare Administered Drugs	
J7201	INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.	Healthcare Administered Drugs	
J7202	INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.	Healthcare Administered Drugs	
J7203	INJECTION FACTOR IX GLYCOPEGYLATED 1 IU	Healthcare Administered Drugs	
J7204	INJECTION FACTOR VIII ANTIHEMOPHILIC FACTOR (Recombinant) (Esperoct) glycopegylated-exel, per IU	Healthcare Administered Drugs	
J7205	INJECTION FACTOR VIII FC FUSION PROTEIN PER IU	Healthcare Administered Drugs	
J7207	INJECTION FACTOR VIII PEGYLATED 1 I.U.	Healthcare Administered Drugs	
J7208	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Healthcare Administered Drugs	
J7209	INJECTION FACTOR VIII 1 I.U.	Healthcare Administered Drugs	
J7210	INJECTION FACTOR VIII AFSTYLA 1 I.U.	Healthcare Administered Drugs	
J7211	INJECTION FACTOR VIII KOVALTRY 1 I.U.	Healthcare Administered Drugs	
J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 mcg	Healthcare Administered Drugs	
J7308	AMINOLEVULINIC ACID HCL TOP ADMN 20PCT 1 U DOSE	Healthcare Administered Drugs	
J7309	METHYL AMINOLEVULINATE MAL TOP ADMN 16.8PCT 1 G	Healthcare Administered Drugs	
J7310	GANCICLOVIR 4.5 MG LONG-ACTING IMPLANT	Healthcare Administered Drugs	
J7311	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	Healthcare Administered Drugs	
J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPLANT 0.1 MG	Healthcare Administered Drugs	
J7313	INJECTION FA INTRAVITREAL IMPLANT (Iluvien) 0.01 MG	Healthcare Administered Drugs	
J7314	INJECTION FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (Yutiq), 0.01 mg	Healthcare Administered Drugs	
J7316	INJECTION OCRIPLASMIN 0.125 MG	Healthcare Administered Drugs	
J7318	HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG	Healthcare Administered Drugs	
J7320	HYALURONAN DERIVATIVE GENVISC 850 IA INJ 1 MG	Healthcare Administered Drugs	
J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION PER DOSE	Healthcare Administered Drugs	
J7322	HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG	Healthcare Administered Drugs	
J7323	HYALURONAN DERIVATIVE EUFLEXA IA INJ PER DOSE	Healthcare Administered Drugs	**Preferred drug for Medicaid and Marketplace
J7324	HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE	Healthcare Administered Drugs	
J7325	HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG	Healthcare Administered Drugs	
J7326	HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	Healthcare Administered Drugs	
J7327	HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE	Healthcare Administered Drugs	
J7328	HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG	Healthcare Administered Drugs	
J7329	HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG	Healthcare Administered Drugs	
J7331	HYALURONAN OR DERIVATIVE,SYNOJOYNT, FOR INTRA-ARTICULAR INJECTION, 1 mg	Healthcare Administered Drugs	
J7332	HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJECTION, 1 mg	Healthcare Administered Drugs	
J7336	CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER	Healthcare Administered Drugs	
J7352	AFAMELANOTIDE IMPLANCE, 1MG	Healthcare Administered Drugs	
J7402	MOMETASON FUROATE SINUS IMPLANT (Sinuva), 10 MG	Healthcare Administered Drugs	

J7504	LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	Healthcare Administered Drugs	
J7511	LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG	Healthcare Administered Drugs	
J7599	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Healthcare Administered Drugs	
J7639	DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG	Healthcare Administered Drugs	
J7677	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG	Healthcare Administered Drugs	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
J7682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	Healthcare Administered Drugs	
J7686	TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG	Healthcare Administered Drugs	
J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Healthcare Administered Drugs	
J8499	PRESCRIPTION DRUG ORAL NON-CHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	
J8521	CAPECITABINE ORAL 500 MG	Healthcare Administered Drugs	
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL	Healthcare Administered Drugs	
J8670	ROLAPITANT ORAL 1 MG	Healthcare Administered Drugs	
J8999	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
J9015	INJECTION ALDESLEUKIN PER SINGLE USE VIAL	Healthcare Administered Drugs	
J9019	INJECTION ASPARAGINASE ERWINAZE 1000 IU	Healthcare Administered Drugs	
J9022	INJECTION ATEZOLIZUMAB 10 MG	Healthcare Administered Drugs	
J9023	INJECTION AVELUMAB 10 MG	Healthcare Administered Drugs	
J9032	INJECTION BELINOSTAT 10 MG	Healthcare Administered Drugs	
J9033	INJECTION BENDAMUSTINE HCL TREANDA 1 MG	Healthcare Administered Drugs	
J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	Healthcare Administered Drugs	
J9035	INJECTION BEVACIZUMAB 10 MG	Healthcare Administered Drugs	No PA required for ocular dx. with billable units one (1) and under for a single date of service. See Dx codes tab for qualifying ICD 10 codes.
J9036	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	
J9037	INJECTION BELANTAMAB MAFODONTIN-BLMF 0.5 MG	Healthcare Administered Drugs	
J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	Healthcare Administered Drugs	
J9041	INJECTION BORTEZOMIB 0.1 MG	Healthcare Administered Drugs	
J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	Healthcare Administered Drugs	
J9043	INJECTION CABAZITAXEL 1 MG	Healthcare Administered Drugs	
J9044	INJECTION BORTEZOMIB NOS 0.1 MG	Healthcare Administered Drugs	
J9047	INJECTION CARFILZOMIB 1 MG	Healthcare Administered Drugs	
J9055	INJECTION CETUXIMAB 10 MG	Healthcare Administered Drugs	
J9057	INJECTION COPANLISIB 1 MG	Healthcare Administered Drugs	
J9058	INJECTION CYTARABINE LIPOSOME 10 MG	Healthcare Administered Drugs	
J9145	INJECTION DARATUMUMAB 10 MG	Healthcare Administered Drugs	
J9144	Injection, daratumumab, 10 mg and hyaluronidase-flh	Healthcare Administered Drugs	
J9153	INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA	Healthcare Administered Drugs	
J9155	INJECTION DEGARELIX 1 MG	Healthcare Administered Drugs	
J9160	INJECTION DENILEUKIN DIFTITOX 300 MCG	Healthcare Administered Drugs	
J9173	INJECTION DURVALUMAB 10 MG	Healthcare Administered Drugs	
J9176	INJECTION ELOTUZUMAB 1 MG	Healthcare Administered Drugs	
J9177	INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25MG	Healthcare Administered Drugs	
J9179	INJECTION ERIBULIN MESYLATE 0.1 MG	Healthcare Administered Drugs	
J9198	INJECTION GEMCITABINE HCL (Infugem) 100MG	Healthcare Administered Drugs	
J9199	INJECTION CEMIPILIMAB-RWLC 1 MG	Healthcare Administered Drugs	
J9203	INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	
J9204	INJECTION MOGAMULIZUMAB-KPKC 1 MG	Healthcare Administered Drugs	
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	Healthcare Administered Drugs	
J9207	INJECTION IXABEPILONE 1 MG	Healthcare Administered Drugs	
J9210	INJECTION EMAPALUMAB-LZSG 1 MG	Healthcare Administered Drugs	
J9214	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U	Healthcare Administered Drugs	
J9215	INJECTION INTERFERON ALFA-N3 250,000 IU	Healthcare Administered Drugs	
J9216	INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS	Healthcare Administered Drugs	
J9218	LEUPROLIDE ACETATE PER 1 MG	Healthcare Administered Drugs	
J9219	LEUPROLIDE ACETATE IMPLANT 65 MG	Healthcare Administered Drugs	
J9223	Injection, lurbicetidin, 0.1 mg	Healthcare Administered Drugs	
J9225	HISTRELIN IMPLANT VANTAS 50 MG	Healthcare Administered Drugs	
J9226	HISTRELIN IMPLANT SUPPRELIN LA 50 MG	Healthcare Administered Drugs	
J9228	INJECTION IPILIMUMAB 1 MG	Healthcare Administered Drugs	
J9229	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	
J9245	INJECTION MELINJECTION MELPHALAN HCL 50 MG	Healthcare Administered Drugs	
J9262	INJECTION OMACETAXINE MEPEUSUCCINATE 0.01 MG	Healthcare Administered Drugs	
J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	Healthcare Administered Drugs	
J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	Healthcare Administered Drugs	
J9269	INJECTION TAGRAXOFUSP-ER25 10 MCG	Healthcare Administered Drugs	
J9271	INJECTION PEMBROLIZUMAB 1 MG	Healthcare Administered Drugs	
J9281	Mitomycin pyelocalyceal instillation, 1 mg	Healthcare Administered Drugs	
J9285	INJECTION OLARATUMAB 10 MG	Healthcare Administered Drugs	
J9295	INJECTION NECITUMUMAB 1 MG	Healthcare Administered Drugs	
J9299	INJECTION NIVOLUMAB 1 MG	Healthcare Administered Drugs	
J9301	INJECTION OBINUTUZUMAB 10 MG	Healthcare Administered Drugs	
J9302	INJECTION OFATUMUMAB 10 MG	Healthcare Administered Drugs	
J9303	INJECTION PANITUMUMAB 10 MG	Healthcare Administered Drugs	
J9305	INJECTION PEMTREXED 10 MG	Healthcare Administered Drugs	
J9306	INJECTION PERTUZUMAB 1 MG	Healthcare Administered Drugs	
J9307	INJECTION PRALATREXATE 1 MG	Healthcare Administered Drugs	
J9308	INJECTION RAMUCIRUMAB 5 MG	Healthcare Administered Drugs	
J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	Healthcare Administered Drugs	
J9311	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	Healthcare Administered Drugs	
J9312	INJECTION RITUXIMAB 10 MG	Healthcare Administered Drugs	
J9313	INJECTION MOXETUMOMAB PASUDOTOX-TDFX 0.01 MG	Healthcare Administered Drugs	
J9315	INJECTION ROMIDEPSIN 1 MG	Healthcare Administered Drugs	
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Healthcare Administered Drugs	
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Healthcare Administered Drugs	
J9320	INJECTION STREPTOZOCIN 1 GRAM	Healthcare Administered Drugs	
J9325	INI TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U	Healthcare Administered Drugs	
J9349	INJECTION TAFASITAMAB-CXIX, 2 MG	Healthcare Administered Drugs	
J9352	INJECTION TRABECTEDIN 0.1 MG	Healthcare Administered Drugs	
J9354	INI ADO-TRASTUZUMAB EMTANSINE 1 MG	Healthcare Administered Drugs	
J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	
J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	Healthcare Administered Drugs	
J9358	INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1MG	Healthcare Administered Drugs	
J9371	INJECTION VINCISTINE SULFATE LIPOSOME 1 MG	Healthcare Administered Drugs	
J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	Healthcare Administered Drugs	
J9600	INJECTION PORFIMER SODIUM 75 MG	Healthcare Administered Drugs	
J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	Healthcare Administered Drugs	
Q0138	INI FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD	Healthcare Administered Drugs	
Q0139	INI FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD	Healthcare Administered Drugs	
Q2043	SIPULEUCEL-T AUTO CDS4 PLUS	Healthcare Administered Drugs	Medicaid: Carve out to MDHHS
Q2053	BREXUCABTAGENE AUTOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR T CELLS INCLUDING LEUKAPHERESIS AND DOSE PREP PROCEDURES, PER THERAPEUTIC DOSE	Healthcare Administered Drugs	Medicaid: Carve out to MDHHS
Q2050	INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG	Healthcare Administered Drugs	
Q3027	INJECTION INTERFERON BETA-1A 1 MCG IM USE	Healthcare Administered Drugs	
Q3028	INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE	Healthcare Administered Drugs	
Q4074	ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG	Healthcare Administered Drugs	
Q4226			
Q5103	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	Healthcare Administered Drugs	**Preferred drug for Medicaid and Marketplace
Q5104	INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG	Healthcare Administered Drugs	**Preferred drug for Medicaid and Marketplace
Q5105	INJECTION EPOETIN ALFA, BIOSIMILAR (Retacrit) (For ESRD on dialysis) 100 units	Healthcare Administered Drugs	
Q5106	INJECTION EPOETIN ALFA, BIOSIMILAR (Retacrit) (For ESRD on dialysis) 1000 units	Healthcare Administered Drugs	
Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	Healthcare Administered Drugs	
Q5108	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	
Q5109	INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG	Healthcare Administered Drugs	
Q5111	INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	
Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	Healthcare Administered Drugs	
Q5113	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	Healthcare Administered Drugs	
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	Healthcare Administered Drugs	**Preferred drug for Medicaid and Marketplace
Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	Healthcare Administered Drugs	
Q5116	INJECTION, TRASTUZUMAG-QYYP, BIOSIMILAR, (Trazimera) 10 MG	Healthcare Administered Drugs	
Q5117	INJECTION TRASTUZUMAB-ANNS, BIOSIMILAR, (Kanjinti), 10 MG	Healthcare Administered Drugs	
Q5118	INJECTION BEVACIZUMAB-BVZR, BIOSIMILAR, (Zirabev) 10 MG	Healthcare Administered Drugs	
Q5119	INJECTION RITUXIMAB-PVVR, BIOSIMILAR, (Ruxience) 10 MG	Healthcare Administered Drugs	
Q5120	INJECTION PEGFILGRASTIM-BMEZ, BIOSIMILAR, (Ziextenzo) 0.5 MG	Healthcare Administered Drugs	
Q5121	INJECTION INFLIXIMAB-AXXQ, BIOSIMILAR, (Axsola) 10 MG	Healthcare Administered Drugs	
Q5122	Injection, pegfilgrastim-aggf, biosimilar, (Nyvepria), 0.5 mg	Healthcare Administered Drugs	
Q9991	INJECTION BUPRENORPHINE EXT-RLSE UNDER EQ TO 100 MG	Healthcare Administered Drugs	
Q9992	INJECTION BUPRENORPHINE EXTENDED-RELEASE OVER 100 MG	Healthcare Administered Drugs	
S0013	Esketamine, nasal spray, 1 mg	Healthcare Administered Drugs	PA applicable to Marketplace. Non covered for Medicare and Medicaid
S0073	INJECTION AZTREONAM 500 MG	Healthcare Administered Drugs	
S0122	INJECTION MENOTROPINS 75 IU	Healthcare Administered Drugs	
S0126	INJECTION FOLLITROPIN ALFA 75 IU	Healthcare Administered Drugs	
S0128	INJECTION FOLLITROPIN BETA 75 IU	Healthcare Administered Drugs	PA applicable to Marketplace and Medicaid only. Non covered for Medicare
S0132	INJECTION GANIRELIX ACETATE 250 MCG	Healthcare Administered Drugs	PA applicable to Marketplace and Medicaid only. Non covered for Medicare
S0157	BECAPLERMIN GEL 0.01PCT 0.5 GM	Healthcare Administered Drugs	PA applies to Marketplace
S1091	STENT, NONCORONARY, TEMPORARY, WITH DELIVERY SYSTEM (Progel)	Healthcare Administered Drugs	PA applicable to Marketplace only. Non covered for Medicaid or Medicare
042X	PHYSICAL THERAPY	Home Health Care Services	PA applicable to Medicare only. Non covered for Marketplace and Medicaid
043X	OCCUPATIONAL THERAPY	Home Health Care Services	PA applicable to Medicare only. Non covered for Marketplace and Medicaid
044X	SPEECH THERAPY-LANGUAGE PATHOLOGY	Home Health Care Services	PA applicable to Medicare only. Non covered for Marketplace and Medicaid
055X	HOME HEALTH (HH)-SKILLED NURSING	Home Health Care Services	PA applicable to Medicare only. Non covered for Marketplace and Medicaid
056X	HOME HEALTH (HH)-MEDICAL SOCIAL SERVICES	Home Health Care Services	PA applicable to Medicare only. Non covered for Marketplace and Medicaid
057X	HOME HEALTH (HH) AIDE	Home Health Care Services	PA applicable to Medicare only. Non covered for Marketplace and Medicaid
G0151	SERVICE PHYS THERAP HOME HLTH HOSPICE EA 15 MIN	Home Health Care Services	
G0152	SERVICE OCCUP THERAP HOME HLTH HOSPICE EA 15 MIN	Home Health Care Services	
G0153	SRVC SPCH AND LANG PATH HOME HLTH HOSPICE EA 15 MIN	Home Health Care Services	
G0155	SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN	Home Health Care Services	PA applies to Marketplace and Medicare
G0156	SRVC HH HOSPICE AIDE IN HH HOSPICE SET EA 15 MIN	Home Health Care Services	
G0157	SERVICES PT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	PA applies to Marketplace and Medicare only.

Clinical documentation is required with submission after evaluation plus six (6) visits for each discipline (Medicaid and Marketplace).  
Medicare does not require PA for the first 60 day episode of home care in a year. For continued home care beyond 60 days, an authorization will be required.

G0158	SERVICE OT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	PA applies to Marketplace and Medicare only.
G0159	SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Home Health Care Services	PA applies to Marketplace and Medicare only.
G0160	SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS	Home Health Care Services	PA applies to Marketplace and Medicare only.
G0161	SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M	Home Health Care Services	PA applies to Marketplace and Medicare only.
G0162	SKILLED SERVICE RN M AND E PLAN OF CARE; EA 15 MINS	Home Health Care Services	PA applies to Marketplace and Medicare only.
G0299	DIRECT SNS RN HOME HEALTH HOSPICE SET EA 15 MIN	Home Health Care Services	PA applies to Marketplace and Medicare only.
G0300	DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN	Home Health Care Services	
G0490	FACE-TO-FACE HH NSG VST RHC FQHC AREA SHTG HHA	Home Health Care Services	PA applies to Marketplace and Medicare only. Non covered for Medicaid
G0493	SKILLED SERVICES RN OBS AND ASMT PT COND EA 15 MIN	Home Health Care Services	
G0494	SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN	Home Health Care Services	
G0495	SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN	Home Health Care Services	
G0496	SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN	Home Health Care Services	
S5116	HOME CARE TRAINING, NON FAMILY, PER SESSION	Home Health Care Services	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
S5130	HOMEMAKER SERVICE NOS; PER 15 MINUTES	Home Health Care Services	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
S5135	COMPANION CARE ADULT ; PER 15 MINUTES	Home Health Care Services	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
S5151	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Home Health Care Services	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
S9122	HOM HLTH AIDE CERT NURSE ASST PROV CARE HOM; HR	Home Health Care Services	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Home Health Care Services	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Home Health Care Services	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
S9128	SPEECH THERAPY IN THE HOME PER DIEM	Home Health Care Services	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Home Health Care Services	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM	Home Health Care Services	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
S9470	NUTRITIONAL COUNSELING DIETITIAN VISIT	Home Health Care Services	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
S9977	MEALS PER DIEM NOT OTHERWISE SPECIFIED	Home Health Care Services	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
T1000	PRIV DUTY INDEPEND NRS SERVICE LIC UP 15 MIN	Home Health Care Services	PA applicable to Marketplace and Medicaid only. Non covered for Medicare
T1002	RN SERVICES UP TO 15 MINUTES	Home Health Care Services	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
T1003	LPN LVN SERVICES UP TO 15 MINUTES	Home Health Care Services	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
T1019	PERSONAL CARE SERVICES PER 15 MINUTES	Home Health Care Services	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
T1022	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	Home Health Care Services	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
T1030	NURSING CARE THE HOME REGISTERED NURSE PER DIEM	Home Health Care Services	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
T1031	NURSING CARE IN THE HOME BY LPN PER DIEM	Home Health Care Services	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
99183	PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION	Hyperbaric/Wound Therapy	
G0277	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	Hyperbaric/Wound Therapy	
Q4176	NEOPATCH PER SQUARE CM	Hyperbaric/Wound Therapy	
Q4177	FLOWERAMNIOFLO, 0.1 cc	Hyperbaric/Wound Therapy	
Q4178	FLOWERAMNIOPATCH PER SQUARE CM	Hyperbaric/Wound Therapy	
Q4179	FLOWERDERM PER SQUARE CM	Hyperbaric/Wound Therapy	
Q4180	REVITA PER SQUARE CM	Hyperbaric/Wound Therapy	
Q4181	AMNIO WOUND PER SQUARE CM	Hyperbaric/Wound Therapy	
Q4182	TRANSCYTE PER SQUARE CM	Hyperbaric/Wound Therapy	
Q4182	TRANSCYTE PER SQUARE CM	Hyperbaric/Wound Therapy	
Q4249	Amnioly, for topical use only, per square centimeter	Hyperbaric/Wound Therapy	
Q4250	Amnioamp-mp, per square centimeter	Hyperbaric/Wound Therapy	
Q4254	Novafix dl, per square centimeter	Hyperbaric/Wound Therapy	
Q4255	Reguard, for topical use only, per square centimeter	Hyperbaric/Wound Therapy	
0042T	CEREBRAL PERFUSION ANALYS CT W BLOOD FLOW AND VOLUME	Imaging & Special Tests	
0331T	MYOGRD SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Imaging & Special Tests	
0332T	MYOGRD SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT	Imaging & Special Tests	
0501T	COR FFR DERIVED CTA DATA ASSESS COR ART DISEASE	Imaging & Special Tests	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0502T	COR FFR DERIVED CTA DATA PREP AND TRANSMIS	Imaging & Special Tests	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0503T	COR FFR CTA DATA ALYS AND GNRI ESTIMATED FFR MODEL	Imaging & Special Tests	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0504T	COR FFR CTA DATA REVIEW W INTERP AND FINAL REPORT	Imaging & Special Tests	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (i.e., lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	Imaging & Special Tests	
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	Imaging & Special Tests	
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	Imaging & Special Tests	
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	Imaging & Special Tests	
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	Imaging & Special Tests	
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	Imaging & Special Tests	
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	Imaging & Special Tests	
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	Imaging & Special Tests	
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	Imaging & Special Tests	
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	Imaging & Special Tests	
70336	MRI TEMPOROMANDIBULAR JOINT	Imaging & Special Tests	
70450	CT HEAD BRAIN W O CONTRAST MATERIAL	Imaging & Special Tests	
70460	CT HEAD BRAIN W CONTRAST MATERIAL	Imaging & Special Tests	
70470	CT HEAD BRAIN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	
70480	CT ORBIT SELLA POST FOSSA EAR W O CONTRAST MATRL	Imaging & Special Tests	
70481	CT ORBIT SELLA POST FOSSA EAR W CONTRAST MATRL	Imaging & Special Tests	
70482	CT ORBIT SELLA POST FOSSA EAR W O AND W CONTR MATR	Imaging & Special Tests	
70486	CT MAXILLOFACIAL W O CONTRAST MATERIAL	Imaging & Special Tests	
70487	CT MAXILLOFACIAL W CONTRAST MATERIAL	Imaging & Special Tests	
70488	CT MAXILLOFACIAL W O AND W CONTRAST MATERIAL	Imaging & Special Tests	
70490	CT SOFT TISSUE NECK W O CONTRAST MATERIAL	Imaging & Special Tests	
70491	CT SOFT TISSUE NECK W CONTRAST MATERIAL	Imaging & Special Tests	
70492	CT SOFT TISSUE NECK W O AND W CONTRAST MATERIAL	Imaging & Special Tests	
70496	CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST	Imaging & Special Tests	
70498	CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST	Imaging & Special Tests	
70540	MRI ORBIT FACE AND NECK W O CONTRAST	Imaging & Special Tests	
70542	MRI ORBIT FACE AND NECK W CONTRAST MATERIAL	Imaging & Special Tests	
70543	MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL	Imaging & Special Tests	
70544	MRA HEAD W O CONTRST MATERIAL	Imaging & Special Tests	
70545	MRA HEAD W CONTRAST MATERIAL	Imaging & Special Tests	
70546	MRA HEAD W O AND W CONTRAST MATERIAL	Imaging & Special Tests	
70547	MRA NECK W O CONTRST MATERIAL	Imaging & Special Tests	
70548	MRA NECK W CONTRAST MATERIAL	Imaging & Special Tests	
70549	MRA NECK W O AND W CONTRAST MATERIAL	Imaging & Special Tests	
70551	MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL	Imaging & Special Tests	
70552	MRI BRAIN BRAIN STEM W CONTRAST MATERIAL	Imaging & Special Tests	
70553	MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL	Imaging & Special Tests	
70554	MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMINISTRATION	Imaging & Special Tests	
70555	MRI BRAIN FUNCTIONAL W PHYSICIAN ADMINISTRATION	Imaging & Special Tests	
71250	CT THORAX W O CONTRAST MATERIAL	Imaging & Special Tests	
71260	CT THORAX W CONTRAST MATERIAL	Imaging & Special Tests	
71270	CT THORAX W O AND W CONTRAST MATERIAL	Imaging & Special Tests	
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Imaging & Special Tests	
71275	CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST	Imaging & Special Tests	
71550	MRI CHEST W O CONTRAST MATERIAL	Imaging & Special Tests	
71551	MRI CHEST W CONTRAST MATERIAL	Imaging & Special Tests	
71552	MRI CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	
71555	MRA CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	
72125	CT CERVICAL SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	
72126	CT CERVICAL SPINE W CONTRAST MATERIAL	Imaging & Special Tests	
72127	CT CERVICAL SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	
72128	CT THORACIC SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	
72129	CT THORACIC SPINE W CONTRAST MATERIAL	Imaging & Special Tests	
72130	CT THORACIC SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	
72131	CT LUMBAR SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	
72132	CT LUMBAR SPINE W CONTRAST MATERIAL	Imaging & Special Tests	
72133	CT LUMBAR SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	
72141	MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL	Imaging & Special Tests	
72142	MRI SPINAL CANAL CERVICAL W CONTRAST MATRL	Imaging & Special Tests	
72146	MRI SPINAL CANAL THORACIC W O CONTRAST MATRL	Imaging & Special Tests	
72147	MRI SPINAL CANAL THORACIC W CONTRAST MATRL	Imaging & Special Tests	
72148	MRI SPINAL CANAL LUMBAR W O CONTRAST MATERIAL	Imaging & Special Tests	
72149	MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL	Imaging & Special Tests	
72156	MRI SPINAL CANAL CERVICAL W O AND W CONTR MATRL	Imaging & Special Tests	
72157	MRI SPINAL CANAL THORACIC W O AND W CONTR MATRL	Imaging & Special Tests	
72158	MRI SPINAL CANAL LUMBAR W O AND W CONTR MATRL	Imaging & Special Tests	
72159	MRA SPINAL CANAL W WO CONTRAST MATERIAL	Imaging & Special Tests	
72191	CT ANGIOGRAPHY PELVIS W CONTRAST NONCONTRAST	Imaging & Special Tests	
72192	CT PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	
72193	CT PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	
72194	CT PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	
72195	MRI PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	
72196	MRI PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	
72197	MRI PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	
72198	MRA PELVIS W WO CONTRAST MATERIAL	Imaging & Special Tests	
73200	CT UPPER EXTREMITY W O CONTRAST MATERIAL	Imaging & Special Tests	
73201	CT UPPER EXTREMITY W CONTRAST MATERIAL	Imaging & Special Tests	
73202	CT UPPER EXTREMITY W O AND W CONTRAST MATERIAL	Imaging & Special Tests	

Clinical documentation is required with submission for these procedures.

Clinical documentation is required with submission for any of these tests. Please fax requests to Advanced Imaging: 877-731-7218

73206	CT ANGIOGRAPHY UPPER EXTREMITY	Imaging & Special Tests	
73218	MRI UPPER EXTREMITY OTH THAN JT W O CONTR MATRL	Imaging & Special Tests	
73219	MRI UPPER EXTREMITY OTH THAN JT W CONTR MATRL	Imaging & Special Tests	
73220	MRI UPPER EXTREM OTHER THAN JT W O AND W CONTRAS	Imaging & Special Tests	
73221	MRI ANY JT UPPER EXTREMITY W O CONTRAST MATRL	Imaging & Special Tests	
73222	MRI ANY JT UPPER EXTREMITY W CONTRAST MATRL	Imaging & Special Tests	
73223	MRI ANY JT UPPER EXTREMITY W O AND W CONTR MATRL	Imaging & Special Tests	
73225	MRA UPPER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	
73700	CT LOWER EXTREMITY W O CONTRAST MATERIAL	Imaging & Special Tests	
73701	CT LOWER EXTREMITY W CONTRAST MATERIAL	Imaging & Special Tests	
73702	CT LOWER EXTREMITY W O AND W CONTRAST MATRL	Imaging & Special Tests	
73706	CT ANGIOGRAPHY LOWER EXTREMITY	Imaging & Special Tests	
73718	MRI LOWER EXTREM OTH THN JT W O CONTR MATRL	Imaging & Special Tests	
73719	MRI LOWER EXTREM OTH THN JT W CONTRAST MATRL	Imaging & Special Tests	
73720	MRI LOWER EXTREM OTH THN JT W O AND W CONTR MATR	Imaging & Special Tests	
73721	MRI ANY JT LOWER EXTREM W O CONTRAST MATRL	Imaging & Special Tests	
73722	MRI ANY JT LOWER EXTREM W CONTRAST MATERIAL	Imaging & Special Tests	
73723	MRI ANY JT LOWER EXTREM W O AND W CONTRAST MATRL	Imaging & Special Tests	
73725	MRA LOWER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	
74150	CT ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	
74160	CT ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	
74170	CT ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	
74174	CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG	Imaging & Special Tests	
74175	CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST	Imaging & Special Tests	
74176	CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	
74177	CT ABDOMEN AND PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	
74178	CT ABDOMEN AND PELVIS W O CONTRAST 1 OR GRT BODY RE	Imaging & Special Tests	
74181	MRI ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	
74182	MRI ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	
74183	MRI ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	
74185	MRA ABDOMEN W WO CONTRAST MATERIAL	Imaging & Special Tests	
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	Imaging & Special Tests	
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	Imaging & Special Tests	
74263	CT COLONOGRPHY SCREENING IMAGE POSTPROCESSING	Imaging & Special Tests	
74712	FETAL MRI W PLACNTL MATRNL PLVC IMG SING 1ST GES	Imaging & Special Tests	
75557	CARDIAC MRI MORPHOLOGY AND FUNCTION W O CONTRAST	Imaging & Special Tests	
75559	CARDIAC MRI W O CONTRAST W STRESS IMAGING	Imaging & Special Tests	
75561	CARDIAC MRI W WO CONTRAST AND FURTHER SEQ	Imaging & Special Tests	
75563	CARDIAC MRI W W O CONTRAST W STRESS	Imaging & Special Tests	
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Imaging & Special Tests	
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Imaging & Special Tests	
75573	CT HRT CONTRST CARDIAC STRUCT AND MORPH CONG HRT D	Imaging & Special Tests	
75574	CTA HRT CORNRY ART BYPASS GRETS CONTRST 3D POST	Imaging & Special Tests	
75635	CTA ABDL AORTA AND BI LIUOFEM W CONTRAST AND POSTP	Imaging & Special Tests	
76376	3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	Imaging & Special Tests	
76377	3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	Imaging & Special Tests	
76380	CT LIMITED LOCALIZED FOLLOW UP STUDY	Imaging & Special Tests	
76390	MRI SPECTROSCOPY	Imaging & Special Tests	
76391	Magnetic resonance (eg, vibration) elastography	Imaging & Special Tests	
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Imaging & Special Tests	
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	Imaging & Special Tests	
76999	UNLISTED US PROCEDURE	Imaging & Special Tests	
77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Imaging & Special Tests	
77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Imaging & Special Tests	
77048	MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL	Imaging & Special Tests	
77049	MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL	Imaging & Special Tests	
77084	BONE MARROW BLOOD SUPPLY	Imaging & Special Tests	
78429	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED), SINGLE STUDY; WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN	Imaging & Special Tests	
78430	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN	Imaging & Special Tests	
78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN	Imaging & Special Tests	
78432	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), COMBINED PERFUSION WITH METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED), DUAL RADIOTRACER (EG, MYOCARDIAL VIABILITY);	Imaging & Special Tests	
78433	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), COMBINED PERFUSION WITH METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED), DUAL RADIOTRACER (EG, MYOCARDIAL VIABILITY); WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN	Imaging & Special Tests	
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Imaging & Special Tests	
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	Imaging & Special Tests	
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST STRES	Imaging & Special Tests	
78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Imaging & Special Tests	
78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL QUAN	Imaging & Special Tests	
78468	MYOCDR IMG INFARCT AVID PLNR EJEJ FXJ 1ST PS TQ	Imaging & Special Tests	
78469	MYOCDR INFARCT AVID PLNR TOMOG SPECT W WO QUANTJ	Imaging & Special Tests	
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST STRESS	Imaging & Special Tests	
78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	
78491	MYOCDR IMAGE PET PERFUS SINGLE STUDY REST STRESS	Imaging & Special Tests	
78492	MYOCDR IMAGE PET PERFUS MULTPL STUDY REST STRESS	Imaging & Special Tests	
78494	CARD BL POOL GATED SPECT REST WAL MOTN EJECT FRCT	Imaging & Special Tests	
78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Imaging & Special Tests	
78607	BRAIN IMAGING TOMOGRAPHIC SPECT	Imaging & Special Tests	
78608	BRAIN IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	
78609	BRAIN IMAGING PET PERFUSION EVALUATION	Imaging & Special Tests	
78811	PET IMAGING LIMITED AREA CHEST HEAD NECK	Imaging & Special Tests	
78812	PET IMAGING SKULL BASE TO MID-THIGH	Imaging & Special Tests	
78813	PET IMAGING WHOLE BODY	Imaging & Special Tests	
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Imaging & Special Tests	
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Imaging & Special Tests	
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Imaging & Special Tests	
C8900	MR ANGIOGRAPHY WITH CONTRAST ABDOMEN	Imaging & Special Tests	
C8901	MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN	Imaging & Special Tests	
C8902	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST ABD	Imaging & Special Tests	
C8903	MR IMAGING WITH CONTRAST BREAST; UNILATERAL	Imaging & Special Tests	
C8905	MR IMAG W O CONTRST FLWED W CONTRST BRST; UNI	Imaging & Special Tests	
C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL	Imaging & Special Tests	
C8908	MR IMAG W O CONTRST FLWED W CONTRST BRST; BIL	Imaging & Special Tests	
C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	Imaging & Special Tests	
C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Imaging & Special Tests	
C8911	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST CHST	Imaging & Special Tests	
C8912	MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY	Imaging & Special Tests	
C8913	MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY	Imaging & Special Tests	
C8914	MR ANGIO W O CONTRST FLWED W CONTRST LOW EXTRM	Imaging & Special Tests	
C8918	MR ANGIOGRAPHY WITH CONTRAST PELVIS	Imaging & Special Tests	
C8919	MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS	Imaging & Special Tests	
C8920	MRA WITHOUT CONTRAST FOLLOWED W CONTRAST PELVIS	Imaging & Special Tests	
C8931	MR ANGIOGRAPHY W CONTRAST SPINAL CANAL CONTENTS	Imaging & Special Tests	
C8932	MR ANGIOGRAPHY W O CONTRST SPINAL CANAL CONTENTS	Imaging & Special Tests	
C8933	MR ANGIO NO CONTRST FLW W CONTRST SP CANAL CNTN	Imaging & Special Tests	
C8934	MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY	Imaging & Special Tests	
C8935	MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY	Imaging & Special Tests	
C8936	MR ANGIO W O CONTRST FOLLOWED W CONTRST UP EXT	Imaging & Special Tests	
C9762	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRAIN IMAGING	Imaging & Special Tests	
C9763	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRESS IMAGING	Imaging & Special Tests	
G0219	PET IMAG WHOLE BODY; MELANOMA NON-COVR INDICATS	Imaging & Special Tests	
G0235	PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED	Imaging & Special Tests	
G0252	PET IMAG INIT DX BREST CA AND SURG PLAN NOT COV MCR	Imaging & Special Tests	
G0297	LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Imaging & Special Tests	
S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Imaging & Special Tests	
S8042	MAGNETIC RESONANCE IMAGING LOW-FIELD	Imaging & Special Tests	
S8085	F-18 FDG IMAG USING 2-HEAD COINCIDENCE DETCT SYS	Imaging & Special Tests	PA applicable to Medicare and Marketplace only. Non covered for Medicaid
S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY	Imaging & Special Tests	

Inpatient Admissions. (Acute Hospital, SNF, IPR, LTAC, Pregnancy and Delivery)

ALL CODES

Inpatient Admissions

Clinical documentation is required with submission/notification of admission.

Maternal Infant Health Program (MIHP)	99402	PREVENTATIVE COUNSELING (individual)	Maternal Infant Health Program (MIHP)	Maternal beneficiaries are only allowed up to nine (9) professional visits per pregnancy. Infant beneficiaries are allowed up to nine professional visits. With an accompanying physician order, infant beneficiaries may receive an additional nine (9) visits (for a total of 18). Providers should indicate they have a physician order using the MDHHS 5650 Communication Tool.
	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH PATIENT PRESENT), FACE TO FACE, INITIAL 30 MINUTES	Maternal Infant Health Program (MIHP)	PA required for all visits
	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH PATIENT PRESENT), FACE TO FACE, INITIAL 15 MINUTES	Maternal Infant Health Program (MIHP)	PA required for all visits
Medicaid: PA required after eval + 36 visits.	97110	THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES	Occupational Therapy	Progress notes and updated Plan of Care is required with submission for additional visits.
Marketplace: PA required after eval + 12 visits.	97112	THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC REEDUCA	Occupational Therapy	Progress notes and updated Plan of Care is required with submission for additional visits.
Medicare: PA required after benefit CAP is met of \$2,000	97129	THERP INTERVENTION 1ST 15 MINUTES	Occupational Therapy	
Clinical documentation is required with submission for any of these procedures.	97130	THERP INTERVENTION EACH ADDITIONAL 15 MINUTES	Occupational Therapy	
	97763	ORTHOTICS PROSTH MGMT AND TRAINJ SBSQ ENCTR 15 MIN	Occupational Therapy	Progress notes and updated Plan of Care is required with submission for additional visits.
	0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	10040	ACNE SURGERY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	15730	MIDFACE FLAP W PRESERVATION OF VASCULAR PEDICLES	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	15733	MUSC MYOQ FSCQ FLAP HEAD AND NECK W NAMED VASC PEDCL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	15786	ABRASION 1 LESION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, AND/OR FEET; 25 CC OR LESS INJECTATE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	15819	CERVICOPLASTY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	17004	DESTRUCTION PREMALIGNANT LESION 15 OR GRT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	17360	CHEMICAL EXFOLIATION ACNE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	20560	NEEDLE INSERTION(S) WITHOUT INJECTION(S), 1 OR 2 MUSCLE(S)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	20561	NEEDLE INSERTION(S) WITHOUT INJECTION(S), 3 OR MORE MUSCLE(S)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21120	GENIOPLASTY AUGMENTATION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21122	GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21123	GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21125	AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21127	AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21137	REDUCTION FOREHEAD CONTOURING ONLY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21138	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21139	RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21142	RCNSTJ MIDFACE LEFORT I 2 PIECES W O BONE GRAFT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21143	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21147	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21151	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21154	RCNSTJ MIDFACE LEFORT III W O LEFORT I	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21155	RCNSTJ MIDFACE LEFORT III W LEFORT I	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21159	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21160	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21240	ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21243	ARTHRP TMPRMAND JOINT W PROSTHETIC REPLACEMENT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21282	LATERAL CANTHOPEXY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21295	REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21296	REDUCTION MASSETER MUSCLE AND BONE INTRAORAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	21601	EXCISION OF CHEST WALL TUMOR INCLUDING RIB(S)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22110	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22112	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22114	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22210	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22212	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22214	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22220	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22222	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22224	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22505	MANIPULATION SPINE REQUIRING ANESTHESIA	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22548	ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22586	ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT LS-S1	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22600	ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22610	ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22612	ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22633	ARTHRODESIS POST POSTEROLATRL POSTINTERBODY LUMBAR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
	22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	

22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
22819	KYPHECTOMY 3 OR MORE SEGMENTS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
22830	EXPLORATION SPINAL FUSION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
22849	REINSERTION SPINAL FIXATION DEVICE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
22855	REMOVAL ANTERIOR INSTRUMENTATION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
22862	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
22867	INSJ STABL DEV W DCMPRN LUMBAR SINGLE LEVEL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
22868	INSJ STABL DEV W DCMPRN LUMBAR SECOND LEVEL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
22869	INSJ STABL DEV W O DCMPRN LUMBAR SINGLE LEVEL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
22870	INSJ STABL DEV W O DCMPRN LUMBAR SECOND LEVEL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23120	Claviclectomy; partial	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23125	Claviclectomy; total	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23405	Tenotomy, shoulder area; single tendon	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23415	Coracoacromial ligament release, with or without acromioplasty	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23430	Tenodesis of long tendon of biceps	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23460	Capsulorrhaphy, anterior, any type; with bone block	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
25447	ARTHRO INTERPOS INTERCARPAL METACARPAL JOINTS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
26499	CORRECTION CLAW FINGER OTHER METHODS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27120	ACETABULOPLASTY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27122	ACETABULOPLASTY RESECTION FEMORAL HEAD	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27125	HEMIARTHROPLASTY HIP PARTIAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27130	ARTHRO ACETBLR PROX FEM PROSTC AGRFT ALGRFT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27132	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27134	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27137	REVJ TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27138	REVJ TOT HIP ARTHRP FEM ONLY W WO AGRFT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27403	Arthrotomy with meniscus repair, knee	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27412	Autologous chondrocyte implantation, knee	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27415	Osteochondral allograft, knee, open	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27424	Reconstruction of dislocating patella; with patellectomy	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27425	Lateral retinacular release, open	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27438	ARTHROPLASTY PATELLA W PROSTHESIS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27441	ARTHROPLASTY KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27442	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27443	ARTHROPLASTY FEM CONDYLES TIB PLATU KNE DBRDMT AND PRTL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27446	ARTHROPLASTY KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27447	ARTHROPLASTY KNEE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27486	REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27487	REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28005	INCISION BONE CORTEX FOOT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28008	FASCIOTOMY FOOT AND TOE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28035	RELEASE TARSAL TUNNEL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28060	FASCIOTOMY PLANTAR FASCIA PARTIAL SPX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28090	EXC LESION TENDON SHEATH CAPSULE W SYNVTCT FOOT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28092	EXC LESION TENDON SHEATH CAPSULE W SYNVTCT TOE EA	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28100	EXCISION CURETTAGE CYST TUMOR TALUS CALCANEUS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28102	EXC CURTGT CST B9 TUM TALUS CLCNS W ILIAC AGRFT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28103	EXC CURETTAGE CYST TUMOR TALUS CALCANEUS ALGRFT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28104	EXC CURTGT BONE CYST B9 TUMORTARSAL METATARSAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28106	EXC CURTGT CST B9 TUM TARSAL METAR W ILIAC AGRFT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28107	EXC CURTGT CST B9 TUM TARSAL METAR W ALGRFT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28108	EXC CURTGT CST B9 TUM PHALANGES FOOT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28114	OSTC COMPL ALL METAR HEADS W PRTL PROX PHALANGC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28116	OSTECTOMY TARSAL COALITION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28118	OSTECTOMY CALCANEUS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28119	OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28120	PARTIAL EXCISION BONE TALUS CALCANEUS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28122	PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28124	PARTIAL EXCISION BONE PHALANX TOE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28126	RESECTION PARTIAL COMPLETE PHALANGEAL BASE EACH	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28130	TALECTOMY ASTRAGALECTOMY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28140	METATARSECTOMY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28150	PHALANGECTOMY TOE EACH TOE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28153	RESECTION CONDYLE DISTAL END PHALANX EACH TOE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
28160	HEMIPHALANGECTOMY INTERPHALANGEAL JOINT EXC TOE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	

28171	RAD RESECT TUMOR TARSAL EXCEPT TALUS CALCANEUS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28173	RADICAL RESECTION TUMOR METATARSAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28175	RADICAL RESECTION TUMOR PHALANX OR TOE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28200	RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28202	RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28208	REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28220	TENOLYSIS FLEXOR FOOT SINGLE TENDON	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28222	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28225	TENOLYSIS EXTENSOR FOOT SINGLE TENDON	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28226	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28230	TX OPN TENDON FLEXOR FOOT SINGLE MULT TENDON SPX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28234	TENOTOMY OPEN EXTENSOR FOOT TOE EACH TENDON	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28238	RCNSTJ PST TIBL TDN W EXC ACCESSORY TARSL NAVCLR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28240	TENOTOMY LENGTHENING RLS ABDUCTOR HALLUCIS MUSC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28250	DIVISION PLANTAR FASCIA AND MUSCLE SPX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28260	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28261	CAPSULOTOMY MIDFOOT W TENDON LENGTHENING	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28262	CAPSUL MIDFOOT W PST TALOTIBL CAPSUL AND TDN LGNTH	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28264	CAPSULOTOMY MIDTARSAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28270	CAPSUL MITTARPHLNGL JT W WO TENORRHAPHY EA JT SPX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28272	CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28280	SYNDACTYLIZATION TOES	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28285	CORRECTION HAMMERTOE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28286	CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28288	OSTC PRTL EXOSTC CONDYLIC METAR HEAD	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28289	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28291	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28292	CORRJ HALLUX VALGUS W SESMDC W RESCJ PROX PHAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28295	CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28296	CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28297	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28298	CORRJ HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28299	CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28300	OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28302	OSTEOTOMY TALUS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28304	OSTEOTOMY TARSAL BONES OTH THN CALCANEUS TALUS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28305	OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28306	OSTEOT W WO LGNTH SHRT CORRJ 1ST METAR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28307	OSTEOT W WO LGNTH SHRT CORRJ METAR XCP 1ST TOE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28308	OSTEOT W WO LGNTH SHRT CORRJ METAR XCP 1ST EA	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28309	OSTEOT W WO LGNTH SHRT ANGULAR CORRJ METAR MLT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28315	SESAMOIDECTOMY FIRST TOE SPX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28320	REPAIR NONUNION MALUNION TARSAL BONES	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28322	RPR NON MALUNION METARSAL W WO BONE GRAFT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28340	RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28341	RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28344	RECONSTRUCTION TOE POLYDACTYLY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28345	RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28360	RECONSTRUCTION CLEFT FOOT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28705	ARTHRODESIS PANTALAR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28715	ARTHRODESIS TRIPLE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28725	ARTHRODESIS SUBTALAR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28730	ARTHROD MIDTARSL TARSOMETATARSAL MULT TRANSVRS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28735	ARTHROD MIDTARSL TARS MLT TRANSVRS W OSTEOT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28737	ARTHROD W TDN LGNTH AND ADVDMNT TARSL NVCLR-CUNEIFOR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28760	ARTHROD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
28890	ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29824	ARTHROSCOPY SHOULDER DISTAL CLAVICLECTOMY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29826	ARTHROSCOPY SHOULDER W CORACOACRM LIGMNT RELEASE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29863	Arthroscopy, hip, surgical; with synovectomy	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft(s))	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29873	ARTHROSCOPY KNEE LATERAL RELEASE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29874	ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29877	ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29879	ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29880	ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29881	ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29882	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29883	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29884	ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXI	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29892	ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29894	ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29899	ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29914	ARTHROSCOPY HIP W FEMOROPLASTY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29915	ARTHROSCOPY HIP W ACETABULOPLASTY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
29916	ARTHROSCOPY HIP W LABRAL REPAIR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
30465	REPAIR NASAL VESTIBULAR STENOSIS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
30520	SEPTOPLASTY SUBMUCOUS RESECI W WO CARTILAGE GRF	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
30540	REPAIR CHOANAL ATRESIA INTRANASAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
31253	NASAL SINUS NDSCTOT W FRNT SINS EXPL TISS RMVL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures

31257	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
31259	NASAL SINUS NDSC TOT W SPHENDT W SPHEN TISS RMVL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
31295	NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
31296	NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
31297	NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
31298	NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
31661	BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
32994	ABLATION THER 1 PLUS PULM TUMORS PERQ CRYOABLATION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33206	INS NEW RPLCMT PRM PACEMAKR W TRANS ELTRD ATRIAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33207	INS NEW RPLC PRM PACEMAKER W TRANSV ELTRD VENTR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33208	INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL AND VENT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33212	INS PM PLS GEN W EXIST SINGLE LEAD	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33213	INS PACEMAKER PULSE GEN ONLY W EXIST DUAL LEADS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33221	INS PACEMAKER PULSE GEN ONLY W EXIST MULT LEADS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33224	INSJ ELTRD CAR VEN SYS ATCH PREV PM DFB PLS GEN	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB PM PLS GEN	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33227	REMLV PERM PM PLS GEN W REPL PLS GEN SNGL LEAD	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33228	REMLV PERM PM PLS GEN W REPL PLS GEN 2 LEAD SYS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33229	REMLV PERM PM PLS GEN W REPL PLS GEN MULT LEAD	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33230	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33231	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST MULTILEADS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33240	INSJ IMPLNTBL DEFIB PULSE GEN W 1 EXISTING LD	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33249	INSJ RPLCMT PERM DFB W TRNSVNS LDS 1 DUAL CHMBR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33262	RMVL IMPLTBL DFB PLS GEN W REPL PLS GEN 1 LEAD	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33263	RMVL IMPLTBL DFB PLS GEN W RPLCMT PLS GEN 2 LD	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33264	RMVL IMPLTBL DFB PLS GEN W RPLCMT PLS GEN MLT LD	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33270	INS RPLCMT PERM SUBQ IMPLTBL DFB W SUBQ ELTRD	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33274	TCAT INSJ RPL PERM LEADLESS PACEMAKER RV W IMG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33976	Insertion of ventricular assist device; extracorporeal, biventricular	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
36460	TRANSFUSION INTRAUTERINE FETAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
36465	NIX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
36466	NIX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
36514	THERAPEUTIC APHERESIS PLASMA PHERESIS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37191	INS INTRVAS VC FILTR W WO VAS ACS VSL SELXN RS AND I	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37220	REVASCLARIZATION ILIAC ARTERY ANGIOP 1ST VSL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHRC/ANGIOP SM VSL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37243	VASCULAR EMBOLIZE OCCLUDE ORGAN TUMOR INFARCT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37700	LIG AND DIV LONG SAPH VEIN SAPHFEM JUNCT INTERRUPT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37718	LIGJ DIVI AND STRIPPING SHORT SAPHENOUS VEIN	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37722	LIGJ DIVI AND STRIP LONG SAPH SAPHFEM JUNCT KNE BELW	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37735	LIGJ AND DIVI RADICAL STRIP LONG SHORT SAPHENOUS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37765	STAB PHELEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37766	STAB PHELEBT VARICOSE VEINS 1 XTR OVER 20 INCS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37780	LIGJ AND DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
37785	LIGJ DIVI AND EXCJ VARICOSE VEIN CLUSTER 1 LEG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
38208	TRNSPL PREPJ HEMATOP PROGEN THAW PREV HRV PER DNR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
38209	TRNSPL PREPJ HEMATOP PROG THAW PREV HRV WSH PER DNR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
38213	TRNSPL PREPJ HEMATOP PROGEN PLTIT DEPLJ	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
38573	LAPS W BI TOT PEL LMPHDEC AND OMNCT LYMPH BX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43644	LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43645	LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTJ	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43647	LAPS IMPLTJ RPLCMT GASTRIC NSTIM ELTRD ANTRUM	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43648	LAPS REVISION RMVL GASTRIC NSTIM ELTRD ANTRUM	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43653	LAPS SURG GASTROSTOMY W O CONSTJ GSTR TUBE SPX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43773	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE AND PORT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43775	LAPS GSTR RSTRCTIV PX LONGITUDINAL GASTRECTOMY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43842	GASTRIC RSTCV W O BYP VERTICAL-BANDED GASTROPLY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43843	GSTR RSTCV W O BYP OTH THN VER-BANDED GSTRP	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43845	GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43846	GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43847	GASTRIC RSTCV W BYP W SM INT RCNSTJ LIMIT ABSRJP	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43881	IMPLTJ RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43882	REVISION RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
43888	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
46948	HEMORRHOIDECTOMY, INTERNAL, BY TRANSANAL HEMORRHOIDAL DEARTERIALIZATION, 2 OR MORE HEMORRHOID COLUMNS/GROUPS, INCLUDING U/S GUIDANCE, WITH MUCOPEXY, WHEN PERFORMED	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
47380	ABLTI OPN 1 OR GRT LVR TUM RF	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
47381	ABLTI OPN 1 OR GRT LVR TUM CRYOSURG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
47382	ABLTI 1 OR GRT LVR TUM PRQ RF	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
47605	CHOLECYSTECTOMY W CHOLANGIOGRAPHY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
47610	CHOLECYSTECTOMY W EXPLORATION COMMON DUCT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOSTENTEROSTOMY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
47620	CHOLECTC EXPL DUX SPHNCROTOMY SPHNCROTROP	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
49255	OMNTC EPIPLECTOMY RESCI OMENTUM SPX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures
49904	OMENTAL FLAP EXTRA-ABDOMINAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures

49906	FREE OMENTAL FLAP W MICROVASCULAR ANAST	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
50590	LITHOTRIPSY XTRCORP SHOCK WAVE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Medicare only
52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
52649	LASER ENUCLEATION PROSTATE W MORCELLATION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
53852	TRURL DSTRJ PRSTATE TISS RF WV THERMOTH	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
53854	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
54401	INSJ PENILE PROSTHESIS INFLATABLE SELF-CONTAINED	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1 MLT NJX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
55970	INTERSEX SURG MALE TO FEMALE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace only. Non covered for Medicaid and Medicare
55980	INTERSEX SURG FEMALE TO MALE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace only. Non covered for Medicaid and Medicare
57288	SLING OPERATION STRESS INCONTINENCE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
57289	PEREYRA PX W ANTERIOR COLPORRHAPHY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58150	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58152	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58180	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58200	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58240	PEL EXNTJ GYNECOLOGIC MAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58262	VAG HYST 250 GM OR LESS W RMVL TUBE AND OVARY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58263	VAG HYST 250 GM OR LESS W RMVL TUBE OVARY W RPR NTRCL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58267	VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58270	VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCLE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58275	VAGINAL HYSTERECTOMY W TOT PRTL VAGINECTOMY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58280	VAG HYSTER W TOT PRTL VAGINECT W RPR ENTEROCLE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58290	VAGINAL HYSTERECTOMY UTERUS OVER 250 GM	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58291	VAG HYST OVER 250 GM RMVL TUBE AND OVARY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58292	VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58294	VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCLE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
58323	SPERM WASHING ARTIFICIAL INSEMINATION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
58345	TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58350	CHROMOTUBATION OVIDUCT W MATERIALS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58356	ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58540	HYSTEROPLASTY RPR UTERINE ANOMALY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58542	LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVARY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58543	LAPS SUPRACERVICAL HYSTERECTOMY OVER 250	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58544	LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58546	LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58548	LAPS W RAD HYST W BILAT LMPHADEC RMVL TUBE OVARY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58552	LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58553	LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58554	LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVAR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LESS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58571	LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58573	LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVARY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58660	LAPAROSCOPY W LYSIS OF ADHESIONS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58661	LAPAROSCOPY W RMVL ADNEXAL STRUCTURES	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58662	LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58672	LAPAROSCOPY FIMBRIOPLASTY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
58673	LAPAROSCOPY SALPINGOSTOMY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58700	SALPINGECTOMY COMPLETE PARTIAL UNI BI SPX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58720	SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58740	LYSIS OF ADHESIONS SALPINX OVARY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58750	TUBOTUBAL ANASTATOMOSIS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
58752	TUBOUTERINE IMPLANTATION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
58760	FIMBRIOPLASTY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
58770	SALPINGOSTOMY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58940	OOPHORECTOMY PARTIAL TOTAL UNI BI	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58943	OOPHORECTOMY PRTL TOT UNI BI OVARIAN MALIGNANCY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58950	RESCI OVARIAN TUBAL PERITONEAL MALIGNANCY W BSO	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58951	RESCI PRIM PRTL MAL W BSO AND OMNTC TAH AND LMPHAD	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58952	RESCI PRIM PRTL MAL W BSO AND OMNTC RAD DEBULKING	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58953	BSO W OMENTECTOMY TAH AND RAD DEBULKING DISSECTION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58954	BSO W OMENTECTOMY TAH DEBULKING W LMPHADECTOMY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58956	BSO W TOT OMENTECTOMY AND HYSTERECTOMY MALIGNANC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58957	RESECI RECUR OVARIAN TUBAL PERITONEAL MALIGNANCY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58958	RESECTION RECUR MAL W OMENTECTOMY PEL LMPHADEC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
58974	EMBRYO TRANSFER INTRAUTERINE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
58976	GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METH	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
59070	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
59072	FETAL UMBILICAL CORD OCCLUSION W ULTRSDND GUIDNCE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
59074	FETAL FLUID DRAINAGE W ULTRASOUND GUIDANCE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
59076	FETAL SHUNT PLACEMENT W ULTRASOUND GUIDANCE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Medicaid and Marketplace. Non covered for Medicare.
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Medicaid and Marketplace. Non covered for Medicare.
59850	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES;	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Medicaid and Marketplace. Non covered for Medicare.
59851	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH DILATION AND CURETTAGE AND/OR EVACUATION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Medicaid and Marketplace. Non covered for Medicare.
59852	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH HYSTEROTOMY (FAILED INTRA-AMNIOTIC INJECTION)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Medicaid and Marketplace. Non covered for Medicare.
59855	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (EG, LAMINARIA), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES;	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Medicaid and Marketplace. Non covered for Medicare.
59856	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (EG, LAMINARIA), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH DILATION AND CURETTAGE AND/OR EVACUATION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Medicaid and Marketplace. Non covered for Medicare.
59857	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (EG, LAMINARIA), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH HYSTEROTOMY (FAILED MEDICAL EVACUATION)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Medicaid and Marketplace. Non covered for Medicare.
59866	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
61798	SRS CRANIAL LESION COMPLEX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
61863	STRCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
61867	STRCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
61885	INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
61886	INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
62324	NIX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
62325	NIX DX THER SBST INTRLMNR CRV THRC W IMG GDN	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
62326	NIX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
62327	NIX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
62369	ELECT ANLYS IMPLT ITHCL EDRL PMP W REPRG AND REFL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
62370	ELEC ANLYS IMPLT ITHCL EDRL PMP W REPR PHYS QHP	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
62380	NDSC DCMFPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
63001	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63003	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	

63005	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63011	LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63012	LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63015	LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63016	LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63017	LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63020	LAMNOTMY INCL W DCMPSN NRV ROOT 1 INTRSPC CERV	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63030	LAMNOTMY INCL W DCMPSN NRV ROOT 1 INTRSPC LUMBR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63045	LAM FACTECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63046	LAM FACTECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63047	LAM FACTECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63050	LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63087	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63101	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63102	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
64569	REVISION REPLMT NEUROSTIMULATOR ELTRD CRANIAL NRV	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
64570	REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
64590	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
64595	REVISION RMVL PERIPHERAL GASTRIC NPGR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
64912	NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
65771	RADIAL KERATOTOMY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
65772	CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
67900	REPAIR BROW PTOSIS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
67909	REDUCTION OVERCORRECTION PTOSIS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
67950	CANTHOPLASTY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
69715	IMPLI OSSEOINTEGRATED TEMPORAL BONE W O MASTOID	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
69717	RPLMCT OSSEOINTEGRATE IMPLNT W O MASTOIDECTOMY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
69718	RPLMCT OSSEOINTEGRATE IMPLNT W MASTOIDECTOMY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
93229	XTRNL MOBILE CV TELEMETRY W TECHNICAL SUPPORT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
93581	PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
93582	PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
95249	CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
95718	EEG, CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OF EEG RECORDING; WITH VIDEO (VEEG)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
95719	EEG, CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION AND REPORT AFTER EACH 24-HOUR PERIOD; WITHOUT VIDEO	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
95720	EEG, CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION AND REPORT AFTER EACH 24-HOUR PERIOD; WITH VIDEO (VEEG)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
95721	EEG, CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 36 HOURS, UP TO 60 HOURS OF EEG RECORDING, WITHOUT VIDEO	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
95722	EEG, CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 36 HOURS, UP TO 60 HOURS OF EEG RECORDING, WITH VIDEO (VEEG)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
95723	EEG, CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 60 HOURS, UP TO 84 HOURS OF EEG RECORDING, WITHOUT VIDEO	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
95724	EEG, CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 60 HOURS, UP TO 84 HOURS OF EEG RECORDING, WITH VIDEO (VEEG)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
95725	EEG, CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 84 HOURS OF EEG RECORDING, WITHOUT VIDEO	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
95726	EEG, CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 84 HOURS OF EEG RECORDING, WITH VIDEO (VEEG)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	

96567	PDT DSTR PRMLG LES SKN ILLUM ACTIIV PER DAY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
96570	PDT NDCS ABL ABNOR TISS VIA ACTIIV RX 30 MIN	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
96571	PDT NDCS ABL ABNOR TISS VIA ACTIIV RX A 15 MIN	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
96573	PDT DSTR PRMLG LES SKN ILLUM ACTIIV BY PHYS QHP	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
96902	MCRCSCP XM HAIR PLUCK CLIP FOR CNTS STRUCT ABNORM	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
96910	PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
96912	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
96920	LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
96922	LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
96931	RCM CELLUR AND SUBCELLUR SKN IMGNG IMG ACQ I AND R 1ST	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
96932	RCM CELLUR AND SUBCELLUR SKN IMGNG IMG ACQUISITION	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
96933	RCM CELLUR AND SUBCELLUR SKN IMGNG I AND R 1ST LES	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
96934	RCM CELLUR AND SUBCELLUR SKN IMGNG IMG ACQ I AND R ADD	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
96935	RCM CELLUR AND SUBCELLUR SKN IMGNG IMG ACQ EA ADDL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
96936	RCM CELLUR AND SUBCELLUR SKN IMGNG I AND R EA ADDL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
C1825	Generator, neurostimulator (implantable), nonrechargeable with carotid sinus baroreceptor stimulation lead(s)	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
C2616	BRACHYTERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
C9734	FOCUSED U S ABL TX INT OTH THAN UT LEIOMYOMATA	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
C9738	ADJUNCTIVE BLUE LIGHT CYSTOSCOPY FLUO IMAG AGT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
C9739	CYSTURETHRSCTY INSRTPROSTAT IMPL; 1-3 IMPL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
C9740	CYSTURETHRSCTY INSRTPROSTAT IMPL; 4 OR GRT IMPL	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
C9746	TRANSPERINL IMPL PERM ADJ BALLOON CONT DEVICE	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
C9747	ABLATION PROSTATE TRANSRECTAL HIFU INCL I GUID	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
C9748	TRANSURETHRAL DESTRUC PROS TISS;BY RF WV THRM TX	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
C9757	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY, AND EXCISION OF HERNIATED INTERVERTEBRAL DISC, AND REPAIR OF ANNULAR DEFECT WITH IMPLANTATION OF BONE ANCHORED ANNULAR CLOSURE DEVICE, INCLUDING ANNULAR DEFECT MEASUREMENT, ALIGNMENT AND SIZING ASSESSMENT, AND IMAGE GUIDANCE, 1 INTERSPACE, LUMBAR	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
C9761	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy (ureteral catheterization is included) and vacuum aspiration of the kidney, collecting system and urethra if applicable	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
C9764	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
C9765	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
C9767	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
C9770	Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
J7330	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
S2095	TRNSCATH OCCL EMBOLIZ TUMR DESTRUC PERQ METH USI	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA applies to Medicare and Marketplace. Non covered for Medicaid.
27096	INJECT SI JOINT ARTHROGRPHY AND ANES STEROID W IMA	Pain Management Procedures	
27279	ARTHRODESIIS SACROILIAC JOINT PERCUTANEOUS	Pain Management Procedures	
62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS	Pain Management Procedures	PA required for Medicare only.
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	Pain Management Procedures	PA required for Medicare only.
62320	NIX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	Pain Management Procedures	
62321	NIX DX THER SBST INTRLMNR CRV THRC W IMG GDN	Pain Management Procedures	
62322	NIX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Pain Management Procedures	
62323	NIX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Pain Management Procedures	
62324	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CANAL OF UPPER OR MIDDLE BACK	Pain Management Procedures	PA required for Medicaid and Marketplace only.
62325	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CANAL OF UPPER OR MIDDLE BACK USING IMAGING GUIDANCE	Pain Management Procedures	PA required for Medicaid and Marketplace only.
62326	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK	Pain Management Procedures	PA required for Medicaid and Marketplace only.
62350	IMPLTJ REVJ RPSG ITHCL EDRL CATH PMP W O LAM	Pain Management Procedures	
62351	IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM	Pain Management Procedures	
62360	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR	Pain Management Procedures	
62361	IMPLTJ RPLCMT FS NON-PRGRBL PUMP	Pain Management Procedures	
62362	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP	Pain Management Procedures	
62367	ELECT ANALYS IMPLT ITHCL EDRL PMP W O REPRG REFL	Pain Management Procedures	
62368	ELECT ANALYS IMPLT ITHCL EDRL PUMP W REPRGRMG	Pain Management Procedures	
63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Pain Management Procedures	
63655	LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL	Pain Management Procedures	
63661	RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	Pain Management Procedures	
63662	RMVL SPINAL NSTIM ELTRD PLATE PADDLE INCL FLUOR	Pain Management Procedures	
63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Pain Management Procedures	
63664	REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR	Pain Management Procedures	
63685	INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING	Pain Management Procedures	
63688	REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Pain Management Procedures	
64450	INJECTION ANES OTHER PERIPHERAL NERVE BRANCH	Pain Management Procedures	
64451	INJECTION ANES; NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE	Pain Management Procedures	
64454	INJECTION ANES; NERVES INNERVATING THE GENICULAR NERVE BRANCHES, INCLUDING IMAGE GUIDANCE	Pain Management Procedures	
64461	PVB THORACIC SINGLE INJECTION SITE W IMG GID	Pain Management Procedures	
64462	PVB THORACIC SECOND AND ADDL INI SITE W IMG GID	Pain Management Procedures	
64463	PVB THORACIC CONT CATHETER INFUSION W IMG GID	Pain Management Procedures	
64479	NIX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL	Pain Management Procedures	
64480	NIX ANES AND STRD W IMG TFRML EDRL CRV THRC EA LV	Pain Management Procedures	
64483	NIX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL	Pain Management Procedures	
64484	NIX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV	Pain Management Procedures	
64486	TAP BLOCK UNILATERAL BY INJECTION(S)	Pain Management Procedures	
64487	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	Pain Management Procedures	
64488	TAP BLOCK BILATERAL BY INJECTION(S)	Pain Management Procedures	
64489	TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)	Pain Management Procedures	
64490	NIX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL	Pain Management Procedures	
64491	NIX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL	Pain Management Procedures	
64492	NIX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL	Pain Management Procedures	
64493	NIX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL	Pain Management Procedures	
64494	NIX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL	Pain Management Procedures	
64495	NIX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL	Pain Management Procedures	
64600	DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	Pain Management Procedures	
64624	DSTR NROLYTC AGENT, GENICULAR NERVE BRANCH, INCLUDING IMAGE GUIDANCE	Pain Management Procedures	
64625	RADIOFREQUENCY ABLATION, NERVES, INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE	Pain Management Procedures	
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA	Pain Management Procedures	
64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA	Pain Management Procedures	
64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL	Pain Management Procedures	
64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL	Pain Management Procedures	
64640	DSTRJ NEUROLYTC AGENT OTHER PERIPHERAL NERVE	Pain Management Procedures	
97812	ACUPUNCTURE 1 OR GRT NDLS W ELEC STIMJ 1ST 15 MIN	Pain Management Procedures	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
97814	ACUPUNCTURE 1 OR GRT NDLS W ELEC STIM, EA 15 MINS, W REINSERTION	Pain Management Procedures	PA applicable to Marketplace only. Non covered for Medicare and Medicaid

Clinical documentation is required with submission for any of these procedures. PA is required in ANY setting.

	G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT, WITH OR WITHOUT ARTHROGRAPHY	Pain Management Procedures	
Medicaid: PA required after eval + 36 visits.	97110	THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES	Physical Therapy	Progress notes and updated Plan of Care is required with submission for additional visits.
Marketplace: PA required after eval + 12 visits.	97112	THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC REEDUCA	Physical Therapy	Progress notes and updated Plan of Care is required with submission for additional visits.
Medicare: PA required after eval + 12 visits.	97129	THERP INTERVENTION 1ST 15 MINUTES	Physical Therapy	
Benefit PA is not at 120	97130	THERP INTERVENTION EACH ADDITIONAL 15 MINUTES	Physical Therapy	
Clinical documentation is required with submission for any of these items.	97763	ORTHOTICS PROSTH MGMT AND TRAIN SBSQ ENCTR 15 MIN	Physical Therapy	Progress notes and updated Plan of Care is required with submission for additional visits.
	C1839	IRIS PROSTHESIS	Prosthetics & Orthotics	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	L0452	TLSO FLEXIBLE TRUNK SUPP UP THOR REGION CUSTOM	Prosthetics & Orthotics	
	L0480	TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	
	L0482	TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	
	L0484	TLSO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	
	L0486	TLSO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	
	L0622	SACROILIAC ORTHOTIC FLEXIBLE CUSTOM FABRICATED	Prosthetics & Orthotics	
	L0637	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB	Prosthetics & Orthotics	
	L0640	LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB	Prosthetics & Orthotics	
	L0650	LSO SAGITTAL-CORONAL CNTRL RIGD ANT POST PANELS	Prosthetics & Orthotics	
	L0700	CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	Prosthetics & Orthotics	
	L0710	CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	Prosthetics & Orthotics	
	L1000	CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	Prosthetics & Orthotics	
	L1005	TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS	Prosthetics & Orthotics	
	L1110	ADD TLSO SCOLIOS RING FLNGE MOLD PT MDL	Prosthetics & Orthotics	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	Prosthetics & Orthotics	PA applicable to Medicaid and Marketplace only.
	L1640	HIP ORTHOTIC-PELV BAND SPRDR BAR THI CUFFS FAB	Prosthetics & Orthotics	
	L1680	HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB	Prosthetics & Orthotics	
	L1685	HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM	Prosthetics & Orthotics	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	L1700	LEGG PERTHES ORTHOTIC TORONTO CUSTOM FABRICATED	Prosthetics & Orthotics	
	L1710	LEGG PERTHES ORTHOTIC NEWINGTON CUSTOM FAB	Prosthetics & Orthotics	
	L1720	LEGG PERTHES ORTHOTIC TRILAT TACHDIAN CSTM FAB	Prosthetics & Orthotics	
	L1730	LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB	Prosthetics & Orthotics	
	L1755	LEGG PERTHES ORTHOTIC PATTEN BOTTOM CSTM FAB	Prosthetics & Orthotics	
	L1834	KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED	Prosthetics & Orthotics	
	L1840	KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB	Prosthetics & Orthotics	
	L1844	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	
	L1846	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	
	L1860	KNEE ORTHOS MOD SUPRACONDYL R PROS SOCKT CSTM FAB	Prosthetics & Orthotics	
	L1900	AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB	Prosthetics & Orthotics	
	L1904	ANKLE ORTH ANKLE GAUNTLET SIMILAR CUSTOM FAB	Prosthetics & Orthotics	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	L1907	ANKLE ORTHOSIS SUPRAMALLEOLAR WITH STRAPS CUSTOM	Prosthetics & Orthotics	
	L1920	AFO SINGLE UPRT W STATIC ADJUSTBL STOP CSTM FAB	Prosthetics & Orthotics	
	L1940	ANK FT ORTHOTIC PLASTIC OTH MATERIAL CUSTOM FAB	Prosthetics & Orthotics	
	L1945	AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM	Prosthetics & Orthotics	
	L1950	ANKLE FOOT ORTHOTIC SPIRAL PLASTIC CUSTOM-FAB	Prosthetics & Orthotics	
	L1960	AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB	Prosthetics & Orthotics	
	L1970	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	Prosthetics & Orthotics	
	L1980	AFO 1 UPRT FREE PLANTR DORSIFLX SOLID STIRUP FAB	Prosthetics & Orthotics	
	L1990	AFO DBL UPRT PLANTR DORSIFLX SOLID STIRUP CSTM	Prosthetics & Orthotics	
	L2000	KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM	Prosthetics & Orthotics	
	L2005	KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM	Prosthetics & Orthotics	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	I2006	KAF DEVICE ANY MATL SINGLE OR DOUBLE UPRIGHT, SWING AND/OR STANCE PHASE MICROPROCESSOR CONTROL WITH ADJUSTABILITY, INCLUDES ALL COMPONENTS	Prosthetics & Orthotics	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	L2010	KAFO 1 UPRT SOLID STIRUP W O KNEE JNT CSTM FAB	Prosthetics & Orthotics	
	L2020	KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB	Prosthetics & Orthotics	
	L2030	KAFO DBL UPRT SOLID STIRUP W O KNEE JNT CSTM	Prosthetics & Orthotics	
	L2034	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Prosthetics & Orthotics	
	L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	Prosthetics & Orthotics	
	L2037	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	Prosthetics & Orthotics	
	L2038	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Prosthetics & Orthotics	
	L2050	HKAFO TORSION CNTRL BIL TORSION CABLES CSTM FAB	Prosthetics & Orthotics	
	L2060	HKAFO TORSION CNTRL BIL TORSION BALL BEAR CSTM	Prosthetics & Orthotics	
	L2080	HKAFO TORSION CNTRL UNI TORSION CABLE CSTM FAB	Prosthetics & Orthotics	
	L2090	HKAFO UNI TORSION CABLE BALL BEAR CSTM	Prosthetics & Orthotics	
	L2106	AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	
	L2108	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	
	L2126	KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	L2128	KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	
	L2232	ADD LOW EXT ORTHOS ROCKR BOTTOM TOT CNCT CSTM	Prosthetics & Orthotics	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	L2800	ADD LOW EXT ORTHOT KNEE CNTRL KNEE CAP CSTM ONLY	Prosthetics & Orthotics	
	L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	Prosthetics & Orthotics	PA applicable to Marketplace and Medicaid only
	L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSAL SUPPORT, EACH	Prosthetics & Orthotics	PA applicable to Marketplace and Medicaid only
	L3761	ELBOW ORTHOSIS ADJ POS LOCKING JOINT PREFAB OTS	Prosthetics & Orthotics	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	L4631	AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM	Prosthetics & Orthotics	
	L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE	Prosthetics & Orthotics	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	L5857	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	Prosthetics & Orthotics	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	Prosthetics & Orthotics	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	L5859	ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR	Prosthetics & Orthotics	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	L6026	TRANSCARPAL MC PART HAND DISARTICULATION PROS	Prosthetics & Orthotics	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	L7700	GASKET SEAL USE PROS SOCKET INSERT ANY TYPE EA	Prosthetics & Orthotics	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	Prosthetics & Orthotics	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	L8003	NIPPLE PROSTHESIS, CUSTOM FAB., REUSABLE, ANY MATL, ANY TYPE	Prosthetics & Orthotics	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	L8614	COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS	Prosthetics & Orthotics	PA applicable to Marketplace and Medicare only. Non covered for Medicaid
	L8625	EXT RECHARGING SYS BATT CI AO DEVC REPL ONLY EA	Prosthetics & Orthotics	PA applicable to Marketplace and Medicare only
	L8692	AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN	Prosthetics & Orthotics	
	L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY	Prosthetics & Orthotics	
	S1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	Prosthetics & Orthotics	
Clinical documentation is required with submission for any of these procedures.	95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	Psychological & Neuropsychological Testing	
	96112	DEVELOPMENTAL TST ADMIN PHYS QHP 1ST HOUR	Psychological & Neuropsychological Testing	
	96113	DEVELOPMENTAL TST ADMIN PHYS QHP EA ADDL 30 MIN	Psychological & Neuropsychological Testing	
	96116	NEUROBEHAVIORAL STATUS XM PHYS QHP 1ST HOUR	Psychological & Neuropsychological Testing	
	96121	NEUROBEHAVIORAL STATUS XM PHYS QHP EA ADDL HOUR	Psychological & Neuropsychological Testing	
	96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Psychological & Neuropsychological Testing	
	96130	PSYCHOLOGICAL TST EVAL SVC PHYS QHP FIRST HOUR	Psychological & Neuropsychological Testing	
	96131	PSYCHOLOGICAL TST EVAL SVC PHYS QHP EA ADDL HOUR	Psychological & Neuropsychological Testing	
	96132	NEUROPSYCHOLOGICAL TST EVAL PHYS QHP 1ST HOUR	Psychological & Neuropsychological Testing	
	96133	NEUROPSYCHOLOGICAL TST EVAL PHYS QHP EA ADDL HR	Psychological & Neuropsychological Testing	
	96136	PSYL NRPSCYL TST PHYS QHP 2 PLUS TST 1ST 30 MIN	Psychological & Neuropsychological Testing	
	96137	PSYCL NRPSCYL TST PHYS QHP 2 PLUS TST EA ADDL 30 MIN	Psychological & Neuropsychological Testing	
	96138	PSYCL NRPSCYL TST TECH 2 PLUS TST 1ST 30 MIN	Psychological & Neuropsychological Testing	
	96139	PSYCL NRPSCYL TST TECH 2 PLUS TST EA ADDL 30 MIN	Psychological & Neuropsychological Testing	
	96146	PSYCL NRPSCYL TST ELEC PLATFORM AUTO RESULT	Psychological & Neuropsychological Testing	
	97151	BEHAVIOR ID ASSESSMENT BY PHYS QHP EA 15 MIN	Psychological & Neuropsychological Testing	
	97152	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	Psychological & Neuropsychological Testing	
	97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Psychological & Neuropsychological Testing	
	97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Psychological & Neuropsychological Testing	
	97155	ADAPT BHV TX PRCL MODIFCAJ PHYS QHP EA 15 MIN	Psychological & Neuropsychological Testing	
	97156	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Psychological & Neuropsychological Testing	
	97157	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Psychological & Neuropsychological Testing	
	97158	GRP ADAPT BHV PRCL MODIFCAJ PHYS QHP EA 15 MIN	Psychological & Neuropsychological Testing	
	77520	PROTON TX DELIVERY SIMPLE W O COMPENSATION	Radiation Therapy & Radio Surgery	
	77522	PROTON TX DELIVERY SIMPLE W COMPENSATION	Radiation Therapy & Radio Surgery	
	77523	PROTON TX DELIVERY INTERMEDIATE	Radiation Therapy & Radio Surgery	
	77525	PROTON TX DELIVERY COMPLEX	Radiation Therapy & Radio Surgery	
	A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI	Radiation Therapy & Radio Surgery	
	A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI	Radiation Therapy & Radio Surgery	
	A9606	RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI	Radiation Therapy & Radio Surgery	
	C9408	IODINE I-131 IOBENGUANE THERAPEUTIC 1 MCI	Radiation Therapy & Radio Surgery	
	G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS CMLP TX 1 SESS	Radiation Therapy & Radio Surgery	
	G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Radiation Therapy & Radio Surgery	
	G6015	INTENSITY MODULATED TX DEL 1 MX FLDS PER TX SESS	Radiation Therapy & Radio Surgery	
	G6016	COMP-BASED BEAM MOD TX DEL 1 PLND TX 3 OVER HR SESS	Radiation Therapy & Radio Surgery	
	G6017	INTRA-FRACTION LOCALIZATION AND TRACKING OF TARGET OR PATEITN MOTION DURING DELIVERY OF RADIATION THERAPY (3D)	Radiation Therapy & Radio Surgery	
	95800	SLP STDY UNATND W HRT RATE O2 SAT RESP SLP TIME	Sleep Covered Services & Related Equipment	
	95801	SLP STDY UNATND W MIN HRT RATE O2 SAT RESP ANAL	Sleep Covered Services & Related Equipment	
	95805	MLT SLEEP LATENCY MAINT OF WAKEFULNESS TSTG	Sleep Covered Services & Related Equipment	
	95806	SLEEP STD AIRFLOW HRT RATE AND O2 SAT EFFORT UNATT	Sleep Covered Services & Related Equipment	
	95807	SLEEP STD REC VNTJ RESPIR ECG HRT RATE AND O2 ATTN	Sleep Covered Services & Related Equipment	
	95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Sleep Covered Services & Related Equipment	
	95810	POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND	Sleep Covered Services & Related Equipment	
	95811	POLYSOM 6 OR GRT YRS SLEEP W CPAP 4 OR GRT ADDL PARAM ATT	Sleep Covered Services & Related Equipment	

<b>Medicaid &amp; Marketplace:</b> PA required after eval + 6 visits. <b>Medicare:</b> PA required after benefit CAP is met of \$2,110 (unbilled BT & ST). Includes solid organ and bone marrow transplants. Corneal transplants do not require PA. Clinical documentation is required with submission for any of these procedures.	92507	TX SPEECH LANG VOICE COMMJ AND AUDITORY PROC IND	Speech Therapy	Pediatric cochlear implants - up to 36 visits available with PA
	92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GRT INDIV	Speech Therapy	
Includes solid organ and bone marrow transplants. Corneal transplants do not require PA. Clinical documentation is required with submission for any of these procedures.	32850	DONOR PNEUMONECTOMY(S), INCL COLD PRESERV, FROM CADAVER DONOR	Transplants/Gene Therapy	
	32851	LUNG TRANSPL, SINGLE, W O CARDIOPULM BYPASS	Transplants/Gene Therapy	
	32852	LUNG TRANSPL, SINGLE, W CARDIOPULM BYPASS	Transplants/Gene Therapy	
	32853	LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS	Transplants/Gene Therapy	
	32854	LUNG TRANSPLANT 2 W CARDIOPULMONARY BYPASS	Transplants/Gene Therapy	
	32855	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	Transplants/Gene Therapy	
	32856	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	Transplants/Gene Therapy	
	33929	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	Transplants/Gene Therapy	
	33930	DONOR CARDIECTOMY - PNEUMONECTOMY	Transplants/Gene Therapy	
	33933	BKBENCH PREPJ CADAVER DONOR HEART LUNG ALLOGRAFT	Transplants/Gene Therapy	
	33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	Transplants/Gene Therapy	
	33940	DONOR CARDIECTOMY	Transplants/Gene Therapy	
	33944	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	Transplants/Gene Therapy	
	33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Transplants/Gene Therapy	
	33995	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; RIGHT HEART, VENOUS ACCESS ONLY	Transplants/Gene Therapy	
	38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	Transplants/Gene Therapy	
	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Transplants/Gene Therapy	
	38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy	
	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	
	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	
	38242	ALLOGENEIC LYMPHOCTYCE INFUSIONS	Transplants/Gene Therapy	
	38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	Transplants/Gene Therapy	
	44132	DONOR ENTERECTOMY OPEN CADAVER DONOR	Transplants/Gene Therapy	
	44133	DONOR ENTERECTOMY OPEN LIVING DONOR	Transplants/Gene Therapy	
	44135	INTESTINAL ALLOTTRANSPLANTATION; CADAVER DONOR	Transplants/Gene Therapy	
	44136	INTESTINAL ALLOTTRANSPLANTATION; LIVING DONOR	Transplants/Gene Therapy	
	44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	Transplants/Gene Therapy	
	44715	BKBENCH PREPJ CADAVER LIVING DONOR INTESTINE	Transplants/Gene Therapy	
	44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	Transplants/Gene Therapy	
	44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	Transplants/Gene Therapy	
	47133	DONOR HEPATECTOMY CADAVER DONOR	Transplants/Gene Therapy	
	47135	LVR ALTRNSPLJ ORHOTOPIC PRTL WHL DON ANY AGE	Transplants/Gene Therapy	
	47140	DONOR HEPATECTOMY LIVING DONOR SEG II AND III	Transplants/Gene Therapy	
	47141	DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV	Transplants/Gene Therapy	
	47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI	Transplants/Gene Therapy	
	47143	BKBENCH PREPJ CADAVER DONOR	Transplants/Gene Therapy	
	47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I AND IV VII	Transplants/Gene Therapy	
	47145	BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I AND V VI	Transplants/Gene Therapy	
	47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	Transplants/Gene Therapy	
	47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	Transplants/Gene Therapy	
	48160	PANCREATECTOMY W TRNSPLJ PANCREAS ISLET CELLS	Transplants/Gene Therapy	
	48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	Transplants/Gene Therapy	
	48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	Transplants/Gene Therapy	
	48552	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	Transplants/Gene Therapy	
	48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	
	48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	
	50300	DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL	Transplants/Gene Therapy	
	50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	Transplants/Gene Therapy	
	50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Transplants/Gene Therapy	
	50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Transplants/Gene Therapy	
	50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Transplants/Gene Therapy	
	50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Transplants/Gene Therapy	
	50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Transplants/Gene Therapy	
	50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Transplants/Gene Therapy	
	50360	RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY	Transplants/Gene Therapy	
	50365	RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY	Transplants/Gene Therapy	
	50370	RMVL TRNSPLED RENAL ALLOGRAFT	Transplants/Gene Therapy	
	50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Transplants/Gene Therapy	
0537T	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Transplants/Gene Therapy		
0538T	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F TRNS	Transplants/Gene Therapy		
0539T	CAR-T THERAPY RECEIPT AND PREP CAR-T CELLS F ADMIN	Transplants/Gene Therapy		
0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Transplants/Gene Therapy		
0584T	PERCUTANEOUS ISLET CELL TRANSPLANT	Transplants/Gene Therapy		
0585T	LAPAROSCOPIC ISLET CELL TRANSPLANT	Transplants/Gene Therapy		
0586T	OPEN ISLET CELL TRANSPLANT	Transplants/Gene Therapy		
Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Transplants/Gene Therapy		
Q2042	TISAGENLECLELUCEL TO 600 M CAR-POS VI T CE PER TD	Transplants/Gene Therapy		
S2053	TRANSPLANTATION SMALL INTESTINE AND LIVER ALLOGRAFTS	Transplants/Gene Therapy		
S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	Transplants/Gene Therapy		
S2055	HARVEST DONOR MX-VISCERAL ORGAN; CADAVER DONOR	Transplants/Gene Therapy		
S2060	LOBAR LUNG TRANSPLANTATION	Transplants/Gene Therapy		
S2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	Transplants/Gene Therapy		
S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	Transplants/Gene Therapy		
S2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	Transplants/Gene Therapy		
S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy		
S2142	CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC	Transplants/Gene Therapy		
S2150	BN MARROW BLD DERIVD STEM CELLS HARV TPLNT AND COMP;	Transplants/Gene Therapy		
S2152	SOLID ORGAN- TRANSPLANTATION AND RELATED COMP	Transplants/Gene Therapy		
Clinical documentation is required with submission for non-emergent air transportation	A0430	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	Transportation Services	Bypass PA for emergent air transportation
	A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	Transportation Services	Bypass PA for emergent air transportation
	S9960	AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING	Transportation Services	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
	S9961	AMB SERVICE AIR NONEMERGENCY 1 WAY ROTARY WING	Transportation Services	PA applicable to Marketplace only. Non covered for Medicare and Medicaid
Molina requires PA, as well as medical necessity documentation and rationale be submitted with the PA request for all Unlisted/Miscellaneous codes including those not listed herein.	19999	UNLISTED ANESTHESIA PROCEDURE(S)	Unlisted/Miscellaneous	
	15999	UNLISTED PROCEDURE EXCISION PRESSURE ULCER	Unlisted/Miscellaneous	
	17999	SKIN, MUCUS MEMBRANE AND BENEATH THE SKIN PROCEDURE	Unlisted/Miscellaneous	
	19499	UNLISTED PROCEDURE, BREAST	Unlisted/Miscellaneous	
	20999	UNLISTED PROCEDURE MUSCULOSKELETAL SYSTEM GENERAL	Unlisted/Miscellaneous	
	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Unlisted/Miscellaneous	
	21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Unlisted/Miscellaneous	
	21499	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	Unlisted/Miscellaneous	
	21899	UNLISTED PROCEDURE NECK THORAX	Unlisted/Miscellaneous	
	22899	UNLISTED PROCEDURE SPINE	Unlisted/Miscellaneous	
	22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	Unlisted/Miscellaneous	
	23929	UNLISTED PROCEDURE SHOULDER	Unlisted/Miscellaneous	
	24999	UNLISTED PROCEDURE HUMERUS ELBOW	Unlisted/Miscellaneous	
	25999	UNLISTED PROCEDURE FOREARM WRIST	Unlisted/Miscellaneous	
	26989	UNLISTED PROCEDURE HANDS FINGERS	Unlisted/Miscellaneous	
	27299	UNLISTED PROCEDURE PELVIS HIP JOINT	Unlisted/Miscellaneous	
	27599	UNLISTED PROCEDURE FEMUR KNEE	Unlisted/Miscellaneous	
	27899	UNLISTED PROCEDURE LEG ANKLE	Unlisted/Miscellaneous	
	28899	UNLISTED PROCEDURE FOOT TOES	Unlisted/Miscellaneous	
	29999	UNLISTED PROCEDURE ARTHROSCOPY	Unlisted/Miscellaneous	
	30999	UNLISTED PROCEDURE NOSE	Unlisted/Miscellaneous	
	31299	UNLISTED PROCEDURE ACCESSORY SINUSES	Unlisted/Miscellaneous	
	31599	UNLISTED PROCEDURE LARYNX	Unlisted/Miscellaneous	
	31899	UNLISTED PROCEDURE TRACHEA BRONCHI	Unlisted/Miscellaneous	
	32999	UNLISTED PROCEDURE LUNGS AND PLEURA	Unlisted/Miscellaneous	
	33999	UNLISTED CARDIAC SURGERY	Unlisted/Miscellaneous	
	36299	UNLISTED PROCEDURE VASCULAR INJECTION	Unlisted/Miscellaneous	
	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Unlisted/Miscellaneous	
	37799	UNLISTED PROCEDURE VASCULAR SURGERY	Unlisted/Miscellaneous	
	38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Unlisted/Miscellaneous	
	38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Unlisted/Miscellaneous	
	38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Unlisted/Miscellaneous	
	39499	UNLISTED PROCEDURE MEDIASTINUM	Unlisted/Miscellaneous	
	39599	UNLISTED PROCEDURE DIAPHRAGM	Unlisted/Miscellaneous	
	40799	UNLISTED PROCEDURE LIPS	Unlisted/Miscellaneous	
	40899	UNLISTED PROCEDURE VESTIBULE MOUTH	Unlisted/Miscellaneous	
	41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Unlisted/Miscellaneous	
	41899	UNLISTED OTHER PROCEDURES ON THE DENTOALVEOLAR STRUCTURE	Unlisted/Miscellaneous	PA applicable to Medicare only
	42299	UNLISTED PROCEDURE PALATE UVULA	Unlisted/Miscellaneous	
	42699	UNLISTED PX SALIVARY GLANDS DUCTS	Unlisted/Miscellaneous	
	42999	UNLISTED PROCEDURE PHARYNX ADENOIDS TONSILS	Unlisted/Miscellaneous	
	43289	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS	Unlisted/Miscellaneous	
	43499	UNLISTED PROCEDURE ESOPHAGUS	Unlisted/Miscellaneous	
	43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Unlisted/Miscellaneous	
	43999	UNLISTED PROCEDURE STOMACH	Unlisted/Miscellaneous	
	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Unlisted/Miscellaneous	
	44799	UNLISTED PROCEDURE SMALL INTESTINE	Unlisted/Miscellaneous	
44899	UNLISTED PX MECKEL'S DIVERTICULUM AND MESENTERY	Unlisted/Miscellaneous		
44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	Unlisted/Miscellaneous		
45399	UNLISTED PROCEDURE COLON	Unlisted/Miscellaneous		
45499	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	Unlisted/Miscellaneous		
45999	UNLISTED PROCEDURE RECTUM	Unlisted/Miscellaneous		
46999	UNLISTED PROCEDURE ANUS	Unlisted/Miscellaneous		
47379	UNLIS LAPAROSCOPIC PROCEDURE LIVER	Unlisted/Miscellaneous		
47399	UNLISTED PROCEDURE LIVER	Unlisted/Miscellaneous		

47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Unlisted/Miscellaneous	
47999	UNLISTED PROCEDURE BILIARY TRACT	Unlisted/Miscellaneous	
48999	UNLISTED PROCEDURE PANCREAS	Unlisted/Miscellaneous	
49329	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM AND OMENTUM	Unlisted/Miscellaneous	
49659	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	Unlisted/Miscellaneous	
49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM AND OMENTUM	Unlisted/Miscellaneous	
50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL	Unlisted/Miscellaneous	
50949	UNLISTED LAPAROSCOPY PROCEDURE URETER	Unlisted/Miscellaneous	
51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	Unlisted/Miscellaneous	
53899	UNLISTED PROCEDURE URINARY SYSTEM	Unlisted/Miscellaneous	
54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Unlisted/Miscellaneous	
55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	Unlisted/Miscellaneous	
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Unlisted/Miscellaneous	
58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Unlisted/Miscellaneous	
58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	Unlisted/Miscellaneous	
58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	Unlisted/Miscellaneous	
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	Unlisted/Miscellaneous	
59897	UNLISTED FETAL INVASIVE PX W ULTRASOUND	Unlisted/Miscellaneous	
59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE AND DELIVERY	Unlisted/Miscellaneous	
59899	UNLISTED PROCEDURE MATERNITY CARE AND DELIVERY	Unlisted/Miscellaneous	
60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	Unlisted/Miscellaneous	
60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	Unlisted/Miscellaneous	
64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Unlisted/Miscellaneous	
66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	Unlisted/Miscellaneous	
67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	Unlisted/Miscellaneous	
67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	Unlisted/Miscellaneous	
67599	UNLISTED PROCEDURE ORBIT	Unlisted/Miscellaneous	
67999	UNLISTED PROCEDURE EYELIDS	Unlisted/Miscellaneous	
68399	UNLISTED PROCEDURE CONJUNCTIVA	Unlisted/Miscellaneous	
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	Unlisted/Miscellaneous	
69399	UNLISTED PROCEDURE EXTERNAL EAR	Unlisted/Miscellaneous	
69799	UNLISTED PROCEDURE MIDDLE EAR	Unlisted/Miscellaneous	
69949	UNLISTED PROCEDURE INNER EAR	Unlisted/Miscellaneous	
69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	Unlisted/Miscellaneous	
76496	UNLISTED FLUOROSCOPIC PROCEDURE	Unlisted/Miscellaneous	
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	Unlisted/Miscellaneous	
77399	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	Unlisted/Miscellaneous	
77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Unlisted/Miscellaneous	
78099	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	
78199	UNLIS HEMATOP RET ENDO AND LYMPHATIC DX NUC MED	Unlisted/Miscellaneous	
78299	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	
78399	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	
78599	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	
78699	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	
78799	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	
78999	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	
79999	RP THERAPY UNLISTED PROCEDURE	Unlisted/Miscellaneous	
80299	QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	Unlisted/Miscellaneous	
81099	UNLISTED URINALYSIS PROCEDURE	Unlisted/Miscellaneous	
85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	Unlisted/Miscellaneous	
86486	SKIN TEST UNLISTED ANTIGEN EACH	Unlisted/Miscellaneous	
86849	UNLISTED IMMUNOLOGY	Unlisted/Miscellaneous	
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	Unlisted/Miscellaneous	
87797	IADNA NOS DIRECT PROBE TO EACH ORGANISM	Unlisted/Miscellaneous	
87798	IADNA NOS AMPLIFIED PROBE TO EACH ORGANISM	Unlisted/Miscellaneous	
87799	IADNA NOS QUANTIFICATION EACH ORGANISM	Unlisted/Miscellaneous	
87899	IAADIADOQ NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
87999	UNLISTED MICROBIOLOGY	Unlisted/Miscellaneous	
88099	UNLISTED NECROPSY PROCEDURE	Unlisted/Miscellaneous	
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	Unlisted/Miscellaneous	
88299	UNLISTED CYTOGENETIC STUDY	Unlisted/Miscellaneous	
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	Unlisted/Miscellaneous	
88749	UNLISTED IN VIVO LABORTORY SERVICE	Unlisted/Miscellaneous	
89240	UNLIS MISC PATH	Unlisted/Miscellaneous	
89398	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	Unlisted/Miscellaneous	
90399	UNLISTED IMMUNE GLOBULIN	Unlisted/Miscellaneous	
90749	UNLISTED VACCINE TOXOID	Unlisted/Miscellaneous	
90899	UNLISTED PSYCHIATRIC SERVICE PROCEDURE	Unlisted/Miscellaneous	
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	Unlisted/Miscellaneous	
92499	UNLISTED OPHTHALMOLOGICAL SERVICE PROCEDURE	Unlisted/Miscellaneous	
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE	Unlisted/Miscellaneous	
93799	UNLISTED CARDIOVASCULAR SERVICE PROCEDURE	Unlisted/Miscellaneous	
94799	UNLISTED PULMONARY SERVICE PROCEDURE	Unlisted/Miscellaneous	
95199	UNLISTED ALLERGY CLINICAL IMMUNOLOGIC SRVC PX	Unlisted/Miscellaneous	
95999	UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	Unlisted/Miscellaneous	
96379	UNLISTED THERAPEUTIC PROPH DX IV IA NIX NFS	Unlisted/Miscellaneous	
96549	UNLISTED CHEMOTHERAPY PROCEDURE	Unlisted/Miscellaneous	
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE PROCED	Unlisted/Miscellaneous	
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	Unlisted/Miscellaneous	
97139	UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)	Unlisted/Miscellaneous	
97799	UNLISTED PHYSICAL MEDICINE REHAB SERVICE PROC	Unlisted/Miscellaneous	
99199	UNLISTED SPECIAL SERVICE PROCEDURE REPORT	Unlisted/Miscellaneous	
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	Unlisted/Miscellaneous	
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unlisted/Miscellaneous	
99600	UNLISTED HOME VISIT SERVICE PROCEDURE	Unlisted/Miscellaneous	
A0999	UNLISTED AMBULANCE SERVICE	Unlisted/Miscellaneous	
A4421	OSTOMY SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous	
A4641	RADIOPHARMACEUTICAL DIAGNOSTIC NOC	Unlisted/Miscellaneous	
A4649	SURGICAL SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous	
A4913	MISCELLANEOUS DIALYSIS SUPPLIES NOS	Unlisted/Miscellaneous	
A6261	WOUND FILLER GEL PASTE PER FL OZ NOS	Unlisted/Miscellaneous	
A6262	WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	Unlisted/Miscellaneous	
A9698	NON-RADIOACTV CONTRST IMAG MATERIAL NOC PER STDY	Unlisted/Miscellaneous	
A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC	Unlisted/Miscellaneous	
A9900	DME SUP ACCESS SRV-COMPON OTH HCPCS	Unlisted/Miscellaneous	
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Unlisted/Miscellaneous	
B9998	NOC FOR ENTERAL SUPPLIES	Unlisted/Miscellaneous	
B9999	NOC FOR PARENTERAL SUPPLIES	Unlisted/Miscellaneous	
C1849	SKIN SUBSTITUTE, SYNTHETIC, RESORBABLE, PER SQ, CM	Unlisted/Miscellaneous	PA applicable to Marketplace only. Non covered for Medicaid
C1889	IMPLANTABLE/INSERTABLE DEVICE, NOS	Unlisted/Miscellaneous	
C2698	BRACHYTHERAPY SOURCE STRANDED NOS PER SOURCE	Unlisted/Miscellaneous	
C2699	BRACHYTHERAPY SOURCE NONSTRANDED NOS PER SOURCE	Unlisted/Miscellaneous	
E0769	ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	Unlisted/Miscellaneous	
E0770	FES TRANS STIM NERV AND MUSC GRP Cmpl Sys NOS	Unlisted/Miscellaneous	
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Unlisted/Miscellaneous	
E1699	DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
G0501	RESOURCE-INT SRVC PT SPZ M-ASST TECH MED NEC	Unlisted/Miscellaneous	
G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC	Unlisted/Miscellaneous	
J7699	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	Unlisted/Miscellaneous	
J7799	NOC RX OTH THAN INHALATION RX ADMINED THRU DME	Unlisted/Miscellaneous	
J8498	ANTIEMETIC DRUG RECTAL SUPPOSITORY NOS	Unlisted/Miscellaneous	
J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	
K0899	PWR MOBILITY DVC NOT CODED DME PDAC NOT MEET CRIT	Unlisted/Miscellaneous	
L0999	ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
L3649	ORTHOPED SHOE MODIFICATION ADDITION TRANSFER NOS	Unlisted/Miscellaneous	
L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
L5999	LOWER EXTREMITY PROSTHESIS NOS	Unlisted/Miscellaneous	
L7499	UPPER EXTREMITY PROSTHESIS NOS	Unlisted/Miscellaneous	
L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	Unlisted/Miscellaneous	
L8698	MISC COMP SPL ACCESS FOR USE WITH TOT AH SYSTEM	Unlisted/Miscellaneous	
L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
L8701	PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CLUS FAB	Unlisted/Miscellaneous	
L8702	PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CLUS	Unlisted/Miscellaneous	
P9099	BLOOD COMPONENT OR PRODUCT NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	PA applies to Marketplace and Medicare. Non covered for Medicaid
P9603	TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE	Unlisted/Miscellaneous	PA applies to Marketplace and Medicare. Non covered for Medicaid
P9604	TRAVEL 1 WAY MED NEC LAB SPEC; PRORATO TRIP CHRG	Unlisted/Miscellaneous	PA applies to Marketplace and Medicare. Non covered for Medicaid
Q0507	MISC SUPPLY OR ACCESSORY USE WITH EXTERNAL VAD	Unlisted/Miscellaneous	PA applies to Marketplace and Medicare. Non covered for Medicaid
Q0508	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD	Unlisted/Miscellaneous	PA applies to Marketplace and Medicare. Non covered for Medicaid
Q0509	MISC SPL ACSS IMPL VAD NO PAYMENT MEDICARE PRT A	Unlisted/Miscellaneous	PA applies to Marketplace and Medicare. Non covered for Medicaid
Q2039	INFLUENZA VIRUS VACCINE NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	PA applies to Marketplace and Medicare. Non covered for Medicaid
Q4050	CAST SUPPLIES UNLISTED TYPES AND MATERIALS OF CASTS	Unlisted/Miscellaneous	
Q4051	SPLINT SUPPLIES MISCELLANEOUS	Unlisted/Miscellaneous	
Q4082	DRUG OR BIOLOGICAL NOC PART B DRUG CAP	Unlisted/Miscellaneous	
Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
S0590	INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP	Unlisted/Miscellaneous	PA applies to Marketplace. Non covered for Medicaid and Medicare
S8189	TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	
S9110	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	Unlisted/Miscellaneous	PA applies to Marketplace. Non covered for Medicaid
T1999	MISC TX ITEMS AND SPL RETAIL PURCHASE NOC	Unlisted/Miscellaneous	PA applies to Marketplace and Medicare. Non covered for Medicaid
V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS	Unlisted/Miscellaneous	
V2524	Contact lens, hydrophilic, spherical, photochromic additive, per lens	Unlisted/Miscellaneous	PA applies to Marketplace and Medicare. Non covered for Medicaid
V2797	VISN SPL ACSS AND SRVC CMPNT ANOTHER HCPCS CODE	Unlisted/Miscellaneous	PA applies to Marketplace and Medicare. Non covered for Medicaid

	V2799	VISION ITEM OR SERVICE MISCELLANEOUS	Unlisted/Miscellaneous	
	V5298	HEARING AID NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	
	V5299	HEARING SERVICE MISCELLANEOUS	Unlisted/Miscellaneous	
Clinical documentation is required with submission for any of these test after 12 cumulative visits per calendar year	G0480	DRUG TESTING, DEFINITIVE 1-7 CLASSES	Urine Drug Testing	PA applicable to Medicaid only. PA required after 12 cumulative visits per calendar year
	G0481	DRUG TESTING, DEFINITIVE 8-14 CLASSES	Urine Drug Testing	PA applicable to Medicaid only. PA required after 12 cumulative visits per calendar year
	G0482	DRUG TESTING, DEFINITIVE 15-21 CLASSES	Urine Drug Testing	PA applicable to Medicaid only. PA required after 12 cumulative visits per calendar year
	G0483	DRUG TESTING, DEFINITIVE 22+ CLASSES	Urine Drug Testing	PA applicable to Medicaid only. PA required after 12 cumulative visits per calendar year

Q3 - Effective 7/1/21 Changes		
Matrix Service Category	Change/Update	LOB
Cardiopulmonary Rehabilitation	PA Required: 93797, 93798, G0422, G0423, G0424, S9472, S9473	Marketplace
Durable Medical Equipment	PA Required: K1014, K1015, K1017, K1018, K1019, K1020	Medicare, Marketplace
Experimental/Investigational	PA Required: 06401, 06411, 06421, 06431, 06441, 06451, 06461, 0647T, 0648T, 0649T, 0650T, 0651T, 0652T, 0653T, 0654T, 0655T, 0656T, 0657T, 0658T, 0660T, 0661T, 0662T, 0663T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T	Medicare, Marketplace
Healthcare Administered Drugs	PA Required: J1427, J1554, J7402, J9037, J9349	ALL
	PA Required: Q2053, S1091	Medicare, Marketplace
	Remove PA: J3240, J2315, J2354, J2597, J7340, J8498, J1943, J8700, J8520, J7527	ALL
	Remove/Deleted Codes: C9068, C9069, C9070, C9071, C9072, C9073, C9122, J7333, C7401	ALL
Unlisted/Miscellaneous	PA Required: 33999, C1849	ALL

Q2 - Effective 4/1/21 Changes		
Matrix Service Category	Change/Update	LOB
Experimental/Investigational	PA Required: 93702	Marketplace
	PA Required: 0017M	Medicare, Marketplace
	PA Required: Q4226	ALL
	Correction/Clarification: 0394T, 0395T	Marketplace
Healthcare Administered Drugs	PA Required: C9069, C9070, C9071, C9072, C9073, J7189, J1823, J7212, J7352, J9144, J9223, J9281, J9316, J9317, Q5122	ALL
	PA Required: S0013	Marketplace
	Correction/Clarification: C9044 deleted and replaced with J9119	ALL
Home Health Care Services	Correction/Clarification: Medicare will not require PA for the first 60 day episode of home care in a year. For continued home care beyond 60 days an authorization will be required.	Medicare
Imaging & Special Tests	PA Required: C9762, C9763,	ALL
	PA Required: S8037, S8092, 76390, 76391	Medicaid, Marketplace
O/P Hospital/Ambulatory Surgery Center (ASC) Procedures	PA Required: 0095T, 0098T, 22534, 22552, 22585, 22614, 22632, 22634, 22858, 23120, 23125, 23130, 23405, 23410, 23415, 23420, 23430, 23450, 23455, 23460, 23462, 23465, 23466, 23472, 23473, 23474, 23700, 27332, 27333, 27403, 27405, 27407, 27409, 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27570, 29805, 29860, 29861, 29862, 29863, 29866, 29867, 29868, 29870, 63035, 63043, 63044, 63048, 63057, 63076, 63082, 63300, 63304, 63308, C1825, C9764, C9765, C9766, C9767, C9770, C9771, C9772, C9773, C9774, C9775, G0289, S2118	ALL
	Remove/ No PA Required: 95700, 95708, 95709, 95710, 95711, 95712, 95713, 95714, 95715, 95716	Medicaid
Physical Therapy and Speech Therapy	Correction/Clarification: Therapy CAP increased to \$2,110 for combined benefit PT and ST.	Medicare
Unlisted/Miscellaneous	PA Required: C1849, 78399	Medicare

Q1 - Effective 1/1/21 Changes		
Matrix Service Category	Change/Update	LOB
<b>ALL SERVICE CATEGORIES</b>	<b>All services on this document require PA regardless of the setting, including "in office procedures".</b>	<b>ALL</b>
Behavioral/Mental Health, Alcohol & Chemical Dependency	PA Required: 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373, G0480, G0481, G0482, G0483, G0659, H0015, H0040, H2015, S9480	Marketplace
	Remove PA: H2014, H2017, H2019	Medicaid, Marketplace
Cosmetic, Plastic & Reconstructive Procedures	PA Required: 30468	ALL
Experimental/Investigational	PA Required: 0620T, 0621T, 0622T, 0623T, 0624T, 0625T, 0626T, 0627T, 0628T, 0629T, 0630T, 0631T, 0632T, 0639T, 0227U, 93895	ALL
	PA Required: K1006, K1007, K1009, K1011, K1012	Medicare, Marketplace

Genetic Counseling & Molecular Testing	PA Required: 0014M, 0015M, 0016M, 0228U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 81168, 81191, 81192, 81193, 81194, 81278, 81279, 81338, 81339, 81347, 81348, 81351, 81352, 81353, 81357, 81360, 81419, 81529, 81546, 81554	ALL
Healthcare Administered Drugs	PA Required: C9062, C9064, C9065, C9066	ALL
	Remove/No PA Required: C9257, J0207, J0594, J0894, J1675, J9017, J9025, J9027, J9030, J9050, J9120, J9200, J9202, J9208, J9211, J9217, J9230, J9245, J9246, J9261, J9268, J9280, J9293, J9328, J9330, J9340, J9357, J9395, Q5101, Q5110	ALL
Hyperbaric/Wound Therapy	PA Required: Q4249, Q4250, Q4254, Q4255	ALL
Imaging & Special Tests	PA Required: 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 71271, 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248, C9762, C9763	ALL
OP Hospital/Ambulatory Surgery Center (ASC) Procedures	PA Required: 33975, 33976, 33210, 33211, 33215, 33216, 33217, 33285, 36473, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37500, 55880, 57465, 93025, 93580, 93581, 93582, C9761, C9769	ALL
Transplants/Gene Therapy	PA Required: 33995	ALL
Unlisted/Miscellaneous	PA Required: V2524	Medicare, Marketplace
DELETED/INACTIVE CODES 12/31/20	C9061, 00581, 01111, 00851, 01261, 02281, 02291, 02301, 02311, 0295T, 0296T, 0297T, 0298T, 0381T, 0382T, 0383T, 0384T, 0385T, 0386T, 0396T, 0400T, 0401T, 0405T, 19324, 19366, 32405, 49220, 57112, 58293, 61870, 62163, 63180, 63182, 69605, 76970, 78135, 81545, 92582, 92586, 92992, 92993, 94250, 94400, 94750, 94770, 95071, 99201	N/A

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes			Autism Dx Related Codes		
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below			PA Required when associated with the Dx 's listed below		
ICD-10	Medicaid	Marketplace	ICD-10	Medicaid	Marketplace	ICD-10	Medicaid	Marketplace
C50.011	N	N	B39.4	N	N	F84.0	Y	Y
C50.012	N	N	B39.5	N	N	F84.2	Y	Y
C50.019	N	N	B39.9	N	N	F84.3	Y	Y
C50.021	N	N	E08.311	N	N	F84.5	Y	Y
C50.022	N	N	E08.319	N	N	F84.8	Y	Y
C50.029	N	N	E08.3211	N	N	F84.9	Y	Y
C50.111	N	N	E08.3212	N	N			
C50.112	N	N	E08.3213	N	N			
C50.119	N	N	E08.3219	N	N			
C50.121	N	N	E08.3311	N	N			
C50.122	N	N	E08.3312	N	N			
C50.129	N	N	E08.3313	N	N			
C50.211	N	N	E08.3319	N	N			
C50.212	N	N	E08.3411	N	N			
C50.219	N	N	E08.3412	N	N			
C50.221	N	N	E08.3413	N	N			
C50.222	N	N	E08.3419	N	N			
C50.229	N	N	E08.3491	N	N			
C50.311	N	N	E08.3492	N	N			
C50.312	N	N	E08.3493	N	N			
C50.319	N	N	E08.3499	N	N			
C50.321	N	N	E08.3511	N	N			
C50.322	N	N	E08.3512	N	N			
C50.329	N	N	E08.3513	N	N			
C50.411	N	N	E08.3519	N	N			
C50.412	N	N	E08.3521	N	N			
C50.419	N	N	E08.3522	N	N			
C50.421	N	N	E08.3523	N	N			
C50.422	N	N	E08.3529	N	N			
C50.429	N	N	E08.3531	N	N			
C50.511	N	N	E08.3532	N	N			
C50.512	N	N	E08.3533	N	N			
C50.519	N	N	E08.3539	N	N			
C50.521	N	N	E08.3541	N	N			
C50.522	N	N	E08.3542	N	N			
C50.529	N	N	E08.3543	N	N			
C50.611	N	N	E08.3549	N	N			
C50.612	N	N	E08.3551	N	N			
C50.619	N	N	E08.3552	N	N			
C50.621	N	N	E08.3553	N	N			
C50.622	N	N	E08.3559	N	N			
C50.629	N	N	E08.3591	N	N			
C50.811	N	N	E08.3592	N	N			
C50.812	N	N	E08.3593	N	N			
C50.819	N	N	E08.3599	N	N			
C50.821	N	N	E09.311	N	N			
C50.822	N	N	E09.319	N	N			
C50.829	N	N	E09.3211	N	N			
C50.911	N	N	E09.3212	N	N			
C50.912	N	N	E09.3213	N	N			
C50.919	N	N	E09.3219	N	N			
C50.921	N	N	E09.3311	N	N			

C50.922	N	N
C50.929	N	N
D05.01	N	N
D05.02	N	N
D05.10	N	N
D05.11	N	N
D05.12	N	N
D05.80	N	N
D05.81	N	N
D05.90	N	N
D05.91	N	N
D05.92	N	N
DO5.00	N	N
DO5.82	N	N
Z85.3	N	N

E09.3312	N	N
E09.3313	N	N
E09.3319	N	N
E09.3411	N	N
E09.3412	N	N
E09.3413	N	N
E09.3419	N	N
E09.3491	N	N
E09.3492	N	N
E09.3493	N	N
E09.3499	N	N
E09.3511	N	N
E09.3512	N	N
E09.3513	N	N
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E09.3532	N	N
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E09.3539	N	N
E09.3541	N	N
E09.3542	N	N
E09.3543	N	N
E09.3549	N	N
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E09.3559	N	N
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E09.3592	N	N
E09.3593	N	N
E09.3599	N	N
E10.311	N	N
E10.319	N	N
E10.3211	N	N
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E10.3213	N	N
E10.3219	N	N
E10.3311	N	N
E10.3312	N	N
E10.3313	N	N
E10.3319	N	N
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E10.3412	N	N
E10.3413	N	N
E10.3419	N	N
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E10.3492	N	N
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E10.3521	N	N

E10.3522	N	N
E10.3523	N	N
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E10.3539	N	N
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E10.3542	N	N
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E10.3591	N	N
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E10.3599	N	N
E11.311	N	N
E11.319	N	N
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E11.3212	N	N
E11.3213	N	N
E11.3219	N	N
E11.3311	N	N
E11.3312	N	N
E11.3313	N	N
E11.3319	N	N
E11.3391	N	N
E11.3392	N	N
E11.3393	N	N
E11.3399	N	N
E11.3411	N	N
E11.3412	N	N
E11.3413	N	N
E11.3419	N	N
E11.3491	N	N
E11.3492	N	N
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E11.3521	N	N
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E11.3541	N	N
E11.3542	N	N
E11.3543	N	N
E11.3549	N	N
E11.3551	N	N

E11.3552	N	N
E11.3553	N	N
E11.3559	N	N
E11.3591	N	N
E11.3592	N	N
E11.3593	N	N
E11.3599	N	N
E13.311	N	N
E13.319	N	N
E13.3211	N	N
E13.3212	N	N
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E13.3219	N	N
E13.3311	N	N
E13.3312	N	N
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E13.3319	N	N
E13.3411	N	N
E13.3412	N	N
E13.3413	N	N
E13.3419	N	N
E13.3491	N	N
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E13.3552	N	N
E13.3553	N	N
E13.3559	N	N
E13.3591	N	N
E13.3592	N	N
E13.3593	N	N
E13.3599	N	N
H21.1X1	N	N
H21.1X2	N	N
H21.1X3	N	N
H21.1X9	N	N
H32	N	N
H34.8110	N	N
H34.8111	N	N
H34.8112	N	N
H34.8120	N	N

H34.8121	N	N
H34.8122	N	N
H34.8130	N	N
H34.8131	N	N
H34.8132	N	N
H34.8190	N	N
H34.8191	N	N
H34.8192	N	N
H34.821	N	N
H34.822	N	N
H34.823	N	N
H34.829	N	N
H34.8310	N	N
H34.8311	N	N
H34.8312	N	N
H34.8320	N	N
H34.8321	N	N
H34.8322	N	N
H34.8330	N	N
H34.8331	N	N
H34.8332	N	N
H34.8390	N	N
H34.8391	N	N
H34.8392	N	N
H34.9	N	N
H35.00	N	N
H35.011	N	N
H35.012	N	N
H35.013	N	N
H35.019	N	N
H35.021	N	N
H35.022	N	N
H35.023	N	N
H35.029	N	N
H35.031	N	N
H35.032	N	N
H35.033	N	N
H35.039	N	N
H35.041	N	N
H35.042	N	N
H35.043	N	N
H35.049	N	N
H35.051	N	N
H35.052	N	N
H35.053	N	N
H35.059	N	N
H35.061	N	N
H35.062	N	N
H35.063	N	N
H35.069	N	N
H35.071	N	N
H35.072	N	N
H35.073	N	N
H35.079	N	N
H35.09	N	N
H35.141	N	N
H35.142	N	N
H35.143	N	N

H35.149	N	N
H35.151	N	N
H35.152	N	N
H35.153	N	N
H35.159	N	N
H35.161	N	N
H35.162	N	N
H35.163	N	N
H35.169	N	N
H35.20	N	N
H35.21	N	N
H35.22	N	N
H35.23	N	N
H35.3210	N	N
H35.3211	N	N
H35.3212	N	N
H35.3213	N	N
H35.3220	N	N
H35.3221	N	N
H35.3222	N	N
H35.3223	N	N
H35.3230	N	N
H35.3231	N	N
H35.3232	N	N
H35.3233	N	N
H35.3290	N	N
H35.3291	N	N
H35.3292	N	N
H35.3293	N	N
H35.33	N	N
H35.351	N	N
H35.352	N	N
H35.353	N	N
H35.359	N	N
H35.81	N	N
H35.82	N	N
H40.50X0	N	N
H40.50X1	N	N
H40.50X2	N	N
H40.50X3	N	N
H40.50X4	N	N
H40.51X0	N	N
H40.51X1	N	N
H40.51X2	N	N
H40.51X3	N	N
H40.51X4	N	N
H40.52X0	N	N
H40.52X1	N	N
H40.52X2	N	N
H40.52X3	N	N
H40.52X4	N	N
H40.53X0	N	N
H40.53X1	N	N
H40.53X2	N	N
H40.53X3	N	N
H40.53X4	N	N
H40.89	N	N
H44.20	N	N

H44.21	N	N
H44.22	N	N
H44.23	N	N

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