



Medicare Prior Auth (PA) Code Matrix

Effective Q4, 2022

THIS MATRIX IS NOT TO BE UTILIZED TO MAKE BENEFIT COVERAGE DETERMINATIONS.

FOR ANY PA CHANGES DUE TO REGULATORY GUIDANCE RELATED TO COVID 19 – PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION ON THE PROVIDER PORTAL.

This Matrix is for Out-Patient services.

All Elective In-Patient Admissions to Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (AIR), or Long Term Acute Care Hospitals (LTACH) require Prior Authorization. We attempt to provide the most current and accurate information on this PA Matrix. Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care. If there is a question that Prior Authorization is needed, please refer to your Provider Manual or submit a PA Request Form.

No PA is required for office visits at Participating (PAR) Network Providers.

All NON-PAR Providers require authorization regardless of services provided or codes submitted, except for Emergency Services or as delineated in Prior Authorization Guides.

Home Health Requires Prior Authorization after the first 60 day episode of care.

For Medicare Part B drug provider administered drug therapies, please direct Prior Authorization requests to Novologix via the Molina Provider Portal.

You may also fax in a prior authorization at 800-391-6437. Molina Clinical Services completes Utilization Management for certain Healthcare Administered Drugs. For any drugs on the prior authorization list that use a temporary C code or other temporary HCPCS code that is not unique to a specific drug, which are later assigned a new HCPCS code, will still require prior authorization for such drug even after it has been assigned a new HCPCS code, until otherwise noted in the Prior Authorization list.

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307)
80306	DRUG TEST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307)
80307	DRUG TEST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307)
80320	DRUG TEST DEF DRUG TESTING PROCEDURES - ALCOHOLS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80321	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80322	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 3 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
80324	DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80325	DRUG SCREEN QUANT AMPHETAMINES 3 OR 4	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80326	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80327	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80328	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80346	DRUG SCREENING BENZODIAZEPINES 1-12	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80347	DRUG SCREENING BENZODIAZEPINES 13 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80348	DRUG SCREENING BUPRENORPHINE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
80353	DRUG TEST DEF DRUG TESTING PROCEDURES - COCAINE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80354	DRUG TEST DEF DRUG TESTING PROCEDURES - FENTANYL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80356	DRUG TEST DEF DRUG TESTING PROCEDURES - HEROIN METABOLITE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80358	DRUG TEST DEF DRUG TESTING PROCEDURES - METHADONE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80359	DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80361	DRUG SCREENING OPIATES 1 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80362	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80363	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 4	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
80364	DRUG SCREENING OPIOIDS and OPIATE ANALOGS 5/MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80365	DRUG TEST DEF DRUG TESTING PROCEDURES - OXYCODONE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80367	DRUG SCREENING PROPOXYPHENE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80368	DRUG SCREENING SEDATIVE HYPNOTICS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80369	DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80372	DRUG TEST DEF DRUG TESTING PROCEDURES - TAPENTADOL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80373	DRUG TEST DEF DRUG TESTING PROCEDURES - TRAMADOL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80374	DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
80375	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80376	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 4-6	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
80377	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
83992	ASSAY OF PHENCYCLIDINE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
90867	REPET TMS TX INITIAL W MAP MOTR THRESHLD DELIVERY AND MNG	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W DELIVERY AND MNG	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	
90870	ELECTROCONVULSIVE THERAPY (ECT)	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	
97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	
97155	ADAPT BHV TX PRCL MODIFCAJ PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	
97156	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	
97157	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	
97158	GRP ADAPT BHV PRCL MODIFCAJ PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	
0373T	ADAPT BHV TX PRCL MODIFCAJ EA 15 MIN TECH TIME	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
0702T	REM THER MNTR OL DIG COG BHV THER PRGRM SPLY TCH	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	
0703T	REM THER MNTR OL DIG COG BHV THER PRGRM CAL MO	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	
G0480	DRUG TEST DEF 1-7 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
G0481	DRUG TEST DEF 8-14 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
G0482	DRUG TEST DEF 15-21 DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
G0483	DRUG TEST DEF 22 OR MORE DRUG CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
G0659	DRUG TEST DEF SIMPLE ALL CL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	DEFINITIVE - PA after 12 dates of service for codes 80320, 80321, 80322, 80324, 80325, 80326, 80327, 80328, 80346, 80347, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80363, 80364, 80365, 80367, 80368, 80369, 80372, 80373, 80374, 80375, 80376, 80377, 83992or G0480, G0481, G0482, G0483, G0659
H0046	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	
11920	TATTOOING INCL MICROPIGMENTATION 6.0 CM OR LESS	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer Dx's.
15780	DERMABRASION TOTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	Y	
15781	DERMABRASION SEGMENTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	Y	
15782	DERMABRASION REGIONAL OTHER THAN FACE	Cosmetic, Plastic & Reconstructive Procedures	Y	
15783	DERMABRASION SUPERFICIAL ANY SITE	Cosmetic, Plastic & Reconstructive Procedures	Y	
15793	CHEMICAL PEEL NONFACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y	
15820	BLEPHAROPLASTY LOWER EYELID	Cosmetic, Plastic & Reconstructive Procedures	Y	
15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	Y	
15822	BLEPHAROPLASTY UPPER EYELID	Cosmetic, Plastic & Reconstructive Procedures	Y	
15823	BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN	Cosmetic, Plastic & Reconstructive Procedures	Y	
15832	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH	Cosmetic, Plastic & Reconstructive Procedures	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
15833	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG	Cosmetic, Plastic & Reconstructive Procedures	Y	
15834	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP	Cosmetic, Plastic & Reconstructive Procedures	Y	
15835	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK	Cosmetic, Plastic & Reconstructive Procedures	Y	
15836	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM	Cosmetic, Plastic & Reconstructive Procedures	Y	
15837	EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND	Cosmetic, Plastic & Reconstructive Procedures	Y	
15838	EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	Y	
15839	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	Cosmetic, Plastic & Reconstructive Procedures	Y	
15847	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN	Cosmetic, Plastic & Reconstructive Procedures	Y	
19300	MASTECTOMY GYNECOMASTIA	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer Dx's.
19316	MASTOPEXY	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer Dx's.
19318	REDUCTION MAMMAPLASTY	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer Dx's.
19325	MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer Dx's.
19328	REMOVAL INTACT MAMMARY IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer Dx's.
19330	REMOVAL MAMMARY IMPLANT MATERIAL	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer Dx's.
19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer Dx's.
19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer Dx's.
19350	NIPPLE AREOLA RECONSTRUCTION	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer Dx's.
19355	CORRECTION INVERTED NIPPLES	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer Dx's.
19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y	No PA required when associated with breast cancer Dx's.
30400	RHINP PRIM LAT AND ALAR CRTLGs AND ELVTN NASAL TI	Cosmetic, Plastic & Reconstructive Procedures	Y	
30410	RHINP PRIM COMPLETE XTRNL PARTS	Cosmetic, Plastic & Reconstructive Procedures	Y	
30420	RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR	Cosmetic, Plastic & Reconstructive Procedures	Y	
30430	RHINOPLASTY SECONDARY MINOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y	
30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y	
30450	RHINOPLASTY SECONDARY MAJOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y	
30460	RHINP DFRM W COLUM LNGTH TIP ONLY	Cosmetic, Plastic & Reconstructive Procedures	Y	
30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEO	Cosmetic, Plastic & Reconstructive Procedures	Y	
30468	RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT	Cosmetic, Plastic & Reconstructive Procedures	Y	
67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL	Cosmetic, Plastic & Reconstructive Procedures	Y	
67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Cosmetic, Plastic & Reconstructive Procedures	Y	
67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Cosmetic, Plastic & Reconstructive Procedures	Y	
98975	REMOTE THERAPEUTIC MNTR 1ST SETUP and PT EDUCAJ EQP	Durable Medical Equipment (DME)	Y	
98976	REM THER MNTR DEV SUPPLY W/REC RESPIR SYS EA 30D	Durable Medical Equipment (DME)	Y	
98977	REM THER MNTR DEV SPLY W/REC MUSCSKEL SYS EA 30D	Durable Medical Equipment (DME)	Y	
0704T	REM TX AMBLYOPIA DEV SUPPLY 1ST SETUP and PT EDUCAJ	Durable Medical Equipment (DME)	Y	
0705T	REM TX AMBLYOPIA TCH SPRT MIN 18 TRAIING HR EA 30	Durable Medical Equipment (DME)	Y	
0706T	REM TX AMBLYOPIA I and R PHYS/QHP PER CALENDAR MONTH	Durable Medical Equipment (DME)	Y	
A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	Durable Medical Equipment (DME)	Y	
C1839	IRIS PROSTHESIS	Durable Medical Equipment (DME)	Y	
C2624	IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	Durable Medical Equipment (DME)	Y	
E0194	AIR FLUIDIZED BED	Durable Medical Equipment (DME)	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
E0255	HOSP BED VARIBL HT W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y	
E0256	HOSP BED VARIBL HT ANY TYPE SIDE RAIL W O MATTRSS	Durable Medical Equipment (DME)	Y	
E0260	HOSP BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y	
E0261	HOSP BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATTRSS	Durable Medical Equipment (DME)	Y	
E0265	HOSP BED TOT ELEC W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y	
E0266	HOSP BED TOT ELEC ANY TYPE SIDE RAIL W O MATTRSS	Durable Medical Equipment (DME)	Y	
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Durable Medical Equipment (DME)	Y	
E0292	HOSP BED VARIBL HT HI-LO W O SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y	
E0293	HOSP BED VARIBL HT HI-LO W O SIDE RAIL NO MATTRSS	Durable Medical Equipment (DME)	Y	
E0294	HOSP BED SEMI-ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	Y	
E0295	HOSP BED SEMI-ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME)	Y	
E0296	HOSP BED TOTAL ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	Y	
E0297	HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME)	Y	
E0300	PED CRIB HOS GRADE FULLY ENC W WO TOP ENC	Durable Medical Equipment (DME)	Y	
E0301	HOSP BED HEVY DUTY XTRA WIDE W WT CAPACTY OVER 350 PDS	Durable Medical Equipment (DME)	Y	
E0302	HOSP BED XTRA HEVY DUTY WT CAP OVER 600 PDS W O MTRRSS	Durable Medical Equipment (DME)	Y	
E0303	HOSP BED HEVY DUTY W WT CAP OVER 350 PDS UNDER EQ TO 600	Durable Medical Equipment (DME)	Y	
E0304	HOSP BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATTRSS	Durable Medical Equipment (DME)	Y	
E0328	HOSP BED PEDIATRIC MANUAL INCLUDES MATTRESS	Durable Medical Equipment (DME)	Y	
E0329	HOSP BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	Durable Medical Equipment (DME)	Y	
E0371	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN AND WPTH	Durable Medical Equipment (DME)	Y	
E0372	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH AND WIDTH	Durable Medical Equipment (DME)	Y	
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Durable Medical Equipment (DME)	Y	
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	Durable Medical Equipment (DME)	Y	
E0465	HOME VENTILATOR ANY TYPE USED W INVASIVE INTF	Durable Medical Equipment (DME)	Y	
E0466	HOME VENTILATOR ANY TYPE USED W NON-INVASV INTF	Durable Medical Equipment (DME)	Y	
E0467	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC	Durable Medical Equipment (DME)	Y	
E0483	HI FREQ CHEST WALL OSCILLATION SYSTEM EA	Durable Medical Equipment (DME)	Y	
E0650	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL	Durable Medical Equipment (DME)	Y	
E0651	PNEUMAT COMPRS SEG HOM MDL NO CALBRTD GRDNT PRSS	Durable Medical Equipment (DME)	Y	
E0652	PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS	Durable Medical Equipment (DME)	Y	
E0656	SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK	Durable Medical Equipment (DME)	Y	
E0667	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG	Durable Medical Equipment (DME)	Y	
E0668	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM	Durable Medical Equipment (DME)	Y	
E0670	SEG PNEU APPLINC PNEU COMPRS IN 2 FULL LEGS TRNK	Durable Medical Equipment (DME)	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
E0671	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG	Durable Medical Equipment (DME)	Y	
E0673	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC HALF LEG	Durable Medical Equipment (DME)	Y	
E0675	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL	Durable Medical Equipment (DME)	Y	
E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	Durable Medical Equipment (DME)	Y	
E0691	UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS	Durable Medical Equipment (DME)	Y	
E0692	UV LT TX SYS PANL W BULB LAMP TIMER 4 FT PANEL	Durable Medical Equipment (DME)	Y	
E0693	UV LT TX SYS PANL W BULBS LAMPS TIMER 6 FT PANEL	Durable Medical Equipment (DME)	Y	
E0694	UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR	Durable Medical Equipment (DME)	Y	
E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	Durable Medical Equipment (DME)	Y	
E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	Durable Medical Equipment (DME)	Y	
E0749	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL	Durable Medical Equipment (DME)	Y	
E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	Durable Medical Equipment (DME)	Y	
E0762	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS	Durable Medical Equipment (DME)	Y	
E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	Durable Medical Equipment (DME)	Y	
E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	Durable Medical Equipment (DME)	Y	
E0782	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE	Durable Medical Equipment (DME)	Y	
E0783	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	Durable Medical Equipment (DME)	Y	
E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	Durable Medical Equipment (DME)	Y	
E0785	IMPLANTABLE INTRASPINL CATHETER USED W PUMP-REPL	Durable Medical Equipment (DME)	Y	
E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL	Durable Medical Equipment (DME)	Y	
E0787	EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ	Durable Medical Equipment (DME)	Y	
E0983	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC JOYST CNTRL	Durable Medical Equipment (DME)	Y	
E0984	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC TILLER CNTRL	Durable Medical Equipment (DME)	Y	
E0986	MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	Durable Medical Equipment (DME)	Y	
E0988	MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR	Durable Medical Equipment (DME)	Y	
E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	Durable Medical Equipment (DME)	Y	
E1003	WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDUC	Durable Medical Equipment (DME)	Y	
E1004	WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDUC	Durable Medical Equipment (DME)	Y	
E1005	WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	Y	
E1006	WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC	Durable Medical Equipment (DME)	Y	
E1007	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	Durable Medical Equipment (DME)	Y	
E1008	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	Y	
E1010	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR	Durable Medical Equipment (DME)	Y	
E1012	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	Durable Medical Equipment (DME)	Y	
E1014	RECLIN BACK ADDITION PEDIATRIC SIZE WHEELCHAIR	Durable Medical Equipment (DME)	Y	
E1020	RESIDUAL LIMB SUPPORT SYSTEM WHEELCHAIR ANY TYPE	Durable Medical Equipment (DME)	Y	
E1028	WC ACCSS MANL SWINGAWAY OTH CNTRL INTRFCE PSTN	Durable Medical Equipment (DME)	Y	
E1029	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED	Durable Medical Equipment (DME)	Y	
E1030	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	Durable Medical Equipment (DME)	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
E1035	MULTI-PSTN PT TRNSF SYS W SEAT PT WT UNDER EQ 300 LBS	Durable Medical Equipment (DME)	Y	
E1036	MULTI-PSTN PT TRNSF SYS EXTRA WIDE PT OVER 300 LBS	Durable Medical Equipment (DME)	Y	
E1161	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	Durable Medical Equipment (DME)	Y	
E1225	WHLCHAIR ACCESS MANUAL SEMIRECLINING BACK EACH	Durable Medical Equipment (DME)	Y	
E1226	WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH	Durable Medical Equipment (DME)	Y	
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	Durable Medical Equipment (DME)	Y	
E1230	PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER	Durable Medical Equipment (DME)	Y	
E1232	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS	Durable Medical Equipment (DME)	Y	
E1233	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	Y	
E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	Y	
E1235	WHLCHAIR PED SIZE RIGD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	Y	
E1236	WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	Y	
E1237	WHLCHAIR PED SZ RIGD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	Y	
E1238	WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	Y	
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Durable Medical Equipment (DME)	Y	
E1298	SPECIAL WHLCHAIR SEAT DEPTH AND OR WIDTH CONSTRUCT	Durable Medical Equipment (DME)	Y	
E1310	WHIRLPOOL NONPORTABLE	Durable Medical Equipment (DME)	Y	
E1700	JAW MOTION REHABILITATION SYSTEM	Durable Medical Equipment (DME)	Y	
E2201	MNL WC ACSS NONSTD SEAT WDTN GRT THN EQ 20 IN AND UNDER	Durable Medical Equipment (DME)	Y	
E2202	MANUAL WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Durable Medical Equipment (DME)	Y	
E2203	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 UNDER 22 IN	Durable Medical Equipment (DME)	Y	
E2204	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Durable Medical Equipment (DME)	Y	
E2227	MANUAL WC ACCESS GEAR REDUCTION DRIVE WHEEL EACH	Durable Medical Equipment (DME)	Y	
E2291	BACK PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	Durable Medical Equipment (DME)	Y	
E2292	SEAT PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	Durable Medical Equipment (DME)	Y	
E2293	BACK CONTOURED PED WC INCL FIX ATTCH HARDWARE	Durable Medical Equipment (DME)	Y	
E2294	SEAT CONTOURED PED WC INCL FIX ATTCH HARDWARE	Durable Medical Equipment (DME)	Y	
E2295	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	Durable Medical Equipment (DME)	Y	
E2300	WHEEL CHAIR ACCESSORY - PWR SEAT ELEVATION SYS	Durable Medical Equipment (DME)	Y	
E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND ONE PWR	Durable Medical Equipment (DME)	Y	
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND TWO MORE	Durable Medical Equipment (DME)	Y	
E2312	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	Durable Medical Equipment (DME)	Y	
E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA	Durable Medical Equipment (DME)	Y	
E2321	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL	Durable Medical Equipment (DME)	Y	
E2322	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL	Durable Medical Equipment (DME)	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
E2325	PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNAL	Durable Medical Equipment (DME)	Y	
E2326	PWR WC ACSS BREATH TUBE KIT SIP AND PUFF INTERFCE	Durable Medical Equipment (DME)	Y	
E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL	Durable Medical Equipment (DME)	Y	
E2328	PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL	Durable Medical Equipment (DME)	Y	
E2329	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPTNL	Durable Medical Equipment (DME)	Y	
E2330	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPTNL	Durable Medical Equipment (DME)	Y	
E2340	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	Durable Medical Equipment (DME)	Y	
E2341	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Durable Medical Equipment (DME)	Y	
E2342	PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN	Durable Medical Equipment (DME)	Y	
E2343	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Durable Medical Equipment (DME)	Y	
E2351	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC	Durable Medical Equipment (DME)	Y	
E2361	PWR WC ACSS 22NF SEALED LEAD ACID BATTERY EA	Durable Medical Equipment (DME)	Y	
E2366	PWR WC ACSS BATTERY CHRGR 1 MODE W ONLY 1 BATTERY	Durable Medical Equipment (DME)	Y	
E2367	PWR WC ACSS BATT CHRGR DUL MODE W EITHER BATT EA	Durable Medical Equipment (DME)	Y	
E2368	POWER WHEELCHAIR CMPNT MOTOR REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y	
E2369	POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY	Durable Medical Equipment (DME)	Y	
E2370	PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY	Durable Medical Equipment (DME)	Y	
E2373	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	Durable Medical Equipment (DME)	Y	
E2374	PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y	
E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y	
E2376	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y	
E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE	Durable Medical Equipment (DME)	Y	
E2378	POWER WHEELCHAIR COMPONENT ACTUATOR REPLACE ONLY	Durable Medical Equipment (DME)	Y	
E2397	POWER WHLCHAIR ACCESSORY LITHIUM-BASED BATTERY EA	Durable Medical Equipment (DME)	Y	
E2398	WHEELCHAIR ACC, DYNAMIC POS HARDWARE FOR BACK	Durable Medical Equipment (DME)	Y	
E2402	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	Durable Medical Equipment (DME)	Y	
E2500	SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME	Durable Medical Equipment (DME)	Y	
E2502	SPCH GEN DEVC DIGTIZD OVER 8 MINS LESS THN EQ 20 MINS REC	Durable Medical Equipment (DME)	Y	
E2504	SPCH GEN DEVC DIGTIZD OVER 20 MINS UNDER EQ 40 MINS REC	Durable Medical Equipment (DME)	Y	
E2506	SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME	Durable Medical Equipment (DME)	Y	
E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT	Durable Medical Equipment (DME)	Y	
E2510	SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS	Durable Medical Equipment (DME)	Y	
E2511	SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST	Durable Medical Equipment (DME)	Y	
E2605	PSTN WHEELCHAIR SEAT CUSHN WIDTH UNDER 22 IN DEPTH	Durable Medical Equipment (DME)	Y	
E2606	PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN GT DEPTH	Durable Medical Equipment (DME)	Y	
E2607	SKN PROTECT AND PSTN WC SEAT CUSHN WPTH UNDER 22 IN DEPTH	Durable Medical Equipment (DME)	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
E2608	SKN PROTCT AND PSTN WC SEAT CUSHN WDN 22 IN GT DPTH	Durable Medical Equipment (DME)	Y	
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	Durable Medical Equipment (DME)	Y	
E2611	GEN WC BACK CUSHN WDN UNDER 22 IN HT MOUNT HARDWARE	Durable Medical Equipment (DME)	Y	
E2612	GEN WC BACK CUSHN WDN 22 IN GT HT MOUNT HARDWRE	Durable Medical Equipment (DME)	Y	
E2613	PSTN WC BACK CUSHN POST WIDTH UNDER 22 IN ANY HEIGHT	Durable Medical Equipment (DME)	Y	
E2614	PSTN WC BACK CUSHN POST WIDTH 22 IN OR GRT ANY HEIGHT	Durable Medical Equipment (DME)	Y	
E2615	PSTN WC BACK CUSHN POSTLAT WIDTH UNDER 22 IN ANY HT	Durable Medical Equipment (DME)	Y	
E2616	PSTN WC BACK CUSHN POSTLAT WIDTH 22 IN OR GRT ANY HT	Durable Medical Equipment (DME)	Y	
E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	Durable Medical Equipment (DME)	Y	
E2620	PSTN WC BACK CUSHN PLANAR LAT SUPP WDN UNDER 22 IN	Durable Medical Equipment (DME)	Y	
E2621	PSTN WC BACK CUSHN PLANAR LAT SUPP WDN 22 IN OR GRT	Durable Medical Equipment (DME)	Y	
E2622	SKIN PROTECT WC SEAT CUSH WDN UNDER 22 IN ANY DEPTH	Durable Medical Equipment (DME)	Y	
E2623	SKIN PROTCT WC SEAT CUSH WDN 22 IN OR GRT ANY DEPTH	Durable Medical Equipment (DME)	Y	
E2624	SKIN PROTECT AND POSITIONING WC CUSH WDN UNDER 22 IN	Durable Medical Equipment (DME)	Y	
E2625	SKIN PROTECT AND POSITIONING WC CUSH WDN 22 IN OR GRT	Durable Medical Equipment (DME)	Y	
E2626	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	Durable Medical Equipment (DME)	Y	
E2628	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING	Durable Medical Equipment (DME)	Y	
E2629	WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP	Durable Medical Equipment (DME)	Y	
K0008	CUSTOM MANUAL WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y	
K0009	OTHER MANUAL WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y	
K0010	STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	Y	
K0011	STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL	Durable Medical Equipment (DME)	Y	
K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	Y	
K0013	CUSTOM MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y	
K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y	
K0108	OTHER ACCESSORIES	Durable Medical Equipment (DME)	Y	
K0553	SUPPLY ALLOW FOR TX CGM1 MO SPL EQ 1 U OF SERVICE	Durable Medical Equipment (DME)	Y	
K0554	RECEIVER DEDICATED FOR USE W THERAPEUTIC GCM SYS	Durable Medical Equipment (DME)	Y	
K0606	AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE	Durable Medical Equipment (DME)	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
K0800	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	Y	
K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	Y	
K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	Y	
K0806	PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	Y	
K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	Y	
K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	Y	
K0813	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	Y	
K0814	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	Y	
K0815	PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	
K0816	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	
K0820	PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	
K0821	PWR WC GRP 2 STD PORT CAPT CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	
K0822	PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	
K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	
K0824	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	
K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y	
K0826	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y	
K0827	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS	Durable Medical Equipment (DME)	Y	
K0828	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB OR GRT	Durable Medical Equipment (DME)	Y	
K0829	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y	
K0830	PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	
K0831	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	Durable Medical Equipment (DME)	Y	
K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	Y	
K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	Y	
K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	
K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y	
K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	Durable Medical Equipment (DME)	Y	
K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y	
K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	
K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	
K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	
K0848	PWR WC GRP 3 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	
K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	
K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	
K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y	
K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y	
K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	Durable Medical Equipment (DME)	Y	
K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y	
K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT	Durable Medical Equipment (DME)	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y	
K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y	
K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	
K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y	
K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y	
K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y	
K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	
K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y	
K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT	Durable Medical Equipment (DME)	Y	
K0868	PWR WC GRP 4 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	
K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	
K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	
K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y	
K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y	
K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y	
K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	
K0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y	
K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y	
K0885	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	
K0886	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	
K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	Y	
K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	Y	
K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	Durable Medical Equipment (DME)	Y	
K1001	ELECTRONIC POSIT OBSTRUCTIVE SLEEP APNEA TX SENS	Durable Medical Equipment (DME)	Y	
K1002	CES SYS INCL ALL SUPPLIES AND ACCESSORIES ANY TYPE	Durable Medical Equipment (DME)	Y	
K1003	WHIRLPOOL TUB WALK IN PORTABLE	Durable Medical Equipment (DME)	Y	
K1004	LW FRQ U S DIA TX DVC HM USE INCL CMPNT AND ACCESS	Durable Medical Equipment (DME)	Y	
K1014	AK 4 BAR LINK HYDL SWG/STANC	Durable Medical Equipment (DME)	Y	
K1016	TRANS ELEC NERV FOR TRIGEMIN	Durable Medical Equipment (DME)	Y	
K1017	MONTHLY SUPP USE WITH K1016	Durable Medical Equipment (DME)	Y	
K1018	EXT UP LIMB TREMOR STIM WRIS	Durable Medical Equipment (DME)	Y	
K1019	MONTHLY SUPP USE OF DEVICE CODED AT K1018	Durable Medical Equipment (DME)	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
K1020	NON-INVASIVE VAGUS NERV STIM	Durable Medical Equipment (DME)	Y	
K1024	NONPNEUMATIC COMPR CONTRL W/SEQ CALIBR GRDNT PRS	Durable Medical Equipment (DME)	Y	
K1025	NONPNEUMATIC SEQUENTIAL COMPRES GARMENT FULL ARM	Durable Medical Equipment (DME)	Y	
K1027	ORAL DEV/APPL RED U AW COL WO F MCH HNG CSTM FAB	Durable Medical Equipment (DME)	Y	
K1028	PS and CTRL ELEC U O DVC/APPL NM ELEC STIM TNG M	Durable Medical Equipment (DME)	Y	
K1029	ORAL DEVICE/APPL NM ELEC STIM TONGUE MUSCLE	Durable Medical Equipment (DME)	Y	
K1031	NONPNEU CPRSN CTR W/O CALIBRATED GRADIENT PRS	Durable Medical Equipment (DME)	Y	
K1032	NONPNEU SEQUENTIAL COMPRESSION GARMENT FULL LEG	Durable Medical Equipment (DME)	Y	
K1033	NONPNEU SEQUENTIAL COMPRESSION GARMENT HALF LEG	Durable Medical Equipment (DME)	Y	
L8701	PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB	Durable Medical Equipment (DME)	Y	
L8702	PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS	Durable Medical Equipment (DME)	Y	
Q0480	DRIVER PNEUMATIC VAD, REP	Durable Medical Equipment (DME)	Y	
V2530	CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS	Durable Medical Equipment (DME)	Y	
V2531	CONTACT LENS SCLERAL GAS PERMEABLE PER LENS	Durable Medical Equipment (DME)	Y	
46948	LIGATION HEMORRHOID BUNDLE W US	Experimental/Investigational	Y	
82016	ACYLCARNITINES QUALITATIVE EACH SPECIMEN	Experimental/Investigational	Y	
82017	ACYLCARNITINES QUANTITATIVE EACH SPECIMEN	Experimental/Investigational	Y	
83987	PH EXHALED BREATH CONDENSATE	Experimental/Investigational	Y	
93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	Experimental/Investigational	Y	
93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	Experimental/Investigational	Y	
93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	Experimental/Investigational	Y	
95836	ECOG IMPLANTED BRAIN NPGT W REC I AND R UNDER 30 DAYS	Experimental/Investigational	Y	
95976	ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	Experimental/Investigational	Y	
95977	ELEC ALYS IMPLT CPLX CN NPGT PRGRMG	Experimental/Investigational	Y	
95983	ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	Experimental/Investigational	Y	
0054T	CPTR-ASST MUSCSKEL NAVIGJ ORTHO FLUOR IMAGES	Experimental/Investigational	Y	
0055T	CPTR-ASST MUSCSKEL NAVIGJ ORTHO CT MRI	Experimental/Investigational	Y	
0071T	US ABLATJ UTERINE LEIOMYOMATA UNDER 200 CC TISSUE	Experimental/Investigational	Y	
0072T	US ABLATJ UTERINE LEIOMYOMAT MORE OR EQUAL 200 CC TISS	Experimental/Investigational	Y	
0075T	TCAT PLMT XTRC VRT CRTD STENT RS AND I PRQ 1ST VSL	Experimental/Investigational	Y	
0101T	EXTRCORPL SHOCK WAVE MUSCSKELE NOS HIGH ENERGY	Experimental/Investigational	Y	
0102T	EXTRCRPL SHOCK WAVE W ANES LAT HUMERL EPICONDYLE	Experimental/Investigational	Y	
0106T	QUANT SENSORY TEST AND INTERPJ XTR W TOUCH STIMULI	Experimental/Investigational	Y	
0107T	QUANT SENSORY TEST AND INTERPJ XTR W VIBRJ STIMULI	Experimental/Investigational	Y	
0108T	QUANT SENSORY TEST AND INTERPJ XTR W COOL STIMULI	Experimental/Investigational	Y	
0109T	QUANT SENAORY TEST AND INTERPJ XTR W HT-PN STIMULI	Experimental/Investigational	Y	
0110T	QUANT SENSORY TEST AND INTERPJ XTR OTHER STIMULI	Experimental/Investigational	Y	
0184T	RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC	Experimental/Investigational	Y	
0198T	MEAS OCULAR BLOOD FLOW REPEAT IO PRES SAMP W I AND R	Experimental/Investigational	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
0200T	PERQ SAC AGMNTJ UNI W WO BALO MCHNL DEV 1 OR GRT NDL	Experimental/Investigational	Y	
0201T	PERQ SAC AGMNTJ BI W WO BALO MCHNL DEV 2 OR GRT NDLS	Experimental/Investigational	Y	
0202T	POST VERT ARTHRPLSTY W WO BONE CEMENT 1 LUMB LVL	Experimental/Investigational	Y	
0206U	NEURO ALZHEIMER CELL AGGREGJ	Experimental/Investigational	Y	
0207T	EVAC MEIBOMIAN GLNDS AUTO HT AND INTMT PRESS UNI	Experimental/Investigational	Y	
0207U	NEURO ALZHEIMER QUAN IMAGING	Experimental/Investigational	Y	
0208T	PURE TONE AUDIOMETRY AUTOMATED AIR ONLY	Experimental/Investigational	Y	
0209T	PURE TONE AUDIOMETRY AUTOMATED AIR AND BONE	Experimental/Investigational	Y	
0210T	SPEECH AUDIOMETRY THRESHOLD AUTOMATED	Experimental/Investigational	Y	
0210U	SYPHILIS TST ANTB IA QUAN	Experimental/Investigational	Y	
0211T	SPEECH AUDIOM THRESHLD AUTO W SPEECH RECOGNITION	Experimental/Investigational	Y	
0212T	COMPRE AUDIOM THRESHOLD EVAL AND SPEECH RECOG	Experimental/Investigational	Y	
0213T	NJX DX THER PARAVERT FCT JT W US CER THOR 1 LVL	Experimental/Investigational	Y	
0214T	NJX DX THER PARAVERT FCT JT W US CER THOR 2ND LVL	Experimental/Investigational	Y	
0215T	NJX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL	Experimental/Investigational	Y	
0216T	NJX DX THER PARAVERT FCT JT W US LUMB SAC 1 LVL	Experimental/Investigational	Y	
0217T	NJX DX THER PARAVERT FCT JT W US LUMB SAC LVL 2	Experimental/Investigational	Y	
0218T	NJX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL	Experimental/Investigational	Y	
0219T	PLMT POST FACET IMPLANT UNI BI W IMG AND GRFT CERV	Experimental/Investigational	Y	
0219U	NFCT AGT HIV GNRJ SEQ ALYS	Experimental/Investigational	Y	
0220T	PLMT POST FACET IMPLT UNI BI W IMG AND GRFT THOR	Experimental/Investigational	Y	
0221T	PLMT POST FACET IMPLT UNI BI W IMG AND GRFT LUMB	Experimental/Investigational	Y	
0221U	ABO GNOTYP NEXT GNRJ SEQ ABO	Experimental/Investigational	Y	
0222U	RHD&RHCE GNTYP NEXT GNRJ SEQ	Experimental/Investigational	Y	
0227U	RX ASSAY PRSMV 30 Plus RX/METABLT UR LC-MS/MS MRM	Experimental/Investigational	Y	
0234T	TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	Experimental/Investigational	Y	
0235T	TRLUML PERIPHERAL ATHERECTOMY VISCERAL ARTERY EA	Experimental/Investigational	Y	
0236T	TRLUML PERIPH ATHRC W RS AND I ABDOM AORTA	Experimental/Investigational	Y	
0237T	TRLUML PERIPH ATHRC W RS AND I BRCHIOCPHL EA VSL	Experimental/Investigational	Y	
0238T	TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	Experimental/Investigational	Y	
0253T	INSERT ANT SGM DRAINAGE DEV W O RESERVR INT APPR	Experimental/Investigational	Y	
0263T	AUTO BONE MARRW CELL RX COMPLT BONE MARRW HARVST	Experimental/Investigational	Y	
0264T	AUTO BONE MARRW CELL RX COMP W O BONE MAR HARVST	Experimental/Investigational	Y	
0265T	BONE MAR HARVST ONLY FOR INTMUSC AUTOLO CELL RX	Experimental/Investigational	Y	
0266T	IM REPL CARTD SINUS BAROREFLX ACTIV DEV TOT SYST	Experimental/Investigational	Y	
0267T	IM REPL CARTD SINS BAROREFLX ACTIV DEV LEAD ONLY	Experimental/Investigational	Y	
0268T	IM REPL CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	Experimental/Investigational	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
0269T	REV REMVL CARTD SINS BARREFLX ACT DEV TOT SYSTEM	Experimental/Investigational	Y	
0270T	REV REMVL CARTD SINS BARREFLX ACT DEV LEAD ONLY	Experimental/Investigational	Y	
0271T	REV REM CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	Experimental/Investigational	Y	
0272T	INTRGORTION DEV EVAL CARTD SINS BARREFLX W I AND R	Experimental/Investigational	Y	
0273T	INTROGATION DEV EVAL CARTD SINS BARREFLX W PRGRM	Experimental/Investigational	Y	
0274T	PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC	Experimental/Investigational	Y	
0275T	PERC LAMINO- LAMINECTOMY INDIR IMAG GUIDE LUMBAR	Experimental/Investigational	Y	
0278T	TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS	Experimental/Investigational	Y	
0312T	LAPS IMPLTJ NSTIM ELTRD ARRAY AND PLS GEN VAGUS NRV	Experimental/Investigational	Y	
0313T	LAPS REVJ REPLCMT NSTIM ELTRD ARRAY VAGUS NRV	Experimental/Investigational	Y	
0314T	LAPS RMVL NSTIM ELTRD ARRAY AND PLS GEN VAGUS NRV	Experimental/Investigational	Y	
0315T	REMOVAL PULSE GENERATOR VAGUS NERVE	Experimental/Investigational	Y	
0316T	REPLACEMENT PULSE GENERATOR VAGUS NERVE	Experimental/Investigational	Y	
0317T	ELEC ALYS NSTIM PLS GEN VAGUS NRV W REPRGRMG	Experimental/Investigational	Y	
0335T	INSERTION OF SINUS TARSII IMPLANT	Experimental/Investigational	Y	
0338T	TRANSCATHETER RENAL SYMPATH DENERVATION UNILAT	Experimental/Investigational	Y	
0339T	TRANSCATHETER RENAL SYMPATH DENERVATION BILAT	Experimental/Investigational	Y	
0342T	THERAPEUTIC APHERESIS W SELECTIVE HDL DELIP	Experimental/Investigational	Y	
0347T	PLACE INTERSTITIAL DEVICE(S) IN BONE FOR RSA	Experimental/Investigational	Y	
0348T	RADIOSTEREOMETRIC ANALYSIS SPINE EXAM	Experimental/Investigational	Y	
0349T	RADIOSTEREOMETRIC ANALYSIS UPPER EXTREMITY EXAM	Experimental/Investigational	Y	
0350T	RADIOSTEREOMETRIC ANALYSIS LOWER EXTREMITY EXAM	Experimental/Investigational	Y	
0351T	INTRAOP OCT BREAST OR AXILL NODE EACH SPECIMEN	Experimental/Investigational	Y	
0352T	OCT BREAST OR AXILL NODE SPECIMEN I AND R	Experimental/Investigational	Y	
0353T	OCT OF BREAST SURG CAVITY REAL TIME INTRAOP	Experimental/Investigational	Y	
0354T	OCT BREAST SURG CAVITY REAL TIME REFERRED I AND R	Experimental/Investigational	Y	
0358T	BIA WHOLE BODY COMPOSITION ASSESSMENT W I AND R	Experimental/Investigational	Y	
0394T	HDR ELECTRONIC BRACHYTHERAPY SKIN SURFACE	Experimental/Investigational	Y	
0395T	HDR ELECTRONIC BRACHYTHERAPY NTRSTL INTRCAV	Experimental/Investigational	Y	
0396T	INTRAOP KINETIC BALANCE SENSR KNEE RPLCMT ARTHRP	Experimental/Investigational	Y	
0397T	ERCP WITH OPTICAL ENDOMICROSCOPY ADD ON	Experimental/Investigational	Y	
0398T	MGRFUS STEREOTACTIC ABLATION LESION INTRACRANIAL	Experimental/Investigational	Y	
0402T	COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE	Experimental/Investigational	Y	
0404T	TRANSCERVICAL UTERINE FIBROID ABLTJ W US GDN RF	Experimental/Investigational	Y	
0408T	INSJ RPLC CAR MODULJ SYS PLS GEN TRANSVNS ELTRD	Experimental/Investigational	Y	
0409T	INSJ RPLC CARDIAC MODULJ SYS PLS GENERATOR ONLY	Experimental/Investigational	Y	
0410T	INSJ RPLC CARDIAC MODULJ SYS ATR ELECTRODE ONLY	Experimental/Investigational	Y	
0411T	INSJ RPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	Experimental/Investigational	Y	
0412T	REMOVAL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Experimental/Investigational	Y	
0413T	REMOVAL CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	Experimental/Investigational	Y	
0414T	RMVL AND RPL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Experimental/Investigational	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
0415T	REPOS CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	Experimental/Investigational	Y	
0416T	RELOC SKIN POCKET CARDIAC MODULJ PULSE GENERATOR	Experimental/Investigational	Y	
0417T	PRGRMG DEVICE EVALUATION CARDIAC MODULJ SYSTEM	Experimental/Investigational	Y	
0418T	INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	Experimental/Investigational	Y	
0419T	DSTRJ NEUROFIBROMAS XTNSV FACE HEAD NECK OVER 50	Experimental/Investigational	Y	
0420T	DSTRJ NEUROFIBROMAS XTNSV TRNK EXTREMITIES OVER 100	Experimental/Investigational	Y	
0421T	TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL	Experimental/Investigational	Y	
0422T	TACTILE BREAST IMG COMPUTER-AIDED SENSORS UNI BI	Experimental/Investigational	Y	
0424T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA COMPLETE	Experimental/Investigational	Y	
0425T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Experimental/Investigational	Y	
0426T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Experimental/Investigational	Y	
0427T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Experimental/Investigational	Y	
0428T	REMOVAL NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Experimental/Investigational	Y	
0429T	REMOVAL NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Experimental/Investigational	Y	
0430T	REMOVAL NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Experimental/Investigational	Y	
0431T	RMVL RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Experimental/Investigational	Y	
0432T	REPOS NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Experimental/Investigational	Y	
0433T	REPOS NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Experimental/Investigational	Y	
0434T	INTERRO DEV EVAL NSTIM PLS GEN SYS SLEEP APNEA	Experimental/Investigational	Y	
0435T	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA 1 SESS	Experimental/Investigational	Y	
0436T	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA STUDY	Experimental/Investigational	Y	
0437T	IMPLTJ NONBIOL SYNTH IMPLT FASC RNFCMT ABDL WALL	Experimental/Investigational	Y	
0440T	ABLTJ PERC CRYOABLTJ IMG GDN UXTR PERPH NERVE	Experimental/Investigational	Y	
0441T	ABLTJ PERC CRYOABLTJ IMG GDN LXTR PERPH NERVE	Experimental/Investigational	Y	
0442T	ABLTJ PERC CRYOABLTJ IMG GDN NRV PLEX TRNCL NRV	Experimental/Investigational	Y	
0443T	R-T SPCTRL ALYS PROSTATE TISS FLUORESCENC SPCTRSCPY	Experimental/Investigational	Y	
0444T	INITIAL PLMT DRUG ELUTING OCULAR INSERT UNI BI	Experimental/Investigational	Y	
0445T	SBSQ PLMT DRUG ELUTING OCULAR INSERT UNI BI	Experimental/Investigational	Y	
0446T	CRTJ SUBQ INSJ IMPLTBL GLUCOSE SENSOR SYS TRAIN	Experimental/Investigational	Y	
0447T	RMVL IMPLTBL GLUCOSE SENSOR SUBQ POCKET VIA INC	Experimental/Investigational	Y	
0448T	RMVL INSJ IMPLTBL GLUC SENSOR DIF ANATOMIC SITE	Experimental/Investigational	Y	
0470T	OCT SKN IMG ACQUISJ I AND R 1ST LES	Experimental/Investigational	Y	
0472T	DEV INTERR PRGRMG IO RTA ELTRD RA W ADJ AND REPRT	Experimental/Investigational	Y	
0473T	DEV INTERR REPRGRMG IO RTA ELTRD RA W REPRT	Experimental/Investigational	Y	
0474T	INSJ ANT SEG AQUEOUS DRG DEV W IO RSVR	Experimental/Investigational	Y	
0475T	REC FTL CAR SGL 3 CH PT REC AND STRG DATA SCN I AND R	Experimental/Investigational	Y	
0476T	REC FTL CAR SGL PT REC SCAN W RAW ELEC TR DATA	Experimental/Investigational	Y	
0477T	REC FTL CAR SGL 3 CH SGL XTRJ TECHL ALYS	Experimental/Investigational	Y	
0478T	REC FTL CAR SGL 3 CH REVIEW I AND R	Experimental/Investigational	Y	
0479T	FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	Experimental/Investigational	Y	
0481T	NJX AUTOL WBC CONCENTR INC IMG GDN HRV AND PREP	Experimental/Investigational	Y	
0483T	TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH	Experimental/Investigational	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
0484T	TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	Experimental/Investigational	Y	
0485T	OCT MIDDLE EAR WITH I AND R UNILATERAL	Experimental/Investigational	Y	
0486T	OCT MIDDLE EAR WITH I AND R BILATERAL	Experimental/Investigational	Y	
0487T	TRANSVAGINAL BIOMECHANICAL MAPPING W REPORT	Experimental/Investigational	Y	
0488T	DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS	Experimental/Investigational	Y	
0489T	AUTOL REGN CELL TX SCLERODERMA HANDS	Experimental/Investigational	Y	
0491T	ABL LASER TX OPEN WND PR DAY 1ST 20 SQCM OR LESS	Experimental/Investigational	Y	
0493T	NEAR INFRARED SPECTROSCOPY STUDIES LOW EXT WOUNDS	Experimental/Investigational	Y	
0494T	PREP AND CANNULJ CDVR DON LNG ORGN PRFUJ SYS	Experimental/Investigational	Y	
0495T	INIT AND MNTR CDVR DON LNG ORGN PRFUJ SYS 1ST 2 HR	Experimental/Investigational	Y	
0497T	XTRNL PT ACT ECG W O ATTN MNTR IN-OFFICE CONN	Experimental/Investigational	Y	
0498T	XTRNL PT ACT ECG W O ATTN MNTR R AND I PR 30 DAYS	Experimental/Investigational	Y	
0499T	CYSTO W DIL AND URTL RX DEL F URTL STRIX STENOSIS	Experimental/Investigational	Y	
0500T	IADNA HPV 5 PLUS SEP REPRT HIGH RISK HPV TYPES	Experimental/Investigational	Y	
0505T	EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF AND CLSR	Experimental/Investigational	Y	
0506T	MAC PGMT OPTICAL DNS MEAS HFP UNI BI W I AND R	Experimental/Investigational	Y	
0507T	NEAR INFRARED DUAL IMG MEIBOMIAN GLND UNI BI I AND R	Experimental/Investigational	Y	
0508T	PLS ECHO US B1 DNS MEAS INDIC AXL B1 MIN DNS TIB	Experimental/Investigational	Y	
0509T	PATTERN ELECTRORETINOGRAPHY W I AND R	Experimental/Investigational	Y	
0510T	REMOVAL OF SINUS TARSI IMPLANT	Experimental/Investigational	Y	
0511T	REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	Experimental/Investigational	Y	
0512T	ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND	Experimental/Investigational	Y	
0514T	INTRAOPERATIVE VISUAL AXIS ID USING PT FIXATION	Experimental/Investigational	Y	
0515T	INSERTION WRLS CAR STIMULATOR LV PACG COMPL SYS	Experimental/Investigational	Y	
0516T	INSERTION WRLS CAR STIMULATOR LV PACG ELTRD ONLY	Experimental/Investigational	Y	
0517T	INSERTION WRLS CAR STIMULATOR LV PACG PG COMPNT	Experimental/Investigational	Y	
0518T	REMOVAL PG COMPNT ONLY WRLS CAR STIMULATOR	Experimental/Investigational	Y	
0519T	REMOVAL AND RPLCMT WRLS CAR STIMULATOR PG COMPNT	Experimental/Investigational	Y	
0520T	REMOVAL AND RPLCMT WRLS CAR STIMULATOR W NEW ELTRD	Experimental/Investigational	Y	
0521T	INTERROG DEV EVAL WRLS CAR STIMULATOR IN PERSON	Experimental/Investigational	Y	
0522T	PRGRMG DEVICE EVAL WRLS CAR STIMULATOR IN PERSON	Experimental/Investigational	Y	
0523T	INTRAPROCEDURAL CORONARY FFP W 3D FUNCJL MAPPING	Experimental/Investigational	Y	
0524T	EV CATHETER DIR CHEM ABLTJ INCMPTNT XTR VEIN	Experimental/Investigational	Y	
0525T	INSERTION REPLACEMENT COMPLETE IIMS	Experimental/Investigational	Y	
0526T	INSERTION REPLACEMENT IIMS ELECTRODE ONLY	Experimental/Investigational	Y	
0527T	INSERTION REPLACEMENT IIMS IMPLANTABLE MNTR ONLY	Experimental/Investigational	Y	
0528T	PRGRMG DEVICE EVAL IIMS IN PERSON	Experimental/Investigational	Y	
0529T	INTERROGATION DEVICE EVAL IIMS IN PERSON	Experimental/Investigational	Y	
0530T	REMOVAL COMPLETE IIMS INCL IMG S AND I	Experimental/Investigational	Y	
0531T	REMOVAL IIMS ELECTRODE ONLY INCL IMG S AND I	Experimental/Investigational	Y	
0532T	REMOVAL IIMS IMPLANTABLE MNTR ONLY INCL IMG S AND I	Experimental/Investigational	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
0533T	CONTINUOUS REC MVMT DO SX 6 D UNDER 10 D	Experimental/Investigational	Y	
0534T	CONT REC MVMT DO SX 6 D UNDER 10 D SETUP AND PT TRAINJ	Experimental/Investigational	Y	
0535T	CONT REC MVMT DO SX 6 D UNDER 10 D 1ST REPRT CNFIG	Experimental/Investigational	Y	
0536T	CONT REC MVMT DO SX 6 D UNDER 10 D DL REVIEW I AND R	Experimental/Investigational	Y	
0541T	MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA	Experimental/Investigational	Y	
0542T	MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA I AND R	Experimental/Investigational	Y	
0563T	EVACUATION MEIBOMIAN GLANDS USING HEAT BILATERAL	Experimental/Investigational	Y	
0564T	ONC CHEMO RX CYTOTOXICITY ASSAY CSC MIN 14 DRUGS	Experimental/Investigational	Y	
0565T	AUTOL CELL IMPLT ADPS TISS HRVG CELL IMPLT CRTJ	Experimental/Investigational	Y	
0566T	AUTOL CELL IMPLT ADPS TISS NJX IMPLT KNEE UNI	Experimental/Investigational	Y	
0567T	PERM FLP TUB OCCLS W IMPLANT TRANSCRV APPROACH	Experimental/Investigational	Y	
0568T	INTRO MIX SALINE AND AIR F SSG CONF OCCLS FLP TUBE	Experimental/Investigational	Y	
0569T	TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS	Experimental/Investigational	Y	
0570T	TTVR PERCUTANEOUS APPROACH EACH ADDL PROSTHESIS	Experimental/Investigational	Y	
0571T	INSJ RPLCMT ICDS W SUBSTERNAL ELECTRODE	Experimental/Investigational	Y	
0572T	INSJ SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD	Experimental/Investigational	Y	
0573T	RMVL SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD	Experimental/Investigational	Y	
0574T	REPOS PREV IMPL SS IMPLTBL DFB PACING ELTRD	Experimental/Investigational	Y	
0575T	PROGRAMMING DEV EVAL ICDS W SS ELTRD IN PERSON	Experimental/Investigational	Y	
0576T	INTERROGATION DEV EVAL ICDS W SS ELTRD IN PERSON	Experimental/Investigational	Y	
0577T	ELECTROPHYSIOLOGICAL EVAL ICDS W SS ELECTRODE	Experimental/Investigational	Y	
0578T	REM INTERROG DEV EVAL SS LD ICDS UNDER 90D PHY QHP	Experimental/Investigational	Y	
0579T	REM INTERROG DEV EVAL SS LD ICDS UNDER 90D TECH	Experimental/Investigational	Y	
0580T	RMVL SUBSTERNAL IMPLTBL DFB PULSE GENERATOR ONLY	Experimental/Investigational	Y	
0581T	ABLATION MAL BRST TUMOR PERQ CRTX UNILATERAL	Experimental/Investigational	Y	
0582T	TRURL ABLTJ MAL PROSTATE TISS HI ENERGY WATER VAPOR	Experimental/Investigational	Y	
0583T	TYMPANOSTOMY AUTOMATED TUBE DELIVERY SYSTEM	Experimental/Investigational	Y	
0587T	PERCUTANEOUS IMPLANTATION REPLACEMENT ISDNS PTN	Experimental/Investigational	Y	
0588T	REVISION OR REMOVAL ISDNS POSTERIOR TIBIAL NRV	Experimental/Investigational	Y	
0589T	ELEC ALYS SMPL PRGRMG IINS PTN 1-3 PARAMETERS	Experimental/Investigational	Y	
0590T	ELEC ALYS CPLX PRGRMG IINS PTN 4 PLUS PARAMETERS	Experimental/Investigational	Y	
0594T	OSTEOT HUM XTRNL LNGTH DEV	Experimental/Investigational	Y	
0596T	TEMP FML IU VLV-PMP 1ST INSJ	Experimental/Investigational	Y	
0597T	TEMP FML IU VALVE-PMP RPLCMT	Experimental/Investigational	Y	
0598T	NCNTC R-T FLUOR WND IMG 1ST	Experimental/Investigational	Y	
0599T	NCNTC R-T FLUOR WND IMG EA	Experimental/Investigational	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
0600T	IRE ABLTJ 1+TUM ORGAN PERQ	Experimental/Investigational	Y	
0601T	IRE ABLTJ 1+TUMORS OPEN	Experimental/Investigational	Y	
0602T	TRANSDERMAL GFR MEASUREMENTS	Experimental/Investigational	Y	
0603T	TRANSDERMAL GFR MONITORING	Experimental/Investigational	Y	
0604T	REM OCT RTA DEV SETUP&EDUCAJ	Experimental/Investigational	Y	
0605T	REM OCT RTA TECHL SPRT MIN 8	Experimental/Investigational	Y	
0606T	REM OCT RTA PHYS/QHP EA 30D	Experimental/Investigational	Y	
0607T	REM MNTR PULM FLU MNTR SETUP	Experimental/Investigational	Y	
0608T	REM MNTR PULM FLU MNTR ALYS	Experimental/Investigational	Y	
0613T	PERQ TCAT INTRATRL SEPTL SHT	Experimental/Investigational	Y	
0614T	RMVL & RPLCMT SS IMP DFB PG	Experimental/Investigational	Y	
0615T	EYE MVMT ALYS W/O CALBRJ I&R	Experimental/Investigational	Y	
0616T	INSERTION OF IRIS PROSTHESIS	Experimental/Investigational	Y	
0617T	NSJ IRIS PROSTH W/RMVL&INSJ	Experimental/Investigational	Y	
0618T	INSJ IRIS PROSTH SEC IO LENS	Experimental/Investigational	Y	
0619T	CYSTO W/TRURL ANT PROSTATE COMMISSUROTOMY and RX DLVR	Experimental/Investigational	Y	
0620T	ENDOVASCULAR VENOUS ARTERIALIZATION TIBL/PRNL VN	Experimental/Investigational	Y	
0621T	TRABECULOSTOMY AB INTERNO BY LASER	Experimental/Investigational	Y	
0622T	TRABECULOSTOMY AB INTERNO LASER W/OPH ENDOSCOPE	Experimental/Investigational	Y	
0627T	PERQ NJX ALGC CELL and /PRDCT UNI/BI FLUOR LMBR 1ST	Experimental/Investigational	Y	
0628T	PERQ NJX ALGC CELL and /PRDCT UNI/BI FLUOR LMBR EA	Experimental/Investigational	Y	
0629T	PERQ NJX ALGC CELL and /PRDCT UNI/BI CT LMBR 1ST	Experimental/Investigational	Y	
0630T	PERQ NJX ALGC CELL and /PRDCT UNI/BI CT LMBR EA	Experimental/Investigational	Y	
0631T	TC VISIBLE LIGHT HYPERSPECTRAL IMG MEAS PER XTR	Experimental/Investigational	Y	
0632T	PERQ TCAT US ABLATION NERVES INNERVATING P-ART	Experimental/Investigational	Y	
0639T	WIRELESS SKIN SNR THERMAL ANISOTROPY MEAS and ASSMT	Experimental/Investigational	Y	
0640T	NCNTC NR IFR SPCTRSC WND	Experimental/Investigational	Y	
0641T	NCNTC NR IFR SPCTRSC WND IMG	Experimental/Investigational	Y	
0642T	NCNTC NR IFR SPCTRSC WND I&R	Experimental/Investigational	Y	
0643T	TCAT L VENTR RSTRJ DEV IMPLT	Experimental/Investigational	Y	
0644T	TCAT RMVL/DBLK ICAR MAS PERQ	Experimental/Investigational	Y	
0645T	TCAT IMPLTJ C SINS RDCTJ DEV	Experimental/Investigational	Y	
0646T	TTVI/RPLCMT W/PRSTC VLV PERQ	Experimental/Investigational	Y	
0647T	INSJ GTUBE PERQ MAG GASTRPXY	Experimental/Investigational	Y	
0648T	QUAN MR ALYS TISS W/O MRI	Experimental/Investigational	Y	
0649T	QUAN MR ALYS TISS W/MRI	Experimental/Investigational	Y	
0650T	PRGRMG DEV EVAL SCRMS REMOTE	Experimental/Investigational	Y	
0651T	MAG CTRLD CAPSULE ENDOSCOPY	Experimental/Investigational	Y	
0652T	EGD FLX TRANSNASAL DX BR/WA	Experimental/Investigational	Y	
0653T	EGD FLX TRANSNASAL BX 1/MLT	Experimental/Investigational	Y	
0654T	EGD FLX TRANSNASAL TUBE/CATH	Experimental/Investigational	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
0655T	TPRNL FOCAL ABLTJ MAL PRST8	Experimental/Investigational	Y	
0656T	VRT BDY TETHERING ANT <7 SEG	Experimental/Investigational	Y	
0657T	VRT BDY TETHERING ANT 8+ SEG	Experimental/Investigational	Y	
0658T	ELEC IMPD SPECTRSC 1+SKN LES	Experimental/Investigational	Y	
0660T	IMPLT ANT SGM IO NBIO RX SYS	Experimental/Investigational	Y	
0661T	RMVL&RIMPLTJ ANT SGM IMPLT	Experimental/Investigational	Y	
0662T	SCALP COOL 1ST MEAS&CALBRJ	Experimental/Investigational	Y	
0663T	SCALP COOL PLMT MNTR RMVL	Experimental/Investigational	Y	
0664T	DON HYSTERECTOMY OPEN CDVR	Experimental/Investigational	Y	
0665T	DON HYSTERECTOMY OPEN LIV	Experimental/Investigational	Y	
0666T	DON HYSTERECTOMY LAPS LIV	Experimental/Investigational	Y	
0667T	DON HYSTERECTOMY RCP UTER	Experimental/Investigational	Y	
0668T	BKBENCH PREP DON UTER ALGRFT	Experimental/Investigational	Y	
0669T	BKBENCH RCNSTJ DON UTER VEN	Experimental/Investigational	Y	
0670T	BKBENCH RCNSTJ DON UTER ARTL	Experimental/Investigational	Y	
0690T	QUANTITATIVE US TISS CHARAC I and R W/DX US SM ANAT	Experimental/Investigational	Y	
0691T	AUTO ALYS XST CT VRT FX ASMT B1 DNS DATA PRP I and R	Experimental/Investigational	Y	
0693T	COMPRES FUL BDY CPTR MRKRLS 3D KNMTC and KIN MTN ALYS	Experimental/Investigational	Y	
0694T	3D VOLUMETRIC IMG and RCNSTJ BRST/AX LYMPH NODE TISS	Experimental/Investigational	Y	
0695T	BDY SURF ACTIVATION MAPG PM/CVDFB LEADS TM IMPLT	Experimental/Investigational	Y	
0696T	BDY SURF ACTIVATION MAPG PM/CVDFB LEADS TM F/UP	Experimental/Investigational	Y	
0697T	QUAN MR ALYS TIS COMPJ WO MRI SAME SESS MLT ORGN	Experimental/Investigational	Y	
0698T	QUAN MR ALYS TISS COMPOSITION W/MRI MLT ORGANS	Experimental/Investigational	Y	
0700T	MOLECULAR FLUOR IMAGING SUSPICIOUS NEVUS 1ST LES	Experimental/Investigational	Y	
0701T	MOLECULAR FLUOR IMAGING SUSPICIOUS NEVUS EA ADDL	Experimental/Investigational	Y	
A4563	RECTAL CNTRL SYS VAG INSRT LT USE ANY TYPE EA	Experimental/Investigational	Y	
C1823	GENERATR NEUROSTIM NON-RECHRGABL TV S AND STIM LEADS	Experimental/Investigational	Y	
C1824	GENERATOR, CARDIAC CONTRACTILITY MODULATION (IMPLANTABLE)	Experimental/Investigational	Y	
C2596	PROBE, IMAGE GUIDED, ROBOTIC, WATERJET ABLATION	Experimental/Investigational	Y	
C9751	BRONCHOSCOPY RIGID FLEXIBLE TRANSBRON ABL LESION	Experimental/Investigational	Y	
C9758	BI PROC NYHA CL III IV HF;TRNSCATH IMPL IAS PC	Experimental/Investigational	Y	
C9782	BLD PROC NYHA CLS II/III HF/CCS CLS III/IV CRA	Experimental/Investigational	Y	This code would only be covered when part of an experimental study and may not be covered in many instances.
C9783	BLINDED PROC TC IMP CS RD DVCE/PLACEBO CONTROL	Experimental/Investigational	Y	This code would only be covered when part of an experimental study and may not be covered in many instances.
G0465	AUTOLOG PRP DIAB CHRON WOUND/ULCER FDA CLEAR DEV	Hyperbaric/Wound Therapy	Y	
K1006	SUCTION PUMP HOME MODEL ELEC USE EXT URINE MS	Experimental/Investigational	Y	
K1007	BIL HKAFO DEVC PWR INCL PELV COMP UP KNEE JOINTS	Experimental/Investigational	Y	
K1009	SPEECH VOLUME MODULATION SYS INCL ALL COMP and ACC	Experimental/Investigational	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
L8608	MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS	Experimental/Investigational	Y	
81105	HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	
81106	HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	
81107	HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	
81108	HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	
81109	HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	
81110	HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	
81111	HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	
81112	HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	
81120	IDH1 COMMON VARIANTS	Genetic Counseling & Testing	Y	
81121	IDH2 COMMON VARIANTS	Genetic Counseling & Testing	Y	
81161	DMD DUPLICATION DELETION ANALYSIS	Genetic Counseling & Testing	Y	
81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	Genetic Counseling & Testing	Y	
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	
81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	
81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	
81166	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	
81167	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	
81168	CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL and QUAN	Genetic Counseling & Testing	Y	
81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	
81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y	
81173	AR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	
81174	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	
81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	
81176	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	Genetic Counseling & Testing	Y	
81177	ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	
81178	ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	
81179	ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	
81180	ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	
81181	ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	
81182	ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Genetic Counseling & Testing	Y	
81183	ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Testing	Y	
81184	CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Genetic Counseling & Testing	Y	
81185	CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	
81186	CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	
81187	CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	
81188	CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	
81189	CSTB GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	
81190	CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y	
81191	NTRK1 TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	Y	
81192	NTRK2 TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
81193	NTRK3 TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	Y	
81194	NTRK TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	Y	
81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	
81203	APC GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	
81204	AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y	
81205	BCKDHB GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81210	BRAF GENE ANALYSIS V600 VARIANT(S)	Genetic Counseling & Testing	Y	
81212	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	Genetic Counseling & Testing	Y	
81215	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	
81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	
81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	
81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	
81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Genetic Counseling & Testing	Y	
81221	CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y	
81222	CFTR GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	
81223	CFTR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	
81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Genetic Counseling & Testing	Y	
81229	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	Genetic Counseling & Testing	Y	
81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81232	DYPD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81233	BTK GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81234	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	
81235	EGFR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	
81237	EZH2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81238	F9 FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	
81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y	
81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	
81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y	
81246	FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	Genetic Counseling & Testing	Y	
81247	G6PD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81248	G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y	
81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	
81258	HBA1 HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	
81259	HBA1 HBA2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	
81265	COMPARATIVE ANAL STR MARKERS PATIENT AND COMP SPEC	Genetic Counseling & Testing	Y	
81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	Genetic Counseling & Testing	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
81269	HBA1 HBA2 GENE ANALYSIS DUP DEL VARIANTS	Genetic Counseling & Testing	Y	
81271	HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	
81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	
81273	KIT GENE ANALYSIS D816 VARIANT(S)	Genetic Counseling & Testing	Y	
81274	HTT GENE ANALYSIS CHARACTERIZATION ALLELES	Genetic Counseling & Testing	Y	
81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Genetic Counseling & Testing	Y	
81278	IGH@/BCL2 TLCJ ALYS MBR and MCR BP QUAL/QUAN	Genetic Counseling & Testing	Y	
81279	JAK2 TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	
81283	IFNL3 GENE ANALYSIS RS12979860 VARIANT	Genetic Counseling & Testing	Y	
81284	FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	
81285	FXN GENE ANALYSIS CHARACTERIZATION ALLELES	Genetic Counseling & Testing	Y	
81286	FXN GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	
81289	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y	
81291	MTHFR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	
81294	MLH1 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	
81297	MSH2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	
81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	
81300	MSH6 GENE ANALYSIS DUPLICATION DELETION VARIA	Genetic Counseling & Testing	Y	
81305	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	Genetic Counseling & Testing	Y	
81306	NUDT15 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81307	PALB2 GENE ANALYSIS (FULL GENE SEQ)	Genetic Counseling & Testing	Y	
81308	PALB2 GENE ANALYSIS (KNOWN FAMILIAL VARIANT)	Genetic Counseling & Testing	Y	
81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	
81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2 AND 3	Genetic Counseling & Testing	Y	
81312	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Testing	Y	
81313	PCA3 KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	Genetic Counseling & Testing	Y	
81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Genetic Counseling & Testing	Y	
81317	PMS2 GENE ANALYSIS FULL SEQUENCE	Genetic Counseling & Testing	Y	
81319	PMS2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	
81320	PLCG2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	
81323	PTEN GENE ANALYSIS DUPLICATION DELETION VARIANT	Genetic Counseling & Testing	Y	
81324	PMP22 GENE ANAL DUPLICATION DELETION ANALYSIS	Genetic Counseling & Testing	Y	
81325	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	
81328	SLCO1B1 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81329	SMN1 GENE ANALYSIS DOSAGE DELET ALYS W SMN2 ALYS	Genetic Counseling & Testing	Y	
81333	TGFBI GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81334	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	
81335	TPMT GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81336	SMN1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
81337	SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	Genetic Counseling & Testing	Y	
81338	MPL GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81339	MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10	Genetic Counseling & Testing	Y	
81343	PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Testing	Y	
81344	TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	
81345	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	
81346	TYMS GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81347	SF3B1 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81348	SRSF2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81349	CYTOG ALYS CHRMOML ABNOR LOW-PASS SEQ ALYS	Genetic Counseling & Testing	Y	
81351	TP53 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	
81352	TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	
81353	TP53 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	
81355	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	Genetic Counseling & Testing	Y	
81357	U2AF1 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
81360	ZRSR2 GENE ANALYSIS COMMON VARIANT(S)	Genetic Counseling & Testing	Y	
81361	HBB COMMON VARIANTS	Genetic Counseling & Testing	Y	
81362	HBB KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y	
81363	HBB DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	
81364	HBB FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Genetic Counseling & Testing	Y	
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Genetic Counseling & Testing	Y	
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Genetic Counseling & Testing	Y	
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Genetic Counseling & Testing	Y	
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Genetic Counseling & Testing	Y	
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Genetic Counseling & Testing	Y	
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Genetic Counseling & Testing	Y	
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Genetic Counseling & Testing	Y	
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Genetic Counseling & Testing	Y	
81410	AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS	Genetic Counseling & Testing	Y	
81411	AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	
81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Genetic Counseling & Testing	Y	
81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	Genetic Counseling & Testing	Y	
81414	CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES	Genetic Counseling & Testing	Y	
81415	EXOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	
81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Genetic Counseling & Testing	Y	
81417	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	Genetic Counseling & Testing	Y	
81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	Genetic Counseling & Testing	Y	
81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y	
81422	FETAL CHROMOSOMAL MICRODEL TJ GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y	
81425	GENOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	
81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Genetic Counseling & Testing	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Genetic Counseling & Testing	Y	
81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Genetic Counseling & Testing	Y	
81431	HEARING LOSS DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	Y	
81433	HEREDITARY BRST CA-RELATED DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	
81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Genetic Counseling & Testing	Y	
81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	Y	
81436	HEREDITARY COLON CA DSRDRS DUP DEL ANALYS 5 GEN	Genetic Counseling & Testing	Y	
81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Genetic Counseling & Testing	Y	
81438	HEREDTRY NURONDCRN TUM DSRDRS DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	
81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	Genetic Counseling & Testing	Y	
81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Genetic Counseling & Testing	Y	
81442	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	Genetic Counseling & Testing	Y	
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Genetic Counseling & Testing	Y	
81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Genetic Counseling & Testing	Y	
81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	Genetic Counseling & Testing	Y	
81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Genetic Counseling & Testing	Y	
81455	GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN	Genetic Counseling & Testing	Y	
81460	WHOLE MITOCHONDRIAL GENOME	Genetic Counseling & Testing	Y	
81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Genetic Counseling & Testing	Y	
81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y	
81471	X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS	Genetic Counseling & Testing	Y	
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Genetic Counseling & Testing	Y	
81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	Genetic Counseling & Testing	Y	
81500	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	Genetic Counseling & Testing	NC	
81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Genetic Counseling & Testing	Y	
81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	Genetic Counseling & Testing	Y	
81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	Genetic Counseling & Testing	Y	
81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Genetic Counseling & Testing	Y	
81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Genetic Counseling & Testing	Y	
81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Genetic Counseling & Testing	Y	
81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Genetic Counseling & Testing	Y	
81522	ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	Genetic Counseling & Testing	Y	
81523	ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT and 31	Genetic Counseling & Testing	Y	
81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Genetic Counseling & Testing	Y	
81529	ONC CUTAN MLNMA MRNA GENE XPRSN PRFL 31 GENES ALG	Genetic Counseling & Testing	Y	
81535	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP 1ST	Genetic Counseling & Testing	Y	
81536	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP ADD	Genetic Counseling & Testing	Y	
81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Genetic Counseling & Testing	Y	
81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Genetic Counseling & Testing	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
81541	ONC PROSTATE MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Genetic Counseling & Testing	Y	
81542	ONC PROSTATE MRNA MICRORA GENE XPRSN PRFL 22 GENES	Genetic Counseling & Testing	Y	
81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Genetic Counseling & Testing	Y	
81551	ONC PROSTATE PRMTR METHYLATION PRFL R-T PCR 3 GENES	Genetic Counseling & Testing	Y	
81552	UVEAL MELANOMA, MRNA, GENE EXPRESSION PROFILING	Genetic Counseling & Testing	Y	
81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	Genetic Counseling & Testing	Y	
81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Genetic Counseling & Testing	Y	
81596	NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	Genetic Counseling & Testing	Y	
81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Genetic Counseling & Testing	Y	
83006	GROWTH STIMULATION EXPRESSED GENE 2	Genetic Counseling & Testing	Y	
84999	UNLISTED CHEMISTRY PROCEDURE	Genetic Counseling & Testing	Y	
86152	CELL ENUMERATION IMMUNE SELECTJ AND ID FLUID SPEC	Genetic Counseling & Testing	Y	
86153	CELL ENUMERATION IMMUNE SELECTJ AND ID PHYS INTERP	Genetic Counseling & Testing	Y	
88261	CHRM SM COUNT 5 CELL 1KARYOTYPE BANDING	Genetic Counseling & Testing	Y	
88271	MOLECULAR CYTOGENETICS DNA PROBE EACH	Genetic Counseling & Testing	Y	
88369	M PHMTRC ALYS ISH QUANT SEMIQ MNL PER SPEC EACH	Genetic Counseling & Testing	Y	
88373	M PHMTRC ALYS ISH QUANT SEMIQ CPTR PER SPEC EACH	Genetic Counseling & Testing	Y	
88374	M PHMTRC ALYS ISH QUANT SEMIQ CPTR EACH MULTIPRB	Genetic Counseling & Testing	Y	
88377	M PHMTRC ALYS ISH QUANT SEMIQ MNL EACH MULTIPRB	Genetic Counseling & Testing	Y	
0004M	SCOLIOSIS 53 SNPS SALIVA PROGNOSTIC RISK SCORE	Genetic Counseling & Testing	Y	
0005U	ONCO PROSTATE GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Genetic Counseling & Testing	Y	
0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Genetic Counseling & Testing	Y	
0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Genetic Counseling & Testing	Y	
0008U	HPYLORI DETECTION AND ANTIBIOTIC RESISTANCE DNA	Genetic Counseling & Testing	Y	
0009U	ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP	Genetic Counseling & Testing	Y	
0010U	NFCT DS STRN TYP WHL GENOME SEQUENCING PR ISOL	Genetic Counseling & Testing	Y	
0011U	RX MNTR DRUGS PRESENT LC-MS MS ORAL FLUID PR DOS	Genetic Counseling & Testing	Y	
0012U	GERMLN DO GENE REARGMT DETCJ DNA WHOLE BLOOD	Genetic Counseling & Testing	Y	
0013U	ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN TISS	Genetic Counseling & Testing	Y	
0014M	LIVER DS ALYS 3 BMRK SRM ALG	Genetic Counseling & Testing	Y	
0014U	HEM HMTLMF NEO GENE REARGMT DNA WHL BLD MARROW	Genetic Counseling & Testing	Y	
0015M	ADRNL CORTCL TUM BCHM ASY	Genetic Counseling & Testing	Y	
0016M	ONC BLADDER MRNA 209 GEN ALG	Genetic Counseling & Testing	Y	
0016U	ONC HMTLMF NEO RNA BCR ABL1 BLD BNE MARROW	Genetic Counseling & Testing	Y	
0017M	ONC DLBCL MRNA 20 GENES ALG	Genetic Counseling & Testing	Y	
0017U	ONC HMTLMF NEO JAK2 MUTATION DNA BLD BNE MARROW	Genetic Counseling & Testing	Y	
0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES	Genetic Counseling & Testing	Y	
0026U	ONC THYR DNA AND MRNA 112 GENES FNA NDUL ALG ALYS	Genetic Counseling & Testing	Y	
0027U	JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	Genetic Counseling & Testing	Y	
0029U	RX METAB ADVRS RX RXN AND RSPSE TRGT SEQ ALYS	Genetic Counseling & Testing	Y	
0030U	RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS	Genetic Counseling & Testing	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
0031U	CYP1A2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
0032U	COMT GENE ANALYSIS C.472G OVER A VARIANT	Genetic Counseling & Testing	Y	
0033U	HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
0034U	TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	
0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Genetic Counseling & Testing	Y	
0045U	ONC BRST DUX CARC IS MRNA 12 GENES ALG RSK SCOR	Genetic Counseling & Testing	Y	
0046U	FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE	Genetic Counseling & Testing	Y	
0047U	ONC PROSTATE MRNA GEN XPRS PRFL 17 GEN ALG RSK SCOR	Genetic Counseling & Testing	Y	
0048U	ONC SLD ORG NEO DNA 468 CANCER ASSOCIATED GENES	Genetic Counseling & Testing	Y	
0049U	NPM1 GENE ANALYSIS QUANTITATIVE	Genetic Counseling & Testing	Y	
0050U	TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT	Genetic Counseling & Testing	Y	
0053U	ONC PROSTATE CA FISH ALYS 4 GENES NDL BX SPEC ALG	Genetic Counseling & Testing	Y	
0055U	CARD HRT TRNSPL 96 TARGET DNA SEQUENCES PLASMA	Genetic Counseling & Testing	Y	
0056U	HEM AML DNA GENE REARRANGEMENT BLOOD BONE MARROW	Genetic Counseling & Testing	Y	
0058U	ONC MERKEL CELL CARC DETCJ ANTB SERUM QUAN	Genetic Counseling & Testing	Y	
0059U	ONC MERKEL CELL CARC DETCJ ANTB SERUM REPRTD PLUS -	Genetic Counseling & Testing	Y	
0060U	TWN ZYG GEN TRGT SEQ ALYS CHRMS2 FTL DNA MAT BLD	Genetic Counseling & Testing	Y	
0070U	CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS	Genetic Counseling & Testing	Y	
0071U	CYP2D6 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	
0101U	HERED COLON CA DO GEN SEQ ALYS PNL 15 GENE	Genetic Counseling & Testing	Y	
0102U	HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENE	Genetic Counseling & Testing	Y	
0103U	HERED OVARIAN CA GEN SEQ ALYS PANEL 24 GENE	Genetic Counseling & Testing	Y	
0140U	NFCT DS FUNGAL PATHOGEN ID DNA 15 FUNGAL TARGETS	Genetic Counseling & Testing	Y	
0141U	NFCT DS BACT AND FNG GRAM POS ORG ID AND RX RESIST DNA	Genetic Counseling & Testing	Y	
0142U	NFCT DS BACT AND FNG GRAM NEG ORG ID AND RX RESIST DNA	Genetic Counseling & Testing	Y	
0143U	DRUG ASSAY DEF 120 PLUS RX METABOLITES URINE W MRM	Genetic Counseling & Testing	Y	
0144U	DRUG ASSAY DEF 160 PLUS RX METABOLITES URINE W MRM	Genetic Counseling & Testing	Y	
0145U	DRUG ASSAY DEF 65 PLUS RX METABOLITES URINE W MRM	Genetic Counseling & Testing	Y	
0146U	DRUG ASSAY DEF 80 PLUS RX METABOLITES URINE W MRM	Genetic Counseling & Testing	Y	
0147U	DRUG ASSAY DEF 85 PLUS RX METABOLITES URINE W MRM	Genetic Counseling & Testing	Y	
0148U	DRUG ASSAY DEF 100 PLUS RX METABOLITES URINE W MRM	Genetic Counseling & Testing	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
0149U	DRUG ASSAY DEF 60 PLUS RX METABOLITES URINE W MRM	Genetic Counseling & Testing	Y	
0150U	DRUG ASSAY DEF 120 PLUS RX METABOLITES URINE W MRM	Genetic Counseling & Testing	Y	
0152U	NFCT DS BCT FNG PARASITE DNA VIR DETCJ OVER 1000 ORG	Genetic Counseling & Testing	Y	
0153U	ONC BREAST MRNA GENE EXPRESSION PRFL 101 GENES	Genetic Counseling & Testing	Y	
0154U	ONC UROTHELIAL CANCER RNA RT-PCR FGFR3 GENE ALYS	Genetic Counseling & Testing	Y	
0155U	ONC BRST CA DNA PIK3CA GENE ALYS BRST TUM TISS	Genetic Counseling & Testing	Y	
0156U	COPY NUMBER SEQUENCE ALYS	Genetic Counseling & Testing	Y	
0157U	APC MRNA SEQ ALYS	Genetic Counseling & Testing	Y	
0158U	MLH1 MRNA SEQ ALYS	Genetic Counseling & Testing	Y	
0159U	MSH2 MRNA SEQ ALYS	Genetic Counseling & Testing	Y	
0160U	MSH6 MRNA SEQ ALYS	Genetic Counseling & Testing	Y	
0161U	PMS2 MRNA SEQ ALYS	Genetic Counseling & Testing	Y	
0162U	HERED COLON CA TARGETED MRNA SEQUENCE ALYS PANEL	Genetic Counseling & Testing	Y	
0172U	ONC SLD TUM ALYS BRCA1 BRCA2	Genetic Counseling & Testing	Y	
0173U	PSYC GEN ALYS PANEL 14 GENES	Genetic Counseling & Testing	Y	
0174U	OC SLD TUMOR 30 PRTN TRGT	Genetic Counseling & Testing	Y	
0175U	PSYC GEN ALYS PANEL 15 GENES	Genetic Counseling & Testing	Y	
0176U	CDTB & VINCULIN IGG ANTB IA	Genetic Counseling & Testing	Y	
0177U	ONC BRST CA DNA PIK3CA 11	Genetic Counseling & Testing	Y	
0178U	PEANUT ALLG ASMT EPI CLIN RX	Genetic Counseling & Testing	Y	
0179U	ONC NONSM CLL LNG CA ALYS 23	Genetic Counseling & Testing	Y	
0180U	ABO GNOTYP ABO 7 EXONS	Genetic Counseling & Testing	Y	
0181U	CO GNOTYP AQP1 EXON 1	Genetic Counseling & Testing	Y	
0182U	CROM GNOTYP CD55 EXONS 1-10	Genetic Counseling & Testing	Y	
0183U	DI GNOTYP SLC4A1 EXON 19	Genetic Counseling & Testing	Y	
0184U	DO GNOTYP ART4 EXON 2	Genetic Counseling & Testing	Y	
0185U	FUT1 GNOTYP FUT1 EXON 4	Genetic Counseling & Testing	Y	
0186U	FUT2 GNOTYP FUT2 EXON2	Genetic Counseling & Testing	Y	
0187U	FY GNOTYP ACKR1 EXONS 1-2	Genetic Counseling & Testing	Y	
0188U	GE GNOTYP GYPC EXONS 1-4	Genetic Counseling & Testing	Y	
0189U	GYPA GNOTYP NTRNS 1 5 EXON 2	Genetic Counseling & Testing	Y	
0190U	GYPB GNOTYP NTRNS 1 5 SEUX 3	Genetic Counseling & Testing	Y	
0191U	IN GNOTYP CD44 EXONS 2 3 6	Genetic Counseling & Testing	Y	
0192U	JK GNOTYP SLC14A1 EXON 9	Genetic Counseling & Testing	Y	
0193U	JR GNOTYP ABCG2 EXONS 2-26	Genetic Counseling & Testing	Y	
0194U	KEL GNOTYP KEL EXON 8	Genetic Counseling & Testing	Y	
0195U	KLF1 TARGETED SEQUENCING	Genetic Counseling & Testing	Y	
0196U	LU GNOTYP BCAM EXON 3	Genetic Counseling & Testing	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
0197U	LW GNOTYP ICAM4 EXON 1	Genetic Counseling & Testing	Y	
0198U	RHD & RHCE GNTYP RHD1-10 & RHCE5	Genetic Counseling & Testing	Y	
0199U	SC GNOTYP ERMAMP EXONS 4 12	Genetic Counseling & Testing	Y	
0200U	XK GNOTYP XK EXONS 1-3	Genetic Counseling & Testing	Y	
0201U	YT GNOTYP ACHE EXON 2	Genetic Counseling & Testing	Y	
0203U	AI IBD MRNA XPRSN PRFL 17	Genetic Counseling & Testing	Y	
0204U	ONC THYR MRNA XPRSN ALYS 593	Genetic Counseling & Testing	Y	
0205U	OPH AMD ALYS 3 GENE VARIANTS	Genetic Counseling & Testing	Y	
0208U	ONC MTC MRNA XPRSN ALYS 108	Genetic Counseling & Testing	Y	
0209U	CYTOG CONST ALYS INTERROG	Genetic Counseling & Testing	Y	
0211U	ONC PAN-TUM DNA&RNA GNRJ SEQ	Genetic Counseling & Testing	Y	
0212U	RARE DS GEN DNA ALYS PROBAND	Genetic Counseling & Testing	Y	
0213U	RARE DS GEN DNA ALYS EA COMP	Genetic Counseling & Testing	Y	
0214U	RARE DS XOM DNA ALYS PROBAND	Genetic Counseling & Testing	Y	
0215U	RARE DS XOM DNA ALYS EA COMP	Genetic Counseling & Testing	Y	
0216U	NEURO INH ATAXIA DNA 12 COM	Genetic Counseling & Testing	Y	
0217U	NEURO INH ATAXIA DNA 51 GENE	Genetic Counseling & Testing	Y	
0218U	NEURO MUSC DYS DMD SEQ ALYS	Genetic Counseling & Testing	Y	
0220U	ONC BRST CA AI ASSMT 12 FEAT	Genetic Counseling & Testing	Y	
0228U	ONC PRST8 MULTIANAL MOLEC PRFL PHOTOMETRIC DETCJ	Genetic Counseling & Testing	Y	
0229U	BCAT1 PROMOTER METHYLATION ANALYSIS	Genetic Counseling & Testing	Y	
0230U	AR FUL SEQ ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS	Genetic Counseling & Testing	Y	
0231U	ACNA1A FUL GEN ALY CHNG DELT DUP XPNSJ INSJ VRT	Genetic Counseling & Testing	Y	
0232U	CSTB FUL GEN ALY CHNG DELET DUPL XPNSJ INSJ VRNT	Genetic Counseling & Testing	Y	
0233U	FXN GENE ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS	Genetic Counseling & Testing	Y	
0234U	MECP2 FUL GEN ALYS CHANGES DELET DUPL INSJ VRNTS	Genetic Counseling & Testing	Y	
0235U	PTEN FULL GEN ALYS CHANGES DELET DUPL INSJ VRNTS	Genetic Counseling & Testing	Y	
0236U	SMN1 and SMN2 FUL GEN ALYS CHNG DUPL and DELET and INSJ	Genetic Counseling & Testing	Y	
0237U	CARDIAC ION CHANNELOPATHIES GENOMIC SEQ ALYS PNL	Genetic Counseling & Testing	Y	
0238U	ONC LYNCH SYNDROME GENOMIC DNA SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	
0239U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 Plus	Genetic Counseling & Testing	Y	
0306U	ONC MRD NXT-GNRJ ALYS 1ST	Genetic Counseling & Testing	NC	
0307U	ONC MRD NXT-GNRJ ALYS SBSQ	Genetic Counseling & Testing	NC	
0308U	CRD CAD ALYS 3 PRTN PLSM ALG	Genetic Counseling & Testing	NC	
0309U	CRD CV DS ALY 4 PRTN PLM ALG	Genetic Counseling & Testing	NC	
0310U	PED VSCLTS KD ALYS3 BMRKS	Genetic Counseling & Testing	NC	
0311U	NFCT DS BCT QUAN ANTMCRB SC	Genetic Counseling & Testing	NC	
0312U	AI DS SLE ALYS 8 IGG AUTOANT	Genetic Counseling & Testing	NC	
0313U	ONC PNCRS DNA&MRNA SEQ 74	Genetic Counseling & Testing	NC	
0314U	ONC CUTAN MLNMA MRNA 35 GENE	Genetic Counseling & Testing	NC	
0315U	ONC CUTAN SQ CLL CA MRNA 40	Genetic Counseling & Testing	NC	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
0316U	B BRGDRFERI LYME DS OSPA EVL	Genetic Counseling & Testing	NC	
0317U	ONC LUNG CA 4-PRB FISH ASSAY	Genetic Counseling & Testing	NC	
0318U	PED WHL GEN MTHYLTN ALYS 50+	Genetic Counseling & Testing	NC	
0319U	NEPH RNA PRETRNSPL PERPH BLD	Genetic Counseling & Testing	NC	
0320U	NEPH RNA PSTTRNSPL PERPH BLD	Genetic Counseling & Testing	NC	
0321U	IADNA GU PTHGN 20BCT&FNG ORG	Genetic Counseling & Testing	NC	
0322U	NEURO ASD MEAS 14 ACYL CARN	Genetic Counseling & Testing	NC	
G9143	WARFARIN RSPN TEST GEN TECH ANY METH ANY # SPEC	Genetic Counseling & Testing	Y	
90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	Healthcare Administered Drugs	Y	
90371	HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	Healthcare Administered Drugs	Y	
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	Healthcare Administered Drugs	Y	
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN DX TO 5 MCI	Healthcare Administered Drugs	Y	
A9596	GALLIUM GA -68GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 MILLICURIE	Healthcare Administered Drugs	Y	
A9601	FLORTAUCIPIR -18INJECTION, DIAGNOSTIC, 1 MILLICURIE	Healthcare Administered Drugs	Y	
A9604	SAMARIUM SM-153 LEXIDRONAM TX DOSE TO 150 MCI	Healthcare Administered Drugs	Y	
B4105	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Healthcare Administered Drugs	Y	
B4187	OMEGAVEN, 10 G LIPIDS	Healthcare Administered Drugs	Y	
C9047	INJECTION CAPLACIZUMAB-YHDP 1 MG	Healthcare Administered Drugs	Y	
C9062	INJECTN DARATUMUMAB 10 MG AND HYALURONIDASE-FIHJ	Healthcare Administered Drugs	Y	
C9094	INJ, SUTIMLIMAB-JOME, 10 MG	Healthcare Administered Drugs	Y	
C9098	CILTACABTAGENE CAR POS T	Healthcare Administered Drugs	Y	
C9257	INJECTION BEVACIZUMAB 0.25 MG	Healthcare Administered Drugs	Y	Bevacizumab when billed for intraocular injection does not require a PA
C9293	INJECTION GLUCARPIDASE 10 UNITS	Healthcare Administered Drugs	Y	
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Healthcare Administered Drugs	Y	
C9488	INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y	
J0121	INJECTION OMADACYCLINE 1 MG	Healthcare Administered Drugs	Y	
J0122	INJECTION, ERAVACYCLINE, 1 MG	Healthcare Administered Drugs	Y	
J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Healthcare Administered Drugs	Y	
J0135	INJECTION ADALIMUMAB 20 MG	Healthcare Administered Drugs	Y	
J0172	INJECTION, ADUCANUMAB-AVWA, 2MG	Healthcare Administered Drugs	Y	
J0178	INJECTION AFLIBERCEPT 1 MG	Healthcare Administered Drugs	Y	
J0179	INJECTION, BROLUCIZUMAB-DBLL, 1MG	Healthcare Administered Drugs	Y	
J0180	INJECTION AGALSIDASE BETA 1 MG	Healthcare Administered Drugs	Y	
J0185	INJ., APREPITANT, 1MG	Healthcare Administered Drugs	Y	
J0202	INJECTION ALEMTUZUMAB 1 MG	Healthcare Administered Drugs	Y	
J0205	INJECTION ALGLUCERASE PER 10 UNITS	Healthcare Administered Drugs	Y	
J0219	INJECTION AVALGLUCOSIDASE ALFA-NGPT 4 MG	Healthcare Administered Drugs	Y	
J0220	INJECTION ALGLUCOSIDASE ALFA 10 MG NOS	Healthcare Administered Drugs	Y	
J0221	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	Healthcare Administered Drugs	Y	
J0222	INJECTION PATISIRAN 0.1 MG	Healthcare Administered Drugs	Y	
J0223	INJECTION, GIVOSIRAN, 0.5 MG	Healthcare Administered Drugs	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
J0224	INJ. LUMASIRAN, 0.5 MG	Healthcare Administered Drugs	Y	
J0248	INJ, REMDESIVIR, 1 MG	Healthcare Administered Drugs	Y	
J0248	INJECTION REMDESIVIR 1 MG	Healthcare Administered Drugs	Y	
J0256	INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG	Healthcare Administered Drugs	Y	
J0257	INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG	Healthcare Administered Drugs	Y	
J0291	INJECTION PLAZOMICIN 5 MG	Healthcare Administered Drugs	Y	
J0364	INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y	
J0480	INJECTION BASILIXIMAB 20 MG	Healthcare Administered Drugs	Y	
J0485	INJECTION BELATACEPT 1 MG	Healthcare Administered Drugs	Y	
J0490	INJECTION BELIMUMAB 10 MG	Healthcare Administered Drugs	Y	
J0491	INJECTION ANIFROLUMAB-FNIA 1 MG	Healthcare Administered Drugs	Y	
J0517	INJECTION BENRALIZUMAB 1 MG	Healthcare Administered Drugs	Y	
J0565	INJECTION BEZLOTOXUMAB 10 MG	Healthcare Administered Drugs	Y	
J0567	INJECTION CERLIPONASE ALFA 1 MG	Healthcare Administered Drugs	Y	
J0570	BUPRENORPHINE IMPLANT 74.2 MG	Healthcare Administered Drugs	Y	
J0584	INJECTION BUROSUMAB-TWZA 1 MG	Healthcare Administered Drugs	Y	
J0585	BOTULINUM TOXIN TYPE A PER UNIT	Healthcare Administered Drugs	Y	
J0586	INJECTION ABOBOTULINUMTOXINA 5 UNITS	Healthcare Administered Drugs	Y	
J0587	INJECTION RIMABOTULINUMTOXINB 100 UNITS	Healthcare Administered Drugs	Y	
J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	Healthcare Administered Drugs	Y	
J0593	INJECTION, LANADELUMAB-FLYO 1 MG	Healthcare Administered Drugs	Y	
J0596	INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U	Healthcare Administered Drugs	Y	
J0597	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Healthcare Administered Drugs	Y	
J0598	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	Healthcare Administered Drugs	Y	
J0599	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	Healthcare Administered Drugs	Y	
J0604	CINACALCET ORAL 1 MG	Healthcare Administered Drugs	Y	
J0606	INJECTION ETELCALCETIDE 0.1 MG	Healthcare Administered Drugs	Y	
J0630	CALCITONIN SALMON INJECTION	Healthcare Administered Drugs	Y	
J0637	INJECTION CASPOFUNGIN ACETATE 5 MG	Healthcare Administered Drugs	Y	
J0638	INJECTION CANAKINUMAB 1 MG	Healthcare Administered Drugs	Y	
J0641	INJECTION LEVOLEUCOVORIN CALCIUM 0.5 MG	Healthcare Administered Drugs	Y	
J0642	INJECTION LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	Healthcare Administered Drugs	Y	
J0691	INJECTION, LEFAMULIN, 1 MG	Healthcare Administered Drugs	Y	
J0695	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	Healthcare Administered Drugs	Y	
J0699	INJECTION, CEFIDEROCOL, 10 MG	Healthcare Administered Drugs	Y	
J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	Healthcare Administered Drugs	Y	
J0714	INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G	Healthcare Administered Drugs	Y	
J0717	INJECTION CERTOLIZUMAB PEGOL 1 MG	Healthcare Administered Drugs	Y	
J0725	INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS	Healthcare Administered Drugs	Y	
J0739	INJECTION, CABOTEGRAVIR, 1 MG	Healthcare Administered Drugs	Y	
J0741	INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2 MG/3 MG	Healthcare Administered Drugs	Y	
J0775	INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG	Healthcare Administered Drugs	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Healthcare Administered Drugs	Y	
J0800	INJECTION CORTICOTROPIN UP TO 40 UNITS	Healthcare Administered Drugs	Y	
J0850	INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL	Healthcare Administered Drugs	Y	
J0875	INJECTION DALBAVANCIN 5MG	Healthcare Administered Drugs	Y	
J0878	INJECTION DAPTOMYCIN 1 MG	Healthcare Administered Drugs	Y	
J0879	INJECTION DIFELIKEFALIN 0.1 MICROGRAM	Healthcare Administered Drugs	Y	
J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	Healthcare Administered Drugs	Y	
J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	Healthcare Administered Drugs	Y	
J0888	INJECTION EPOETIN BETA 1 MICROGRAM	Healthcare Administered Drugs	Y	
J0896	INJECTION, LUPATERCEPT-AAMT, 0.25 MG	Healthcare Administered Drugs	Y	
J0897	INJECTION DENOSUMAB 1 MG	Healthcare Administered Drugs	Y	
J1095	INJECTION DEXAMETHASONE 9PCT INTRAOCULAR 1 MCG	Healthcare Administered Drugs	Y	
J1096	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	Healthcare Administered Drugs	Y	
J1290	INJECTION ECALLANTIDE 1 MG	Healthcare Administered Drugs	Y	
J1300	INJECTION ECULIZUMAB 10 MG	Healthcare Administered Drugs	Y	
J1301	INJECTION EDARAVONE 1 MG	Healthcare Administered Drugs	Y	
J1302	INJ SUTIMLIMAB-JOME 10 MG	Healthcare Administered Drugs	Y	
J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	Healthcare Administered Drugs	Y	
J1305	INJECTION, EVINACUMAB-DGNB, 5 MG	Healthcare Administered Drugs	Y	
J1306	INJECTION, INCLISIRAN, MG	Healthcare Administered Drugs	Y	
J1322	INJECTION ELOSULFASE ALFA 1 MG	Healthcare Administered Drugs	Y	
J1324	INJECTION ENFUVIRTIDE 1 MG	Healthcare Administered Drugs	Y	
J1325	INJECTION EPOPROSTENOL 0.5 MG	Healthcare Administered Drugs	Y	
J1426	INJECTION, CASIMERSEN, 10 MG	Healthcare Administered Drugs	Y	
J1427	INJECTION, VILTOLARSEN, 10 MG	Healthcare Administered Drugs	Y	
J1428	INJECTION ETEPLIRSEN 10 MG	Healthcare Administered Drugs	Y	
J1429	INJECTION, GOLODIRSEN, 10 MG	Healthcare Administered Drugs	Y	
J1437	INJECTION, FERRIC DERISOMALTOSE, 10MG	Healthcare Administered Drugs	Y	
J1438	INJECTION ETANERCEPT 25 MG	Healthcare Administered Drugs	Y	
J1439	INJECTION FERRIC CARBOXYMALTOSE 1 MG	Healthcare Administered Drugs	Y	
J1442	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC	Healthcare Administered Drugs	Y	
J1445	INJ FERRIC PYROPHOSPHATE CITRATE SOL 0.1 MG IRON	Healthcare Administered Drugs	Y	
J1447	INJECTION TBO-FILGRASTIM 1 MICROGRAM	Healthcare Administered Drugs	Y	
J1448	INJECTION, TRILACICLIB, 1 MG	Healthcare Administered Drugs	Y	
J1454	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Healthcare Administered Drugs	Y	
J1458	INJECTION GALSULFASE 1 MG	Healthcare Administered Drugs	Y	
J1459	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	
J1460	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC	Healthcare Administered Drugs	Y	
J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	Healthcare Administered Drugs	Y	
J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	Healthcare Administered Drugs	Y	
J1555	INJECTION IMMUNE GLOBULIN 100 MG	Healthcare Administered Drugs	Y	
J1556	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Healthcare Administered Drugs	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
J1557	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	
J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Healthcare Administered Drugs	Y	
J1559	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	Healthcare Administered Drugs	Y	
J1560	INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC	Healthcare Administered Drugs	Y	
J1561	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	
J1562	INJECTION IMMUNE GLOBULIN VIVAGLBIN 100 MG	Healthcare Administered Drugs	Y	
J1566	INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	Healthcare Administered Drugs	Y	
J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	
J1569	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	
J1571	INJ HEPATITIS B IG HEPAGAM B IM 0.5 ML	Healthcare Administered Drugs	Y	
J1572	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	
J1573	INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML	Healthcare Administered Drugs	Y	
J1575	INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG	Healthcare Administered Drugs	Y	
J1595	INJECTION GLATIRAMER ACETATE 20 MG	Healthcare Administered Drugs	Y	
J1599	INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	Healthcare Administered Drugs	Y	
J1602	INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE	Healthcare Administered Drugs	Y	
J1627	INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG	Healthcare Administered Drugs	Y	
J1628	INJECTION GUSELKUMAB 1 MG	Healthcare Administered Drugs	Y	
J1632	INJECTION, BREXANOLONE, 1 MG	Healthcare Administered Drugs	Y	
J1640	INJECTION HEMIN 1 MG	Healthcare Administered Drugs	Y	
J1645	INJECTION DALTEPARIN SODIUM PER 2500 IU	Healthcare Administered Drugs	Y	
J1726	INJECTION HYDROXYPROGESTERONE CAPROATE 10 MG	Healthcare Administered Drugs	Y	
J1729	INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG	Healthcare Administered Drugs	Y	
J1740	INJECTION IBANDRONATE SODIUM 1 MG	Healthcare Administered Drugs	Y	
J1743	INJECTION IDURSULFASE 1 MG	Healthcare Administered Drugs	Y	
J1744	INJECTION ICATIBANT 1 MG	Healthcare Administered Drugs	Y	
J1745	INJECTION INFliximab EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	
J1746	INJECTION IBALIZUMAB-UIYK 10 MG	Healthcare Administered Drugs	Y	
J1786	INJECTION IMIGLUCERASE 10 UNITS	Healthcare Administered Drugs	Y	
J1823	INJECTION, INEBILIZUMAB-CDON, 1 MG	Healthcare Administered Drugs	Y	
J1826	INJECTION INTERFERON BETA-1A 30 MCG	Healthcare Administered Drugs	Y	
J1830	INJECTION INTERFERON BETA-1B 0.25 MG	Healthcare Administered Drugs	Y	
J1833	INJECTION ISAVUCONAZONIUM 1 MG	Healthcare Administered Drugs	Y	
J1930	INJECTION LANREOTIDE 1 MG	Healthcare Administered Drugs	Y	
J1931	INJECTION LARONIDASE 0.1 MG	Healthcare Administered Drugs	Y	
J1932	INJ LANREOTIDE CIPLA 1 MG	Healthcare Administered Drugs	Y	
J1950	INJECTION LEUPROLIDE ACETATE PER 3.75 MG	Healthcare Administered Drugs	Y	
J1951	INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG	Healthcare Administered Drugs	Y	
J1952	LEUPROLIDE INJECTANLE, CAMCEVI, 1MG	Healthcare Administered Drugs	Y	
J2062	LOXAPINE FOR INHALATION 1 MG	Healthcare Administered Drugs	Y	
J2170	INJECTION MECASERMIN 1 MG	Healthcare Administered Drugs	Y	
J2182	INJECTION MEPOLIZUMAB 1 MG	Healthcare Administered Drugs	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
J2186	INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG	Healthcare Administered Drugs	Y	
J2248	INJECTION MICALFUNGIN SODIUM 1 MG	Healthcare Administered Drugs	Y	
J2323	INJECTION NATALIZUMAB 1 MG	Healthcare Administered Drugs	Y	
J2326	INJECTION NUSINERSEN 0.1 MG	Healthcare Administered Drugs	Y	
J2350	INJECTION OCRELIZUMAB 1 MG	Healthcare Administered Drugs	Y	
J2353	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	Healthcare Administered Drugs	Y	
J2356	INJECTION, TEZEPELUMB-EKKO, 1 MG	Healthcare Administered Drugs	Y	
J2357	INJECTION OMALIZUMAB 5 MG	Healthcare Administered Drugs	Y	
J2406	INJECTION, ORITAVANCIN (KIMYRSA), 10 MG	Healthcare Administered Drugs	Y	
J2407	INJECTION, ORITAVANCIN, 10 MG	Healthcare Administered Drugs	Y	
J2425	INJECTION PALIFERMIN 50 MICROGRAMS	Healthcare Administered Drugs	Y	
J2502	INJECTION PASIREOTIDE LONG ACTING 1 MG	Healthcare Administered Drugs	Y	
J2503	INJECTION PEGAPTANIB SODIUM 0.3 MG	Healthcare Administered Drugs	Y	
J2504	INJECTION PEGADEMASE BOVINE 25 IU	Healthcare Administered Drugs	Y	
J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	Y	
J2507	INJECTION PEGLOTICASE 1 MG	Healthcare Administered Drugs	Y	
J2562	INJECTION PLERIXAFOR 1 MG	Healthcare Administered Drugs	Y	
J2724	INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU	Healthcare Administered Drugs	Y	
J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	Healthcare Administered Drugs	Y	
J2777	INJ FARICIMAB-SVOA 0.1 MG	Healthcare Administered Drugs	Y	
J2778	INJECTION RANIBIZUMAB 0.1 MG	Healthcare Administered Drugs	Y	
J2779	INJECTION, RANIBIZUMAB, VIA INTRAVITREACK IMPLANT (SUSVIMO), 0.1 MG	Healthcare Administered Drugs	Y	
J2783	INJECTION RASBURICASE 0.5 MG	Healthcare Administered Drugs	Y	
J2786	INJECTION RESLIZUMAB 1 MG	Healthcare Administered Drugs	Y	
J2787	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	Healthcare Administered Drugs	Y	
J2793	INJECTION RILONACEPT 1 MG	Healthcare Administered Drugs	Y	
J2796	INJECTION ROMIPLOSTIM 10 MCG	Healthcare Administered Drugs	Y	
J2797	INJECTION ROLAPITANT 0.5 MG	Healthcare Administered Drugs	Y	
J2820	INJECTION SARGRAMOSTIM 50 MCG	Healthcare Administered Drugs	Y	
J2840	INJECTION SEBELIPASE ALFA 1 MG	Healthcare Administered Drugs	Y	
J2860	INJECTION SILTUXIMAB 10 MG	Healthcare Administered Drugs	Y	
J2941	INJECTION SOMATROPIN 1 MG	Healthcare Administered Drugs	Y	
J2998	INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG	Healthcare Administered Drugs	Y	
J3031	INJECTION FREMANEZUMAB-VFRM 1 MG	Healthcare Administered Drugs	Y	
J3032	INJECTION, EPTINEZUMAG-JJMR, 1MG	Healthcare Administered Drugs	Y	
J3060	INJECTION TALIGLUCERASE ALFA 10 UNITS	Healthcare Administered Drugs	Y	
J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	Healthcare Administered Drugs	Y	
J3095	INJECTION TELAVANCIN 10 MG	Healthcare Administered Drugs	Y	
J3110	INJECTION TERIPARATIDE 10 MCG	Healthcare Administered Drugs	Y	
J3111	INJECTION, ROMOSOZUMAB-AQQG, 1 MG	Healthcare Administered Drugs	Y	
J3145	INJECTION TESTOSTERONE UNDECANOATE 1 MG	Healthcare Administered Drugs	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
J3241	INJECTION, TEPROTUMUMAB-TRBW, 10MG	Healthcare Administered Drugs	Y	
J3245	INJECTION TILDRAKIZUMAB 1 MG	Healthcare Administered Drugs	Y	
J3262	INJECTION TOCILIZUMAB 1 MG	Healthcare Administered Drugs	Y	
J3285	INJECTION TREPROSTINIL 1 MG	Healthcare Administered Drugs	Y	
J3299	INJECTION TRIAMCINOLONE ACETONIDE XIPERE 1 MG	Healthcare Administered Drugs	Y	
J3304	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	Healthcare Administered Drugs	Y	
J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG	Healthcare Administered Drugs	Y	
J3316	INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG	Healthcare Administered Drugs	Y	
J3355	INJECTION UROFOLLITROPIN 75 IU	Healthcare Administered Drugs	Y	
J3357	USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG	Healthcare Administered Drugs	Y	
J3358	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	Healthcare Administered Drugs	Y	
J3380	INJECTION VEDOLIZUMAB 1 MG	Healthcare Administered Drugs	Y	
J3385	INJECTION VELAGLUCERASE ALFA 100 UNITS	Healthcare Administered Drugs	Y	
J3396	INJECTION VERTEPORFIN 0.1 MG	Healthcare Administered Drugs	Y	
J3397	INJECTION VESTRONIDASE ALFA-VJBK 1 MG	Healthcare Administered Drugs	Y	
J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G	Healthcare Administered Drugs	Y	
J3399	INJ AVSX-101-XIOI P-TX TO 5X10^15 VCTR GNOMS	Healthcare Administered Drugs	Y	
J3490	UNCLASSIFIED DRUGS	Healthcare Administered Drugs	Y	
J3590	UNCLASSIFIED BIOLOGICS	Healthcare Administered Drugs	Y	
J3591	UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS	Healthcare Administered Drugs	Y	
J7168	PRT COMPLEX CONC KCENTRA PER IU FIX ACT	Healthcare Administered Drugs	Y	
J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	Healthcare Administered Drugs	Y	
J7175	INJECTION FACTOR X 1 I.U.	Healthcare Administered Drugs	Y	
J7177	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	Healthcare Administered Drugs	Y	
J7178	INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG	Healthcare Administered Drugs	Y	
J7179	INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO	Healthcare Administered Drugs	Y	
J7180	INJECTION FACTOR XIII 1 I.U.	Healthcare Administered Drugs	Y	
J7181	INJECTION FACTOR XIII A-SUBUNIT PER IU	Healthcare Administered Drugs	Y	
J7182	INJECTION FACTOR VIII PER IU	Healthcare Administered Drugs	Y	
J7183	INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO	Healthcare Administered Drugs	Y	
J7185	INJECTION FACTOR VIII PER IU	Healthcare Administered Drugs	Y	
J7186	INJ AHF VWF CMLX PER FACTOR VIII IU	Healthcare Administered Drugs	Y	
J7187	INJ VONWILLEBRND FACTOR CMLX HUMN RISTOCETIN IU	Healthcare Administered Drugs	Y	
J7188	INJECTION FACTOR VIII PER I.U.	Healthcare Administered Drugs	Y	
J7189	FACTOR VIIA ANTIHEMOPHILIC FCT NOVOSEVEN RT1 MCG	Healthcare Administered Drugs	Y	
J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU	Healthcare Administered Drugs	Y	
J7191	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU	Healthcare Administered Drugs	Y	
J7192	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Y	
J7193	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU	Healthcare Administered Drugs	Y	
J7194	FACTOR IX COMPLEX PER IU	Healthcare Administered Drugs	Y	
J7195	INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Y	
J7196	INJECTION ANTITHROMBIN RECOMBINANT 50 I.U.	Healthcare Administered Drugs	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
J7197	ANTITHROMBIN III PER IU	Healthcare Administered Drugs	Y	
J7198	ANTI-INHIBITOR PER IU	Healthcare Administered Drugs	Y	
J7199	HEMOPHILIA CLOTTING FACTOR NOC	Healthcare Administered Drugs	Y	
J7200	INJECTION FACTOR IX RIXUBIS PER IU	Healthcare Administered Drugs	Y	
J7201	INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.	Healthcare Administered Drugs	Y	
J7202	INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.	Healthcare Administered Drugs	Y	
J7203	INJECTION FACTOR IX GLYCOPEGYLATED 1 IU	Healthcare Administered Drugs	Y	
J7204	INJ FAC VIII ANTIHEM FAC GLYCOPEGYLATD-EXEI P-IU	Healthcare Administered Drugs	Y	
J7205	INJECTION FACTOR VIII FC FUSION PROTEIN PER IU	Healthcare Administered Drugs	Y	
J7207	INJECTION FACTOR VIII PEGYLATED 1 I.U.	Healthcare Administered Drugs	Y	
J7208	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Healthcare Administered Drugs	Y	
J7209	INJECTION FACTOR VIII 1 I.U.	Healthcare Administered Drugs	Y	
J7210	INJECTION FACTOR VIII AFSTYLA 1 I.U.	Healthcare Administered Drugs	Y	
J7211	INJECTION FACTOR VIII KOVALTRY 1 I.U.	Healthcare Administered Drugs	Y	
J7212	FACTOR VIIA-JNCW 1 MCG	Healthcare Administered Drugs	Y	
J7308	AMINOLEVULINIC ACID HCL TOP ADMN 20PCT 1 U DOSE	Healthcare Administered Drugs	Y	
J7309	METHYL AMINOLEVULINATE MAL TOP ADMIN 16.8PCT 1 G	Healthcare Administered Drugs	Y	
J7310	GANCICLOVIR 4.5 MG LONG-ACTING IMPLANT	Healthcare Administered Drugs	Y	
J7311	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	Healthcare Administered Drugs	Y	
J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	Healthcare Administered Drugs	Y	
J7313	INJECTION FA INTRAVITREAL IMPLANT (Lluvien) 0.01 MG	Healthcare Administered Drugs	Y	
J7314	INJECTION FA INTRAVITREAL IMPLANT (Yutiq), 0.01 MG	Healthcare Administered Drugs	Y	
J7316	INJECTION OCRIPLASMIN 0.125 MG	Healthcare Administered Drugs	Y	
J7318	HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG	Healthcare Administered Drugs	Y	
J7320	HYALURONAN DERIVATIVE GENVISC 850 IA INJ 1 MG	Healthcare Administered Drugs	Y	
J7321	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE	Healthcare Administered Drugs	Y	
J7322	HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG	Healthcare Administered Drugs	Y	
J7323	HYALURONAN DERIVATIVE EUFLEXXA IA INJ PER DOSE	Healthcare Administered Drugs	Y	
J7324	HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE	Healthcare Administered Drugs	Y	
J7325	HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG	Healthcare Administered Drugs	Y	
J7326	HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	Healthcare Administered Drugs	Y	
J7327	HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE	Healthcare Administered Drugs	Y	
J7328	HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG	Healthcare Administered Drugs	Y	
J7329	HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG	Healthcare Administered Drugs	Y	
J7331	HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG	Healthcare Administered Drugs	Y	
J7332	HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG	Healthcare Administered Drugs	Y	
J7336	CAPSAICIN 8% PATCH, PER SQ CENTIMETER	Healthcare Administered Drugs	Y	
J7351	INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG	Healthcare Administered Drugs	Y	
J7352	AFAMELANOTIDE IMPLANT, 1 MG	Healthcare Administered Drugs	Y	
J7402	MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG	Healthcare Administered Drugs	Y	
J7504	LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	Healthcare Administered Drugs	Y	
J7511	LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG	Healthcare Administered Drugs	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
J7639	DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG	Healthcare Administered Drugs	Y	
J7677	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG	Healthcare Administered Drugs	Y	
J7682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	Healthcare Administered Drugs	Y	
J7686	TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG	Healthcare Administered Drugs	Y	
J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Healthcare Administered Drugs	Y	Bevacizumab when billed for intraocular injection does not require a PA
J8499	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Y	
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL	Healthcare Administered Drugs	Y	
J8670	ROLAPITANT ORAL 1 MG	Healthcare Administered Drugs	Y	
J8999	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Y	
J9015	INJECTION ALDESLEUKIN PER SINGLE USE VIAL	Healthcare Administered Drugs	Y	
J9019	INJECTION ASPARAGINASE ERWINAZE 1000 IU	Healthcare Administered Drugs	Y	
J9021	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1MG	Healthcare Administered Drugs	Y	
J9022	INJECTION ATEZOLIZUMAB 10 MG	Healthcare Administered Drugs	Y	
J9023	INJECTION AVELUMAB 10 MG	Healthcare Administered Drugs	Y	
J9032	INJECTION BELINOSTAT 10 MG	Healthcare Administered Drugs	Y	
J9033	INJECTION BENDAMUSTINE HCL TREANDA 1 MG	Healthcare Administered Drugs	Y	
J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	Healthcare Administered Drugs	Y	
J9035	INJECTION BEVACIZUMAB 10 MG	Healthcare Administered Drugs	Y	Bevacizumab when billed for intraocular injection does not require a PA
J9036	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y	
J9037	INJECTION, BELANTAMAB MAFODONTIN-BLMF, 0.5 MG	Healthcare Administered Drugs	Y	
J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	Healthcare Administered Drugs	Y	
J9041	INJECTION BORTEZOMIB 0.1 MG	Healthcare Administered Drugs	Y	
J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	Healthcare Administered Drugs	Y	
J9043	INJECTION CABAZITAXEL 1 MG	Healthcare Administered Drugs	Y	
J9044	INJECTION BORTEZOMIB NOS 0.1 MG	Healthcare Administered Drugs	Y	
J9047	INJECTION CARFILZOMIB 1 MG	Healthcare Administered Drugs	Y	
J9055	INJECTION CETUXIMAB 10 MG	Healthcare Administered Drugs	Y	
J9057	INJECTION COPANLISIB 1 MG	Healthcare Administered Drugs	Y	
J9061	INJECTION, AMIVANTAMAB-VMJW, 2MG	Healthcare Administered Drugs	Y	
J9071	INJECTION CYCLOPHOSPHAMIDE AUROMEDICS 5 MG	Healthcare Administered Drugs	Y	
J9098	INJECTION CYTARABINE LIPOSOME 10 MG	Healthcare Administered Drugs	Y	
J9118	INJ. CALASPARGASE PEGOL-MKNL	Healthcare Administered Drugs	Y	
J9119	INJECTION CEMIPIMAB-RWLC 1 MG	Healthcare Administered Drugs	Y	
J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Healthcare Administered Drugs	Y	
J9145	INJECTION DARATUMUMAB 10 MG	Healthcare Administered Drugs	Y	
J9153	INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA	Healthcare Administered Drugs	Y	
J9155	INJECTION DEGARELIX 1 MG	Healthcare Administered Drugs	Y	
J9160	INJECTION DENILEUKIN DIFTITOX 300 MCG	Healthcare Administered Drugs	Y	
J9173	INJECTION DURVALUMAB 10 MG	Healthcare Administered Drugs	Y	
J9176	INJECTION ELOTUZUMAB 1 MG	Healthcare Administered Drugs	Y	
J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG	Healthcare Administered Drugs	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
J9179	INJECTION ERIBULIN MESYLATE 0.1 MG	Healthcare Administered Drugs	Y	
J9198	INJECTION, GEMCITABINE HYDROCHLORIDE (infugem), 100 MG	Healthcare Administered Drugs	Y	
J9203	INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	Y	
J9204	INJECTION MOGAMULIZUMAB-KPKC 1 MG	Healthcare Administered Drugs	Y	
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	Healthcare Administered Drugs	Y	
J9207	INJECTION IXABEPILONE 1 MG	Healthcare Administered Drugs	Y	
J9210	INJECTION EMAPALUMAB-LZSG 1 MG	Healthcare Administered Drugs	Y	
J9214	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U	Healthcare Administered Drugs	Y	
J9215	INJECTION INTERFERON ALFA-N3 250,000 IU	Healthcare Administered Drugs	Y	
J9216	INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS	Healthcare Administered Drugs	Y	
J9218	LEUPROLIDE ACETATE PER 1 MG	Healthcare Administered Drugs	Y	One J code unit allowed per calendar year. All units in excess of one unit/year requires PA.
J9219	LEUPROLIDE ACETATE IMPLANT 65 MG	Healthcare Administered Drugs	Y	
J9223	INJECTION, LURBINECTIN, 0.1 MG	Healthcare Administered Drugs	Y	
J9225	HISTRELIN IMPLANT VANTAS 50 MG	Healthcare Administered Drugs	Y	
J9226	HISTRELIN IMPLANT SUPPRELIN LA 50 MG	Healthcare Administered Drugs	Y	
J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	Healthcare Administered Drugs	Y	
J9228	INJECTION IPILIMUMAB 1 MG	Healthcare Administered Drugs	Y	
J9229	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	Y	
J9246	INJECTION MELPHALAN EVOMELA 1 MG	Healthcare Administered Drugs	Y	
J9247	INJECTION, MELPHALAN FLUFENAMIDE, 1 MG	Healthcare Administered Drugs	Y	
J9262	INJECTION OMACETAXINE MEPEUSCINATE 0.01 MG	Healthcare Administered Drugs	Y	
J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	Healthcare Administered Drugs	Y	
J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	Healthcare Administered Drugs	Y	
J9269	INJECTION TAGRAXOFUSP-ERZS 10 MCG	Healthcare Administered Drugs	Y	
J9271	INJECTION PEMBROLIZUMAB 1 MG	Healthcare Administered Drugs	Y	
J9272	INJECTION, DOSTARLIMAB-GXLY,10MG	Healthcare Administered Drugs	Y	
J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG	Healthcare Administered Drugs	Y	
J9274	INJ TEBENTAFUSP-TEBN 1 MCG	Healthcare Administered Drugs	Y	
J9281	MITOMYCIN PYELOALYCEAL INSTILLATION, 1 MG	Healthcare Administered Drugs	Y	
J9285	INJECTION OLARATUMAB 10 MG	Healthcare Administered Drugs	Y	
J9295	INJECTION NECITUMUMAB 1 MG	Healthcare Administered Drugs	Y	
J9298	INJ NIVOLUMAB AND RELATLIMAB-RMBW 3 MG/1 MG	Healthcare Administered Drugs	Y	
J9299	INJECTION NIVOLUMAB 1 MG	Healthcare Administered Drugs	Y	
J9301	INJECTION OBINUTUZUMAB 10 MG	Healthcare Administered Drugs	Y	
J9302	INJECTION OFATUMUMAB 10 MG	Healthcare Administered Drugs	Y	
J9303	INJECTION PANITUMUMAB 10 MG	Healthcare Administered Drugs	Y	
J9304	INJECTION PEMETREXED (PEMFEXY) 10 MG	Healthcare Administered Drugs	Y	
J9305	INJECTION PEMETREXED 10 MG	Healthcare Administered Drugs	Y	
J9306	INJECTION PERTUZUMAB 1 MG	Healthcare Administered Drugs	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
J9307	INJECTION PRALATREXATE 1 MG	Healthcare Administered Drugs	Y	
J9308	INJECTION RAMUCIRUMAB 5 MG	Healthcare Administered Drugs	Y	
J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	Healthcare Administered Drugs	Y	
J9311	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	Healthcare Administered Drugs	Y	
J9312	INJECTION RITUXIMAB 10 MG	Healthcare Administered Drugs	Y	
J9313	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	Healthcare Administered Drugs	Y	
J9316	INJ PERTUZUMAB TRASTUZUMAB and HYAL-ZZXF PER 10 MG	Healthcare Administered Drugs	Y	
J9317	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	Healthcare Administered Drugs	Y	
J9318	INJECTION, ROMIDEPSIN, NONLYOPHILIZED, 0.1 MG	Healthcare Administered Drugs	Y	
J9319	INJECTION, ROMIDEPSIN, LYOPHILIZED, 0.1 MG	Healthcare Administered Drugs	Y	
J9325	INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U	Healthcare Administered Drugs	Y	
J9331	INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG	Healthcare Administered Drugs	Y	
J9332	INJECTION, EFGARTIGIMOD ALFA-FCAB, 2 MG	Healthcare Administered Drugs	Y	
J9348	INJECTION NAXITAMAB-GQ GK 1 MG	Healthcare Administered Drugs	Y	
J9349	INJECTION, TAFASITAMAB-CXIX, 2 MG	Healthcare Administered Drugs	Y	
J9352	INJECTION TRABECTEDIN 0.1 MG	Healthcare Administered Drugs	Y	
J9353	INJECTION MARGETUXIMAB-CMKB 5 MG	Healthcare Administered Drugs	Y	
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	Healthcare Administered Drugs	Y	
J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	
J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	Healthcare Administered Drugs	Y	
J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG	Healthcare Administered Drugs	Y	
J9359	INJ, LONCASTUXIMAB TESIRINE-LYPL, 0.1 MG	Healthcare Administered Drugs	Y	
J9371	INJECTION VINCRISTINE SULFATE LIPOSOME 1 MG	Healthcare Administered Drugs	Y	
J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	Healthcare Administered Drugs	Y	
J9600	INJECTION PORFIMER SODIUM 75 MG	Healthcare Administered Drugs	Y	
J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	Healthcare Administered Drugs	Y	
Q0138	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD	Healthcare Administered Drugs	Y	
Q0139	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD	Healthcare Administered Drugs	Y	
Q2050	INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG	Healthcare Administered Drugs	Y	
Q2056	CILTACABTAGENE AUTOLEUCEL TO 100 M BCMA PER TX D	Healthcare Administered Drugs	Y	
Q3027	INJECTION INTERFERON BETA-1A 1 MCG IM USE	Healthcare Administered Drugs	Y	
Q3028	INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE	Healthcare Administered Drugs	Y	
Q4074	ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG	Healthcare Administered Drugs	Y	
Q5103	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	
Q5104	INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	
Q5105	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 100 U	Healthcare Administered Drugs	Y	
Q5106	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	Healthcare Administered Drugs	Y	
Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	
Q5108	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	Y	
Q5109	INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	
Q5111	INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	
Q5113	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	
Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	
Q5116	INJECTION, TRASTUZUMAG-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	Healthcare Administered Drugs	Y	
Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR (kanjinti), 10 MG	Healthcare Administered Drugs	Y	
Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Healthcare Administered Drugs	Y	
Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (ruxience), 10 MG	Healthcare Administered Drugs	Y	
Q5120	INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ziextenzo), 0.5 MG	Healthcare Administered Drugs	Y	
Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (avsola), 10 MG	Healthcare Administered Drugs	Y	
Q5122	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	Healthcare Administered Drugs	Y	
Q5123	INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	
Q5124	INJECTION RANIBIZUMAB-NUNA BS BYOOVIZ 0.1 MG	Healthcare Administered Drugs	Y	
Q5125	INJ FILGRASTIM-AYOW BIOSIMILAR RELEUKO 1 MCG	Healthcare Administered Drugs	Y	
Q9991	INJECTION BUPRENORPHINE EXT-RLSE UNDER EQ TO 100 MG	Healthcare Administered Drugs	Y	
Q9992	INJECTION BUPRENORPHINE EXTENDED-RELEASE OVER 100 MG	Healthcare Administered Drugs	Y	
S0013	ESKETAMINE, NASAL SPRAY, 1mg	Healthcare Administered Drugs	NC	
S0189	TESTOSTERONE PELLETT 75 MG	Healthcare Administered Drugs	Y	
G0151	SERVICE PHYS THERAP HOME HLTH HOSPICE EA 15 MIN	Home Health Care Services	Y	No PA required for first 60 day episode of home care in a year. For continued home care beyond 60 days an authorization will be required.
G0152	SERVICE OCCUP THERAP HOME HLTH HOSPICE EA 15 MIN	Home Health Care Services	Y	No PA required for first 60 day episode of home care in a year. For continued home care beyond 60 days an authorization will be required.
G0153	SRVC SPCH AND LANG PATH HOME HLTH HOSPICE EA 15 MIN	Home Health Care Services	Y	No PA required for first 60 day episode of home care in a year. For continued home care beyond 60 days an authorization will be required.
G0155	SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN	Home Health Care Services	Y	No PA required for first 60 day episode of home care in a year. For continued home care beyond 60 days an authorization will be required.
G0156	SRVC HH HOSPICE AIDE IN HH HOSPICE SET EA 15 MIN	Home Health Care Services	Y	No PA required for first 60 day episode of home care in a year. For continued home care beyond 60 days an authorization will be required.
G0157	SERVICES PT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	Y	No PA required for 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	Y	No PA required for first 60 day episode of home care in a year. For continued home care beyond 60 days an authorization will be required.
G0159	SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Home Health Care Services	Y	No PA required for first 60 day episode of home care in a year. For continued home care beyond 60 days an authorization will be required.

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
G0160	SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS	Home Health Care Services	Y	No PA required for first 60 day episode of home care in a year. For continued home care beyond 60 days an authorization will be required.
G0161	SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M	Home Health Care Services	Y	No PA required for first 60 day episode of home care in a year. For continued home care beyond 60 days an authorization will be required.
G0162	SKILLED SERVICE RN M AND E PLAN OF CARE; EA 15 MINS	Home Health Care Services	Y	No PA required for first 60 day episode of home care in a year. For continued home care beyond 60 days an authorization will be required.
G0299	DIRECT SNS RN HOME HEALTH HOSPICE SET EA 15 MIN	Home Health Care Services	Y	No PA required for first 60 day episode of home care in a year. For continued home care beyond 60 days an authorization will be required.
G0300	DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN	Home Health Care Services	Y	No PA required for first 60 day episode of home care in a year. For continued home care beyond 60 days an authorization will be required.
G0493	SKILLED SERVICES RN OBV AND ASMT PT COND EA 15 MIN	Home Health Care Services	Y	No PA required for first 60 day episode of home care in a year. For continued home care beyond 60 days an authorization will be required.
G0494	SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN	Home Health Care Services	Y	No PA required for first 60 day episode of home care in a year. For continued home care beyond 60 days an authorization will be required.
G0495	SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN	Home Health Care Services	Y	No PA required for first 60 day episode of home care in a year. For continued home care beyond 60 days an authorization will be required.
G0496	SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN	Home Health Care Services	Y	No PA required for first 60 day episode of home care in a year. For continued home care beyond 60 days an authorization will be required.
99183	PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION	Hyperbaric/Wound Therapy	Y	
A2001	INNOVAMATRIX AC PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2002	MIRRAGEN ADVANCED WOUND MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2004	XCELLISTEM, PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2005	MICROLYTE MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2006	NOVOSORB SYNPATH DERMAL MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2007	RESTRATA PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2008	THERAGENESIS PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2009	SYMPHONY PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2010	APIS PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2011	SUPRA SDRM PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2012	SUPRATHEL PER SQ CM	Hyperbaric/Wound Therapy	Y	
A2013	INNOVAMATRIX FS PER SQ CM	Hyperbaric/Wound Therapy	Y	
A4100	SKIN SUBSTITUTE FDA CLEARED AS A DEVICE NOS	Hyperbaric/Wound Therapy	Y	
G0277	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	Hyperbaric/Wound Therapy	Y	
G0460	AUTOLOGOUS PLATELET-RICH PLASMA	Hyperbaric/Wound Therapy	Y	
Q4101	APLIGRAF PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4102	OASIS WOUND MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4103	OASIS BURN MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4105	INTEGRA DRT INTEGRA OMNIGR DRML RGN MTX P SQ CM	Hyperbaric/Wound Therapy	Y	
Q4106	DERMAGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4107	GRAFTJACKET PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4108	INTEGRA MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
Q4110	PRIMATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4111	GAMMAGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4112	CYMETRA INJECTABLE 1 CC	Hyperbaric/Wound Therapy	Y	
Q4113	GRAFTJACKET XPRESS INJECTABLE 1 CC	Hyperbaric/Wound Therapy	Y	
Q4114	INTEGRA FLOWABLE WOUND MATRIX INJECTABLE 1 CC	Hyperbaric/Wound Therapy	Y	
Q4115	ALLOSKIN PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4116	ALLODERM PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4117	HYALOMATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4118	MATRISTEM MICROMATRIX 1 MG	Hyperbaric/Wound Therapy	Y	
Q4121	THERASKIN PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4122	DERMACELL PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4123	ALLOSKIN RT PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4125	ARTHROFLEX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4126	MEMODERM DERMASPAN TRANZGRFT INTEGUPLY PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4127	TALYMED PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4128	FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4130	STRATTICE PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4132	GRAFIX CORE AND GRAFIXPL CORE PER SQUARE CM	Hyperbaric/Wound Therapy	Y	
Q4133	GRAFIX PRIME AND GRAFIXPL PRIME PER SQUARE CM	Hyperbaric/Wound Therapy	Y	
Q4134	HMATRIX PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4135	MEDISKIN PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4136	E-Z DERM PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4137	AMNIOEXCEL OR BIODEXCEL PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4138	BIODFENCE DRYFLEX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4139	AMNIOMATRIX OR BIODMATRIX INJECTABLE 1 CC	Hyperbaric/Wound Therapy	Y	
Q4140	BIODFENCE PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4141	ALLOSKIN AC PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4142	XCM BIOLOGIC TISSUE MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4143	REPRIZA PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4145	EPIFIX INJECTABLE 1 MG	Hyperbaric/Wound Therapy	Y	
Q4146	TENSIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4147	ARCHITECT EXTRACELLULAR MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4148	NEOX CORD 1K NEOX CORD RT CLARIX CORD 1K-SQ CM	Hyperbaric/Wound Therapy	Y	
Q4149	EXCELLAGEN 0.1 CC	Hyperbaric/Wound Therapy	Y	
Q4150	ALLOWRAP DS OR DRY PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4151	AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4152	DERMAPURE PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4153	DERMAVEST AND PLURIVEST PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4154	BIOVANCE PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4155	NEOXFLO OR CLARIFLO 1 MG	Hyperbaric/Wound Therapy	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
Q4156	NEOX 100 OR CLARIX 100 PER SQUARE CM	Hyperbaric/Wound Therapy	Y	
Q4157	REVITALON PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4158	KERECIS OMEGA3 PER SQUARE CM	Hyperbaric/Wound Therapy	Y	
Q4159	AFFINITY PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4160	NUSHIELD PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4161	BIO-CONNKT WOUND MATRIX PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4162	WOUNDEX FLOW BIOSKIN FLOW 0.5 CC	Hyperbaric/Wound Therapy	Y	
Q4163	WOUNDEX BIOSKIN PER SQUARE CM	Hyperbaric/Wound Therapy	Y	
Q4164	HELICOLL PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4165	KERAMATRIX PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4166	CYTAL PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4167	TRUSKIN PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4168	AMNIOBAND 1 MG	Hyperbaric/Wound Therapy	Y	
Q4169	ARTACENT WOUND PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4170	CYGNUS PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4171	INTERFYL 1 MG	Hyperbaric/Wound Therapy	Y	
Q4173	PALINGEN OR PALINGEN XPLUS PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4174	PALINGEN OR PROMATRX 0.36 MG PER 0.25 CC	Hyperbaric/Wound Therapy	Y	
Q4175	MIRODERM PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4176	NEOPATCH PER SQUARE CM	Hyperbaric/Wound Therapy	Y	
Q4177	FLOWERAMNIOFLO 0.1 CC	Hyperbaric/Wound Therapy	Y	
Q4178	FLOWERAMNIOPATCH PER SQUARE CM	Hyperbaric/Wound Therapy	Y	
Q4179	FLOWERDERM PER SQUARE CM	Hyperbaric/Wound Therapy	Y	
Q4180	REVITA PER SQUARE CM	Hyperbaric/Wound Therapy	Y	
Q4181	AMNIO WOUND PER SQUARE CM	Hyperbaric/Wound Therapy	Y	
Q4182	TRANSCYTE PER SQUARE CM	Hyperbaric/Wound Therapy	Y	
Q4183	SURGIGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4184	CELLESTA PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4185	CELLESTA FLOWABLE AMNION; PER 0.5 CC	Hyperbaric/Wound Therapy	Y	
Q4186	EPIFIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4187	EPICORD PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4188	AMNIOARMOR PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4189	ARTACENT AC 1 MG	Hyperbaric/Wound Therapy	Y	
Q4190	ARTACENT AC PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4191	RESTORIGIN PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4192	RESTORIGIN 1 CC	Hyperbaric/Wound Therapy	Y	
Q4193	COLL-E-DERM PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4194	NOVACHOR PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4195	PURAPLY PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4196	PURAPLY AM PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4197	PURAPLY XT PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4198	GENESIS AMNIOTIC MEMBRANE PER SQ CM	Hyperbaric/Wound Therapy	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
Q4199	CYGNUS MATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4200	SKINTE PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4201	MATRION PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4202	KEROXX (2.5G CC) 1CC	Hyperbaric/Wound Therapy	Y	
Q4203	DERMA-GIDE PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4204	XWRAP PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4206	FLUID FLOW OR FLUID GF 1 CC	Hyperbaric/Wound Therapy	Y	
Q4208	NOVAFIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4209	SURGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4210	AXOLOTL GRAFT OR AXOLOTL DUALGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4211	AMNION BIO OR AXOBIO MEMBRANE PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4212	ALLOGEN PER CC	Hyperbaric/Wound Therapy	Y	
Q4213	ASCENT 0.5 MG	Hyperbaric/Wound Therapy	Y	
Q4214	CELLESTA CORD PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG	Hyperbaric/Wound Therapy	Y	
Q4216	ARTACENT CORD PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4217	WNUFIX BIOWND WNUFIX PLUS BIOWND PLUS WNUFIX X PLU	Hyperbaric/Wound Therapy	Y	
Q4218	SURGICORD PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4219	SURGIGRAFT-DUAL PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4220	BELLACELL HD OR SUREDERM PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4221	AMNIO WRAP2 PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4222	PROGENAMATRIX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4224	HMN HLTH FAC 10 AMNIOTIC PATCH HHF10-P PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4225	AMNIOBIND PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4226	NEW SKIN HOMOLOGOUS AUTOGRAFT	Hyperbaric/Wound Therapy	Y	
Q4227	AMNIOCORETM PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4229	COGENEX AMNIOTIC MEMBRANE PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4230	COGENEX FLOWABLE AMNION PER 0.5 CC	Hyperbaric/Wound Therapy	Y	
Q4231	CORPLEX P PER CC	Hyperbaric/Wound Therapy	Y	
Q4232	CORPLEX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4233	SURFACTOR OR NUDYN PER 0.5 CC	Hyperbaric/Wound Therapy	Y	
Q4234	XCELLERATE PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4235	AMNIOREPAIR OR ALTIPLY PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4237	CRYO-CORD PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4238	DERM-MAXX PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4239	AMNIO-MAXX OR AMNIO-MAXX LITE PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4240	CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC	Hyperbaric/Wound Therapy	Y	
Q4241	POLYCYTE FOR TOPICAL USE ONLY PER 0.5 CC	Hyperbaric/Wound Therapy	Y	
Q4242	AMNIOCYTE PLUS PER 0.5 CC	Hyperbaric/Wound Therapy	Y	
Q4244	PROCENTA PER 200 MG	Hyperbaric/Wound Therapy	Y	
Q4245	AMNIOTEXT PER CC	Hyperbaric/Wound Therapy	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
Q4246	CORETEXT OR PROTEXT PER CC	Hyperbaric/Wound Therapy	Y	
Q4247	AMNIOTEXT PATCH PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4249	AMNIPLY, FOR TOPICAL USE ONLY, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4250	AMNIOAMP-MP, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4251	VIM PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4252	VENDAJE PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4253	ZENITH AMNIOTIC MEMBRANE PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4254	NOVAFIX DL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4255	REGUARD, FOR TOPICAL USE ONLY, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	Y	
Q4256	MYOWN SKIN INCL HARVEST AND PREP PROC PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4257	RELESE PER SQ CM	Hyperbaric/Wound Therapy	Y	
Q4258	ENVERSE PER SQ CM	Hyperbaric/Wound Therapy	Y	
70336	MRI TEMPOROMANDIBULAR JOINT	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70450	CT HEAD BRAIN W O CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70460	CT HEAD BRAIN W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70470	CT HEAD BRAIN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70480	CT ORBIT SELLA POST FOSSA EAR W O CONTRAST MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70481	CT ORBIT SELLA POST FOSSA EAR W CONTRAST MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70482	CT ORBIT SELLA POST FOSSA EAR W O AND W CONTR MATR	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70486	CT MAXILLOFACIAL W O CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70487	CT MAXILLOFACIAL W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70488	CT MAXILLOFACIAL W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70490	CT SOFT TISSUE NECK W O CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70491	CT SOFT TISSUE NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70492	CT SOFT TISSUE NECK W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70496	CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
70498	CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70540	MRI ORBIT FACE AND NECK W O CONTRAST	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70542	MRI ORBIT FACE AND NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70543	MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70544	MRA HEAD W O CONTRST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70545	MRA HEAD W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70546	MRA HEAD W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70547	MRA NECK W O CONTRST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70548	MRA NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70549	MRA NECK W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70551	MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70552	MRI BRAIN BRAIN STEM W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70553	MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70554	MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMNISTRATION	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70555	MRI BRAIN FUNCTIONAL W PHYSICIAN ADMNISTRATION	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71250	CT THORAX W O CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71260	CT THORAX W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71270	CT THORAX W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71271	COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71275	CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71550	MRI CHEST W O CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
71551	MRI CHEST W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71552	MRI CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71555	MRA CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72125	CT CERVICAL SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72126	CT CERVICAL SPINE W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72127	CT CERVICAL SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72128	CT THORACIC SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72129	CT THORACIC SPINE W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72130	CT THORACIC SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72131	CT LUMBAR SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72132	CT LUMBAR SPINE W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72133	CT LUMBAR SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72141	MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72142	MRI SPINAL CANAL CERVICAL W CONTRAST MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72146	MRI SPINAL CANAL THORACIC W O CONTRAST MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72147	MRI SPINAL CANAL THORACIC W CONTRAST MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72148	MRI SPINAL CANAL LUMBAR W O CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72149	MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72156	MRI SPINAL CANAL CERVICAL W O AND W CONTR MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72157	MRI SPINAL CANAL THORACIC W O AND W CONTR MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72158	MRI SPINAL CANAL LUMBAR W O AND W CONTR MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
72159	MRA SPINAL CANAL W WO CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72191	CT ANGIOGRAPHY PELVIS W CONTRAST NONCONTRAST	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72192	CT PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72193	CT PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72194	CT PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72195	MRI PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72196	MRI PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72197	MRI PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72198	MRA PELVIS W WO CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73200	CT UPPER EXTREMITY W O CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73201	CT UPPER EXTREMITY W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73202	CT UPPER EXTREMITY W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73206	CT ANGIOGRAPHY UPPER EXTREMITY	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73218	MRI UPPER EXTREMITY OTH THAN JT W O CONTR MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73219	MRI UPPER EXTREMITY OTH THAN JT W CONTR MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73220	MRI UPPER EXTREM OTHER THAN JT W O AND W CONTRAS	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73221	MRI ANY JT UPPER EXTREMITY W O CONTRAST MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73222	MRI ANY JT UPPER EXTREMITY W CONTRAST MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73223	MRI ANY JT UPPER EXTREMITY W O AND W CONTR MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73225	MRA UPPER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73700	CT LOWER EXTREMITY W O CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
73701	CT LOWER EXTREMITY W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73702	CT LOWER EXTREMITY W O AND W CONTRAST MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73706	CT ANGIOGRAPHY LOWER EXTREMITY	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73718	MRI LOWER EXTREM OTH THN JT W O CONTR MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73719	MRI LOWER EXTREM OTH THN JT W CONTRAST MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73720	MRI LOWER EXTREM OTH THN JT W O AND W CONTR MATR	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73721	MRI ANY JT LOWER EXTREM W O CONTRAST MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73722	MRI ANY JT LOWER EXTREM W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73723	MRI ANY JT LOWER EXTREM W O AND W CONTRAST MATRL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73725	MRA LOWER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74150	CT ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74160	CT ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74170	CT ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74174	CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74175	CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74176	CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74177	CT ABDOMEN AND PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74178	CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74181	MRI ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74182	MRI ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74183	MRI ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
74185	MRA ABDOMEN W WO CONTRAST MATERIAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Imaging & Special Tests	NC	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74712	FETAL MRI W PLACNTL MATRNL PLVC IMG SING 1ST GES	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75557	CARDIAC MRI MORPHOLOGY AND FUNCTION W O CONTRAST	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75559	CARDIAC MRI W O CONTRAST W STRESS IMAGING	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75561	CARDIAC MRI W WO CONTRAST AND FURTHER SEQ	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75563	CARDIAC MRI W W O CONTRAST W STRESS	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75573	CT HRT CONTRST CARDIAC STRUCT AND MORPH CONG HRT D	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75574	CTA HRT CORNRY ART BYPASS GRFTS CONTRST 3D POST	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75635	CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76376	3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76377	3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76390	MRI SPECTROSCOPY	Imaging & Special Tests	NC	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76391	MAGNETIC RESONANCE ELASTOGRAPHY	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76999	UNLISTED US PROCEDURE	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
77048	MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
77049	MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
77084	BONE MARROW BLOOD SUPPLY	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
77089	TBS DXA/OTHER IMG CALCULATION W/I and R FX RISK	Imaging & Special Tests	Y	
77090	TBS TECHL PREP and TRANSMIS DATA ALYS PFRMD ELSEWHR	Imaging & Special Tests	Y	
77091	TBS TECHNICAL CALCULATION ONLY	Imaging & Special Tests	Y	
77092	TBS INTERPRETATION and REPORT FX RISK BY OTHER QHP	Imaging & Special Tests	Y	
78429	MYOCDR IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78430	MYOCDR IMG PET PRFUJ 1STD REST STRESS CNCRNT CT	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78431	MYOCDR IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78432	MYOCDR IMG PET PRFUJ W METAB DUAL RADIOTRACER	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78433	MYOCDR IMG PET PRFUJ W METAB 2RTRACER CNCRNT CT	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST STRESS	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL QUAN	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78468	MYOCDR IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78469	MYOCDR INFARCT AVID PLNR TOMOG SPECT W WO QUANTJ	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST STRESS	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78491	MYOCDR IMAGE PET PERFUS SINGLE STUDY REST STRESS	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78492	MYOCDR IMAGE PET PERFUS MULTPL STUDY REST STRESS	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78608	BRAIN IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78609	BRAIN IMAGING PET PERFUSION EVALUATION	Imaging & Special Tests	NC	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78811	PET IMAGING LIMITED AREA CHEST HEAD NECK	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78812	PET IMAGING SKULL BASE TO MID-THIGH	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78813	PET IMAGING WHOLE BODY	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
91113	GI TRACT IMAGING INTRALUMINAL COLON I and R	Imaging & Special Tests	Y	
93241	EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R and I	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
93242	EXTERNAL ECG REC GT 48HR LT 7D RECORDING	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
93243	EXTERNAL ECG REC GT 48HR LT 7D RECORDING	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
93244	EXTERNAL ECG REC GT 48HR LT 7D REVIEW and INTERPRETATION	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
93245	EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R and I	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
93246	EXTERNAL ECG REC GT 7D LT 15D RECORDING	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
93247	EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS W/REPORT	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
93248	EXTERNAL ECG REC GT 7D LT 15D REVIEW and INTERPRETATION	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0042T	CEREBRAL PERFUSION ANALYS CT W BLOOD FLOW AND VOLUME	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0331T	MYOCDR SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0332T	MYOCDR SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0609T	MRS DISC PAIN ACQUISJ DATA	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0610T	MRS DISC PAIN TRANSMIS DATA	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0611T	MRS DISC PAIN ALG ALYS DATA	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0612T	MRS DISCOGENIC PAIN I&R	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0623T	AUTO QUAN and CHARAC CORONARY ATHEROSCLEROTIC PLAQUE	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0624T	AUTO QUAN and CHARAC CORONARY PLAQ DATA PREP and TRNSMIS	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0625T	AUTO QUAN and CHARAC CORONARY PLAQ COMPUTERIZED ALYS	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0626T	AUTO QUAN and CHARAC CORONARY PLAQ REV CPTR ALYS I and R	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0633T	CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0634T	CT BREAST W/3D RENDERING UNI WITH CONTRAST	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0635T	CT BRST W/3D RENDERING UNI WO CNTRST FLWD CNTRST	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0636T	CT BREAST W/3D RENDERING BI WITHOUT CONTRAST	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0637T	CT BREAST W/3D RENDERING BI WITH CONTRAST	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0638T	CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0689T	QUAN US TISS CHARAC I and R W/O DX US SAME ANAT	Imaging & Special Tests	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
0710T	N-INVAS ARTL PLAQ ALYS DATA PRP QUAN REVIEW I and R	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0711T	N-INVAS ARTL PLAQ ALYS DATA PREP and TRANSMISSION	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0712T	N-INVAS ARTL PLAQ ALYS QUAN STRUX and COMPOS VSL WAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0713T	N-INVAS ARTL PLAQ ALYS DATA REVIEW I and R	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8900	MR ANGIOGRAPHY WITH CONTRAST ABDOMEN	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8901	MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8902	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST ABD	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8903	MR IMAGING WITH CONTRAST BREAST; UNILATERAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8905	MR IMAG W O CONTRST FLWED W CONTRST BRST; UNI	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8908	MR IMAG W O CONTRST FLWED W CONTRST BRST; BIL	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8911	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST CHST	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8912	MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8913	MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8914	MR ANGIO W O CONTRST FLWED W CONTRST LOW EXTRM	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8918	MR ANGIOGRAPHY WITH CONTRAST PELVIS	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8919	MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8920	MRA WITHOUT CONTRAST FOLLOWED W CONTRAST PELVIS	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8931	MR ANGIOGRAPHY W CONTRAST SPINAL CANAL CONTENTS	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
C8932	MR ANGIOGRAPHY W O CONTRST SPINAL CANAL CONTENTS	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8933	MR ANGIO NO CONTRST FLW W CONTRST SP CANAL CNTN	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8934	MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8935	MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8936	MR ANGIO W O CONTRST FOLLOWED W CONTRST UP EXT	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8937	CMP-AID DETN INCL CMP ALG ANALYS BR MRI IMG DATA	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C9762	CMRI MORPHOL and FUNC QUAN SEG DYSFUNC;STRAIN IMAG	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C9763	CMRI MORPHOL and FUNC QUAN SEG DYSFUNC;STRESS IMAG	Imaging & Special Tests	Y	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
G0219	PET IMAG WHOLE BODY; MELANOMA	Imaging & Special Tests	NC	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
G0235	PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED	Imaging & Special Tests	NC	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
G0252	PET IMAG INIT DX BREST CA AND SURG PLAN	Imaging & Special Tests	NC	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
95700	EEG CONT REC W VIDEO BY TECH MIN 8 CHANNELS	Neuropsychological and Psychological Tests	Y	
95708	EEG W O VID BY TECH EA INCR 12-26HR UNMONITORED	Neuropsychological and Psychological Tests	Y	
95709	EEG W O VID BY TECH EA INCR 12-26 HR INTMT MNTR	Neuropsychological and Psychological Tests	Y	
95710	EEG W O VID TECH EA INCR 12-26 HR CONT R-T MNTR	Neuropsychological and Psychological Tests	Y	
95711	VEEG BY TECH 2-12 HOURS UNMONITORED	Neuropsychological and Psychological Tests	Y	
95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	Neuropsychological and Psychological Tests	Y	
95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Neuropsychological and Psychological Tests	Y	
95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORED	Neuropsychological and Psychological Tests	Y	
95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	Neuropsychological and Psychological Tests	Y	
95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Neuropsychological and Psychological Tests	Y	
95718	EEG PHYS QHP 2-12 HR WITH VEEG	Neuropsychological and Psychological Tests	Y	
95719	EEG PHYS QHP EA INCR OVER 12HR UNDER 26HR AFTER 24HR WO VI	Neuropsychological and Psychological Tests	Y	
95720	EEG PHYS QHP EA INCR OVER 12HR UNDER 26HR AFTER 24HR W VEE	Neuropsychological and Psychological Tests	Y	
95721	EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W O VIDEO	Neuropsychological and Psychological Tests	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
95722	EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W VEEG	Neuropsychological and Psychological Tests	Y	
95723	EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W O VIDEO	Neuropsychological and Psychological Tests	Y	
95724	EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W VEEG	Neuropsychological and Psychological Tests	Y	
95725	EEG COMPLETE STD PHYS QHP OVER 84 HR W O VID	Neuropsychological and Psychological Tests	Y	
95726	EEG COMPLETE STD PHYS QHP OVER 84 HR W VEEG	Neuropsychological and Psychological Tests	Y	
95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	Neuropsychological and Psychological Tests	Y	
96112	DEVELOPMENTAL TST ADMIN PHYS QHP 1ST HOUR	Neuropsychological and Psychological Tests	Y	
96113	DEVELOPMENTAL TST ADMIN PHYS QHP EA ADDL 30 MIN	Neuropsychological and Psychological Tests	Y	
96116	NEUROBEHAVIORAL STATUS XM PHYS QHP 1ST HOUR	Neuropsychological and Psychological Tests	Y	PA Required beyond one unit annually. First unit does not require PA.
96121	NEUROBEHAVIORAL STATUS XM PHYS QHP EA ADDL HOUR	Neuropsychological and Psychological Tests	Y	PA Required after 4 cumulative units of any of the following codes: 96121, 96125, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, and 96146
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Neuropsychological and Psychological Tests	Y	PA Required after 4 cumulative units of any of the following codes: 96121, 96125, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, and 96147
96130	PSYCHOLOGICAL TST EVAL SVC PHYS QHP FIRST HOUR	Neuropsychological and Psychological Tests	Y	PA Required after 4 cumulative units of any of the following codes: 96121, 96125, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, and 96148
96131	PSYCHOLOGICAL TST EVAL SVC PHYS QHP EA ADDL HOUR	Neuropsychological and Psychological Tests	Y	PA Required after 4 cumulative units of any of the following codes: 96121, 96125, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, and 96149
96132	NEUROPSYCHOLOGICAL TST EVAL PHYS QHP 1ST HOUR	Neuropsychological and Psychological Tests	Y	PA Required after 4 cumulative units of any of the following codes: 96121, 96125, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, and 96150
96133	NEUROPSYCHOLOGICAL TST EVAL PHYS QHP EA ADDL HR	Neuropsychological and Psychological Tests	Y	PA Required after 4 cumulative units of any of the following codes: 96121, 96125, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, and 96151
96136	PSYL NRPSYCL TST PHYS QHP 2 PLUS TST 1ST 30 MIN	Neuropsychological and Psychological Tests	Y	PA Required after 4 cumulative units of any of the following codes: 96121, 96125, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, and 96152
96137	PSYCL NRPSYCL TST PHYS QHP 2 PLUS TST EA ADDL 30 MIN	Neuropsychological and Psychological Tests	Y	PA Required after 4 cumulative units of any of the following codes: 96121, 96125, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, and 96153
96138	PSYCL NRPSYCL TST TECH 2 PLUS TST 1ST 30 MIN	Neuropsychological and Psychological Tests	Y	PA Required after 4 cumulative units of any of the following codes: 96121, 96125, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, and 96154
96139	PSYCL NRPSYCL TST TECH 2 PLUS TST EA ADDL 30 MIN	Neuropsychological and Psychological Tests	Y	PA Required after 4 cumulative units of any of the following codes: 96121, 96125, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, and 96155

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
96146	PSYCL NRPSYCL TST ELEC PLATFORM AUTO RESULT	Neuropsychological and Psychological Tests	Y	PA Required after 4 cumulative units of any of the following codes: 96121, 96125, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, and 96156
97152	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	Neuropsychological and Psychological Tests	Y	
10040	ACNE SURGERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
15730	MIDFACE FLAP W PRESERVATION OF VASCULAR PEDICLES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
15733	MUSC MYOQ FSCQ FLAP HEAD AND NECK W NAMED VASC PEDCL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
15771	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
15773	GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
15786	ABRASION 1 LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
15819	CERVICOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
17004	DESTRUCTION PREMALIGNANT LESION 15 OR GRT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
17360	CHEMICAL EXFOLIATION ACNE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21120	GENIOPLASTY AUGMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21122	GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21123	GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21125	AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21127	AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21137	REDUCTION FOREHEAD CONTOURING ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21138	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21139	RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21142	RCNSTJ MIDFACE LEFORT I 2 PIECES W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21143	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21147	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21151	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21154	RCNSTJ MIDFACE LEFORT III W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21155	RCNSTJ MIDFACE LEFORT III W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21159	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21160	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21240	ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21243	ARTHRP TMPRMAND JOINT W PROSTHETIC REPLACEMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21282	LATERAL CANTHOPEXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21295	REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21296	REDUCTION MASSETER MUSCLE AND BONE INTRAORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
21601	EXCISION CH WAL TUM INC RIB(S)	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	~
22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22110	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22112	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22114	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22210	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22212	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22214	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22220	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22222	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22224	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22534	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22548	ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22585	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22586	ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22600	ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22610	ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22612	ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22614	ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22632	ARTHRODESIS POSTERIOR INTERBODY EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22633	ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22634	ARTHRODESIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22819	KYPHECTOMY 3 OR MORE SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22849	REINSERTION SPINAL FIXATION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22855	REMOVAL ANTERIOR INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22858	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22862	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22867	INSJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22868	INSJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22869	INSJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
22870	INSJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
23120	CLAVICULECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
23125	CLAVICULECTOMY TOTAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
23130	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
23405	TENOTOMY SHOULDER AREA 1 TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
23410	OPEN REPAIR OF ROTATOR CUFF ACUTE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
23415	CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
23430	TENODESIS LONG TENDON BICEPS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
23450	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
23460	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
23462	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
23465	CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
23466	CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
23474	REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
23700	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
25447	ARTHRP INTERPOS INTERCARPAL METACARPAL JOINTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
26499	CORRECTION CLAW FINGER OTHER METHODS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27120	ACETABULOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27122	ACETABULOPLASTY RESECTION FEMORAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27125	HEMIARTHROPLASTY HIP PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27130	ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27132	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27134	REJV TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27137	REJV TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27138	REJV TOT HIP ARTHRP FEM ONLY W WO ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27332	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27333	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL and LAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27405	RPR PRIMARY TORN LIGM and /CAPSULE KNEE COLLATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27407	REPAIR PRIMARY TORN LIGM and /CAPSULE KNEE CRUCIAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27409	RPR 1 TORN LIGM and /CAPSL KNE COLTRL and CRUCIATE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27418	ANTERIOR TIBIAL TUBERCLEPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27420	RCNSTJ DISLOCATING PATELLA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27422	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT and /MUSC RL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27424	RCNSTJ DISLC PATELLA W/PATELLECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27425	LATERAL RETINACULAR RELEASE OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27427	LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27428	LIGAMENTOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27429	LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27438	ARTHROPLASTY PATELLA W PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27442	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27443	ARTHRP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27446	ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
27447	ARTHRP KNEE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27486	REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27487	REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28005	INCISION BONE CORTEX FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28008	FASCIOTOMY FOOT AND TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28035	RELEASE TARSAL TUNNEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28090	EXC LESION TENDON SHEATH CAPSULE W SYNVCT FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28092	EXC LESION TENDON SHEATH CAPSULE W SYNVCT TOE EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28100	EXCISION CURETTAGE CYST TUMOR TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28102	EXC CURTG CST B9 TUM TALUS CLCNS W ILIAC AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28103	EXC CURETTAGE CYST TUMOR TALUS CALCANEUS ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28104	EXC CURTG BONE CYST B9 TUMORTARSAL METATARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28106	EXC CURTG CST B9 TUM TARSAL METAR W ILIAC AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28107	EXC CURTG CST B9 TUM TARSAL METAR W ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28108	EXC CURTG CST B9 TUM PHALANGES FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28114	OSTC COMPL ALL METAR HEADS W PRTL PROX PHALANGC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28116	OSTECTOMY TARSAL COALITION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28118	OSTECTOMY CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28119	OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28120	PARTIAL EXCISION BONE TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28122	PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28124	PARTIAL EXCISION BONE PHALANX TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28126	RESECTION PARTIAL COMPLETE PHALANGEAL BASE EACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28130	TALECTOMY ASTRAGALECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28140	METATARSECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28160	HEMIPHALANGECTOMY INTERPHALANGEAL JOINT EXC TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28171	RAD RESCJ TUMOR TARSAL EXCEPT TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28173	RADICAL RESECTION TUMOR METATARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28175	RADICAL RESECTION TUMOR PHALANX OR TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28200	RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28202	RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28208	REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28220	TENOLYSIS FLEXOR FOOT SINGLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28222	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28225	TENOLYSIS EXTENSOR FOOT SINGLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28226	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28230	TX OPN TENDON FLEXOR FOOT SINGLE MULT TENDON SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28234	TENOTOMY OPEN EXTENSOR FOOT TOE EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28238	RCNSTJ PST TIBL TDN W EXC ACCESSORY TARSL NAVCLR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28240	TENOTOMY LENGTHENING RLS ABDUCTOR HALLUCIS MUSC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28250	DIVISION PLANTAR FASCIA AND MUSCLE SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28260	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28261	CAPSULOTOMY MIDFOOT W TENDON LENGTHENING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28262	CAPSUL MIDFOOT W PST TALOTIBL CAPSUL AND TDN LNGTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28264	CAPSULOTOMY MIDTARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28270	CAPSUL MTTARPHLNGL JT W WO TENORRHAPHY EA JT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28272	CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28280	SYNDACTYLIZATION TOES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28285	CORRECTION HAMMERTOES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28286	CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28288	OSTC PRTL EXOSTC CONDYLIC METAR HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28289	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28291	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28292	CORRJ HALLUX VALGUS W SESMDC W RESCJ PROX PHAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28295	CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28296	CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28297	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28298	CORRJ HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28299	CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28300	OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28302	OSTEOTOMY TALUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28304	OSTEOTOMY TARSAL BONES OTH THN CALCANEUS TALUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28305	OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28306	OSTEOT W WO LNGTH SHRT CORRJ 1ST METAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28307	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28308	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28309	OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28315	SESAMOIDECTOMY FIRST TOE SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28320	REPAIR NONUNION MALUNION TARSAL BONES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
28322	RPR NON MALUNION METARSAL W WO BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28340	RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28341	RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28344	RECONSTRUCTION TOE POLYDACTYLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28345	RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28360	RECONSTRUCTION CLEFT FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28705	ARTHRODESIS PANTALAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28715	ARTHRODESIS TRIPLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28725	ARTHRODESIS SUBTALAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28730	ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28735	ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28737	ARTHRD W TDN LNTH AND ADVMNT TARSL NVCLR-CUNEIFOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28760	ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
28890	ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29805	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29873	ARTHROSCOPY KNEE LATERAL RELEASE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29874	ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
29877	ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29879	ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29880	ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29881	ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29882	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29883	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29884	ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29892	ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29894	ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29899	ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29914	ARTHROSCOPY HIP W FEMOROPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29915	ARTHROSCOPY HIP W ACETABULOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
29916	ARTHROSCOPY HIP W LABRAL REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
30465	REPAIR NASAL VESTIBULAR STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
30520	SEPTOPLASTY SUBMUCOUS RESECT W WO CARTILAGE GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
30540	REPAIR CHOANAL ATRESIA INTRANASAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
31253	NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
31257	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
31259	NASAL SINUS NDSC TOT W SPHENDT W SPHEN TISS RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
31295	NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
31296	NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
31297	NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
31298	NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
31661	BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
32994	ABLATION THER 1 PLUS PULM TUMORS PERQ CRYOABLATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33206	INS NEW RPLCMT PRM PACEMAKR W TRANS ELTRD ATRIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33207	INS NEW RPLC PRM PACEMAKER W TRANSV ELTRD VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33208	INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL AND VENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	~
33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	~
33212	INS PM PLS GEN W EXIST SINGLE LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33213	INS PACEMAKER PULSE GEN ONLY W EXIST DUAL LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	~
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	~
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	~
33221	INS PACEMAKER PULSE GEN ONLY W EXIST MULT LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM DFB PLS GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB PM PLS GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33227	REMLV PERM PM PLSE GEN W REPL PLSE GEN SNGL LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33228	REMLV PERM PM PLS GEN W REPL PLSE GEN 2 LEAD SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33229	REMLV PERM PM PLS GEN W REPL PLSE GEN MULT LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33230	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33231	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST MULTILEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33240	INSJ IMPLNTBL DEFIB PULSE GEN W 1 EXISTING LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33249	INSJ RPLCMT PERM DFB W TRNSVNS LDS 1 DUAL CHMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33262	RMVL IMPLTBL DFB PLSE GEN W REPL PLSE GEN 1 LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33263	RMVL IMPLTBL DFB PLSE GEN W RPLCMT PLSE GEN 2 LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33264	RMVL IMPLTBL DFB PLS GEN W RPLCMT PLS GEN MLT LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33270	INS RPLCMNT PERM SUBQ IMPLTBL DFB W SUBQ ELTRD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33274	TCAT INSJ RPL PERM LEADLESS PACEMAKER RV W IMG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	~
33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33370	TRANSCATHETER PLACEMENT and SBSQ REMOVAL CEPD PERQ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33975	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33976	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
36460	TRANSFUSION INTRAUTERINE FETAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
36514	THERAPEUTIC APHERESIS PLASMA PHERESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37191	INS INTRVAS VC FILTR W WO VAS ACS VSL SELXN RS AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37220	REVASCLARIZATION ILIAC ARTERY ANGIOP 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37243	VASCULAR EMBOLIZE OCCLUDE ORGAN TUMOR INFARCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37700	LIG AND DIV LONG SAPH VEIN SAPHFEM JUNCT INTERRUPJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37718	LIGJ DIVJ AND STRIPPING SHORT SAPHENOUS VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37722	LIGJ DIVJ AND STRIP LONG SAPH SAPHFEM JUNCT KNE BELW	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37735	LIGJ AND DIVJ RADICAL STRIP LONG SHORT SAPHENOUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37766	STAB PHLEBT VARICOSE VEINS 1 XTR OVER 20 INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37780	LIGJ AND DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
37785	LIGJ DIVJ AND EXCJ VARICOSE VEIN CLUSTER 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
38573	LAPS W BI TOT PEL LMPHADEC AND OMNTC LYMPH BX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
42975	DISE DYN EVAL SLEEP DISORDERED BREATHING FLX DX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43644	LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43645	LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43647	LAPS IMPLTJ RPLCMT GASTRIC NSTIM ELTRD ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43648	LAPS REVISION RMVL GASTRIC NSTIM ELTRD ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43653	LAPS SURG GASTROSTOMY W O CONSTJ GSTR TUBE SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
43773	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE AND PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43775	LAPS GSTRC RSTRICIV PX LONGITUDINAL GASTRECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43843	GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43845	GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43846	GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43847	GASTRIC RSTCV W BYP W SM INT RCNSTJ LIMIT ABSRPJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43881	IMPLTJ RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43882	REVISION RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
43888	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
47380	ABLTJ OPN 1 OR GRT LVR TUM RF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
47381	ABLTJ OPN 1 OR GRT LVR TUM CRYOSURG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
47382	ABLTJ 1 OR GRT LVR TUM PRQ RF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
47605	CHOLECYSTECTOMY W CHOLANGIOGRAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
47610	CHOLECYSTECTOMY W EXPLORATION COMMON DUCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
47620	CHOLECSTC EXPL DUX SPHNCTROTOMY SPHNCTROP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
49904	OMENTAL FLAP EXTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
49906	FREE OMENTAL FLAP W MICROVASCULAR ANAST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
50590	LITHOTRIPSY XTRCORP SHOCK WAVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
52649	LASER ENUCLEATION PROSTATE W MORCELLATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
53451	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV BI INSJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
53452	PERIURETHRL TPRNL ADJTBL BALO CNTNC DEV UNI INSJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
53453	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV RMVL EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
53454	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
53854	TRURL DSTRJ PROSTATE TISS RF WV THERMOTHERAPY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1 MLT NJX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
55880	TRANSRECTAL ABLTJ MAL PRST8 TISSUE HIFU W/US	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
57288	SLING OPERATION STRESS INCONTINENCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
57289	PEREYRA PX W ANTERIOR COLPORRHAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
57465	COMPUTER-AIDED MAPG CERVIX UTERI DRG COLPOSCOPY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58150	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58152	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
58180	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58200	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58240	PEL EXNTJ GYNECOLOGIC MAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58262	VAG HYST 250 GM OR LESS W RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58263	VAG HYST 250 GM OR LESS W RMVL TUBE OVARY W RPR NTRCL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58267	VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58270	VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58275	VAGINAL HYSTERECTOMY W TOT PRTL VAGINECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58280	VAG HYSTER W TOT PRTL VAGINECT W RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58290	VAGINAL HYSTERECTOMY UTERUS OVER 250 GM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58291	VAG HYST OVER 250 GM RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58292	VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58294	VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58323	SPERM WASHING ARTIFICIAL INSEMINATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58345	TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58350	CHROMOTUBATION OVIDUCT W MATERIALS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58356	ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58540	HYSTEROPLASTY RPR UTERINE ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58542	LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58543	LAPS SUPRACERVICAL HYSTERECTOMY OVER 250	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58544	LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58546	LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58548	LAPS W RAD HYST W BILAT LMPHADEC RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58552	LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58553	LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
58554	LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58571	LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58573	LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58660	LAPAROSCOPY W LYSIS OF ADHESIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58661	LAPAROSCOPY W RMVL ADNEXAL STRUCTURES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	No PA Required when encounter for sterilization
58662	LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58672	LAPAROSCOPY FIMBRIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58673	LAPAROSCOPY SALPINGOSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58700	SALPINGECTOMY COMPLETE PARTIAL UNI BI SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58720	SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58740	LYSIS OF ADHESIONS SALPINX OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58750	TUBOTUBAL ANASTATOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58752	TUBOUTERINE IMPLANTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58760	FIMBRIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58770	SALPINGOSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58940	OOPHORECTOMY PARTIAL TOTAL UNI BI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58943	OOPHORECTOMY PRTL TOT UNI BI OVARIAN MALIGNANCY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58950	RESCJ OVARIAN TUBAL PERITONEAL MALIGNANCY W BSO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58951	RESCJ PRIM PRTL MAL W BSO AND OMNTC TAH AND LMPHAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58952	RESCJ PRIM PRTL MAL W BSO AND OMNTC RAD DEBULKING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58953	BSO W OMENTECTOMY TAH AND RAD DEBULKING DISSECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58954	BSO W OMENTECTOMY TAH DEBULKING W LMPHADECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58956	BSO W TOT OMENTECTOMY AND HYSTERECTOMY MALIGNANC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58957	RESEJ RECUR OVARIAN TUBAL PERITONEAL MALIGNANCY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58958	RESECTION RECRT MAL W OMENTECTOMY PEL LMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58974	EMBRYO TRANSFER INTRAUTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
58976	GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
59070	TRANSABDOMINAL AMNIOINFUSION W ULTRSND GUIDANCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
59074	FETAL FLUID DRAINAGE W ULTRASOUND GUIDANCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
59076	FETAL SHUNT PLACEMENT W ULTRASOUND GUIDANCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
61863	STRTCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
61867	STRCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
61885	INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
61886	INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
62324	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
62325	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
62326	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
62327	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
62380	NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63001	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63003	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63005	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63011	LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63012	LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63015	LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63016	LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63017	LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63020	LAMNOTMY INCL W DCMPRN NRV ROOT 1 INTRSPC CERVIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63030	LAMNOTMY INCL W DCMPRN NRV ROOT 1 INTRSPC LUMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63035	LAMNOTMY W/DCMPRN NRV EACH ADDL CRVCL/LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63045	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63046	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63047	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63048	LAM FACETECTOMY and FORAMTOMY 1 SGM EA CRV THRC/LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63050	LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63087	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63101	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63102	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63300	VCRPEC LES 1 SGM XDRL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
64569	REVISION REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
64570	REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
64582	OPEN IMPLTJ HPGLSL NRV NSTIM RA PG and RESPIR SENSOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
64583	REVJ/RPLCMT HPGLSL NERVE NSTIM RA PG and RESPIR SNR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
64584	REMOVAL HYPOGLOSSAL NERVE NSTIM RA PG and RESPIR SNR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
64590	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
64595	REVISION RMVL PERIPHERAL GASTRIC NPGR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
64912	NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
67900	REPAIR BROW PTOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
67909	REDUCTION OVERCORRECTION PTOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
67950	CANTHOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
68841	INSJ RX ELUTING IMPLT PUNCTAL DILAT LAC CANAL EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
69716	IMPLTJ OI IMPLT SKULL MAG TC ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
69717	RPLMCT OSSEOINTEGRATE IMPLNT W O MASTOIDECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
69719	REVJ/RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
69726	REMOVAL OI IMPLT SKULL PERQ ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
69727	REMOVAL OI IMPLT SKULL MAG TC ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
93229	XTRNL MOBILE CV TELEMETRY W TECHNICAL SUPPORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
93581	PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
93582	PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
95249	CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
95909	NERVE CONDUCTION STUDIES 5-6 STUDIES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
96567	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
96570	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
96571	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
96573	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
96902	MCRSCP XM HAIR PLUCK CLIP FOR CNTS STRUCT ABNORM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
96910	PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
96912	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
96920	LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
96922	LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
96931	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R 1ST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
96932	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQUISITION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
96933	RCM CELULR AND SUBCELULR SKN IMGNG I AND R 1ST LES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
96934	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R ADD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
96935	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
96936	RCM CELULR AND SUBCELULR SKN IMGNG I AND R EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0095T	RMVL TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0098T	REVJ TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0671T	INSJ ANT SGM DRG DEV TRAB MW W/O RES and CTRC RMVL1 Plus	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0672T	NDOVAG CRYG COOLD RF REMDL TISS FML BLDR NCK and URT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0673T	ABLATION B9 THYROID NODULE PERQ LASER W/IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0674T	LAPS INSJ NEW/RPLCMT PERM ISDSS AGMNTJ CAR FUNCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0675T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS 1ST LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0676T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS EA ADL LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0677T	LAPS REPOS LEAD PERM ISDSS 1ST REPOSITIONED LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0678T	LAPS REPOS LEAD PERM ISDSS EA ADDL REPOS LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0679T	LAPAROSCOPIC REMOVAL LEAD PERM ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0680T	INSJ/RPLCMT PULSE GENERATOR ONLY ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0681T	RELOCATION PULSE GENERATOR ONLY ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0682T	REMOVAL PULSE GENERATOR ONLY ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0683T	PROGRAMMING DEVICE EVALUATION IN PERSON ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
0684T	PERIPROCEDURAL DEVICE EVALUATION IN PERSON ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0685T	INTERROGATION DEVICE EVALUATION IN PERSON ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0686T	HISTOTRIPSY MAL HEPATOCELLULAR TISS W/IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0687T	TX AMBLYOPIA DEV SUPPLY EDUCATIONAL SETUP 1ST SES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0688T	TX AMBLYOPIA ASSMT PERF PHYS/QHP W/REPORT CAL MO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
0707T	NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C1825	GEN NEUROSTIM NONRCHRGBL W/CAR SIN BR STIM LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C1831	PERSONALIZED ANTERIOR AND LAT INTERBODY CAGE IMPLANT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C9734	FOCUSED U S ABL TX INT OTH THAN UT LEIOMYOMATA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C9738	ADJUNCTIVE BLUE LIGHT CYSTOSCOPY FLUO IMAG AGT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C9739	CYSTURETHRSCTY INSRT TRANSPROSTAT IMPL; 1-3 IMPL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C9740	CYSTURETHRSCTY INSRT TRANSPROSTAT IMPL; 4 OR GRT IMPL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C9757	LAMINOTOMY DECOMP NERVE ROOT; 1 INTERSPACE LUMB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C9761	CYSTO, LITHO, VACUUM KIDNEY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C9764	REV EVAR OPEN/PERQ ANY VESSEL;IV LITHOTRIPSY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C9765	REV EVAR ANY VES;IV LITHOTRIPSY and TL STENT PLCMT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C9766	REV EVAR ANY VES);IV LITHOTRIPSY AND ATHERECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C9767	REV EVAR ANY VES;IV LITHO and TL STNT PLCMT and ATHERECT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C9769	CYSTOURETHROSCOPY INS TEMP PROS IMPL/STENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C9770	VITRECTOMY MECH PP APP SR INJ PHRMACT/BIOL AGENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C9771	NASAL/SINUS ENDO CRYO NSL TISS and / NERVE UNIL/BIL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C9772	RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C9773	RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH and TL SP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C9774	RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH and ATHREC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
C9775	RVSC EVAR OPN/P TIB/PA;IVASC LITH and TL STNT PL and ATH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
G2170	AVF BY TISSUE W THERMAL E	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
G2171	AVF USE MAGNETIC/ART/VEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
J7330	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	
27096	INJECT SI JOINT ARTHROGRPHY AND ANES STEROID W IMA	Pain Management Procedures	Y	
27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	Pain Management Procedures	Y	
62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS	Pain Management Procedures	Y	
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	Pain Management Procedures	Y	
62320	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	Pain Management Procedures	Y	
62321	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	Pain Management Procedures	Y	
62322	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Pain Management Procedures	Y	
62323	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Pain Management Procedures	Y	
62351	IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM	Pain Management Procedures	Y	
62360	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR	Pain Management Procedures	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
62361	IMPLTJ RPLCMT FS NON-PRGRBL PUMP	Pain Management Procedures	Y	
62362	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP	Pain Management Procedures	Y	
63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Pain Management Procedures	Y	
63655	LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL	Pain Management Procedures	Y	
63662	RMVL SPINAL NSTIM ELTRD PLATE PADDLE INCL FLUOR	Pain Management Procedures	Y	
63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Pain Management Procedures	Y	
63664	REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR	Pain Management Procedures	Y	
63685	INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING	Pain Management Procedures	Y	
63688	REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Pain Management Procedures	Y	
64450	INJECTION ANES OTHER PERIPHERAL NERVE BRANCH	Pain Management Procedures	Y	
64451	INJECTION AA AND STRD NERVES NRVTG SI JOINT W IMG	Pain Management Procedures	Y	
64454	INJECTION AA AND STRD GENICULAR NRV BRANCHES W IMG	Pain Management Procedures	Y	
64479	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL	Pain Management Procedures	Y	
64480	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC EA LV	Pain Management Procedures	Y	
64483	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL	Pain Management Procedures	Y	
64484	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV	Pain Management Procedures	Y	
64487	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	Pain Management Procedures	Y	
64490	NJX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL	Pain Management Procedures	Y	
64491	NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL	Pain Management Procedures	Y	
64492	NJX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL	Pain Management Procedures	Y	
64493	NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL	Pain Management Procedures	Y	
64494	NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL	Pain Management Procedures	Y	
64495	NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL	Pain Management Procedures	Y	
64624	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W IMG	Pain Management Procedures	Y	
64625	RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W IMG GDN	Pain Management Procedures	Y	
64628	THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	Pain Management Procedures	Y	
64629	THERMAL DSTRJ INTRAOSSEOUS BVN EA ADDL LMBR/SAC	Pain Management Procedures	Y	
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA	Pain Management Procedures	Y	
64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA	Pain Management Procedures	Y	
64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL	Pain Management Procedures	Y	
64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL	Pain Management Procedures	Y	
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Pain Management Procedures	Y	
92507	TX SPEECH LANG VOICE COMMJ AND AUDITORY PROC IND	Physical, Occupational, and Speech Therapy	Y	
92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GRT INDIV	Physical, Occupational, and Speech Therapy	Y	
97110	THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES	Physical, Occupational, and Speech Therapy	Y	
97112	THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC RE-ED	Physical, Occupational, and Speech Therapy	Y	
97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Physical, Occupational, and Speech Therapy	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	Physical, Occupational, and Speech Therapy	Y	
97763	ORTHOTICS PROSTH MGMT AND TRAINJ SBSQ ENCTR 15 MIN	Physical, Occupational, and Speech Therapy	Y	
K1022	ADD LE PROS ENDOSK KNEE DISART ABV K HIP DISAR	Prosthetics & Orthotics	Y	
L0452	TLSO FLEXIBLE TRUNK SUPP UP THOR REGION CUSTOM	Prosthetics & Orthotics	Y	
L0480	TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	Y	
L0482	TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	Y	
L0484	TLSO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	Y	
L0486	TLSO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	Y	
L0622	SACROILIAC ORTHOTIC FLEXIBLE CUSTOM FABRICATED	Prosthetics & Orthotics	Y	
L0637	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB	Prosthetics & Orthotics	Y	
L0640	LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB	Prosthetics & Orthotics	Y	
L0650	LSO SAGITTAL-CORONAL CNTRL RIGD ANT POST PANELS	Prosthetics & Orthotics	Y	
L0700	CTL SO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	Prosthetics & Orthotics	Y	
L0710	CTL SO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	Prosthetics & Orthotics	Y	
L1000	CTL SO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	Prosthetics & Orthotics	Y	
L1005	TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS	Prosthetics & Orthotics	Y	
L1110	ADD CTL SO SCOLIOS RING FLNGE MOLD PT MDL	Prosthetics & Orthotics	Y	
L1640	HIP ORTHOTIC-PELV BAND SPRDR BAR THI CUFFS FAB	Prosthetics & Orthotics	Y	
L1680	HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB	Prosthetics & Orthotics	Y	
L1685	HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM	Prosthetics & Orthotics	Y	
L1700	LEGG PERTHES ORTHOTIC TORONTO CUSTOM FABRICATED	Prosthetics & Orthotics	Y	
L1710	LEGG PERTHES ORTHOTIC NEWINGTON CUSTOM FAB	Prosthetics & Orthotics	Y	
L1720	LEGG PERTHES ORTHOTIC TRILAT TACHDIJAN CSTM FAB	Prosthetics & Orthotics	Y	
L1730	LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB	Prosthetics & Orthotics	Y	
L1755	LEGG PERTHES ORTHOTIC PATTEN BOTTOM CSTM FAB	Prosthetics & Orthotics	Y	
L1834	KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED	Prosthetics & Orthotics	Y	
L1840	KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB	Prosthetics & Orthotics	Y	
L1844	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	Y	
L1846	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	Y	
L1860	KNEE ORTHOS MOD SUPRACONDYL R PROS SOCKT CSTM FAB	Prosthetics & Orthotics	Y	
L1900	AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB	Prosthetics & Orthotics	Y	
L1904	ANKLE ORTH ANKLE GAUNTLET SIMILAR CUSTOM FAB	Prosthetics & Orthotics	Y	
L1907	ANKLE ORTHOSIS SUPRAMALLEOLAR WITH STRAPS CUSTOM	Prosthetics & Orthotics	Y	
L1920	AFO SINGLE UPRT W STATIC ADJUSTBL STOP CSTM FAB	Prosthetics & Orthotics	Y	
L1940	ANK FT ORTHOTIC PLASTIC OTH MATERIAL CUSTOM FAB	Prosthetics & Orthotics	Y	
L1945	AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM	Prosthetics & Orthotics	Y	
L1950	ANKLE FOOT ORTHOTIC SPIRAL PLASTIC CUSTOM-FAB	Prosthetics & Orthotics	Y	
L1960	AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB	Prosthetics & Orthotics	Y	
L1970	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	Prosthetics & Orthotics	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
L1980	AFO 1 UPRT FREE PLANTR DORSIFLX SOLID STIRUP FAB	Prosthetics & Orthotics	Y	
L1990	AFO DBL UPRT PLANTR DORSIFLX SOLID STIRUP CSTM	Prosthetics & Orthotics	Y	
L2000	KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM	Prosthetics & Orthotics	Y	
L2005	KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM	Prosthetics & Orthotics	Y	
L2006	KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB	Prosthetics & Orthotics	Y	
L2010	KAFO 1 UPRT SOLID STIRUP W O KNEE JNT CSTM FAB	Prosthetics & Orthotics	Y	
L2020	KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB	Prosthetics & Orthotics	Y	
L2030	KAFO DBL UPRT SOLID STIRUP W O KNEE JNT CSTM	Prosthetics & Orthotics	Y	
L2034	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Prosthetics & Orthotics	Y	
L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	Prosthetics & Orthotics	Y	
L2037	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	Prosthetics & Orthotics	Y	
L2038	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Prosthetics & Orthotics	Y	
L2050	HKAFO TORSION CNTRL BIL TORSION CABLES CSTM FAB	Prosthetics & Orthotics	Y	
L2060	HKAFO TORSION CNTRL BIL TORSION BALL BEAR CSTM	Prosthetics & Orthotics	Y	
L2080	HKAFO TORSION CNTRL UNI TORSION CABLE CSTM FAB	Prosthetics & Orthotics	Y	
L2090	HKAFO UNI TORSION CABLE BALL BEAR CSTM	Prosthetics & Orthotics	Y	
L2106	AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	Y	
L2108	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	Y	
L2126	KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	Y	
L2128	KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	Y	
L3761	ELBOW ORTHOSIS ADJ POS LOCKING JOINT PREFAB OTS	Prosthetics & Orthotics	Y	
L4631	AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM	Prosthetics & Orthotics	Y	
L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE	Prosthetics & Orthotics	Y	
L5857	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	Prosthetics & Orthotics	Y	
L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	Prosthetics & Orthotics	Y	
L5859	ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR	Prosthetics & Orthotics	Y	
L6026	TRANSCARPAL MC PART HAND DISARTICULATION PROS	Prosthetics & Orthotics	Y	
L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	Prosthetics & Orthotics	Y	
L7700	GASKET SEAL USE PROS SOCKET INSERT ANY TYPE EA	Prosthetics & Orthotics	Y	
L8033	NIPPLE PROSTH CSTM FAB REUSABL ANY MATL ANY T EA	Prosthetics & Orthotics	Y	
L8614	COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS	Prosthetics & Orthotics	Y	
L8625	EXT RECHARGING SYS BATT CI AO DEVC REPL ONLY EA	Prosthetics & Orthotics	Y	
L8694	AUD OSSEOINTEG DEVC TRANSDUCER ACTR REPL ONLY EA	Prosthetics & Orthotics	Y	
77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	Radiation Therapy & Radio Surgery	Y	
77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	Radiation Therapy & Radio Surgery	NC	
77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	Radiation Therapy & Radio Surgery	NC	
77401	RADIATION TX DELIVERY SUPERFICIAL AND ORTHO VOLTA	Radiation Therapy & Radio Surgery	NC	
77412	RADIATION TREATMENT DELIVERY 1 MEV EQ OVER COMPLEX	Radiation Therapy & Radio Surgery	NC	
77423	HI ENRGY NEUTRON RADJ TX DLVR 1 OR GRT ISOCENTER	Radiation Therapy & Radio Surgery	NC	
77522	PROTON TX DELIVERY SIMPLE W COMPENSATION	Radiation Therapy & Radio Surgery	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
77523	PROTON TX DELIVERY INTERMEDIATE	Radiation Therapy & Radio Surgery	Y	
77525	PROTON TX DELIVERY COMPLEX	Radiation Therapy & Radio Surgery	Y	
77600	HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL	Radiation Therapy & Radio Surgery	Y	
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI	Radiation Therapy & Radio Surgery	Y	
A9590	IODINE I-131 IBOBENGUANE, THERAPEUTIC, I MILLICURE	Radiation Therapy & Radio Surgery	Y	
A9606	RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI	Radiation Therapy & Radio Surgery	Y	
G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS	Radiation Therapy & Radio Surgery	Y	
G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Radiation Therapy & Radio Surgery	Y	
G6001	ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS	Radiation Therapy & Radio Surgery	Y	
G6016	COMP-BASED BEAM MOD TX DEL I PLND TX 3 OVER HR SESS	Radiation Therapy & Radio Surgery	Y	
G6017	INTRA-FRAC LOC AND TRACKING TARGET PT M EA FRAC TX	Radiation Therapy & Radio Surgery	Y	
95782	POLYSOM UNDER 6 YRS SLEEP STAGE 4 OR GRT ADDL PARAM ATTN	Sleep Studies	Y	
95805	MLT SLEEP LATENCY MAINT OF WAKEFULNESS TSTG	Sleep Studies	Y	
95807	SLEEP STD REC VNTJ RESPIR ECG HRT RATE AND O2 ATTN	Sleep Studies	Y	
95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Sleep Studies	Y	
95810	POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND	Sleep Studies	Y	
95811	POLYSOM 6 OR GRT YRS SLEEP W CPAP 4 OR GRT ADDL PARAM ATT	Sleep Studies	Y	
A4604	TUBING W INTGR HEAT ELEM W POS AIRWAY PRESS DEVC	Sleep Studies	Y	
32850	DONOR PNEUMONECTOMY(S), INCL COLD PRESERV, FROM CADAVER DONOR	Transplants/Gene Therapy	Y	
32851	LUNG TRANSPL, SINGLE, W O CARDIOPULM BYPASS	Transplants/Gene Therapy	Y	
32852	LUNG TRANSPL, SINGLE, W CARDIOPULM BYPASS	Transplants/Gene Therapy	Y	
32853	LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS	Transplants/Gene Therapy	Y	
32854	LUNG TRANSPLANT 2 W CARDIOPULMONARY BYPASS	Transplants/Gene Therapy	Y	
32855	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	Transplants/Gene Therapy	Y	
32856	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	Transplants/Gene Therapy	Y	
33929	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	Transplants/Gene Therapy	Y	
33930	DONOR CARDIECTOMY - PNEUMONECTOMY	Transplants/Gene Therapy	Y	
33933	BKBENCH PREPJ CADAVER DONOR HEART LUNG ALLOGRAFT	Transplants/Gene Therapy	Y	
33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	Transplants/Gene Therapy	Y	
33940	DONOR CARDIECTOMY	Transplants/Gene Therapy	Y	
33944	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	Transplants/Gene Therapy	Y	
33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Transplants/Gene Therapy	Y	
33995	INSJ PERQ VAD W/RS and I R HEART VENOUS ACCESS ONLY	Transplants/Gene Therapy	Y	
38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	Transplants/Gene Therapy	Y	
38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Transplants/Gene Therapy	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy	Y	
38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	Y	
38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	Y	
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	Transplants/Gene Therapy	Y	
38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	Transplants/Gene Therapy	Y	
44135	INTESTINAL ALLOTRANSPLANTATION; CADAVER DONOR	Transplants/Gene Therapy	Y	
44136	INTESTINAL ALLOTRANSPLANTATION; LIVING DONOR	Transplants/Gene Therapy	Y	
44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	Transplants/Gene Therapy	Y	
44715	BKBENCH PREP CADAVER LIVING DONOR INTESTINE	Transplants/Gene Therapy	Y	
44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	Transplants/Gene Therapy	Y	
44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	Transplants/Gene Therapy	Y	
47133	DONOR HEPATECTOMY CADAVER DONOR	Transplants/Gene Therapy	Y	
47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE	Transplants/Gene Therapy	Y	
47140	DONOR HEPATECTOMY LIVING DONOR SEG II AND III	Transplants/Gene Therapy	Y	
47141	DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV	Transplants/Gene Therapy	Y	
47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI	Transplants/Gene Therapy	Y	
47143	BKBENCH PREP CADAVER DONOR	Transplants/Gene Therapy	Y	
47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	Transplants/Gene Therapy	Y	
47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	Transplants/Gene Therapy	Y	
48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	Transplants/Gene Therapy	Y	
48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	Transplants/Gene Therapy	Y	
48552	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	Transplants/Gene Therapy	Y	
48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	Y	
48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	Y	
50300	DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL	Transplants/Gene Therapy	Y	
50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	Transplants/Gene Therapy	Y	
50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Transplants/Gene Therapy	Y	
50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Transplants/Gene Therapy	Y	
50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Transplants/Gene Therapy	Y	
50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Transplants/Gene Therapy	Y	
50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Transplants/Gene Therapy	Y	
50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Transplants/Gene Therapy	Y	
50360	RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY	Transplants/Gene Therapy	Y	
50365	RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY	Transplants/Gene Therapy	Y	
50370	RMVL TRNSPLED RENAL ALLOGRAFT	Transplants/Gene Therapy	Y	
50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Transplants/Gene Therapy	Y	
81560	TRNSPLJ PED LVR and BWL MES CD154 Plus T CLL WHL PRPH BLD	Transplants/Gene Therapy	Y	
0537T	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Transplants/Gene Therapy	Y	
0538T	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F TRNS	Transplants/Gene Therapy	Y	
0539T	CAR-T THERAPY RECEIPT AND PREP CAR-T CELLS F ADMN	Transplants/Gene Therapy	Y	
0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Transplants/Gene Therapy	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
0584T	PERCUTANEOUS ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Y	
0585T	LAPAROSCOPIC ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Y	
0586T	OPEN ISLET CELL TRANSPLANT	Transplants/Gene Therapy	Y	
Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Transplants/Gene Therapy	Y	
Q2042	TISAGENLECLEUCCEL TO 600 M CAR-POS VI T CE PER TD	Transplants/Gene Therapy	Y	
Q2043	SIPULEUCCEL-T AUTO CD54 PLUS	Transplants/Gene Therapy	Y	
Q2053	BREXUCABTAGENE CAR POST	Transplants/Gene Therapy	Y	
Q2054	LM GT OR EQUAL TO 110 MIL AUTOL ANTI-CD19 CAR-POS VIABL T	Transplants/Gene Therapy	Y	
Q2055	IDECABTAGENE VICL 460MIL AUTO BCMA CAR PLUS T LEUKAPH	Transplants/Gene Therapy	Y	
A0430	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY FIXED WING	Transportation Services	Y	
A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY ROTARY WING	Transportation Services	Y	
1999	UNLISTED ANESTHESIA PROCEDURE	Unlisted/Miscellaneous	Y	
15999	UNLISTED PROCEDURE EXCISION PRESSURE ULCER	Unlisted/Miscellaneous	Y	
17999	UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE	Unlisted/Miscellaneous	Y	
19499	UNLISTED PROCEDURE BREAST	Unlisted/Miscellaneous	Y	
20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	Unlisted/Miscellaneous	Y	
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Unlisted/Miscellaneous	Y	
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Unlisted/Miscellaneous	Y	
21499	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	Unlisted/Miscellaneous	Y	
21899	UNLISTED PROCEDURE NECK THORAX	Unlisted/Miscellaneous	Y	
22899	UNLISTED PROCEDURE SPINE	Unlisted/Miscellaneous	Y	
22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	Unlisted/Miscellaneous	Y	
23929	UNLISTED PROCEDURE SHOULDER	Unlisted/Miscellaneous	Y	
24999	UNLISTED PROCEDURE HUMERUS ELBOW	Unlisted/Miscellaneous	Y	
25999	UNLISTED PROCEDURE FOREARM WRIST	Unlisted/Miscellaneous	Y	
26989	UNLISTED PROCEDURE HANDS FINGERS	Unlisted/Miscellaneous	Y	
27299	UNLISTED PROCEDURE PELVIS HIP JOINT	Unlisted/Miscellaneous	Y	
27599	UNLISTED PROCEDURE FEMUR KNEE	Unlisted/Miscellaneous	Y	
27899	UNLISTED PROCEDURE LEG ANKLE	Unlisted/Miscellaneous	Y	
28899	UNLISTED PROCEDURE FOOT TOES	Unlisted/Miscellaneous	Y	
29999	UNLISTED PROCEDURE ARTHROSCOPY	Unlisted/Miscellaneous	Y	
30999	UNLISTED PROCEDURE NOSE	Unlisted/Miscellaneous	Y	
31299	UNLISTED PROCEDURE ACCESSORY SINUSES	Unlisted/Miscellaneous	Y	
31599	UNLISTED PROCEDURE LARYNX	Unlisted/Miscellaneous	Y	
31899	UNLISTED PROCEDURE TRACHEA BRONCHI	Unlisted/Miscellaneous	Y	
32999	UNLISTED PROCEDURE LUNGS AND PLEURA	Unlisted/Miscellaneous	Y	
33999	UNLISTED CARDIAC SURGERY	Unlisted/Miscellaneous	Y	
36299	UNLISTED PROCEDURE VASCULAR INJECTION	Unlisted/Miscellaneous	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Unlisted/Miscellaneous	Y	
37799	UNLISTED PROCEDURE VASCULAR SURGERY	Unlisted/Miscellaneous	Y	
38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Unlisted/Miscellaneous	Y	
38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Unlisted/Miscellaneous	Y	
38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Unlisted/Miscellaneous	Y	
39499	UNLISTED PROCEDURE MEDIASTINUM	Unlisted/Miscellaneous	Y	
39599	UNLISTED PROCEDURE DIAPHRAGM	Unlisted/Miscellaneous	Y	
40799	UNLISTED PROCEDURE LIPS	Unlisted/Miscellaneous	Y	
40899	UNLISTED PROCEDURE VESTIBULE MOUTH	Unlisted/Miscellaneous	Y	
41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Unlisted/Miscellaneous	Y	
42299	UNLISTED PROCEDURE PALATE UVULA	Unlisted/Miscellaneous	Y	
42699	UNLISTED PX SALIVARY GLANDS DUCTS	Unlisted/Miscellaneous	Y	
42999	UNLISTED PROCEDURE PHARYNX ADENOIDS TONSILS	Unlisted/Miscellaneous	Y	
43289	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS	Unlisted/Miscellaneous	Y	
43499	UNLISTED PROCEDURE ESOPHAGUS	Unlisted/Miscellaneous	Y	
43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Unlisted/Miscellaneous	Y	
43999	UNLISTED PROCEDURE STOMACH	Unlisted/Miscellaneous	Y	
44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Unlisted/Miscellaneous	Y	
44799	UNLISTED PROCEDURE SMALL INTESTINE	Unlisted/Miscellaneous	Y	
44899	UNLISTED PX MECKEL'S DIVERTICULUM AND MESENTERY	Unlisted/Miscellaneous	Y	
44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	Unlisted/Miscellaneous	Y	
45399	UNLISTED PROCEDURE COLON	Unlisted/Miscellaneous	Y	
45499	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	Unlisted/Miscellaneous	Y	
45999	UNLISTED PROCEDURE RECTUM	Unlisted/Miscellaneous	Y	
46999	UNLISTED PROCEDURE ANUS	Unlisted/Miscellaneous	Y	
47379	UNLIS LAPAROSCOPIC PROCEDURE LIVER	Unlisted/Miscellaneous	Y	
47399	UNLISTED PROCEDURE LIVER	Unlisted/Miscellaneous	Y	
47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Unlisted/Miscellaneous	Y	
47999	UNLISTED PROCEDURE BILIARY TRACT	Unlisted/Miscellaneous	Y	
48999	UNLISTED PROCEDURE PANCREAS	Unlisted/Miscellaneous	Y	
49329	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM AND OMENTUM	Unlisted/Miscellaneous	Y	
49659	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	Unlisted/Miscellaneous	Y	
49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM AND OMENTUM	Unlisted/Miscellaneous	Y	
50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL	Unlisted/Miscellaneous	Y	
50949	UNLISTED LAPAROSCOPY PROCEDURE URETER	Unlisted/Miscellaneous	Y	
51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	Unlisted/Miscellaneous	Y	
53899	UNLISTED PROCEDURE URINARY SYSTEM	Unlisted/Miscellaneous	Y	
54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Unlisted/Miscellaneous	Y	
55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	Unlisted/Miscellaneous	Y	
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Unlisted/Miscellaneous	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Unlisted/Miscellaneous	Y	
58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	Unlisted/Miscellaneous	Y	
58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	Unlisted/Miscellaneous	Y	
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	Unlisted/Miscellaneous	Y	
59897	UNLISTED FETAL INVASIVE PX W ULTRASOUND	Unlisted/Miscellaneous	Y	
59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE AND DELIVERY	Unlisted/Miscellaneous	Y	
59899	UNLISTED PROCEDURE MATERNITY CARE AND DELIVERY	Unlisted/Miscellaneous	Y	
60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	Unlisted/Miscellaneous	Y	
60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	Unlisted/Miscellaneous	Y	
64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Unlisted/Miscellaneous	Y	
66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	Unlisted/Miscellaneous	Y	
67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	Unlisted/Miscellaneous	Y	
67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	Unlisted/Miscellaneous	Y	
67599	UNLISTED PROCEDURE ORBIT	Unlisted/Miscellaneous	Y	
67999	UNLISTED PROCEDURE EYELIDS	Unlisted/Miscellaneous	Y	
68399	UNLISTED PROCEDURE CONJUNCTIVA	Unlisted/Miscellaneous	Y	
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	Unlisted/Miscellaneous	Y	
69399	UNLISTED PROCEDURE EXTERNAL EAR	Unlisted/Miscellaneous	Y	
69799	UNLISTED PROCEDURE MIDDLE EAR	Unlisted/Miscellaneous	Y	
69949	UNLISTED PROCEDURE INNER EAR	Unlisted/Miscellaneous	Y	
69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	Unlisted/Miscellaneous	Y	
78399	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	Y	
78699	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	Y	
78799	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	Y	
78999	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	Y	
79999	RP THERAPY UNLISTED PROCEDURE	Unlisted/Miscellaneous	Y	
80299	QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	Unlisted/Miscellaneous	Y	
81099	UNLISTED URINALYSIS PROCEDURE	Unlisted/Miscellaneous	Y	
85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	Unlisted/Miscellaneous	Y	
86486	SKIN TEST UNLISTED ANTIGEN EACH	Unlisted/Miscellaneous	Y	
86849	UNLISTED IMMUNOLOGY	Unlisted/Miscellaneous	Y	
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	Unlisted/Miscellaneous	Y	
87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	Unlisted/Miscellaneous	Y	
87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	Unlisted/Miscellaneous	Y	
87799	IADNA NOS QUANTIFICATION EACH ORGANISM	Unlisted/Miscellaneous	Y	
87899	IAADIADOO NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y	
87999	UNLISTED MICROBIOLOGY	Unlisted/Miscellaneous	Y	
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	Unlisted/Miscellaneous	Y	
88299	UNLISTED CYTOGENETIC STUDY	Unlisted/Miscellaneous	Y	
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	Unlisted/Miscellaneous	Y	
88749	UNLISTED IN VIVO LABORATORY SERVICE	Unlisted/Miscellaneous	Y	
89240	UNLIS MISC PATH	Unlisted/Miscellaneous	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
89398	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	Unlisted/Miscellaneous	Y	
90899	UNLISTED PSYCHIATRIC SERVICE PROCEDURE	Unlisted/Miscellaneous	Y	
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	Unlisted/Miscellaneous	Y	
92499	UNLISTED OPHTHALMOLOGICAL SERVICE PROCEDURE	Unlisted/Miscellaneous	Y	
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE	Unlisted/Miscellaneous	Y	
93799	UNLISTED CARDIOVASCULAR SERVICE PROCEDURE	Unlisted/Miscellaneous	Y	
94799	UNLISTED PULMONARY SERVICE PROCEDURE	Unlisted/Miscellaneous	Y	
95199	UNLISTED ALLERGY CLINICAL IMMUNOLOGIC SRVC PX	Unlisted/Miscellaneous	Y	
95999	UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	Unlisted/Miscellaneous	Y	
96379	UNLISTED THERAPEUTIC PROPH DX IV IA NJX NFS	Unlisted/Miscellaneous	Y	
96549	UNLISTED CHEMOTHERAPY PROCEDURE	Unlisted/Miscellaneous	Y	
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE PROCED	Unlisted/Miscellaneous	Y	
97039	UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	Unlisted/Miscellaneous	Y	
97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Unlisted/Miscellaneous	Y	
97799	UNLISTED PHYSICAL MEDICINE REHAB SERVICE PROC	Unlisted/Miscellaneous	Y	
99199	UNLISTED SPECIAL SERVICE PROCEDURE REPORT	Unlisted/Miscellaneous	Y	
99202	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99203	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99211	OFFICE/OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S)	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99217	OBSERVATION CARE DISCHARGE MANAGEMENT	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99218	INITIAL OBSERVATION CARE/DAY 30 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99219	INITIAL OBSERVATION CARE/DAY 50 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99220	INITIAL OBSERVATION CARE/DAY 70 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
99221	INITIAL HOSPITAL CARE/DAY 30 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99222	INITIAL HOSPITAL CARE/DAY 50 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99223	INITIAL HOSPITAL CARE/DAY 70 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99224	SBSQ OBSERVATION CARE/DAY 15 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99225	SBSQ OBSERVATION CARE/DAY 25 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99226	SBSQ OBSERVATION CARE/DAY 35 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99231	SBSQ HOSPITAL CARE/DAY 15 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99232	SBSQ HOSPITAL CARE/DAY 25 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99233	SBSQ HOSPITAL CARE/DAY 35 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99234	OBSERVATION/INPATIENT HOSPITAL CARE 40 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99235	OBSERVATION/INPATIENT HOSPITAL CARE 50 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99236	OBSERVATION/INPATIENT HOSPITAL CARE 55 MINUTES	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99238	HOSPITAL DISCHARGE DAY MANAGEMENT 30 MIN OR LT	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99239	HOSPITAL DISCHARGE DAY MANAGEMENT GT 30 MIN	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99251	INITIAL INPATIENT CONSULT NEW/ESTAB PT 20 MIN	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99252	INITIAL INPATIENT CONSULT NEW/ESTAB PT 40 MIN	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99253	INITIAL INPATIENT CONSULT NEW/ESTAB PT 55 MIN	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99254	INITIAL INPATIENT CONSULT NEW/ESTAB PT 80 MIN	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99255	INITIAL INPATIENT CONSULT NEW/ESTAB PT 110 MIN	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99281	EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99282	EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
99283	EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99284	EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99285	EMERGENCY DEPT VISIT HIGH SEVERITY AND THREAT FUNCJ	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99288	PHYS/QHP DIRECTION EMERGENCY MEDICAL SYSTEMS	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99291	CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99292	CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	Unlisted/Miscellaneous	Y	These CODES REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unlisted/Miscellaneous	Y	
99600	UNLISTED HOME VISIT SERVICE PROCEDURE	Unlisted/Miscellaneous	Y	
0708T	INTRADERMAL CANCER IMMNTX PREP and 1ST INJECTION	Unlisted/Miscellaneous	Y	
0709T	INTRADERMAL CANCER IMMNTX EACH ADDL INJECTION	Unlisted/Miscellaneous	Y	
A0999	UNLISTED AMBULANCE SERVICE	Unlisted/Miscellaneous	Y	
A4421	OSTOMY SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous	Y	
A4641	RADIOPHARMACEUTICAL DIAGNOSTIC NOC	Unlisted/Miscellaneous	Y	
A4649	SURGICAL SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous	Y	
A4913	MISCELLANEOUS DIALYSIS SUPPLIES NOS	Unlisted/Miscellaneous	Y	
A6261	WOUND FILLER GEL PASTE PER FL OZ NOS	Unlisted/Miscellaneous	Y	
A6262	WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	Unlisted/Miscellaneous	Y	
A9291	PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX	Unlisted/Miscellaneous	Y	
A9698	NON-RADIOACTV CONTRST IMAG MATERIAL NOC PER STDY	Unlisted/Miscellaneous	Y	
A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC	Unlisted/Miscellaneous	Y	
A9900	DME SUP ACCESS SRV-COMPON OTH HCPCS	Unlisted/Miscellaneous	Y	
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Unlisted/Miscellaneous	Y	
B9998	NOC FOR ENTERAL SUPPLIES	Unlisted/Miscellaneous	Y	
B9999	NOC FOR PARENTERAL SUPPLIES	Unlisted/Miscellaneous	Y	
C1849	SKIN SUBSTITUTE SYNTHETIC RESORBABLE PER SQ CM	Unlisted/Miscellaneous	Y	
C2698	BRACHYTHERAPY SOURCE STRANDED NOS PER SOURCE	Unlisted/Miscellaneous	Y	
C2699	BRACHYTHERAPY SOURCE NONSTRANDED NOS PER SOURCE	Unlisted/Miscellaneous	Y	
E0769	ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	Unlisted/Miscellaneous	Y	
E0770	FES TRANSQ STIM NERV AND MUSC GRP CMPL SYS NOS	Unlisted/Miscellaneous	Y	
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Unlisted/Miscellaneous	Y	
E1699	DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y	
G0501	RESOURCE-INT SRVC PT SPZ M-ASST TECH MED NEC	Unlisted/Miscellaneous	Y	
G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC	Unlisted/Miscellaneous	Y	
J7599	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y	
J7699	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	Unlisted/Miscellaneous	Y	
J7799	NOC RX OTH THAN INHALATION RX ADMINED THRU DME	Unlisted/Miscellaneous	Y	

Code	Description	Service Category	MHI PA Required?	MHI Code Notes
J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y	
K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y	
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y	
K0899	PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT	Unlisted/Miscellaneous	Y	
K1023	DISTL TRANSCT ELC NRV STM STIM PERIPH NRV UP ARM	Unlisted/Miscellaneous	Y	
L0999	ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y	
L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y	
L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y	
L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y	
L5999	LOWER EXTREMITY PROSTHESIS NOS	Unlisted/Miscellaneous	Y	
L7499	UPPER EXTREMITY PROSTHESIS NOS	Unlisted/Miscellaneous	Y	
L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y	
L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	Unlisted/Miscellaneous	Y	
L8698	MISC COMP SPL ACCESS FOR USE WITH TOT AH SYSTEM	Unlisted/Miscellaneous	Y	
L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y	
P9099	BLOOD COMPONENT OR PRODUCT NOC	Unlisted/Miscellaneous	Y	
P9603	TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE	Unlisted/Miscellaneous	Y	
P9604	TRAVEL 1 WAY MED NEC LAB SPEC; PRORATD TRIP CHRG	Unlisted/Miscellaneous	Y	
Q0507	MISC SUPPLY OR ACCESSORY USE WITH EXTERNAL VAD	Unlisted/Miscellaneous	Y	
Q0508	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD	Unlisted/Miscellaneous	Y	
Q0509	MISC SPL ACSS IMPL VAD NO PAYMENT MEDICARE PRT A	Unlisted/Miscellaneous	Y	
Q2039	INFLUENZA VIRUS VACCINE NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y	
Q4050	CAST SUPPLIES UNLISTED TYPES AND MATERIALS OF CASTS	Unlisted/Miscellaneous	Y	
Q4051	SPLINT SUPPLIES MISCELLANEOUS	Unlisted/Miscellaneous	Y	
Q4082	DRUG OR BIOLOGICAL NOC PART B DRUG CAP	Unlisted/Miscellaneous	Y	
Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	Y	
V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS	Unlisted/Miscellaneous	Y	
V2524	CONTACT LENS HPI SPH PC ADDITIVE PER LENS	Unlisted/Miscellaneous	Y	
V2797	VISN SPL ACSS AND SRVC CMPNT ANOTHER HCPCS CODE	Unlisted/Miscellaneous	Y	
V2799	VISION ITEM OR SERVICE MISCELLANEOUS	Unlisted/Miscellaneous	Y	
V5298	HEARING AID NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	Y	
V5299	HEARING SERVICE MISCELLANEOUS	Unlisted/Miscellaneous	Y	



CA CODE/BENEFIT EXCEPTIONS

Effective Q4, 2022

Behavioral Health, Mental Health, Alcohol and Chemical Dependency Services: PA is required for Medicaid - Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT).

Outpatient Physical, Occupational, Speech Therapy: PA after eval plus 12 visits.

Home Health: PA after eval plus 6 visits for Medicaid and Marketplace. Medicare only requires authorization after the first 60 day episode of care.

Link to Provider Frequently Used Forms:

MediCal: <https://www.molinahealthcare.com/providers/ca/medicaid/forms/Pages/fuf.aspx>

Marketplace: <https://www.molinahealthcare.com/providers/ca/marketplace/forms/pages/fuf.aspx>

MMP: <https://www.molinahealthcare.com/providers/ca/duals/forms/pages/fuf.aspx>

Medicare: <https://www.molinahealthcare.com/providers/common/medicare/Pages/medicare.aspx>

Healthcare Administered Drug Requests faxed to:

Medicare via Novologix Provider Portal or fax at 800-391-6437 Medicare & Marketplace 866-508-6445

Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81205	NC				
81333	NC				
90291	NC				
90867	NC				
90868	NC				
90869	NC				
96125	NC				
97153	NC				
97154	NC				
97155	NC				
97156	NC				
97157	NC				
97158	NC				
0022U	NC				
0048U	NC				
0049U	NC				
0053U	NC				
0055U	NC				
0056U	NC				
0058U	NC				
0059U	NC				
0060U	NC				

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0447T	NC				
0448T	NC				
0525T	NC				
0537T	NC				
0538T	NC				
0539T	NC				
A4269	N*				*No PA Required when submitted with Modifier U1 (Retro to 9/1/20)
A4563	NC				
A4649	N*				*No PA Required when submitted with Modifier U1 or U2 (Retro to 9/1/20)
A5514	NC				
A9274	NC				
C8937	NC				
C9758	NC				
E0652	NC				
G0219	NC				
G0235	NC				
G0252	NC				
J3490	N*				*No PA Required when submitted with Modifiers U5, U6, or U8 (Retro to 8/1/20)
J7175	NC				
J7179	NC				
J7180	NC				
J7181	NC				
J7182	NC				
J7183	NC				
J7185	NC				
J7186	NC				
J7187	NC				
J7188	NC				
J7189	NC				
J7190	NC				
J7192	NC				
J7193	NC				

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J7194	NC				
J7195	NC				
J7198	NC				
J7200	NC				
J7201	NC				
J7202	NC				
J7203	NC				
J7204	NC				
J7205	NC				
J7207	NC				
J7208	NC				
J7209	NC				
J7210	NC				
J7211	NC				
J7212	NC				
K1001	NC				
K1002	NC				
K1003	NC				
K1004	NC				
L8698	NC				
L8701	NC				
L8702	NC				
H0031	Y	Y	MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0032	Y	Y	MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2014	Y	Y	SKILLS TRAINING AND DEVELOPMENT PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2019	Y	Y	THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	
98940	Y	NC	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	Chiropractic	First two services inclusive of acupuncture, audiology, OT and ST do not require PA for adults Exceptions: No PA required for children under 21

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
98941	Y	NC	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	Chiropractic	First two services inclusive of acupuncture, audiology, OT and ST do not require PA for adults Exceptions: No PA required for children under 21
98942	Y	NC	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS	Chiropractic	First two services inclusive of acupuncture, audiology, OT and ST do not require PA for adults Exceptions: No PA required for children under 21
98943	Y	NC	CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1 OR GT REGION	Chiropractic	First two services inclusive of acupuncture, audiology, OT and ST do not require PA for adults Exceptions: No PA required for children under 21
0564T	Y	Y	ONC CHEMO RX CYTOTOXICITY ASSAY CSC MIN 14 DRUGS	Experimental/Investigational	NO PA required for members with stage III/IV/Advanced cancer
81120	Y	Y	IDH1 COMMON VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81121	Y	Y	IDH2 COMMON VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81162	Y	Y	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81163	Y	Y	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81164	Y	Y	BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81165	Y	Y	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81166	Y	Y	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81167	Y	Y	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81175	Y	Y	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81176	Y	Y	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81181	Y	Y	ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81182	Y	Y	ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81183	Y	Y	ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81191	Y	Y	NTRK1 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81192	Y	Y	NTRK2 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 2) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81193	Y	Y	NTRK3 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 3) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81194	Y	Y	NTRK (NEUROTROPHIC-TROPOMYOSIN RECEPTOR TYROSINE KINASE 1, 2, AND 3) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81201	Y	Y	APC GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81202	Y	Y	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81203	Y	Y	APC GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81210	Y	Y	BRAF GENE ANALYSIS V600 VARIANT(S)	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81212	Y	Y	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81215	Y	Y	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81216	Y	Y	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81217	Y	Y	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81218	Y	Y	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81219	Y	Y	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81233	Y	Y	BTK GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81235	Y	Y	EGFR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81236	Y	Y	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81246	Y	Y	FLT3 GENE ANALYSIS TYROSINE KINASE DOMAIN VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81275	Y	Y	KRAS GENE ANALYSIS VARIANTS IN EXON 2	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81276	Y	Y	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81277	Y	Y	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81278	Y	Y	IGH@/BCL2 TLCJ ALYS MBR and MCR BP QUAL/QUAN	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81279	Y	Y	JAK2 TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81283	Y	Y	IFNL3 GENE ANALYSIS RS12979860 VARIANT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81291	Y	Y	MTHFR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81292	Y	Y	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81293	Y	Y	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81294	Y	Y	MLH1 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81295	Y	Y	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81296	Y	Y	MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81297	Y	Y	MSH2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81298	Y	Y	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81299	Y	Y	MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81300	Y	Y	MSH6 GENE ANALYSIS DUPLICATION DELETION VARIA	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81305	Y	Y	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81306	Y	Y	NUDT15 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81307	Y	Y	PALB2 GENE ANALYSIS (FULL GENE SEQ)	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81308	Y	Y	PALB2 GENE ANALYSIS (KNOWN FAMILIAL VARIANT)	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81309	Y	Y	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81311	Y	Y	NRAS GENE ANALYSIS VARIANTS IN EXON 2 AND 3	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81312	Y	Y	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81313	Y	Y	PCA3 KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81314	Y	Y	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81317	Y	Y	PMS2 GENE ANALYSIS FULL SEQUENCE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81318	Y	Y	PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81319	Y	Y	PMS2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81320	Y	Y	PLCG2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81321	Y	Y	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81322	Y	Y	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81323	Y	Y	PTEN GENE ANALYSIS DUPLICATION DELETION VARIANT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81327	Y	Y	SEPT9 GENE PROMOTER METHYLATION ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81334	Y	Y	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81335	Y	Y	TPMT GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81338	Y	Y	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; COMMON VARIANTS (EG, W515A, W515K, W515L, W515R)	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81339	Y	Y	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; SEQUENCE ANALYSIS, EXON 10	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81345	Y	Y	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81347	Y	Y	SF3B1 (SPLICING FACTOR [3B] SUBUNIT B1) (EG, MYELODYSPLASTIC SYNDROME/ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, A672T, E622D, L833F, R625C, R625L)	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81351	Y	Y	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQUENCE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81352	Y	Y	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; TARGETED SEQUENCE ANALYSIS (EG, 4 ONCOLOGY)	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81353	Y	Y	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81355	Y	Y	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81400	Y	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81401	Y	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81402	Y	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81403	Y	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81404	Y	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81405	Y	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81406	Y	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81407	Y	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81408	Y	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81412	Y	Y	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81415	Y	Y	EXOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81416	Y	Y	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81417	Y	Y	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81425	Y	Y	GENOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81426	Y	Y	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81432	Y	Y	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81433	Y	Y	HEREDITARY BRST CA-RELATED DUP DEL ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81434	Y	Y	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81435	Y	Y	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81436	Y	Y	HEREDITARY COLON CA DSRDRS DUP DEL ANALYS 5 GEN	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81437	Y	Y	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81438	Y	Y	HEREDTRY NURONDCRN TUM DSRDRS DUP DEL ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81443	Y	Y	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81445	Y	Y	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81450	Y	Y	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81455	Y	Y	GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81479	Y	Y	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81500	Y	Y	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81503	Y	Y	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81518	Y	Y	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81519	Y	Y	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81520	Y	Y	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81521	Y	Y	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81522	Y	Y	ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81523	Y	Y	ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT and 31	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81525	Y	Y	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81529	Y	Y	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 & Testing	NO PA required for members with stage III/IV/Advanced cancer
81538	Y	Y	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81539	Y	Y	ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81540	Y	Y	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81541	Y	Y	ONC PROSTATE MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81542	Y	Y	ONC PROSTATE MRNA MICRORA GENE XPRSN PRFL 22 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81546	Y	Y	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 & Testing	NO PA required for members with stage III/IV/Advanced cancer
81551	Y	Y	ONC PROSTATE PRMTR METHYLATION PRFL R-T PCR 3 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81552	Y	Y	UVEAL MELANOMA, MRNA, GENE EXPRESSION PROFILING	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
81599	Y	Y	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
84999	Y	Y	UNLISTED CHEMISTRY PROCEDURE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
86152	Y	Y	CELL ENUMERATION IMMUNE SELECTJ AND ID FLUID SPEC	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
86153	Y	Y	CELL ENUMERATION IMMUNE SELECTJ AND ID PHYS INTERP	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
88261	Y	Y	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
88271	Y	Y	MOLECULAR CYTOGENETICS DNA PROBE EACH	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
88369	Y	Y	M PHMTRC ALYS ISH QUANT SEMIQ MNL PER SPEC EACH	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
88373	Y	Y	M PHMTRC ALYS ISH QUANT SEMIQ CPTR PER SPEC EACH	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
88374	Y	Y	M PHMTRC ALYS ISH QUANT SEMIQ CPTR EACH MULTIPRB	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
88377	Y	Y	M PHMTRC ALYS ISH QUANT SEMIQ MNL EACH MULTIPRB	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0001U	Y	Y	RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0005U	Y	Y	ONCO PROSTATE GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0006M	Y	Y	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0007M	Y	Y	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0009U	Y	Y	ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0011M	Y	Y	ONC PROSTATE CA MRNA 12 GENES BLD PLSM AND UR ALG	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0012M	Y	Y	ONC MRNA 5 GENES UR ALG RISK UROTHELIAL CANCER	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0013M	Y	Y	ONC MRNA 5 GENES UR ALG RISK RECR UROTHELIAL CA	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0013U	Y	Y	ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN TISS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0014U	Y	Y	HEM HMTLMF NEO GENE REARGMT DNA WHL BLD MARROW	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0016M	Y	Y	ONC BLADDER MRNA 209 GEN ALG	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0016U	Y	Y	ONC HMTLMF NEO RNA BCR ABL1 BLD BNE MARROW	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0017M	Y	Y	ONC DLBCL MRNA 20 GENES ALG	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0017U	Y	Y	ONC HMTLMF NEO JAK2 MUTATION DNA BLD BNE MARROW	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0018U	Y	Y	ONC THYR 10 MICRORNA SEQ PLUS - RSLT MOD HI RSK MAL	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0019U	Y	Y	ONC RNA WHL TRANSCRIPTOME SEQ TISS PREDCT ALG	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0026U	Y	Y	ONC THYR DNA AND MRNA 112 GENES FNA NDUL ALG ALYS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0027U	Y	Y	JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0034U	Y	Y	TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS-Thiopurine toxicity ALL	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0036U	Y	Y	EXOME TUMOR TISSUE AND NORMAL SPECIMEN SEQ ALYS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0037U	Y	Y	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES-Foundation One, CDx	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0045U	Y	Y	ONC BRST DUX CARC IS MRNA 12 GENES ALG RSK SCOR-Oncotype	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0046U	Y	Y	FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE-Invivoscribe AML	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0047U	Y	Y	ONC PROSTATE MRNA GEN XPRS PRFL 17 GEN ALG RSK SCOR-Oncotype Dx Prostate	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0050U	Y	Y	TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT-My AML Invivoscribe	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0067U	Y	Y	ONC BRST IMHCHEM PRTN XPRS PRFL 4 BMRK CA PRTN	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0069U	Y	Y	ONC CLRCT MICRORNA XPRS PRFL MIR-31-3P ALG	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0101U	Y	Y	HERED COLON CA DO GEN SEQ ALYS PNL 15 GENE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0102U	Y	Y	HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0103U	Y	Y	HERED OVARIAN CA GEN SEQ ALYS PANEL 24 GENE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0153U	Y	Y	ONC BREAST MRNA GENE EXPRESSION PRFL 101 GENES	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0154U	Y	Y	ONC UROTHELIAL CANCER RNA RT-PCR FGFR3 GENE ALYS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0155U	Y	Y	ONC BRST CA DNA PIK3CA GENE ALYS BRST TUM TISS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0162U	Y	Y	HERED COLON CA TARGETED MRNA SEQUENCE ALYS PANEL	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0172U	Y	Y	ONC SLD TUM ALYS BRCA1 BRCA2-My Choice CDx	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0174U	Y	Y	OC SLD TUMOR 30 PRTN TRGT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0177U	Y	Y	ONC BRST CA DNA PIK3CA 11	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0179U	Y	Y	ONC NONSM CLL LNG CA ALYS 23	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0204U	Y	Y	ONC THYR MRNA XPRSN ALYS 593	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0208U	Y	Y	ONC MTC MRNA XPRSN ALYS 108	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0211U	Y	Y	ONC PAN-TUM DNA&RNA GNRJ SEQ-Caris Life Sciences My Cancer Seek	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0220U	Y	Y	ONC BRST CA AI ASSMT 12 FEAT	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0228U	Y	Y	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 & Testing	NO PA required for members with stage III/IV/Advanced cancer
0238U	Y	Y	ONC LYNCH SYNDROME GENOMIC DNA SEQUENCE ANALYSIS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0239U	Y	Y	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 Plus	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0306U	Y	Y	ONC MRD NXT-GNRJ ALYS 1ST	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0307U	Y	Y	ONC MRD NXT-GNRJ ALYS SBSQ	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0313U	Y	Y	ONC PNCRS DNA&MRNA SEQ 74	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0314U	Y	Y	ONC CUTAN MLNMA MRNA 35 GENE	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0315U	Y	Y	ONC CUTAN SQ CLL CA MRNA 40	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0317U	Y	Y	ONC LUNG CA 4-PRB FISH ASSAY	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0324U	Y	Y	ONC OVAR SPHRD CELL 4 RX PNL	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0325U	Y	Y	ONC OVAR SPHRD CELL PARP	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0326U	Y	Y	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 83 Plus	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer

Code	MediCal	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0329U	Y	Y	ONC NEO XOME&TRNS SEQ ALYS	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
0331U	Y	Y	ONC HL NEO OPT GEN MAPPING	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
S3841	Y	Y	GENETIC TESTING FOR RETINOBLASTOMA	Genetic Counseling & Testing	NO PA required for members with stage III/IV/Advanced cancer
J0248	N	N	INJ, REMDESIVIR, 1 MG	Healthcare Administered Drugs	
36474	N		ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	
89258		Y	CRYOPRSRV EMBRYO	OP Hosp/Amb Surgery Center (ASC) Procedures	These services are covered with Prior Authorization in accordance with Senate Bill 600
89259		Y	CRYOPRSRV SPRM	OP Hosp/Amb Surgery Center (ASC) Procedures	These services are covered with Prior Authorization in accordance with Senate Bill 600
89337		Y	CRYOPRESERVATION MATURE OOCYTE(S)	OP Hosp/Amb Surgery Center (ASC) Procedures	These services are covered with Prior Authorization in accordance with Senate Bill 600
89342		Y	STORAGE PER YEAR EMBRYO	OP Hosp/Amb Surgery Center (ASC) Procedures	These services are covered with Prior Authorization in accordance with Senate Bill 600
89343		Y	STORAGE PER YEAR SPERM/SEMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	These services are covered with Prior Authorization in accordance with Senate Bill 600
89346		Y	STORAGE PER YEAR OOCYTE	OP Hosp/Amb Surgery Center (ASC) Procedures	These services are covered with Prior Authorization in accordance with Senate Bill 600
S4030		Y	SPERM PROCUREMENT AND CRYOPRES SERVICES; INIT VISIT	OP Hosp/Amb Surgery Center (ASC) Procedures	These services are covered with Prior Authorization in accordance with Senate Bill 600