



Healthy Connections

SOUTH CAROLINA (MHSC) PRIOR AUTHORIZATION (PA) MATRIX for MEDICAID

Effective Q4, 2023

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

This Matrix is for Outpatient services.

Obtaining authorization does not guarantee payment.

MHSC attempts to provide the most current/accurate information within this PA Matrix - refer to your regulatory agency for benefit coverage/non-covered codes
MHSC 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 level of care.

If there is a question if PA is required, please refer to your Provider Manual or submit a PA Request Form.

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.

OUTPATIENT SERVICES:

Circumcision: Does not require PA up to 365 days post birth.

Dental Procedures: DentaQuest provides review for all dental procedures. MHSC requires notification of these planned services along with evidence of DentaQuest letter or fax of their approval.

Notification is required of any dental procedure that is preformed in a Non-Par Outpatient or Ambulatory Surgical Center (POS 22, 24).

Dialysis: MHSC requires notification of dialysis

Incontinence Supplies: Does not require PA up to allowable amounts.

For members 4 years of age and older - Physician must certify, in writing, the member has an inability to control bowel or bladder function.

Physician Certification of Incontinence Form must be completed by the Primary Care Physician for a 3, 6, 9, or 12 month timeframe (as chosen by the physician). The form(s) must be kept on file by the Incontinence supply provider and are subject to validation and audit.

Long Term Services and Support (LTSS): Codes/Services regardless of code(s) is NOT a covered benefit.

Office Visits: Does not require PA for office visits at Participating (PAR) Network Providers.

PAR office based procedures do not require PA, unless specifically included in another service category that requires authorization even when preformed in a participating provider's office.

INPATIENT SERVICES:

All elective inpatient admist/services: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation Facilities, or Long Term Acute Care Hospitals (LTACH) require PA except as excluded by law

All Urgent/Emergent inpatient admissions: requires authorization be obtained and MHSC is notified of the admission within 1 business day.

Emergency Services: Does not require PA for PAR or Non-PAR Providers

Hospice: MHSC requires notification of Hospice Services, does not require PA

NON-PAR PROVIDERS/OFFICES/FACILITIES:**Evaluation and Management (E&M) codes:** Does not require PA in POS 22 (Observation codes will be included)All Non-PAR Providers require PA regardless of service or codes

Any exceptions included in this PA Code Matrix document apply to PAR providers ONLY

PA is required for Non-PAR office visits; Surgical Procedures; Labs: Diagnostic Studies; in-patient stays - except for: Emergency Services, Professional fees associated with Emergency Department visit and approved Ambulatory Surgery Center (ASC) or in-patient stay; Local Health Department (LHD) services; other based on State requirements/exceptions

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
80305	Y	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80306	Y	DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80307	Y	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80320	Y	DRUG SCREEN QUANTITATIVE ALCOHOLS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80321	Y	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	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, 83992 or G0480, G0481, G0482, G0483, G0659
80322	Y	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 3 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	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, 83992 or G0480, G0481, G0482, G0483, G0659
80324	Y	DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
80325	Y	DRUG SCREEN QUANT AMPHETAMINES 3 OR 4	Behavioral/Mental Health, Alcohol-Chemical Dependency	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, 83992 or G0480, G0481, G0482, G0483, G0659
80326	Y	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	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, 83992 or G0480, G0481, G0482, G0483, G0659
80327	Y	DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	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, 83992 or G0480, G0481, G0482, G0483, G0659
80328	Y	DRUG SCREEN QUANT ANABOLIC STEROID 3 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	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, 83992 or G0480, G0481, G0482, G0483, G0659
80346	Y	DRUG SCREENING BENZODIAZEPINES 1-12	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
80347	Y	DRUG SCREENING BENZODIAZEPINES 13 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	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, 83992 or G0480, G0481, G0482, G0483, G0659
80348	Y	DRUG SCREENING BUPRENORPHINE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80353	Y	DRUG SCREENING COCAINE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80354	Y	DRUG SCREENING FENTANYL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80356	Y	DRUG SCREENING HEROIN METABOLITE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80358	Y	DRUG SCREENING METHADONE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80359	Y	DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80361	Y	DRUG SCREENING OPIATES 1 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80362	Y	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80363	Y	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 4	Behavioral/Mental Health, Alcohol-Chemical Dependency	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, 83992 or G0480, G0481, G0482, G0483, G0659

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
80364	Y	DRUG SCREENING OPIOIDS & OPIATE ANALOGS 5 OR MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	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, 83992 or G0480, G0481, G0482, G0483, G0659
80365	Y	DRUG SCREENING OXYCODONE	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80367	Y	DRUG SCREENING PROPOXYPHENE	Behavioral/Mental Health, Alcohol-Chemical Dependency	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, 83992 or G0480, G0481, G0482, G0483, G0659
80368	Y	DRUG SCREENING SEDATIVE HYPNOTICS	Behavioral/Mental Health, Alcohol-Chemical Dependency	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, 83992 or G0480, G0481, G0482, G0483, G0659
80369	Y	DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80372	Y	DRUG SCREENING TAPENTADOL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)
80373	Y	DRUG SCREENING TRAMADOL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 24 units have been used (any combination)

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
80374	Y	DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS	Behavioral/Mental Health, Alcohol-Chemical Dependency	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, 83992 or G0480, G0481, G0482, G0483, G0659
80375	Y	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	Behavioral/Mental Health, Alcohol-Chemical Dependency	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, 83992 or G0480, G0481, G0482, G0483, G0659
80376	Y	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 4-6	Behavioral/Mental Health, Alcohol-Chemical Dependency	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, 83992 or G0480, G0481, G0482, G0483, G0659
80377	Y	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	Behavioral/Mental Health, Alcohol-Chemical Dependency	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, 83992 or G0480, G0481, G0482, G0483, G0659

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
83992	Y	ASSAY OF PHENCYCLIDINE	Behavioral/Mental Health, Alcohol-Chemical Dependency	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, 83992 or G0480, G0481, G0482, G0483, G0659
90832	Y	PSYCHOTHERAPY W/PATIENT 30 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30). Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
90833	Y	PSYCHOTHERAPY W/PATIENT W/E and M SRVCS 30 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30). Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
90834	Y	PSYCHOTHERAPY W/PATIENT 45 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30). Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
90836	Y	PSYCHOTHERAPY W/PATIENT W/E and M SRVCS 45 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30). Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
90837	Y	PSYCHOTHERAPY W/PATIENT 60 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30). Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
90838	Y	PSYCHOTHERAPY W/PATIENT W/E and M SRVCS 60 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30). Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
90846	Y	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30). Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
90847	Y	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30). Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
90849	Y	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30). Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
90853	Y	GROUP PSYCHOTHERAPY	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30) Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
90867	Y	THRPTC RPTTV TMS TX INTL W MAP MOTR THRESHLD DLVRY AND MNGMNT	Behavioral/Mental Health, Alcohol-Chemical Dependency	
90868	Y	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG	Behavioral/Mental Health, Alcohol-Chemical Dependency	
90869	Y	REPET TMS TX SUBSEQ MOTR THRESHLD W DLVRY AND MNGMNT	Behavioral/Mental Health, Alcohol-Chemical Dependency	
90870	Y	ELECTROCONVULSIVE THERAPY (ECT)	Behavioral/Mental Health, Alcohol-Chemical Dependency	
96110	Y	DEVELOPMENTAL SCREEN W/SCORING and DOC STD INSTRM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
97153	Y	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
97154	Y	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
97155	Y	ADAPT BHV TX PRTCL MODIFICAJ PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
97156	Y	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
97157	Y	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
97158	Y	GRP ADAPT BHV PRTCL MODIFCAN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
0373T	Y	ADAPT BHV TX PRTCL MODIFICAJ EA 15 MIN TECH TIME	Behavioral/Mental Health, Alcohol-Chemical Dependency	
G0480	Y	DRUG TEST DEFINITV DR ID METH P DAY 1-7 DRUG CL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 12 units have been used (any combination)
G0481	Y	DRUG TEST DEFINITV DR ID METH P DAY 8-14 DRUG CL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 12 units have been used (any combination)
G0482	Y	DRUG TEST DEFINITV DR ID METH P DAY 15-21 DR CL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 12 units have been used (any combination)
G0483	Y	DRUG TST DEFINITV DR ID METH P DAY 22/MORE DR CL	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 12 units have been used (any combination)
G0659	Y	DRUG TEST DEFINITV DRUG ID METH ANY # DR CLASSES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization is required after 12 units have been used (any combination)
H0004	Y	BEHAVIORAL HEALTH CNSL AND THERAPY PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Require PA AFTER 96 units utilized during the BENIFIT YEAR which equates to 24 one hour visits (1 unit of H0004=15 mins).
H0005	Y	ALCOHOL AND OR DRUG SERVICES; GROUP CNSL CLINICIAN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Authorization required after 24 visits annually (Year considered 7/1 - 6/30)Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
H0008	Y	ALCOHOL AND OR DRUG SRVC; SUB-ACUTE DTOX HOSP IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0009	Y	ALCOHOL AND OR DRUG SERVICES; ACUTE DTOX HOSP IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
H0010	Y	ALCOHOL and / DRUG SRVC; SUB-ACUTE DTOX RES PROG IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0011	Y	ALCOHOL and / DRUG SERVICES; ACUTE DTOX RES PROG IP	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0012	Y	ALCOHOL AND DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0013	Y	ALCOHOL AND DRUG SERVICES; ACUTE DTOX RES PROG OP	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0014	Y	ALCOHOL AND OR DRUG SERVICES; AMB DETOXIFICATION	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0015	Y	ALCOHOL AND/OR DRUG SRVCS	Behavioral/Mental Health, Alcohol-Chemical Dependency	No PA required for first 16 units.
H0016	Y	ALCOHOL AND OR DRUG SERVICES; MEDICAL SOMATIC	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0017	NC	BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0018	Y	BHVAL HEALTH; SHORT-TERM RES W O ROOM AND BOARD-DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0019	Y	BHVAL HEALTH; LONG-TERM RES W/O ROOM and BOARD-DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0040	Y	ASSERT COMM TX PROG - PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0046	Y	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2012	NC	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2013	NC	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2014	Y	SKILLS TRAINING AND DEVELOPMENT PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2015	NC	COMP COMMUNITY SUPPORT SERVICES PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2016	NC	COMP COMMUNITY SUPPORT SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2017	Y	PSYCHOSOCIAL REHAB SERVICES PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2018	NC	PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2019	NC	THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2020	NC	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2030	Y	MENTAL HEALTH CLUBHOUSE SERVICES PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2035	Y	ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER HOUR	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior Authorization required for DAODAS Providers only. Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).
H2036	Y	ALCOHOLAND OR OTH DRUG TREATMENT PROGRAM PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2037	Y	DVLPMENTL DLAY PREV ACTV DPND CHLD CLIENT 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
S0201	NC	PARTIAL HOSPITLZTN SERVICES UNDER 24 HR PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
S9480	Y	INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	No PA required for first 16 units.
S9482	Y	FAMILY STABILIZATION SERVICES PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	
T2023	Y	TARGETED CASE MANAGEMENT, PER MONTH	Behavioral/Mental Health, Alcohol-Chemical Dependency	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
T2048	Y	BHVAL HEALTH; LONG-TERM CARE RES W/ROOM AND BD-DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
15769	Y	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	Cosmetic, Plastic & Reconstructive Procedures	
15771	Y	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	Cosmetic, Plastic & Reconstructive Procedures	
15773	Y	GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LESS	Cosmetic, Plastic & Reconstructive Procedures	
15775	Y	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	Cosmetic, Plastic & Reconstructive Procedures	
15776	Y	PUNCH GRAFT HAIR TRANSPLANT OVER 15 PUNCH GRAFTS	Cosmetic, Plastic & Reconstructive Procedures	
15780	Y	DERMABRASION TOTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	
15781	Y	DERMABRASION SEGMENTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	
15782	Y	DERMABRASION REGIONAL OTHER THAN FACE	Cosmetic, Plastic & Reconstructive Procedures	
15783	Y	DERMABRASION SUPERFICIAL ANY SITE	Cosmetic, Plastic & Reconstructive Procedures	
15786	Y	ABRASION 1 LESION	Cosmetic, Plastic & Reconstructive Procedures	
15788	Y	CHEMICAL PEEL FACIAL EPIDERMAL	Cosmetic, Plastic & Reconstructive Procedures	
15789	Y	CHEMICAL PEEL FACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures	
15792	Y	CHEMICAL PEEL NONFACIAL EPIDERMAL	Cosmetic, Plastic & Reconstructive Procedures	
15793	Y	CHEMICAL PEEL NONFACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures	
15819	Y	CERVICOPLASTY	Cosmetic, Plastic & Reconstructive Procedures	
15820	Y	BLEPHAROPLASTY LOWER EYELID	Cosmetic, Plastic & Reconstructive Procedures	
15821	Y	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	
15822	Y	BLEPHAROPLASTY UPPER EYELID	Cosmetic, Plastic & Reconstructive Procedures	
15823	Y	BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN	Cosmetic, Plastic & Reconstructive Procedures	
15824	Y	RHYTIDECTOMY FOREHEAD	Cosmetic, Plastic & Reconstructive Procedures	
15825	Y	RHYTIDECTOMY NECK W PLATYSMAL TIGHTENING	Cosmetic, Plastic & Reconstructive Procedures	
15826	Y	RHYTIDECTOMY GLABELLAR FROWN LINES	Cosmetic, Plastic & Reconstructive Procedures	
15828	Y	RHYTIDECTOMY CHEEK CHIN AND NECK	Cosmetic, Plastic & Reconstructive Procedures	
15829	Y	RHYTIDECTOMY SMAS FLAP	Cosmetic, Plastic & Reconstructive Procedures	
15830	Y	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	Cosmetic, Plastic & Reconstructive Procedures	
15832	Y	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH	Cosmetic, Plastic & Reconstructive Procedures	
15833	Y	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG	Cosmetic, Plastic & Reconstructive Procedures	
15834	Y	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP	Cosmetic, Plastic & Reconstructive Procedures	
15835	Y	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK	Cosmetic, Plastic & Reconstructive Procedures	
15836	Y	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM	Cosmetic, Plastic & Reconstructive Procedures	
15837	Y	EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND	Cosmetic, Plastic & Reconstructive Procedures	
15838	Y	EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	
15839	Y	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	Cosmetic, Plastic & Reconstructive Procedures	
15847	Y	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN	Cosmetic, Plastic & Reconstructive Procedures	
15876	Y	SUCTION ASSISTED LIPECTOMY HEAD AND NECK	Cosmetic, Plastic & Reconstructive Procedures	
15877	Y	SUCTION ASSISTED LIPECTOMY TRUNK	Cosmetic, Plastic & Reconstructive Procedures	
15878	Y	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Cosmetic, Plastic & Reconstructive Procedures	
15879	Y	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Cosmetic, Plastic & Reconstructive Procedures	
17380	Y	ELECTROLYSIS EPILATION EACH 30 MINUTES	Cosmetic, Plastic & Reconstructive Procedures	
19300	Y	MASTECTOMY GYNECOMASTIA	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer Dx's.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
19316	Y	MASTOPEXY	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer Dx's.
19318	Y	REDUCTION MAMMAPLASTY	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer Dx's.
19325	Y	MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer Dx's.
19328	Y	REMOVAL INTACT MAMMARY IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer Dx's.
19330	Y	REMOVAL MAMMARY IMPLANT MATERIAL	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer Dx's.
19340	Y	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer Dx's.
19342	Y	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer Dx's.
19350	Y	NIPPLE AREOLA RECONSTRUCTION	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer Dx's.
19355	Y	CORRECTION INVERTED NIPPLES	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer Dx's.
19396	Y	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	No PA required when associated with breast cancer Dx's.
30400	Y	RHINP PRIM LAT AND ALAR CRTLGs AND ELVTN NASAL TI	Cosmetic, Plastic & Reconstructive Procedures	
30410	Y	RHINP PRIM COMPLETE XTRNL PARTS	Cosmetic, Plastic & Reconstructive Procedures	
30420	Y	RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR	Cosmetic, Plastic & Reconstructive Procedures	
30430	Y	RHINOPLASTY SECONDARY MINOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	
30435	Y	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Cosmetic, Plastic & Reconstructive Procedures	
30450	Y	RHINOPLASTY SECONDARY MAJOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	
30460	Y	RHINP DFRM W COLUM LNGTH TIP ONLY	Cosmetic, Plastic & Reconstructive Procedures	
30462	Y	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	Cosmetic, Plastic & Reconstructive Procedures	
30468	Y	RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT	Cosmetic, Plastic & Reconstructive Procedures	
67904	Y	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL	Cosmetic, Plastic & Reconstructive Procedures	
67906	Y	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Cosmetic, Plastic & Reconstructive Procedures	
67908	Y	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Cosmetic, Plastic & Reconstructive Procedures	
69300	Y	OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTN	Cosmetic, Plastic & Reconstructive Procedures	
95250	Y	CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	Durable Medical Equipment (DME)	
95251	Y	CONTINUOUS GLUCOSE MONITORING ANALYSIS I AND R	Durable Medical Equipment (DME)	
98975	Y	REMOTE THERAPEUTIC MNTR 1ST SETUP AND PT EDUCAJ EQP	Durable Medical Equipment (DME)	
98976	Y	REM THER MNTR DEV SUPPLY W/REC RESPIR SYS EA 30D	Durable Medical Equipment (DME)	
98977	Y	REM THER MNTR DEV SPLY W/REC MUSCSKEL SYS EA 30D	Durable Medical Equipment (DME)	
0704T	Y	REM TX AMBLYOPIA DEV SUPPLY 1ST SETUP AND PT EDUCAJ	Durable Medical Equipment (DME)	
0705T	Y	REM TX AMBLYOPIA TCH SPRT MIN 18 TRAIING HR EA 30	Durable Medical Equipment (DME)	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0706T	Y	REM TX AMBLYOPIA I AND R PHYS/QHP PER CALENDAR MONTH	Durable Medical Equipment (DME)	
A4238	Y	SPL ALW ADJ NI CGM 1 MONTH SUPPLY Equal to 1 UOS	Durable Medical Equipment (DME)	
A4239	Y	SUPPLY ALLOW FOR TX CGM1 MO SPL EQ 1 U OF SERVICE	Durable Medical Equipment (DME)	
A4341	Y	INDWELL IU DRAIN DEVC VLV PT INSRT REPLC ONLY EA	Durable Medical Equipment (DME)	
A4342	Y	ACC PT INS INDWELL IU DRN DEVC VLV REPLC ONLY EA	Durable Medical Equipment (DME)	
A4560	Y	NEUROMUSCULAR ELECTRICAL STIM DISP REPLC ONLY	Durable Medical Equipment (DME)	
A8003	Y	HELMET PROTECTIVE HARD CUSTOM FAB COMP ACCSSRIES	Durable Medical Equipment (DME)	
A8004	Y	SOFT INTERFACE FOR HELMET REPLACEMENT ONLY	Durable Medical Equipment (DME)	
A9274	Y	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	Durable Medical Equipment (DME)	
A9276	Y	SENSOR;INVSV DISPSBLE INTRSTL CGM 1U EQLS 1D SPPLY	Durable Medical Equipment (DME)	
A9277	Y	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	
A9278	Y	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	
B4105	Y	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Durable Medical Equipment (DME)	
C1839	Y	IRIS PROSTHESIS	Durable Medical Equipment (DME)	
C2624	Y	IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	Durable Medical Equipment (DME)	
E0193	Y	Powered air flotation bed	Durable Medical Equipment (DME)	
E0194	Y	AIR FLUIDIZED BED	Durable Medical Equipment (DME)	
E0217	Y	WATER CIRCULATING HEAT PAD WITH PUMP	Durable Medical Equipment (DME)	
E0248	Y	TRNSF BENCH HEVY DUTY TUB/TOILET W/WO COMMODE OP	Durable Medical Equipment (DME)	
E0255	Y	HOSP BED VARIBL HT W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	
E0256	Y	HOSP BED VARIBL HT ANY TYPE SIDE RAIL W/O MATTRSS	Durable Medical Equipment (DME)	
E0260	Y	HOSP BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	
E0261	Y	HOSP BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATTRSS	Durable Medical Equipment (DME)	
E0265	Y	HOSP BED TOT ELCTRC W ANY TYPE SIDE RAIL W MTRSS	Durable Medical Equipment (DME)	
E0266	Y	HOS BED TTL ELCTRC ANY TYPE SIDE RAIL W/O MTRSS	Durable Medical Equipment (DME)	
E0277	Y	POWERED PRESSURE-REDUCING AIR MATTRESS	Durable Medical Equipment (DME)	
E0292	Y	HOSP BED VARIBL HT HI-LO W O SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
E0293	Y	HOSP BED VARIBL HT HI-LO W O SIDE RAIL NO MATTRSS	Durable Medical Equipment (DME)	
E0294	Y	HOSP BED SEMI-ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	
E0295	Y	HOSP BED SEMI-ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME)	
E0296	Y	HOSP BED TOTAL ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	
E0297	Y	HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME)	
E0300	Y	PED CRIB HOS GRADE FULLY ENC W WO TOP ENC	Durable Medical Equipment (DME)	
E0301	Y	HOSP BED HVY DTY XTRA WIDE W WGHT CAPACTY OVER 350 PDS	Durable Medical Equipment (DME)	
E0302	Y	HOSP BED XTRA HVY DTY WT CAP OVER 600 PDS W O MTRSS	Durable Medical Equipment (DME)	
E0303	Y	HOSP BED HEVY DUTY W WT CAP OVER 350 PDS UNDER EQ TO 600	Durable Medical Equipment (DME)	
E0304	Y	HOSP BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATTRSS	Durable Medical Equipment (DME)	
E0328	Y	HOSP BED PEDIATRIC MANUAL INCLUDES MATTRESS	Durable Medical Equipment (DME)	
E0329	Y	HOSP BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	Durable Medical Equipment (DME)	
E0371	Y	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN AND WPTH	Durable Medical Equipment (DME)	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
E0372	Y	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH AND WIDTH	Durable Medical Equipment (DME)	
E0373	Y	NONPOWERED ADVANCD PRESSURE REDUCING MATTRESS	Durable Medical Equipment (DME)	
E0433	Y	PORTABL LIQUID OXYGEN SYS RENTAL; HOME LIQUEFIER	Durable Medical Equipment (DME)	
E0434	Y	PRTBLE LQD O2 SYS RENT; RESRVOR HUMIDFR FLWMTR	Durable Medical Equipment (DME)	
E0435	Y	PRTBLE LQD O2 SYS PURCH; RESRVOR FLWMTR HUMIDFR	Durable Medical Equipment (DME)	
E0444	Y	PORTABLE O2 CONTENTS LIQUID 1 MO SUPPLY Equal to 1 UNIT	Durable Medical Equipment (DME)	
E0462	Y	ROCKING BED WITH OR WITHOUT SIDE RAILS	Durable Medical Equipment (DME)	
E0465	Y	HOME VENTILATOR ANY TYPE USED W INVASIVE INTF	Durable Medical Equipment (DME)	
E0466	Y	HOME VENTILATOR ANY TYPE USED W NON-INVASV INTF	Durable Medical Equipment (DME)	
E0467	Y	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC	Durable Medical Equipment (DME)	
E0470	Y	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU	Durable Medical Equipment (DME)	
E0471	Y	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP	Durable Medical Equipment (DME)	
E0472	Y	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACKUP	Durable Medical Equipment (DME)	
E0481	Y	INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACSSORIES	Durable Medical Equipment (DME)	
E0483	Y	HI FREQNCY CHEST WALL OSCILLATION SYSTEM EA	Durable Medical Equipment (DME)	
E0486	Y	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM	Durable Medical Equipment (DME)	
E0601	Y	CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	Durable Medical Equipment (DME)	
E0625	Y	PATIENT LIFT BATHROOM OR TOILET NOC	Durable Medical Equipment (DME)	
E0630	Y	PATIENT LIFT HYDRAULIC/MECH INCL SEAT SLING/PAD	Durable Medical Equipment (DME)	
E0635	Y	PATIENT LIFT ELECTRIC WITH SEAT OR SLING	Durable Medical Equipment (DME)	
E0637	Y	COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE	Durable Medical Equipment (DME)	
E0638	Y	STANDING FRAME/TABLE SYS ONE PSTION ANY SZ W/WO WHLS	Durable Medical Equipment (DME)	
E0640	Y	PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS	Durable Medical Equipment (DME)	
E0641	Y	FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES	Durable Medical Equipment (DME)	
E0642	Y	STANDING FRAME/TABLE SYS MOBILE DYNAMIC ANY SZ	Durable Medical Equipment (DME)	
E0650	Y	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL	Durable Medical Equipment (DME)	
E0651	Y	PNEUMATC COMPRS SEG HOM MDL NO CALBRD GRDNT PRSS	Durable Medical Equipment (DME)	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
E0652	Y	PNEUMAT COMPRS SEG HOM MDL W/CALBRD GRADNT PRSS	Durable Medical Equipment (DME)	
E0656	Y	SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK	Durable Medical Equipment (DME)	
E0667	Y	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG	Durable Medical Equipment (DME)	
E0668	Y	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM	Durable Medical Equipment (DME)	
E0670	Y	SEG PNEU APPLINC PNEU COMPRS IN 2 FULL LEGS TRNK	Durable Medical Equipment (DME)	
E0671	Y	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG	Durable Medical Equipment (DME)	
E0673	Y	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC HALF LEG	Durable Medical Equipment (DME)	
E0675	Y	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL	Durable Medical Equipment (DME)	
E0676	Y	INTERMITTENT LIMB COMPRESSION DEVICE NOS	Durable Medical Equipment (DME)	
E0677	Y	NONPNEUMATIC SEQUENTIAL COMP GARMENT TRUNK	Durable Medical Equipment (DME)	
E0691	Y	UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS	Durable Medical Equipment (DME)	
E0692	Y	UV LT TX SYS PANL W BULB LAMP TIMER 4 FT PANEL	Durable Medical Equipment (DME)	
E0693	Y	UV LT TX SYS PANL W BULBS LAMPS TIMER 6 FT PANEL	Durable Medical Equipment (DME)	
E0694	Y	UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR	Durable Medical Equipment (DME)	
E0731	Y	FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES	Durable Medical Equipment (DME)	
E0740	Y	NON-IMPL PELV FLR ELECTRICAL STIMULATOR CMPL SYS	Durable Medical Equipment (DME)	
E0744	Y	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	Durable Medical Equipment (DME)	
E0747	Y	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	Durable Medical Equipment (DME)	
E0748	Y	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	Durable Medical Equipment (DME)	
E0749	Y	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL	Durable Medical Equipment (DME)	
E0760	Y	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	Durable Medical Equipment (DME)	
E0762	Y	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS	Durable Medical Equipment (DME)	
E0764	Y	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	Durable Medical Equipment (DME)	
E0766	Y	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	Durable Medical Equipment (DME)	
E0782	Y	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE	Durable Medical Equipment (DME)	
E0783	Y	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	Durable Medical Equipment (DME)	
E0784	Y	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	Durable Medical Equipment (DME)	
E0785	Y	IMPLANTABLE INTRASPINL CATHETER USED W PUMP-REPL	Durable Medical Equipment (DME)	
E0786	Y	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL	Durable Medical Equipment (DME)	
E0787	Y	EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ	Durable Medical Equipment (DME)	
E0947	Y	FRACTURE FRAME ATTCH COMPLEX PELVIC TRACTION	Durable Medical Equipment (DME)	
E0948	Y	FRACTURE FRAME ATTCH COMPLEX CERVICAL TRACTION	Durable Medical Equipment (DME)	
E0983	Y	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC JOYST CNTRL	Durable Medical Equipment (DME)	
E0984	Y	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC TILLER CNTRL	Durable Medical Equipment (DME)	
E0986	Y	MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	Durable Medical Equipment (DME)	
E0988	Y	MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR	Durable Medical Equipment (DME)	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
E1002	Y	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	Durable Medical Equipment (DME)	
E1003	Y	WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDUC	Durable Medical Equipment (DME)	
E1004	Y	WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDUC	Durable Medical Equipment (DME)	
E1005	Y	WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	
E1006	Y	WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC	Durable Medical Equipment (DME)	
E1007	Y	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	Durable Medical Equipment (DME)	
E1008	Y	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	
E1010	Y	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR	Durable Medical Equipment (DME)	
E1011	Y	MOD PEDIATRIC SIZE WC WIDTH ADJUSTMENT PACKAGE	Durable Medical Equipment (DME)	
E1012	Y	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	Durable Medical Equipment (DME)	
E1014	Y	RECLIN BACK ADDITION PEDIATRIC SIZE WHEELCHAIR	Durable Medical Equipment (DME)	
E1020	Y	RESIDUAL LIMB SUPPORT SYSTEM WHEELCHAIR ANY TYPE	Durable Medical Equipment (DME)	
E1028	Y	WC ACCSS MANL SWINGAWAY OTH CNTRL INTRFCE PSTN	Durable Medical Equipment (DME)	
E1029	Y	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED	Durable Medical Equipment (DME)	
E1030	Y	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	Durable Medical Equipment (DME)	
E1035	Y	MULTI-PSTN PT TRNSF SYS W SEAT PT WT UNDER EQ 300 LBS	Durable Medical Equipment (DME)	
E1036	Y	MULTI-PSTN PT TRNSF SYS EXTRA WIDE PT OVER 300 LBS	Durable Medical Equipment (DME)	
E1037	Y	TRANSPORT CHAIR PEDIATRIC SIZE	Durable Medical Equipment (DME)	
E1050	Y	FULL RECLIN WHLCHAIR; FIX FULL-LEN ARMS LEGRESTS	Durable Medical Equipment (DME)	
E1060	Y	FULL RECLIN WHLCHAIR; DTACHBLE ARMS LEGRESTS	Durable Medical Equipment (DME)	
E1070	Y	FULLY RECLIN WHLCHAIR; DTACHBLE ARMS FOOTRESTS	Durable Medical Equipment (DME)	
E1161	Y	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	Durable Medical Equipment (DME)	
E1225	Y	WHLCHAIR ACCESS MANUAL SEMIRECLINING BACK EACH	Durable Medical Equipment (DME)	
E1226	Y	WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH	Durable Medical Equipment (DME)	
E1227	Y	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	Durable Medical Equipment (DME)	
E1229	Y	WHEELCHAIR PEDIATRIC SIZE NOS	Durable Medical Equipment (DME)	
E1230	Y	PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER	Durable Medical Equipment (DME)	
E1232	Y	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS	Durable Medical Equipment (DME)	
E1233	Y	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	
E1234	Y	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	
E1235	Y	WHLCHAIR PED SIZE RIGD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	
E1236	Y	WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	
E1237	Y	WHLCHAIR PED SZ RIGD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	
E1238	Y	WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	
E1296	Y	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Durable Medical Equipment (DME)	
E1298	Y	SPECIAL WHLCHAIR SEAT DEPTH AND OR WIDTH CONSTRUCT	Durable Medical Equipment (DME)	
E1310	Y	WHIRLPOOL NONPORTABLE	Durable Medical Equipment (DME)	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
E1700	Y	JAW MOTION REHABILITATION SYSTEM	Durable Medical Equipment (DME)	
E1905	Y	VIRTUAL REALITY CBT INCLUDING PP TX SOFTWARE	Durable Medical Equipment (DME)	
E2102	Y	ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR/RECEIVER	Durable Medical Equipment (DME)	
E2103	Y	NONADJUNCTIVE NONIMPLANTED CGM/RECEIVER	Durable Medical Equipment (DME)	
E2201	Y	MNL WC ACSS NONSTD SEAT WPTH GRT THN EQ 20 IN AND UNDER	Durable Medical Equipment (DME)	
E2202	Y	MANUAL WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Durable Medical Equipment (DME)	
E2203	Y	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 UNDER 22 IN	Durable Medical Equipment (DME)	
E2204	Y	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Durable Medical Equipment (DME)	
E2218	Y	MNL WHLCHAIR ACCSS FOAM PROPULSION TIRE ANY SIZE	Durable Medical Equipment (DME)	
E2227	Y	MANUAL WC ACCESS GEAR REDUCTION DRIVE WHEEL EACH	Durable Medical Equipment (DME)	
E2291	Y	BACK PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	Durable Medical Equipment (DME)	
E2292	Y	SEAT PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	Durable Medical Equipment (DME)	
E2293	Y	BACK CONTOURED PED WC INCL FIX ATTCH HARDWARE	Durable Medical Equipment (DME)	
E2294	Y	SEAT CONTOURED PED WC INCL FIX ATTCH HARDWARE	Durable Medical Equipment (DME)	
E2295	Y	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	Durable Medical Equipment (DME)	
E2300	Y	WHEEL CHAIR ACCESSORY - PWR SEAT ELEVATION SYS	Durable Medical Equipment (DME)	
E2301	Y	WHEELCHAIR ACCESSORY POWER STANDING SYS ANY TYPE	Durable Medical Equipment (DME)	
E2310	Y	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND ONE PWR	Durable Medical Equipment (DME)	
E2311	Y	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND TWO MORE	Durable Medical Equipment (DME)	
E2312	Y	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	Durable Medical Equipment (DME)	
E2313	Y	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLER EA	Durable Medical Equipment (DME)	
E2321	Y	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL	Durable Medical Equipment (DME)	
E2322	Y	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL	Durable Medical Equipment (DME)	
E2323	Y	PWR WC ACSS SPCLTY JOYSTCK HNDLE HND CNTRL PRFAB	Durable Medical Equipment (DME)	
E2324	Y	POWER WHLCHAIR ACSS CHIN CUP CHIN CNTRL INTERFCE	Durable Medical Equipment (DME)	
E2325	Y	PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNAL	Durable Medical Equipment (DME)	
E2326	Y	PWR WC ACSS BREATH TUBE KIT SIP AND PUFF INTERFCE	Durable Medical Equipment (DME)	
E2327	Y	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL	Durable Medical Equipment (DME)	
E2328	Y	PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL	Durable Medical Equipment (DME)	
E2329	Y	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRRTNL	Durable Medical Equipment (DME)	
E2330	Y	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL	Durable Medical Equipment (DME)	
E2331	Y	PWR WC ACSS ATTENDANT CONTROL PROPRTIONAL	Durable Medical Equipment (DME)	
E2340	Y	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	Durable Medical Equipment (DME)	
E2341	Y	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Durable Medical Equipment (DME)	
E2342	Y	PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN	Durable Medical Equipment (DME)	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
E2343	Y	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Durable Medical Equipment (DME)	
E2351	Y	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC	Durable Medical Equipment (DME)	
E2359	Y	PWR WC ACCESSORY GRP 34 SEALED LEAD ACID BATT EA	Durable Medical Equipment (DME)	
E2360	Y	PWR WC ACSS 22 NF NON-SEALED LEAD ACID BATTERY EA	Durable Medical Equipment (DME)	
E2361	Y	PWR WC ACSS 22NF SEALED LEAD ACID BATTERY EA	Durable Medical Equipment (DME)	
E2362	Y	PWR WC ACSS GRP 24 NON-SEALED LEAD ACID BATT EA	Durable Medical Equipment (DME)	
E2363	Y	PWR WC ACSS GRP 24 SEALED LEAD ACID BATTERY EA	Durable Medical Equipment (DME)	
E2364	Y	PWR WC ACSS U-1 NON-SEALED LEAD ACID BATTERY EA	Durable Medical Equipment (DME)	
E2365	Y	PWR WHLCHAIR ACSS U-1 SEALED LEAD ACID BATTERY EA	Durable Medical Equipment (DME)	
E2366	Y	PWR WC ACSS BATTERY CHRGR 1 MODE W ONLY 1 BATTERY	Durable Medical Equipment (DME)	
E2367	Y	PWR WC ACSS BATT CHRGR DUL MODE W EITHER BATT EA	Durable Medical Equipment (DME)	
E2368	Y	POWER WHEELCHAIR CMPNT MOTOR REPLACEMENT ONLY	Durable Medical Equipment (DME)	
E2369	Y	POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY	Durable Medical Equipment (DME)	
E2370	Y	PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY	Durable Medical Equipment (DME)	
E2371	Y	POWER WC ACSS GRP 27 SEALED LEAD ACID BATTERY EA	Durable Medical Equipment (DME)	
E2372	Y	PWR WC ACSS GRP 27 NONSEALED LEAD ACID BATTERY EA	Durable Medical Equipment (DME)	
E2373	Y	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	Durable Medical Equipment (DME)	
E2374	Y	PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY	Durable Medical Equipment (DME)	
E2375	Y	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	
E2376	Y	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	
E2377	Y	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE	Durable Medical Equipment (DME)	
E2378	Y	POWER WHEELCHAIR COMPONENT ACTUATOR REPLACE ONLY	Durable Medical Equipment (DME)	
E2381	Y	PWR WC PNEUMATIC DRIVE WHEEL TIRE REPL ONLY EACH	Durable Medical Equipment (DME)	
E2382	Y	PWR WC TUBE PNEUMATIC DRIVE WHEEL TIRE REPL EACH	Durable Medical Equipment (DME)	
E2383	Y	PWR WC INSERT PNEUMATIC WHEEL TIRE REPL ONLY EA	Durable Medical Equipment (DME)	
E2384	Y	PWR WC PNEUMATIC CASTER TIRE REPL ONLY EACH	Durable Medical Equipment (DME)	
E2385	Y	PWR WC TUBE PNEUMATIC CASTER TIRE REPL ONLY EACH	Durable Medical Equipment (DME)	
E2386	Y	PWR WC FOAM FILLED DRIVE WHEEL TIRE REPL ONLY EA	Durable Medical Equipment (DME)	
E2387	Y	PWR WC FOAM FILLED CASTER TIRE REPL ONLY EACH	Durable Medical Equipment (DME)	
E2388	Y	PWR WC FOAM DRIVE WHEEL TIRE REPL ONLY EACH	Durable Medical Equipment (DME)	
E2389	Y	PWR WC FOAM CASTER TIRE REPLACEMENT ONLY EACH	Durable Medical Equipment (DME)	
E2390	Y	PWR WC SOLID DRIVE WHEEL TIRE REPL ONLY EACH	Durable Medical Equipment (DME)	
E2391	Y	PWR WC SOLID CASTER TIRE REPLACEMENT ONLY EACH	Durable Medical Equipment (DME)	
E2392	Y	PWR WC SOLID CASTER TIRE INTEGRATED WHEEL REPL EA	Durable Medical Equipment (DME)	
E2394	Y	PWR WC DRIVE WHEEL EXCLUDES TIRE REPL ONLY EACH	Durable Medical Equipment (DME)	
E2395	Y	PWR WC CASTER WHEEL EXCLUDES TIRE REPL ONLY EACH	Durable Medical Equipment (DME)	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
E2396	Y	PWR WC CASTER FORK REPLACEMENT ONLY EACH	Durable Medical Equipment (DME)	
E2397	Y	POWER WHLCHAIR ACCESSORY LITHIUM-BASED BATTERY EA	Durable Medical Equipment (DME)	
E2398	Y	WHEELCHAIR ACC, DYNAMIC POS HARDWARE FOR BACK	Durable Medical Equipment (DME)	
E2402	Y	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	Durable Medical Equipment (DME)	
E2500	Y	SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME	Durable Medical Equipment (DME)	
E2502	Y	SPCH GEN DEVC DIGTIZD OVER 8 MINS LESS THN EQ 20 MIN REC	Durable Medical Equipment (DME)	
E2504	Y	SPCH GEN DEVC DIGTIZD OVER 20 MINS UNDER EQ 40 MINS REC	Durable Medical Equipment (DME)	
E2506	Y	SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME	Durable Medical Equipment (DME)	
E2508	Y	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT	Durable Medical Equipment (DME)	
E2510	Y	SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS	Durable Medical Equipment (DME)	
E2511	Y	SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST	Durable Medical Equipment (DME)	
E2512	Y	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM	Durable Medical Equipment (DME)	
E2599	Y	ACCESSORY FOR SPEECH GENERATING DEVICE NOC	Durable Medical Equipment (DME)	
E2609	Y	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	Durable Medical Equipment (DME)	
E2617	Y	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	Durable Medical Equipment (DME)	
E2626	Y	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	Durable Medical Equipment (DME)	
E2628	Y	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING	Durable Medical Equipment (DME)	
E2629	Y	WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP	Durable Medical Equipment (DME)	
E8000	Y	GAIT TRAINER PED SZ POST SUPP W/ALL ACSS and CMPNTS	Durable Medical Equipment (DME)	
E8001	Y	GAIT TRAINER PED SZ UPRT SUPP W/ALL ACSS and CMPNTS	Durable Medical Equipment (DME)	
E8002	Y	GAIT TRAINER PED SZ ANT SUPP W/ALL ACSS and CMPNTS	Durable Medical Equipment (DME)	
K0002	Y	STANDARD HEMI WHEELCHAIR	Durable Medical Equipment (DME)	
K0003	Y	Lightweight wheelchair	Durable Medical Equipment (DME)	
K0004	Y	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	Durable Medical Equipment (DME)	
K0005	Y	ULTRALIGHTWEIGHT WHEELCHAIR	Durable Medical Equipment (DME)	
K0006	Y	HEAVY-DUTY WHEELCHAIR	Durable Medical Equipment (DME)	
K0007	Y	EXTRA HEAVY-DUTY WHEELCHAIR	Durable Medical Equipment (DME)	
K0008	Y	CUSTOM MANUAL WHEELCHAIR BASE	Durable Medical Equipment (DME)	
K0009	Y	OTHER MANUAL WHEELCHAIR/BASE	Durable Medical Equipment (DME)	
K0010	Y	STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	
K0011	Y	STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL	Durable Medical Equipment (DME)	
K0012	Y	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	
K0013	Y	CUSTOM MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
K0014	Y	OTHER MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	
K0108	Y	OTHER ACCESSORIES	Durable Medical Equipment (DME)	
K0606	Y	AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE	Durable Medical Equipment (DME)	
K0733	Y	PWR WC 12-24 AMP HR SEALED LEAD ACID BATTERY EA	Durable Medical Equipment (DME)	
K0800	Y	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	
K0801	Y	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	
K0802	Y	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	
K0806	Y	PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	
K0807	Y	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	
K0808	Y	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	
K0813	Y	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	
K0814	Y	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	
K0815	Y	PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0816	Y	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0820	Y	PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0821	Y	PWR WC GRP 2 STDRD PORT CAPT CHAIR PT UPTO INCLDNG 300 LBS	Durable Medical Equipment (DME)	
K0822	Y	PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0823	Y	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO & EQ 300 LBS	Durable Medical Equipment (DME)	
K0824	Y	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	
K0825	Y	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	
K0826	Y	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	
K0827	Y	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS	Durable Medical Equipment (DME)	
K0828	Y	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB OR GRT	Durable Medical Equipment (DME)	
K0829	Y	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT	Durable Medical Equipment (DME)	
K0830	Y	PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0831	Y	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	Durable Medical Equipment (DME)	
K0835	Y	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	
K0836	Y	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	
K0837	Y	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	
K0838	Y	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	
K0839	Y	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	Durable Medical Equipment (DME)	
K0840	Y	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR MORE	Durable Medical Equipment (DME)	
K0841	Y	PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0842	Y	PWR WC GRP 2 STD MX PWR CAPT CHR PT WT UPTO AND INCLDNG 300 LBS	Durable Medical Equipment (DME)	
K0843	Y	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
K0848	Y	PWR WC GRP 3 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0849	Y	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0850	Y	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	
K0851	Y	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	
K0852	Y	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	
K0853	Y	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	Durable Medical Equipment (DME)	
K0854	Y	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT	Durable Medical Equipment (DME)	
K0855	Y	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT	Durable Medical Equipment (DME)	
K0856	Y	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	
K0857	Y	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	
K0858	Y	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	
K0859	Y	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	
K0860	Y	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	
K0861	Y	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	
K0862	Y	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	
K0863	Y	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	
K0864	Y	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT	Durable Medical Equipment (DME)	
K0868	Y	PWR WC GRP 4 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0869	Y	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0870	Y	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	
K0871	Y	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	
K0877	Y	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	
K0878	Y	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	
K0879	Y	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	
K0880	Y	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	
K0884	Y	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	
K0885	Y	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	
K0886	Y	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	
K0890	Y	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	
K0891	Y	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
K0900	Y	CUSTOMIZED DME OTHER THAN WHEELCHAIR	Durable Medical Equipment (DME)	
K1001	Y	ELECTRONIC POSIT OBSTRUCTIVE SLEEP APNEA TX SENS	Durable Medical Equipment (DME)	
K1002	Y	CES SYS INCL ALL SUPPLIES AND ACCESSORIES ANY TYPE	Durable Medical Equipment (DME)	
K1003	Y	WHIRLPOOL TUB WALK IN PORTABLE	Durable Medical Equipment (DME)	
K1004	Y	LW FRQ U S DIA TX DVC HM USE INCL CMPNT ANDACCESS	Durable Medical Equipment (DME)	
K1014	Y	AK 4 BAR LINK HYDL SWG/STANC	Durable Medical Equipment (DME)	
K1016	Y	TRANS ELEC NERV FOR TRIGEMIN	Durable Medical Equipment (DME)	
K1017	Y	MONTHLY SUPP USE WITH K1016	Durable Medical Equipment (DME)	
K1018	Y	EXT UP LIMB TREMOR STIM WRIS	Durable Medical Equipment (DME)	
K1019	Y	MONTHLY SUPP USE OF DEVICE CODED AT K1018	Durable Medical Equipment (DME)	
K1020	Y	NON-INVASIVE VAGUS NERV STIM	Durable Medical Equipment (DME)	
K1024	Y	NONPNEUMATIC COMPR CONTRL W/SEQ CALIBR GRDNT PRS	Durable Medical Equipment (DME)	
K1025	Y	NONPNEUMATIC SEQUENTIAL COMPRES GARMENT FULL ARM	Durable Medical Equipment (DME)	
K1027	Y	ORAL DEV/APPL RED U AW COL WO F MCH HNG CSTM FAB	Durable Medical Equipment (DME)	
K1028	Y	PS AND CTRL ELEC U O DVC/APPL NM ELEC STIM TNG M	Durable Medical Equipment (DME)	
K1029	Y	ORAL DEVICE/APPL NM ELEC STIM TONGUE MUSCLE	Durable Medical Equipment (DME)	
K1031	Y	NONPNEU CPRSN CTR W/O CALIBRATED GRADIENT PRS	Durable Medical Equipment (DME)	
K1032	Y	NONPNEU SEQUENTIAL COMPRESSION GARMENT FULL LEG	Durable Medical Equipment (DME)	
K1033	Y	NONPNEU SEQUENTIAL COMPRESSION GARMENT HALF LEG	Durable Medical Equipment (DME)	
L0624	Y	SACROILIAC ORTHOSIS RIGD/SEMI-RIGD PANELS CUSTOM	Durable Medical Equipment (DME)	
L0626	Y	LUMB ORTHOSIS SAGIT CNTRL RIGID POST PANL PREFAB	Durable Medical Equipment (DME)	
L0627	Y	LUMB ORTHOSIS SAGIT CNTRL RIGID A AND P PANEL PREFAB	Durable Medical Equipment (DME)	
L0629	Y	LUMBAR-SACRAL ORTHOSIS FLEXIBLE CUSTOM FAB	Durable Medical Equipment (DME)	
L0630	Y	LUMB-SACRAL ORTHOS SAGIT CNTRL RIGID POST PREFAB	Durable Medical Equipment (DME)	
L0631	Y	LUMB-SACRAL ORTHOS SAGIT CNTRL RIGID A AND P PREFAB	Durable Medical Equipment (DME)	
L0632	Y	LUMB-SACRAL ORTHOS SAGIT CNTRL RIGID A AND P CUSTOM	Durable Medical Equipment (DME)	
L0634	Y	LUMB-SAC ORTHOS SAGIT-COR CNTRL RIGD POST CUSTOM	Durable Medical Equipment (DME)	
L0636	Y	LSO SAGITTAL-CORONL CNTRL FLEX RIGID POST CUSTOM	Durable Medical Equipment (DME)	
L8619	Y	COCHLEAR IMPL EXT SPEECH PROCESSR/CONTROLLER REPL	Durable Medical Equipment (DME)	
L8678	Y	ELECTRICAL STIM SUP EXT USE W/I NEUROSTIM PER MO	Durable Medical Equipment (DME)	
Q0480	Y	DRIVER PNEUMATIC VAD, REP	Durable Medical Equipment (DME)	
S1034	Y	ARTIF PANCREAS DEVC SYS THAT CMNCT W ALL DEVC	Durable Medical Equipment (DME)	
S1035	Y	SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	
S1036	Y	TRANSMITTER; EXT USE W ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
S1037	Y	RECEIVER; EXTERNAL USE W ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	
T5001	Y	POSITIONING SEAT PERSON SPECIAL/ORTHOPEDIC NEED	Durable Medical Equipment (DME)	
V2399	Y	SPECIALTY TRIFOCAL	Durable Medical Equipment (DME)	
V2530	Y	CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS	Durable Medical Equipment (DME)	
V2531	Y	CONTACT LENS SCLERAL GAS PERMEABLE PER LENS	Durable Medical Equipment (DME)	
V5171	NC	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ITE	Durable Medical Equipment (DME)	
V5172	NC	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ICT	Durable Medical Equipment (DME)	
V5181	NC	HEARING AID CONTRALATERAL ROUT DVC MONAURAL BTE	Durable Medical Equipment (DME)	
V5211	NC	HEARNG AID CNTRLTRL ROUTE SYS BINAURAL ITE/ITE	Durable Medical Equipment (DME)	
V5212	NC	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE ITC	Durable Medical Equipment (DME)	
V5213	NC	HEARNG AID CONTRLTRL ROUT SYS BINAURAL ITE/BTE	Durable Medical Equipment (DME)	
V5214	NC	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC ITC	Durable Medical Equipment (DME)	
V5215	NC	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC BTE	Durable Medical Equipment (DME)	
V5221	NC	HEARNG AID CONTRLTRL ROUT SYS BINAURAL BTE/BTE	Durable Medical Equipment (DME)	
27412	Y	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	Experimental/Investigational	
27415	Y	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	Experimental/Investigational	
27416	Y	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	Experimental/Investigational	
43290	Y	ESPHGGSTRDUDNSCPY, FLXIBL, TRNSORAL; WITH DPLYMNT OF INTRGASTRIC BARIATRIC BALLON	Experimental/Investigational	
46948	Y	LIGATION HEMORRHOID BUNDLE W US	Experimental/Investigational	
83987	Y	PH EXHALED BREATH CONDENSATE	Experimental/Investigational	
93702	Y	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	Experimental/Investigational	
93895	Y	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	Experimental/Investigational	~APPLIES TO KY, NV, OH, MI for Adults 18 and over: Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
98978	Y	RMTE THRPTC MNTRNG (EG, THRPY ADHRNCE, THRPY RSPNSE); DVCE(S) SPPLY WTH SCHDLD (EG, DAILY) RCRDNG(S) AND/OR PRGRMMD ALRT(S) TRNSMSSN TO MNTR CGNTV BHVRL THRPY, EACH 30 DAYS	Experimental/Investigational	
0071T	Y	US ABLATN UTERINE LEIOMYOMATA UNDER 200 CC TISSUE	Experimental/Investigational	
0072T	Y	US ABLATJ UTERINE LEIOMYOMAT MORE OR EQUAL 200 CC TISS	Experimental/Investigational	
0075T	Y	TCAT PLMT XTRC VRT CRTD STENT RS AND I PRQ 1ST VSL	Experimental/Investigational	
0100T	Y	PLCMNT SBCJNCTVL RTNL PROSTHS RCVR & PLSE, IMPLTN INTRA-OC RTA W VTRCTMY	Experimental/Investigational	
0101T	Y	EXTRCORPL SHOCK WAVE MUSCSKLTN NOS HIGH ENERGY	Experimental/Investigational	
0102T	Y	EXTRCRPL SHOCK WAVE W ANES LAT HUMERL EPICONDYLE	Experimental/Investigational	
0106T	Y	QUANT SENSORY TEST AND INTERPN XTR W TOUCH STIMULI	Experimental/Investigational	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0107T	Y	QUANT SENSORY TEST AND INTERPN XTR W VIBRJ STIMULI	Experimental/Investigational	
0108T	Y	QUANT SENSORY TEST AND INTERPN XTR W COOL STIMULI	Experimental/Investigational	
0109T	Y	QUANT SENSORY TEST AND INTERPN XTR W HT-PN STIMULI	Experimental/Investigational	
0110T	Y	QUANT SENSORY TEST AND INTERPN XTR OTHER STIMULI	Experimental/Investigational	
0184T	Y	RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC	Experimental/Investigational	
0198T	Y	MEAS OCULAR BLOOD FLOW REPTTVE IO PRES SAMPLNG W I&R	Experimental/Investigational	
0200T	Y	PERQ SAC AGMNTJ UNI W WO BALO MCHNL DEV 1 OR GRT NDL	Experimental/Investigational	
0201T	Y	PERQ SAC AGMNTJ BI W WO BALO MCHNL DEV 2 OR GRT NDLS	Experimental/Investigational	
0202T	Y	POST VERT ARTHRPLSTY W WO BONE CEMENT 1 LUMB LVL	Experimental/Investigational	
0206U	Y	NEURO ALZHEIMER CELL AGGREGJ	Experimental/Investigational	
0207T	Y	EVAC MEIBOMIAN GLNDS AUTO HT AND INTMT PRESS UNI	Experimental/Investigational	
0207U	Y	NEURO ALZHEIMER QUAN IMAGING	Experimental/Investigational	
0208T	Y	PURE TONE AUDIOMETRY AUTOMATED AIR ONLY	Experimental/Investigational	
0209T	Y	PURE TONE AUDIOMETRY AUTOMATED AIR AND BONE	Experimental/Investigational	
0210T	Y	SPEECH AUDIOMETRY THRESHOLD AUTOMATED	Experimental/Investigational	
0210U	Y	SYPHILIS TST ANTB IA QUAN	Experimental/Investigational	
0211T	Y	SPEECH AUDIOM THRESHLD AUTO W SPEECH RECOGNITION	Experimental/Investigational	
0212T	Y	COMPRE AUDIOMTRY THRESHOLD EVAL AND SPEECH RECOG	Experimental/Investigational	
0214T	Y	NJX DX THER PARAVERT FCT JT W US CER THOR 2ND LVL	Experimental/Investigational	
0215T	Y	NJX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL	Experimental/Investigational	
0216T	Y	NJX DX THER PARAVERT FCT JT W US LUMB SAC 1 LVL	Experimental/Investigational	
0217T	Y	NJX DX THER PARAVERT FCT JT W US LUMB SAC LVL 2	Experimental/Investigational	
0218T	Y	NJX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL	Experimental/Investigational	
0219T	Y	PLMT POST FACET IMPLANT UNI BI W IMG AND GRFT CERV	Experimental/Investigational	
0219U	Y	NFCT AGT HIV GNRJ SEQ ALYS	Experimental/Investigational	
0220T	Y	PLMT POST FACET IMPLT UNI BI W IMG AND GRFT THOR	Experimental/Investigational	
0221T	Y	PLMT POST FACET IMPLT UNI BI W IMG AND GRFT LUMB	Experimental/Investigational	
0221U	Y	ABO GNOTYP NEXT GNRJ SEQ ABO	Experimental/Investigational	
0222U	Y	RHD&RHCE GNTYP NEXT GNRJ SEQ	Experimental/Investigational	
0227U	Y	RX ASSAY PRSMV 30 PLUS RX/METABLT UR LC-MS/MS MRM	Experimental/Investigational	
0234T	Y	TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	Experimental/Investigational	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0235T	Y	TRLMNL PERIPHERAL ATHERECTOMY VISCERAL ARTERY EA	Experimental/Investigational	
0236T	Y	TRLMNL PERIPH ATHRC W RS AND I ABDOM AORTA	Experimental/Investigational	
0237T	Y	TRLMNL PERIPH ATHRC W RS AND I BRCHIOCPHL EA VSL	Experimental/Investigational	
0238T	Y	TRLMNL PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	Experimental/Investigational	
0253T	Y	INSERT ANTR SGMNT AQS DRAINAGE DVCE W O RESERVR INT APPR	Experimental/Investigational	
0263T	Y	AUTO BONE MARRW CELL RX COMPLT BONE MARRW HARVST	Experimental/Investigational	
0264T	Y	AUTO BONE MARRW CELL RX COMP W O BONE MAR HARVST	Experimental/Investigational	
0265T	Y	BONE MAR HARVST ONLY FOR INTMUSC AUTOLO CELL RX	Experimental/Investigational	
0266T	Y	IM REPL CARTD SINUS BAROREFLX ACTIV DEV TOT SYST	Experimental/Investigational	
0267T	Y	IM REPL CARTD SINS BAROREFLX ACTIV DEV LEAD ONLY	Experimental/Investigational	
0268T	Y	IM REPL CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	Experimental/Investigational	
0269T	Y	REV REMVL CARTD SINS BARREFLX ACT DEV TOT SYSTEM	Experimental/Investigational	
0270T	Y	REV REMVL CARTD SINS BARREFLX ACT DEV LEAD ONLY	Experimental/Investigational	
0271T	Y	REV REM CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	Experimental/Investigational	
0272T	Y	INTRGORTION DEV EVAL CARTD SINS BARREFLX W I AND R	Experimental/Investigational	
0273T	Y	INTROGATION DEV EVAL CARTD SINS BARREFLX W PRGRM	Experimental/Investigational	
0274T	Y	PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC	Experimental/Investigational	
0275T	Y	PERC LAMINO- LAMINECTOMY INDIR IMAG GUIDE LUMBAR	Experimental/Investigational	
0278T	Y	TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS	Experimental/Investigational	
0329T	Y	MNTR INTRAOCULAR PRESS 24HRS OR GRT UNI BI W INTERP	Experimental/Investigational	
0330T	Y	TEAR FILM IMAGING UNILATERAL OR BILATERAL W I AND R	Experimental/Investigational	
0333T	Y	VISUAL EVOKED POTENTIAL ACUITY SCREENING AUTO	Experimental/Investigational	
0335T	Y	INSERTION OF SINUS TARSI IMPLANT	Experimental/Investigational	
0338T	Y	TRANSCATHETER RENAL SYMPATH DENERVATION UNILAT	Experimental/Investigational	
0339T	Y	TRANSCATHETER RENAL SYMPATH DENERVATION BILAT	Experimental/Investigational	
0342T	Y	THERAPEUTIC APHERESIS W SELECTIVE HDL DELIP	Experimental/Investigational	
0347T	Y	PLACE INTERSTITIAL DEVICE(S) IN BONE FOR RSA	Experimental/Investigational	
0348T	Y	RADIOSTEREOMETRIC ANALYSIS SPINE EXAM	Experimental/Investigational	
0349T	Y	RADIOSTEREOMETRIC ANALYSIS UPPER EXTREMITY EXAM	Experimental/Investigational	
0350T	Y	RADIOSTEREOMETRIC ANALYSIS LOWER EXTREMITY EXAM	Experimental/Investigational	
0351T	Y	INTRAOP OCT BREAST OR AXILL NODE EACH SPECIMEN	Experimental/Investigational	
0352T	Y	OCT BREAST OR AXILL NODE SPECIMEN I AND R	Experimental/Investigational	
0353T	Y	OCT OF BREAST SURG CAVITY REAL TIME INTRAOP	Experimental/Investigational	
0354T	Y	OCT BREAST SURG CAVITY REAL TIME REFERRED I AND R	Experimental/Investigational	
0358T	Y	BIA WHOLE BODY COMPOSITION ASSESSMENT W I AND R	Experimental/Investigational	
0394T	Y	HDR ELECTRONIC BRACHYTHERAPY SKIN SURFACE	Experimental/Investigational	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0395T	Y	HDR ELECTRONIC BRACHYTHERAPY NTRSTL INTRCAV	Experimental/Investigational	
0397T	Y	ERCP WITH OPTICAL ENDOMICROSCOPY ADD ON	Experimental/Investigational	
0398T	Y	MGRFUS STEREOTACTIC ABLATION LESION INTRACRANIAL	Experimental/Investigational	
0404T	Y	TRANSCERVICAL UTERINE FIBROID ABLTJ W US GDN RF	Experimental/Investigational	
0408T	Y	INSJ RPLC CAR MODULJ SYS PLS GEN TRANSVNS ELTRD	Experimental/Investigational	
0409T	Y	INSJ RPLC CARDIAC MODULJ SYS PLS GENERATOR ONLY	Experimental/Investigational	
0410T	Y	INSJ RPLC CARDIAC MODULJ SYS ATR ELECTRODE ONLY	Experimental/Investigational	
0411T	Y	INSJ RPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	Experimental/Investigational	
0412T	Y	REMOVAL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Experimental/Investigational	
0413T	Y	REMOVAL CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	Experimental/Investigational	
0414T	Y	RMVL AND RPL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Experimental/Investigational	
0415T	Y	REPOS CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	Experimental/Investigational	
0416T	Y	RELOC SKIN POCKET CARDIAC MODULJ PULSE GENERATOR	Experimental/Investigational	
0417T	Y	PRGRMG DEVICE EVALUATION CARDIAC MODULJ SYSTEM	Experimental/Investigational	
0418T	Y	INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	Experimental/Investigational	
0419T	Y	DSTRJ NEUROFIBROMAS XTNSV FACE HEAD NECK OVER 50	Experimental/Investigational	
0420T	Y	DSTRJ NEUROFIBROMAS XTNSV TRNK EXTREMITIES OVER 100	Experimental/Investigational	
0422T	Y	TACTILE BREAST IMG COMPUTER-AIDED SENSORS UNI BI	Experimental/Investigational	
0424T	Y	INSJ RPLC NSTIM SYSTEM SLEEP APNEA COMPLETE	Experimental/Investigational	
0425T	Y	INSJ RPLC NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Experimental/Investigational	
0426T	Y	INSJ RPLC NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Experimental/Investigational	
0427T	Y	INSJ RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Experimental/Investigational	
0428T	Y	REMOVAL NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Experimental/Investigational	
0429T	Y	REMOVAL NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Experimental/Investigational	
0430T	Y	REMOVAL NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Experimental/Investigational	
0431T	Y	RMVL RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Experimental/Investigational	
0432T	Y	REPOS NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Experimental/Investigational	
0433T	Y	REPOS NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Experimental/Investigational	
0434T	Y	INTERRO DEV EVAL NSTIM PLS GEN SYS SLEEP APNEA	Experimental/Investigational	
0435T	Y	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA 1 SESS	Experimental/Investigational	
0436T	Y	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA STUDY	Experimental/Investigational	
0437T	Y	IMPLTJ NONBIOL SYNTH IMPLT FASC RNFCMT ABDL WALL	Experimental/Investigational	
0440T	Y	ABLTJ PERC CRYOABLTJ IMG GDN UXTR PERPH NERVE	Experimental/Investigational	
0441T	Y	ABLTJ PERC CRYOABLTJ IMG GDN LXTR PERPH NERVE	Experimental/Investigational	
0442T	Y	ABLTJ PERC CRYOABLTJ IMG GDN NRV PLEX TRNCL NRV	Experimental/Investigational	
0443T	Y	R-T SPCTRL ALYS PROSTATE TISS FLUORESCENC SPCTRSCPY	Experimental/Investigational	
0444T	Y	INITIAL PLMT DRUG ELUTING OCULAR INSERT UNI BI	Experimental/Investigational	
0445T	Y	SBSQ PLMT DRUG ELUTING OCULAR INSERT UNI BI	Experimental/Investigational	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0446T	Y	CRTJ SUBQ INSJ IMPLTBL GLUCOSE SENSOR SYS TRAIN	Experimental/Investigational	
0447T	Y	RMVL IMPLTBL GLUCOSE SENSOR SUBQ POCKET VIA INC	Experimental/Investigational	
0469T	Y	RTA POLARIZE SCAN OC SCR W ONSITE AUTO RSLT BI	Experimental/Investigational	
0472T	Y	DEV INTERR PRGRMG IO RTA ELTRD RA W ADJ AND REPR	Experimental/Investigational	
0473T	Y	DEV INTERR REPRGRMG IO RTA ELTRD RA W REPR	Experimental/Investigational	
0474T	Y	INSJ ANT SEG AQUEOUS DRG DEV W IO RSVR	Experimental/Investigational	
0479T	Y	FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	Experimental/Investigational	
0481T	Y	NJX AUTOL WBC CONCENTR INC IMG GDN HRV AND PREP	Experimental/Investigational	
0483T	Y	TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH	Experimental/Investigational	
0484T	Y	TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	Experimental/Investigational	
0485T	Y	OCT MIDDLE EAR WITH I AND R UNILATERAL	Experimental/Investigational	
0486T	Y	OCT MIDDLE EAR WITH I AND R BILATERAL	Experimental/Investigational	
0488T	Y	DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS	Experimental/Investigational	
0489T	Y	AUTOL REGN CELL TX SCLERODERMA HANDS	Experimental/Investigational	
0490T	Y	AUTOL REGN CELL TX SCLDR MLT INJ 1 OR GRT HANDS	Experimental/Investigational	
0494T	Y	PREP AND CANNULJ CDVR DON LNG ORGN PRFUJ SYS	Experimental/Investigational	
0495T	Y	INIT AND MNTR CDVR DON LNG ORGN PRFUJ SYS 1ST 2 HR	Experimental/Investigational	
0499T	Y	CYSTO W DIL AND URTL RX DEL F URTL STRIX STENOSIS	Experimental/Investigational	
0500T	Y	IADNA HPV 5 PLUS SEP REPR HIGH RISK HPV TYPES	Experimental/Investigational	
0505T	Y	EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF AND CLSR	Experimental/Investigational	
0506T	Y	MAC PGMT OPTICAL DNS MEAS HFP UNI BI W I AND R	Experimental/Investigational	
0507T	Y	NEAR INFRARED DUAL IMG MEIBOMIAN GLND UNI BI I AND R	Experimental/Investigational	
0508T	Y	PLS ECHO US B1 DNS MEAS INDIC AXL B1 MIN DNS TIB	Experimental/Investigational	
0510T	Y	REMOVAL OF SINUS TARSI IMPLANT	Experimental/Investigational	
0511T	Y	REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	Experimental/Investigational	
0512T	Y	ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND	Experimental/Investigational	
0515T	Y	INSERTION WRLS CAR STIMULATOR LV PACG COMPL SYS	Experimental/Investigational	
0516T	Y	INSERTION WRLS CAR STIMULATOR LV PACG ELTRD ONLY	Experimental/Investigational	
0517T	Y	INSERTION WRLS CAR STIMULATOR LV PACG PG COMPNT	Experimental/Investigational	
0518T	Y	REMOVAL PG COMPNT ONLY WRLS CAR STIMULATOR	Experimental/Investigational	
0519T	Y	REMOVAL AND RPLCMT WRLS CAR STIMULATOR PG COMPNT	Experimental/Investigational	
0520T	Y	REMOVAL AND RPLCMT WRLS CAR STIMULATOR W NEW ELTRD	Experimental/Investigational	
0521T	Y	INTERROG DEV EVAL WRLS CAR STIMULATOR IN PERSON	Experimental/Investigational	
0522T	Y	PRGRMG DEVICE EVAL WRLS CAR STIMULATOR IN PERSON	Experimental/Investigational	
0523T	Y	INTRAPROCEDURAL CORONARY FFP W 3D FUNCJL MAPPING	Experimental/Investigational	
0524T	Y	EV CATHETER DIR CHEM ABLTJ INCMPTNT XTR VEIN	Experimental/Investigational	
0525T	Y	INSERTION REPLACEMENT COMPLETE IIMS	Experimental/Investigational	
0526T	Y	INSERTION REPLACEMENT IIMS ELECTRODE ONLY	Experimental/Investigational	
0527T	Y	INSERTION REPLACEMENT IIMS IMPLANTABLE MNTR ONLY	Experimental/Investigational	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0528T	Y	PRGRMG DEVICE EVAL IIMS IN PERSON	Experimental/Investigational	
0529T	Y	INTERROGATION DEVICE EVAL IIMS IN PERSON	Experimental/Investigational	
0530T	Y	REMOVAL COMPLETE IIMS INCL IMG S AND I	Experimental/Investigational	
0531T	Y	REMOVAL IIMS ELECTRODE ONLY INCL IMG S AND I	Experimental/Investigational	
0532T	Y	REMOVAL IIMS IMPLANTABLE MNTR ONLY INCL IMG S AND I	Experimental/Investigational	
0533T	Y	CONTINUOUS REC MVMT DO SX 6 D UNDER 10 D	Experimental/Investigational	
0534T	Y	CONT REC MVMT DO SX 6 D UNDER 10 D SETUP AND PT TRAINJ	Experimental/Investigational	
0535T	Y	CONT REC MVMT DO SX 6 D UNDER 10 D 1ST REPRT CNFIG	Experimental/Investigational	
0536T	Y	CONT REC MVMT DO SX 6 D UNDER 10 D DL REVIEW I AND R	Experimental/Investigational	
0541T	Y	MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA	Experimental/Investigational	
0542T	Y	MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA I AND R	Experimental/Investigational	
0563T	Y	EVACUATION MEIBOMIAN GLANDS USING HEAT BILATERAL	Experimental/Investigational	
0564T	Y	ONC CHEMO RX CYTOTOXICITY ASSAY CSC MIN 14 DRUGS	Experimental/Investigational	
0565T	Y	AUTOL CELL IMPLT ADPS TISS HRVG CELL IMPLT CRTJ	Experimental/Investigational	
0566T	Y	AUTOL CELL IMPLT ADPS TISS NJX IMPLT KNEE UNI	Experimental/Investigational	
0567T	Y	PERM FLP TUB OCCLS W IMPLANT TRANSCRV APPROACH	Experimental/Investigational	
0568T	Y	INTRO MIX SALINE AND AIR F SSG CONF OCCLS FLP TUBE	Experimental/Investigational	
0569T	Y	TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS	Experimental/Investigational	
0570T	Y	TTVR PERCUTANEOUS APPROACH EACH ADDL PROSTHESIS	Experimental/Investigational	
0571T	Y	INSJ RPLCMT ICDS W SUBSTERNAL ELECTRODE	Experimental/Investigational	
0572T	Y	INSJ SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD	Experimental/Investigational	
0573T	Y	RMVL SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD	Experimental/Investigational	
0574T	Y	REPOS PREV IMPL SS IMPLTBL DFB PACING ELTRD	Experimental/Investigational	
0575T	Y	PROGRAMMING DEV EVAL ICDS W SS ELTRD IN PERSON	Experimental/Investigational	
0576T	Y	INTERROGATION DEV EVAL ICDS W SS ELTRD IN PERSON	Experimental/Investigational	
0577T	Y	ELECTROPHYSIOLOGICAL EVAL ICDS W SS ELECTRODE	Experimental/Investigational	
0578T	Y	REM INTERROG DEV EVAL SS LD ICDS UNDER 90D PHY QHP	Experimental/Investigational	
0579T	Y	REM INTERROG DEV EVAL SS LD ICDS UNDER 90D TECH	Experimental/Investigational	
0580T	Y	RMVL SUBSTERNAL IMPLTBL DFB PULSE GENERATOR ONLY	Experimental/Investigational	
0581T	Y	ABLATION MAL BRST TUMOR PERQ CRTX UNILATERAL	Experimental/Investigational	
0582T	Y	TRURL ABLTJ MAL PROSTATE TISS HI ENERGY WATER VAPOR	Experimental/Investigational	
0583T	Y	TYMPANOSTOMY AUTOMATED TUBE DELIVERY SYSTEM	Experimental/Investigational	
0587T	Y	PERCUTANEOUS IMPLANTATION REPLACEMENT ISDNS PTN	Experimental/Investigational	
0588T	Y	REVISION OR REMOVAL ISDNS POSTERIOR TIBIAL NRV	Experimental/Investigational	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0589T	Y	ELEC ALYS SMPL PRGRMG IINS PTN 1-3 PARAMETERS	Experimental/Investigational	
0590T	Y	ELEC ALYS CPLX PRGRMG IINS PTN 4 PLUS PARAMETERS	Experimental/Investigational	
0594T	Y	OSTEOT HUM XTRNL LNGTH DEV	Experimental/Investigational	
0596T	Y	TEMP FML IU VLV-PMP 1ST INSJ	Experimental/Investigational	
0597T	Y	TEMP FML IU VALVE-PMP RPLCMT	Experimental/Investigational	
0598T	Y	NCNTC R-T FLUOR WND IMG 1ST	Experimental/Investigational	
0599T	Y	NCNTC R-T FLUOR WND IMG EA	Experimental/Investigational	
0600T	Y	IRE ABLTJ 1+TUM ORGAN PERQ	Experimental/Investigational	
0601T	Y	IRE ABLTJ 1+TUMORS OPEN	Experimental/Investigational	
0602T	Y	TRANSDERMAL GFR MEASUREMENTS	Experimental/Investigational	
0603T	Y	TRANSDERMAL GFR MONITORING	Experimental/Investigational	
0604T	Y	REM OCT RTA DEV SETUP&EDUCAJ	Experimental/Investigational	
0605T	Y	REM OCT RTA TECHL SPRT MIN 8	Experimental/Investigational	
0606T	Y	REM OCT RTA PHYS/QHP EA 30D	Experimental/Investigational	
0607T	Y	REM MNTR PULM FLU MNTR SETUP	Experimental/Investigational	
0608T	Y	REM MNTR PULM FLU MNTR ALYS	Experimental/Investigational	
0613T	Y	PERQ TCAT INTRATRL SEPTL SHT	Experimental/Investigational	
0614T	Y	RMVL & RPLCMT SS IMP DFB PG	Experimental/Investigational	
0615T	Y	EYE MVMT ALYS W/O CALBRJ I&R	Experimental/Investigational	
0616T	Y	INSERTION OF IRIS PROSTHESIS	Experimental/Investigational	
0617T	Y	NSJ IRIS PROSTH W/RMVL&INSJ	Experimental/Investigational	
0618T	Y	INSJ IRIS PROSTH SEC IO LENS	Experimental/Investigational	
0619T	Y	CYSTO W/TRURL ANT PROSTATE COMMISSUROTOMY AND RX DLVR	Experimental/Investigational	
0620T	Y	ENDOASCULAR VENOUS ARTERIALIZATION TIBL/PRNL VN	Experimental/Investigational	
0621T	Y	TRABECULOSTOMY AB INTERNO BY LASER	Experimental/Investigational	
0622T	Y	TRABECULOSTOMY AB INTERNO LASER W/OPH ENDOSCOPE	Experimental/Investigational	
0627T	Y	PERQ NJX ALGC CELL AND /PRDCT UNI/BI FLUOR LMBR 1ST	Experimental/Investigational	
0628T	Y	PERQ NJX ALGC CELL AND /PRDCT UNI/BI FLUOR LMBR EA	Experimental/Investigational	
0629T	Y	PERQ NJX ALGC CELL AND /PRDCT UNI/BI CT LMBR 1ST	Experimental/Investigational	
0630T	Y	PERQ NJX ALGC CELL AND /PRDCT UNI/BI CT LMBR EA	Experimental/Investigational	
0631T	Y	TC VISIBLE LIGHT HYPERSPECTRAL IMG MEAS PER XTR	Experimental/Investigational	
0632T	Y	PERQ TCAT US ABLATION NERVES INNERVATING P-ART	Experimental/Investigational	
0639T	Y	WIRELESS SKIN SNR THERMAL ANISOTROPY MEAS AND ASSMT	Experimental/Investigational	
0640T	Y	NON-CNTCT NR IFR SPECTRSC FLAP/WND IMG ACQUISN I&R	Experimental/Investigational	
0641T	Y	NON CNTCT NR IFR SPECTRSC FLAP/WND IMG ACQUISTN ONLY	Experimental/Investigational	
0642T	Y	NONCNTCT NR IFR SPECTRSC FLAP/WND I&R ONLY	Experimental/Investigational	
0643T	Y	TRANSCATHETER L VENTR RESTORATION DEVICE IMPLTN	Experimental/Investigational	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0644T	Y	TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	Experimental/Investigational	
0645T	Y	TCAT IMPLTN CRNRY SINUS RDCTN DEVCE	Experimental/Investigational	
0646T	Y	TTVI/RPLCMT PROSTC VLV PERQ W/R HRT CATH & ANGRPH	Experimental/Investigational	
0647T	Y	INSRTN GASTROSTOMY TUBE PERQ W/MAGNETIC GASTROPEXY	Experimental/Investigational	
0648T	Y	QUAN MR ALYS TISS COMPOSITION W/O MRI SAME SESSION	Experimental/Investigational	
0649T	Y	QUAN MR ALYS TISS COMPOSITION W/MRI	Experimental/Investigational	
0650T	Y	PRGRMG DEV EVAL SCRMS PHYS/QHP REMOTE	Experimental/Investigational	
0651T	Y	MAGNETICALLY CONTROLLED CAPSULE ENDOSCOPY W/I AND R	Experimental/Investigational	
0652T	Y	EGD FLEXIBLE TRANSNASAL DX W/COLLCTN SPEC BR/WA	Experimental/Investigational	
0653T	Y	EGD FLX TRANSNASAL BX 1/MLTPLE	Experimental/Investigational	
0654T	Y	EGD FLEXIBLE TRNSNASAL W/INSRTN INTRLMNL TUBE/CATH	Experimental/Investigational	
0655T	Y	TRNSPRNL FOCAL ABLTN MALGNT PRSTRTE	Experimental/Investigational	
0656T	Y	VRT BDY ANTRR TETHERING ANT <7 SEG	Experimental/Investigational	
0657T	Y	VRT BDY TETHERING ANT 8+ SEG	Experimental/Investigational	
0658T	Y	ELEC IMPD SPECTRSC 1+SKN LES	Experimental/Investigational	
0660T	Y	IMPLTN ANTR SGMNT IO NBIO RX SYS	Experimental/Investigational	
0661T	Y	RMVL & RIMPLTN ANTR SGM IO NBIODGRD RX ELUT IMPLT	Experimental/Investigational	
0662T	Y	SCALP COOL 1ST MEAS&CALBRTN	Experimental/Investigational	
0663T	Y	SCALP COOL PLMT MNTR RMVL	Experimental/Investigational	
0664T	Y	DNR HYSTERECTOMY OPEN CDVR	Experimental/Investigational	
0665T	Y	DNR HYSTERECTOMY OPEN LIVNG DNR	Experimental/Investigational	
0666T	Y	DNR HYSTERECTOMY LAPS/ROBOTIC FROM LVNG DNR	Experimental/Investigational	
0667T	Y	DNR HYST RCPNT UTER ALGRFT TRNSPLTN CDVR/LIV	Experimental/Investigational	
0668T	Y	BACKBENCH PREP CDVR/LIV DONOR UTERINE ALLOGRAFT	Experimental/Investigational	
0669T	Y	BCKBNCH RCNSTN CDVR/LIV DON UTER ALGRFT VEN ANST	Experimental/Investigational	
0670T	Y	BCKBNCH RCNSTN CDVR/LIV DON UTER ALGRFT ART ANST	Experimental/Investigational	
0690T	Y	QUANTITATIVE US TISS CHARAC I AND R W/DX US SM ANAT	Experimental/Investigational	
0691T	Y	AUTO ALYS XST CT VRT FX ASMT B1 DNS DATA PRP I AND R	Experimental/Investigational	
0693T	Y	COMPRE FUL BDY CPTR MRKRLS 3D KNMTC AND KIN MTN ALYS	Experimental/Investigational	
0694T	Y	3D VOLUMETRIC IMG AND RCNSTJ BRST/AX LYMPH NODE TISS	Experimental/Investigational	
0695T	Y	BDY SURF ACTIVATION MAPG PM/CVDFB LEADS TM IMPLT	Experimental/Investigational	
0696T	Y	BDY SURF ACTIVATION MAPG PM/CVDFB LEADS TM F/UP	Experimental/Investigational	
0697T	Y	QUAN MR ALYS TIS COMPJ WO MRI SAME SESS MLT ORGN	Experimental/Investigational	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0698T	Y	QUAN MR ALYS TISS COMPOSITION W/MRI MLT ORGANS	Experimental/Investigational	
0700T	Y	MOLECULAR FLUOR IMAGING SUSPICIOUS NEVUS 1ST LES	Experimental/Investigational	
0701T	Y	MOLECULAR FLUOR IMAGING SUSPICIOUS NEVUS EA ADDL	Experimental/Investigational	
0717T	Y	ATLGS ADRC THRPY PRTL THCKNSS RC TEAR	Experimental/Investigational	
0718T	Y	ADRC THER PRTL THICKNESS RC TEAR NJX TENDON UNI	Experimental/Investigational	
0738T	Y	TX PLANNING MAG FLD INDCTJ ABLTJ MAL PRST8 TISS	Experimental/Investigational	
0739T	Y	ABLATION MAL PRST8 TISS MAGNETIC FIELD INDUCTION	Experimental/Investigational	
0740T	Y	REM AUTON ALG INSULIN DOSE 1ST SETUP& PT EDUCAJ	Experimental/Investigational	
0741T	Y	REM AUTON ALG NSLN DOS CAL SW DATA COLL TRANSMIS	Experimental/Investigational	
0744T	Y	INSERTION BIOPROSTHETIC VALVE OPEN FEMORAL VEIN	Experimental/Investigational	
0745T	Y	CAR FCL ABLTJ RADJ ARRHYT N-INVAS LOCLZJ & MAPG	Experimental/Investigational	
0746T	Y	CAR FCL ABLTJ RADJ ARRHYT CONV LOCLZJ & MAPG	Experimental/Investigational	
0747T	Y	CAR FCL ABLTJ RADJ ARRHYT DLVR RADJ THER	Experimental/Investigational	
0748T	Y	NJX STEM CLL PRDCT PERIANAL PERIFISTULAR SFT TIS	Experimental/Investigational	
0766T	Y	TC MAG STIMJ FCSD LW FRQ EMGNT PLS PN 1STTX 1NRV	Experimental/Investigational	
0767T	Y	TC MAG STIMJ FCSD LW FRQ EMGNT PLS PN 1STTX EA	Experimental/Investigational	
0768T	Y	TC MAG STIM FCSD LW FRQ EMGNT PLS PN SBSQTX 1NRV	Experimental/Investigational	
0769T	Y	TC MAG STIM FCSD LW FRQ EMGNT PLS PN SBSQTX EA	Experimental/Investigational	
0770T	Y	VIRTUAL REALITY TECHNOLOGY TO ASSIST THERAPY	Experimental/Investigational	
0771T	Y	VR PX DISSOC SVC SAME PHYS/QHP 1ST 15 MIN 5YR/>	Experimental/Investigational	
0772T	Y	VR PX DISSOC SVC SAME PHYS/QHP EA ADDL 15 MIN	Experimental/Investigational	
0773T	Y	VR PX DISSOC SVC OTH PHYS/QHP 1ST 15 MIN 5YR/>	Experimental/Investigational	
0774T	Y	VR PX DISSOC SVC OTHER PHYS/QHP EA ADDL 15 MIN	Experimental/Investigational	
0775T	Y	ARTHRD SI JT PERQ IMG GDN INCL PLMT IARTIC IMPLT	Experimental/Investigational	
0776T	Y	THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA	Experimental/Investigational	
0777T	Y	R-T PRESSURE SENSING EPIDURAL GUIDANCE SYSTEM	Experimental/Investigational	
0778T	Y	SMMG CNCRNT APPL IMU SNR MEAS ROM POST GAIT MUSC	Experimental/Investigational	
0779T	Y	GI MYOELECTRICAL ACTIVITY STUDY STMCH-COLON I&R	Experimental/Investigational	
0781T	Y	BRNCHSC RF DSTRJ PULM NRV BI MAINSTEM BRONCHI	Experimental/Investigational	
0782T	Y	BRNCHSC RF DSTRJ PULM NRV UNI MAINSTEM BRONCHUS	Experimental/Investigational	
0783T	Y	TC AURICULAR NSTIMJ SETUP CALIBRATION &PT EDUCAJ	Experimental/Investigational	
0793T	Y	PERQ TCAT THRM ABLTJ NERVES INNERVATING P-ART	Experimental/Investigational	
0794T	Y	PT SPEC ALG RANKING PHARMACOONCOLOGIC TX OPTIONS	Experimental/Investigational	
0795T	Y	TCAT INSJ PERM DUAL CHAMBER LDLS PM COMPL SYS	Experimental/Investigational	
0796T	Y	TCAT INSJ PERM 2CHMBR LDLS PM R ATR PM COMPNT D	Experimental/Investigational	
0797T	Y	TCAT INSJ PERM 2CHMBR LDLS PM R VENTR PM COMPNT	Experimental/Investigational	
0798T	Y	TCAT RMVL PERM DUAL CHAMBER LDLS PM COMPL SYS	Experimental/Investigational	
0799T	Y	TCAT RMVL PERM 2CHMBR LDLS PM R ATR PM COMPNT	Experimental/Investigational	
0800T	Y	TCAT RMVL PERM 2CHMBR LDLS PM R VENTR PM COMPNT	Experimental/Investigational	
0801T	Y	TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM 2CHMBR SYS	Experimental/Investigational	
0802T	Y	TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM R ATR CMPNT	Experimental/Investigational	
0803T	Y	TCAT RMVL&RPLCMT PRM 2CHMBR LDLS PM R VNTR CMPNT	Experimental/Investigational	

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0805T	Y	TCAT SUPR&IVC PROSTC VLV IMPLTJ PERQ FEM VN APPR D	Experimental/Investigational	
0806T	Y	TCAT SUPR&IVC PROSTC VLV IMPLTJ OPEN FEM VN APPR	Experimental/Investigational	
A4563	Y	RECTAL CNTRL SYS VAG INSRT LT USE ANY TYPE EA	Experimental/Investigational	
C1823	Y	GENERATR NEUROSTIM NON-RECHRGABL TV S AND STIM LEADS	Experimental/Investigational	
C1824	Y	GENERATOR, CARDIAC CONTRACTILITY MODULATION (IMPLANTABLE)	Experimental/Investigational	
C2596	Y	PROBE, IMAGE GUIDED, ROBOTIC, WATERJET ABLATION	Experimental/Investigational	
C9751	Y	BRONCHOSCOPY RIGID FLEXIBLE TRANSBRON ABL LESION	Experimental/Investigational	
C9758	Y	BI PROC NYHA CL III IV HF;TRNSCATH IMPL IAS PC	Experimental/Investigational	
C9782	Y	BLD PROC NYHA CLS II/III HF/CCS CLS III/IV CRA	Experimental/Investigational	
C9783	Y	BLINDED PROC TC IMP CS RD DVCE/PLACEBO CONTROL	Experimental/Investigational	
C9784	Y	ENDO SLEEVE GASTRO W/TUBE	Experimental/Investigational	
C9785	Y	ENDO OUTLET RESTRICT W/TUBE	Experimental/Investigational	
C9787	Y	GASTRIC EP MAPG SIMULT PT SX	Experimental/Investigational	
K1006	Y	SUCTION PUMP HOME MODEL ELEC USE EXTRNL URNE MNGMNT SYSTM	Experimental/Investigational	
K1007	Y	BLTRL HKAFO DEVC PWR INCL PELVC COMPNTS UP KNEE JOINTS	Experimental/Investigational	
K1009	Y	SPEECH VOLUME MODULATION SYS INCL ALL COMP AND ACCSRS	Experimental/Investigational	
L8608	Y	MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS	Experimental/Investigational	
81120	Y	IDH1 COMMON VARIANTS	Genetic Counseling & Testing	
81121	Y	IDH2 COMMON VARIANTS	Genetic Counseling & Testing	
81161	Y	DMD DUPLICATION DELETION ANALYSIS	Genetic Counseling & Testing	
81162	Y	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	Genetic Counseling & Testing	
81163	Y	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81164	Y	BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	
81165	Y	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81166	Y	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	
81167	Y	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	
81168	Y	CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL AND QUAN	Genetic Counseling & Testing	
81171	Y	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	
81172	Y	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	
81173	Y	AR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	
81174	Y	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	
81175	Y	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	
81176	Y	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	Genetic Counseling & Testing	
81177	Y	ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	
81185	Y	CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	
81186	Y	CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	
81188	Y	CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	

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81189	Y	CSTB GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	
81190	Y	CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	
81191	Y	NTRK1 TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	
81193	Y	NTRK3 TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	
81194	Y	NTRK TRANSLOCATION ANALYSIS	Genetic Counseling & Testing	
81201	Y	APC GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	
81203	Y	APC GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	
81205	Y	BCKDHB GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81210	Y	BRAF GENE ANALYSIS V600 VARIANT(S)	Genetic Counseling & Testing	
81212	Y	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	Genetic Counseling & Testing	
81216	Y	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81217	Y	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	
81218	Y	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	
81219	Y	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Genetic Counseling & Testing	
81222	Y	CFTR GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	
81223	Y	CFTR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	
81225	Y	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81226	Y	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81227	Y	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81228	Y	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Genetic Counseling & Testing	
81229	Y	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	Genetic Counseling & Testing	
81230	Y	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81231	Y	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81232	Y	DYPD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81233	Y	BTK GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81234	Y	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	
81235	Y	EGFR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81236	Y	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	
81237	Y	EZH2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81238	Y	F9 FULL GENE SEQUENCE	Genetic Counseling & Testing	
81239	Y	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	
81243	Y	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	
81244	Y	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	
81246	Y	FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	Genetic Counseling & Testing	
81247	Y	G6PD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81248	Y	G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	
81249	Y	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	
81258	Y	HBA1 HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	
81259	Y	HBA1 HBA2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	
81265	Y	COMPARATIVE ANAL STR MARKERS PATIENT AND COMP SPEC	Genetic Counseling & Testing	

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81266	Y	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	Genetic Counseling & Testing	
81269	Y	HBA1 HBA2 GENE ANALYSIS DUP DEL VARIANTS	Genetic Counseling & Testing	
81272	Y	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81273	Y	KIT GENE ANALYSIS D816 VARIANT(S)	Genetic Counseling & Testing	
81274	Y	HTT GENE ANALYSIS CHARACTERIZATION ALLELES	Genetic Counseling & Testing	
81277	Y	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Genetic Counseling & Testing	
81278	Y	IGH@/BCL2 TLCJ ALYS MBR AND MCR BP QUAL/QUAN	Genetic Counseling & Testing	
81285	Y	FXN GENE ANALYSIS CHARACTERIZATION ALLELES	Genetic Counseling & Testing	
81286	Y	FXN GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	
81289	Y	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	
81291	Y	MTHFR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81292	Y	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81294	Y	MLH1 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	
81295	Y	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81297	Y	MSH2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	
81298	Y	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81300	Y	MSH6 GENE ANALYSIS DUPLICATION DELETION VARIA	Genetic Counseling & Testing	
81306	Y	NUDT15 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81307	Y	PALB2 GENE ANALYSIS (FULL GENE SEQ)	Genetic Counseling & Testing	
81308	Y	PALB2 GENE ANALYSIS (KNOWN FAMILIAL VARIANT)	Genetic Counseling & Testing	
81309	Y	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81311	Y	NRAS GENE ANALYSIS VARIANTS IN EXON 2 AND 3	Genetic Counseling & Testing	
81312	Y	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Testing	
81313	Y	PCA3 KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	Genetic Counseling & Testing	
81314	Y	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Genetic Counseling & Testing	
81317	Y	PMS2 GENE ANALYSIS FULL SEQUENCE	Genetic Counseling & Testing	
81319	Y	PMS2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	
81320	Y	PLCG2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81321	Y	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81323	Y	PTEN GENE ANALYSIS DUPLICATION DELETION VARIANT	Genetic Counseling & Testing	
81324	Y	PMP22 GENE ANAL DUPLICATION DELETION ANALYSIS	Genetic Counseling & Testing	
81325	Y	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81328	Y	SLCO1B1 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81329	Y	SMN1 GENE ANALYSIS DOSAGE DELET ALYS W SMN2 ALYS	Genetic Counseling & Testing	
81333	Y	TGFBI GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81334	Y	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81335	Y	TPMT GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81336	Y	SMN1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	
81337	Y	SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	Genetic Counseling & Testing	
81345	Y	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81346	Y	TYMS GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81348	Y	SRSF2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81349	Y	CYTOG ALYS CHROMOML ABNOR LOW-PASS SEQ ALYS	Genetic Counseling & Testing	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81351	Y	TP53 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	
81352	Y	TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81353	Y	TP53 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	
81355	Y	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	Genetic Counseling & Testing	
81357	Y	U2AF1 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
81360	Y	ZRSR2 GENE ANALYSIS COMMON VARIANT(S)	Genetic Counseling & Testing	
81361	Y	HBB COMMON VARIANTS	Genetic Counseling & Testing	
81362	Y	HBB KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	
81364	Y	HBB FULL GENE SEQUENCE	Genetic Counseling & Testing	
81401	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Genetic Counseling & Testing	
81402	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Genetic Counseling & Testing	
81403	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Genetic Counseling & Testing	
81404	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Genetic Counseling & Testing	
81405	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Genetic Counseling & Testing	
81406	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Genetic Counseling & Testing	
81407	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Genetic Counseling & Testing	
81408	Y	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Genetic Counseling & Testing	
81410	Y	AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS	Genetic Counseling & Testing	
81411	Y	AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS	Genetic Counseling & Testing	
81412	Y	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Genetic Counseling & Testing	
81413	Y	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	Genetic Counseling & Testing	
81414	Y	CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES	Genetic Counseling & Testing	
81415	Y	EXOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81416	Y	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Genetic Counseling & Testing	
81418	Y	DRG MTBLSM (EG, PHRMCGNOMCS) GNOMIC SQNC ANLYSS PANL, MUST INCLD TSTNG OF ATLEAST 6 GENES, NCLDNG CYP2C19, CYP2D6, ND CYP2D6 DPLCTN/DELETN ANLYSS	Genetic Counseling & Testing	
81419	Y	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	Genetic Counseling & Testing	
81420	Y	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Genetic Counseling & Testing	
81422	Y	FETAL CHROMOSOMAL MICRODELTY GENOMIC SEQ ANALYS	Genetic Counseling & Testing	
81425	Y	GENOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	
81426	Y	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Genetic Counseling & Testing	
81427	Y	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Genetic Counseling & Testing	
81430	Y	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Genetic Counseling & Testing	
81431	Y	HEARING LOSS DUP DEL ANALYSIS	Genetic Counseling & Testing	
81432	Y	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	
81433	Y	HEREDITARY BRST CA-RELATED DUP DEL ANALYSIS	Genetic Counseling & Testing	
81434	Y	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Genetic Counseling & Testing	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81435	Y	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	
81436	Y	HEREDITARY COLON CA DSRDRS DUP DEL ANALYS 5 GEN	Genetic Counseling & Testing	
81437	Y	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Genetic Counseling & Testing	
81438	Y	HRDTRY NEURONDCRN TUMR DSRDRS DUP/DEL ANALYSIS	Genetic Counseling & Testing	
81439	Y	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	Genetic Counseling & Testing	
81440	Y	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Genetic Counseling & Testing	
81441	Y	BMFS SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES	Genetic Counseling & Testing	
81442	Y	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	Genetic Counseling & Testing	
81443	Y	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Genetic Counseling & Testing	
81445	Y	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Genetic Counseling & Testing	
81448	Y	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	Genetic Counseling & Testing	
81449	Y	TRGTD GNMIC SQNC ANLYSS PANEL, SOLID ORGN NPLSM, 5-50 GENES (EG, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTRRGTION FOR SQNC VRNTS AND COPY NMBR VRNTS OR REARRNGMNTS, IF PRFRMD; RNA ANLYSS	Genetic Counseling & Testing	
81450	Y	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Genetic Counseling & Testing	
81451	Y	TGSAP HEMATOLYMPHOID NEO/DO 5-50 RNA ANALYSIS	Genetic Counseling & Testing	
81455	Y	GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN	Genetic Counseling & Testing	
81456	Y	TGSAP SO/HEMATOLYMPHOID NEO/DO 51 OR LT RNA ANALYSIS	Genetic Counseling & Testing	
81460	Y	WHOLE MITOCHONDRIAL GENOME	Genetic Counseling & Testing	
81465	Y	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Genetic Counseling & Testing	
81470	Y	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Genetic Counseling & Testing	
81471	Y	X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS	Genetic Counseling & Testing	
81479	Y	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Genetic Counseling & Testing	
81493	Y	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	Genetic Counseling & Testing	
81503	Y	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Genetic Counseling & Testing	
81504	Y	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	Genetic Counseling & Testing	
81507	Y	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	Genetic Counseling & Testing	
81518	Y	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Genetic Counseling & Testing	
81519	Y	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Genetic Counseling & Testing	
81520	Y	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Genetic Counseling & Testing	
81521	Y	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Genetic Counseling & Testing	
81522	Y	ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	Genetic Counseling & Testing	
81523	Y	ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT AND 31	Genetic Counseling & Testing	
81525	Y	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Genetic Counseling & Testing	
81529	Y	ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG	Genetic Counseling & Testing	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
81535	Y	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP 1ST	Genetic Counseling & Testing	
81536	Y	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP ADD	Genetic Counseling & Testing	
81538	Y	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Genetic Counseling & Testing	
81540	Y	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Genetic Counseling & Testing	
81541	Y	ONC PROSTATE MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Genetic Counseling & Testing	
81542	Y	ONC PROSTATE MRNA MICRORA GENE XPRSN PRFL 22 GENES	Genetic Counseling & Testing	
81546	Y	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Genetic Counseling & Testing	
81551	Y	ONC PROSTATE PRMTR METHYLATION PRFL R-T PCR 3 GENES	Genetic Counseling & Testing	
81552	Y	ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES	Genetic Counseling & Testing	
81554	Y	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	Genetic Counseling & Testing	
81595	Y	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Genetic Counseling & Testing	
81599	Y	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Genetic Counseling & Testing	
84999	Y	UNLISTED CHEMISTRY PROCEDURE	Genetic Counseling & Testing	
88261	Y	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	Genetic Counseling & Testing	
0004M	Y	SCOLIOSIS 53 SNPS SALIVA PROGNOSTIC RISK SCORE	Genetic Counseling & Testing	
0005U	Y	ONCO PROSTATE GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Genetic Counseling & Testing	
0006M	Y	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Genetic Counseling & Testing	
0007M	Y	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Genetic Counseling & Testing	
0008U	Y	HPYLORI DETECTION AND ANTIBIOTIC RESISTANCE DNA	Genetic Counseling & Testing	
0009U	Y	ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP	Genetic Counseling & Testing	
0010U	Y	NFCT DS STRN TYP WHL GENOME SEQUENCING PR ISOL	Genetic Counseling & Testing	
0011U	Y	RX MNTR DRUGS PRESENT LC-MS MS ORAL FLUID PR DOS	Genetic Counseling & Testing	
0014M	Y	LIVER DS ALYS 3 BMRK SRM ALG	Genetic Counseling & Testing	
0015M	Y	ADRNL CORTCL TUM BCHM ASY	Genetic Counseling & Testing	
0016M	Y	ONC BLADDER MRNA 209 GEN ALG	Genetic Counseling & Testing	
0016U	Y	ONC HMTLMF NEO RNA BCR ABL1 BLD BNE MARROW	Genetic Counseling & Testing	
0017M	Y	ONC DLBCL MRNA 20 GENES ALG	Genetic Counseling & Testing	
0017U	Y	ONC HMTLMF NEO JAK2 MUTATION DNA BLD BNE MARROW	Genetic Counseling & Testing	
0022U	Y	TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES	Genetic Counseling & Testing	
0026U	Y	ONC THYR DNA AND MRNA 112 GENES FNA NDUL ALG ALYS	Genetic Counseling & Testing	
0027U	Y	JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	Genetic Counseling & Testing	
0029U	Y	RX METAB ADVRS RX RXN AND RSPSE TRGT SEQ ALYS	Genetic Counseling & Testing	
0030U	Y	RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS	Genetic Counseling & Testing	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0031U	Y	CYP1A2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
0032U	Y	COMT GENE ANALYSIS C.472G OVER A VARIANT	Genetic Counseling & Testing	
0033U	Y	HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
0034U	Y	TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	
0037U	Y	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Genetic Counseling & Testing	
0045U	Y	ONC BRST DUX CARC IS MRNA 12 GENES ALG RSK SCOR	Genetic Counseling & Testing	
0046U	Y	FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE	Genetic Counseling & Testing	
0047U	Y	ONC PROSTATE MRNA GEN XPRS PRFL 17 GEN ALG RSK SCOR	Genetic Counseling & Testing	
0048U	Y	ONC SLD ORG NEO DNA 468 CANCER ASSOCIATED GENES	Genetic Counseling & Testing	
0049U	Y	NPM1 GENE ANALYSIS QUANTITATIVE	Genetic Counseling & Testing	
0050U	Y	TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT	Genetic Counseling & Testing	
0055U	Y	CARD HRT TRNSPL 96 TARGET DNA SEQUENCES PLASMA	Genetic Counseling & Testing	
0058U	Y	ONC MERKEL CELL CARC DETCTN ANTB SERUM QUAN	Genetic Counseling & Testing	
0059U	Y	ONC MERKEL CELL CARC DETCTN ANTB SERUM REPRTD PLUS -	Genetic Counseling & Testing	
0060U	Y	TWN ZYG GEN TRGT SEQ ALYS CHRMS2 FTL DNA MAT BLD	Genetic Counseling & Testing	
0070U	Y	CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS	Genetic Counseling & Testing	
0101U	Y	HERED COLON CA DO GEN SEQ ALYS PNL 15 GENE	Genetic Counseling & Testing	
0102U	Y	HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENE	Genetic Counseling & Testing	
0103U	Y	HERED OVARIAN CA GEN SEQ ALYS PANEL 24 GENE	Genetic Counseling & Testing	
0140U	Y	NFCT DS FUNGAL PATHOGEN ID DNA 15 FUNGAL TARGETS	Genetic Counseling & Testing	
0141U	Y	NFCT DS BACT AND FNG GRAM POS ORG ID AND RX RESIST DNA	Genetic Counseling & Testing	
0142U	Y	NFCT DS BACT AND FNG GRAM NEG ORG ID AND RX RESIST DNA	Genetic Counseling & Testing	
0152U	Y	NFCT DS BCT FNG PARASITE DNA VIR DETCJ OVER 1000 ORG	Genetic Counseling & Testing	
0153U	Y	ONC BREAST MRNA GENE EXPRESSION PRFL 101 GENES	Genetic Counseling & Testing	
0154U	Y	ONC UROTHELIAL CANCER RNA RT-PCR FGFR3 GENE ALYS	Genetic Counseling & Testing	
0155U	Y	ONC BRST CA DNA PIK3CA GENE ALYS BRST TUM TISS	Genetic Counseling & Testing	
0156U	Y	COPY NUMBER SEQUENCE ALYS	Genetic Counseling & Testing	
0157U	Y	APC MRNA SEQ ALYS	Genetic Counseling & Testing	
0158U	Y	MLH1 MRNA SEQ ALYS	Genetic Counseling & Testing	
0159U	Y	MSH2 MRNA SEQ ALYS	Genetic Counseling & Testing	
0160U	Y	MSH6 MRNA SEQ ALYS	Genetic Counseling & Testing	
0161U	Y	PMS2 MRNA SEQ ALYS	Genetic Counseling & Testing	
0162U	Y	HERED COLON CA TARGETED MRNA SEQUENCE ALYS PANEL	Genetic Counseling & Testing	
0172U	Y	ONC SLD TUM ALYS BRCA1 BRCA2	Genetic Counseling & Testing	
0173U	Y	PSYC GEN ALYS PANEL 14 GENES	Genetic Counseling & Testing	
0174U	Y	OC SLD TUMOR 30 PRTN TRGT	Genetic Counseling & Testing	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0175U	Y	PSYC GEN ALYS PANEL 15 GENES	Genetic Counseling & Testing	
0176U	Y	CDTB & VINCULIN IGG ANTB IA	Genetic Counseling & Testing	
0177U	Y	ONC BRST CA DNA PIK3CA 11	Genetic Counseling & Testing	
0178U	Y	PEANUT ALLG ASMT EPI CLIN RX	Genetic Counseling & Testing	
0179U	Y	ONC NONSM CLL LNG CA ALYS 23	Genetic Counseling & Testing	
0180U	Y	ABO GNOTYP ABO 7 EXONS	Genetic Counseling & Testing	
0181U	Y	CO GNOTYP AQP1 EXON 1	Genetic Counseling & Testing	
0182U	Y	CROM GNOTYP CD55 EXONS 1-10	Genetic Counseling & Testing	
0183U	Y	DI GNOTYP SLC4A1 EXON 19	Genetic Counseling & Testing	
0184U	Y	DO GNOTYP ART4 EXON 2	Genetic Counseling & Testing	
0185U	Y	FUT1 GNOTYP FUT1 EXON 4	Genetic Counseling & Testing	
0186U	Y	FUT2 GNOTYP FUT2 EXON2	Genetic Counseling & Testing	
0187U	Y	FY GNOTYP ACKR1 EXONS 1-2	Genetic Counseling & Testing	
0188U	Y	GE GNOTYP GYPC EXONS 1-4	Genetic Counseling & Testing	
0189U	Y	GYPA GNOTYP NTRNS 1 5 EXON 2	Genetic Counseling & Testing	
0190U	Y	GYPB GNOTYP NTRNS 1 5 SEUX 3	Genetic Counseling & Testing	
0191U	Y	IN GNOTYP CD44 EXONS 2 3 6	Genetic Counseling & Testing	
0192U	Y	JK GNOTYP SLC14A1 EXON 9	Genetic Counseling & Testing	
0193U	Y	JR GNOTYP ABCG2 EXONS 2-26	Genetic Counseling & Testing	
0194U	Y	KEL GNOTYP KEL EXON 8	Genetic Counseling & Testing	
0195U	Y	KLF1 TARGETED SEQUENCING	Genetic Counseling & Testing	
0196U	Y	LU GNOTYP BCAM EXON 3	Genetic Counseling & Testing	
0197U	Y	LW GNOTYP ICAM4 EXON 1	Genetic Counseling & Testing	
0198U	Y	RHD & RHCE GNTYP RHD1-10 & RHCE5	Genetic Counseling & Testing	
0199U	Y	SC GNOTYP ERMAP EXONS 4 12	Genetic Counseling & Testing	
0200U	Y	XK GNOTYP XK EXONS 1-3	Genetic Counseling & Testing	
0201U	Y	YT GNOTYP ACHE EXON 2	Genetic Counseling & Testing	
0203U	Y	AI IBD MRNA XPRSN PRFL 17	Genetic Counseling & Testing	
0204U	Y	ONC THYR MRNA XPRSN ALYS 593	Genetic Counseling & Testing	
0205U	Y	OPH AMD ALYS 3 GENE VARIANTS	Genetic Counseling & Testing	
0209U	Y	CYTOG CONST ALYS INTERROG	Genetic Counseling & Testing	
0211U	Y	ONC PAN-TUM DNA&RNA GNRJ SEQ	Genetic Counseling & Testing	
0212U	Y	RARE DS GEN DNA ALYS PROBAND	Genetic Counseling & Testing	
0213U	Y	RARE DS GEN DNA ALYS EA COMP	Genetic Counseling & Testing	
0215U	Y	RARE DS XOM DNA ALYS EA COMP	Genetic Counseling & Testing	
0216U	Y	NEURO INH ATAXIA DNA 12 COM	Genetic Counseling & Testing	
0217U	Y	NEURO INH ATAXIA DNA 51 GENE	Genetic Counseling & Testing	
0218U	Y	NEURO MUSC DYS DMD SEQ ALYS	Genetic Counseling & Testing	
0220U	Y	ONC BRST CA AI ASSMT 12 FEAT	Genetic Counseling & Testing	
0228U	Y	ONC PRST8 MULTIANAL MOLEC PRFL PHOTOMETRIC DETCJ	Genetic Counseling & Testing	
0229U	Y	BCAT1 PROMOTER METHYLATION ANALYSIS	Genetic Counseling & Testing	
0230U	Y	AR FUL SEQ ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS	Genetic Counseling & Testing	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0231U	Y	CACNA1A FUL GEN ALY CHNG DELT DUP XPNSJ INSJ VRT	Genetic Counseling & Testing	
0232U	Y	CSTB FUL GEN ALY CHNG DELET DUPL XPNSJ INSJ VRNT	Genetic Counseling & Testing	
0233U	Y	FXN GENE ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS	Genetic Counseling & Testing	
0234U	Y	MECP2 FUL GEN ALYS CHANGES DELET DUPL INSJ VRNTS	Genetic Counseling & Testing	
0235U	Y	PTEN FULL GEN ALYS CHANGES DELET DUPL INSJ VRNTS	Genetic Counseling & Testing	
0236U	Y	SMN1 AND SMN2 FUL GEN ALYS CHNG DUPL AND DELET AND INSJ	Genetic Counseling & Testing	
0237U	Y	CARDIAC ION CHANNELOPATHIES GENOMIC SEQ ALYS PNL	Genetic Counseling & Testing	
0238U	Y	ONC LYNCH SYNDROME GENOMIC DNA SEQUENCE ANALYSIS	Genetic Counseling & Testing	
0239U	Y	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 PLUS	Genetic Counseling & Testing	
0306U	Y	ONC MRD NXT-GNRJ ALYS 1ST	Genetic Counseling & Testing	
0307U	Y	ONC MRD NXT-GNRJ ALYS SBSQ	Genetic Counseling & Testing	
0308U	Y	CRD CAD ALYS 3 PRTN PLSM ALG	Genetic Counseling & Testing	
0309U	Y	CRD CV DS ALY 4 PRTN PLM ALG	Genetic Counseling & Testing	
0310U	Y	PED VSCLTS KD ALYS3 BMRKS	Genetic Counseling & Testing	
0311U	Y	NFCT DS BCT QUAN ANTMCRB SC	Genetic Counseling & Testing	
0312U	Y	AI DS SLE ALYS 8 IGG AUTOANT	Genetic Counseling & Testing	
0313U	Y	ONC PNCRS DNA&MRNA SEQ 74	Genetic Counseling & Testing	
0314U	Y	ONC CUTAN MLNMA MRNA 35 GENE	Genetic Counseling & Testing	
0315U	Y	ONC CUTAN SQ CLL CA MRNA 40	Genetic Counseling & Testing	
0316U	Y	B BRGDRFERI LYME DS OSPA EVL	Genetic Counseling & Testing	
0317U	Y	ONC LUNG CA 4-PRB FISH ASSAY	Genetic Counseling & Testing	
0318U	Y	PED WHL GEN MTHYLTN ALYS 50+	Genetic Counseling & Testing	
0319U	Y	NEPH RNA PRETRNSPL PERPH BLD	Genetic Counseling & Testing	
0320U	Y	NEPH RNA PSTTRNSPL PERPH BLD	Genetic Counseling & Testing	
0321U	Y	IADNA GU PTHGN 20BCT&FNG ORG	Genetic Counseling & Testing	
0322U	Y	NEURO ASD MEAS 14 ACYL CARN	Genetic Counseling & Testing	
0355U	Y	APOL1 RISK VARIANTS	Genetic Counseling & Testing	
0356U	Y	ONC OROPHARYNGEAL 17 BMRK CLL FREE DNA DDPCR ALG	Genetic Counseling & Testing	
0358U	Y	NEURO MLD COG IMPAIRMNT ALYS BAMYLOID 1-42&1-40	Genetic Counseling & Testing	
0359U	Y	ONC PRST8 CA ALYS ALL PSA STRUCTURAL ISOFORMS	Genetic Counseling & Testing	
0360U	Y	ONCOLOGY LUNG ELISA 7 AUTOANTIBODIES PLASMA ALG	Genetic Counseling & Testing	
0361U	Y	NEUROFILAMENT LIGHT CHAIN DIGITAL IA PLASMA QUAN	Genetic Counseling & Testing	
0362U	Y	ONC PAP THYR CA RNA SEQ 82CNT&10HSPK GEN FNA ALG	Genetic Counseling & Testing	
0363U	Y	ONC URTHL MRNA GEN XPRSN PRFLG RT QUAN PCR 5 GEN	Genetic Counseling & Testing	
0387U	Y	ONC MLNMA AMBRA1&LORICRIN IMHCHEM FFPE TISS	Genetic Counseling & Testing	
0388U	Y	ONC NONSM CLL LNG CA NXT GNRJ SEQ 37 CA RLTD GEN	Genetic Counseling & Testing	
0389U	Y	PED FEBRILE ILNES KAWASAKI DS IFI27&MCEP1 RNA	Genetic Counseling & Testing	
0390U	Y	OB PREECLAMPSIA KDR ENDOGLIN&RBP4 IA SRM ALG	Genetic Counseling & Testing	
0391U	Y	ONC SLD TUM DNA&RNA NXT GNJ SEQ FFPE TISS 437	Genetic Counseling & Testing	
0392U	Y	RX METAB GEN-RX IA VRNT ALYS 16 GENES CYP2D6	Genetic Counseling & Testing	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0393U	Y	NEURO PRKNSN CSF DETCJ MSFLD A-SYNCLN PRTN QUAL	Genetic Counseling & Testing	
0394U	Y	PFAS 16 PFAS COMPND LC MS/MS PLSM/SRM QUAN	Genetic Counseling & Testing	
0395U	Y	ONC LUNG MULTIOMICS PLASMA ALG MAL RISK LNG NDUL	Genetic Counseling & Testing	
0396U	Y	OB PREIMPLTJ TST EVAL 300000 DNA 1NUCLEOTIDE	Genetic Counseling & Testing	
0398U	Y	GI BARRETT ESOPH DNA MTHYLTN ALYS ALG DYSP/CA	Genetic Counseling & Testing	
0399U	Y	U NEURO CEREBRAL FOLATE DEFICIENCY SERUM QUAN	Genetic Counseling & Testing	
0400U	Y	OB XPND CAR SCR 145 GEN NXT GNRJ SEQ FRAG ALYS	Genetic Counseling & Testing	
0401U	Y	CRD C HRT DS 9 GEN 12 VRNTS TRGT VRNT GNOTYP ALG	Genetic Counseling & Testing	
0402U	Y	NFCT AGT STI MULT AMP PRB TQ VAG ENDOCRV/MALE UR	Genetic Counseling & Testing	
0403U	Y	ONC PROSTATE MRNA GENE XPRSN PRFLG 18 URINE ALG	Genetic Counseling & Testing	
0404U	Y	ONC BRST CA SEMIQ MEAS THYMIDINE KINASE ACTV IA	Genetic Counseling & Testing	
0405U	Y	ONC PNCRTC 59 MTHYLTN HAPLOTYPE BLOCK MRK PLSM	Genetic Counseling & Testing	
0406U	Y	ONC LUNG FLOW CYTOMETRY SPUTUM 5 MARKERS ALG	Genetic Counseling & Testing	
0407U	Y	NEPHROLOGY DIABETIC CKD MULT ECLIA PLASMA ALG	Genetic Counseling & Testing	
0409U	Y	ONC SLD TUM DNA 80&RNA 36 GEN NEXT GNRJ SEQ PLSM	Genetic Counseling & Testing	
0410U	Y	ONC PNCRTC DNA WHL GN SEQ 5- HYDROXYMETHYLCYTO SN	Genetic Counseling & Testing	
0411U	Y	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Genetic Counseling & Testing	
0412U	Y	BETA AMYLOID AB42/40 IMPRCIP QUAN LCMS/MS ALG	Genetic Counseling & Testing	
0413U	Y	ONC HL NEO OPT GEN MAPG CPY NMBR ALTERATIONS DNA	Genetic Counseling & Testing	
0414U	Y	ONC LUNG AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8 GEN	Genetic Counseling & Testing	
0415U	Y	CV DS ACS IA ALG BLOOD 5 YEAR DEL RISK SCORE ACS	Genetic Counseling & Testing	
0416U	Y	IADNA GU PTHGN 20BCT&FNGL ORG ID 20 ARG URINE	Genetic Counseling & Testing	
0417U	Y	RARE DS WHL MITOCHDRL GEN SEQ ALYS 335 NUC GENES	Genetic Counseling & Testing	
0418U	Y	ONC BRST AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8FEAT	Genetic Counseling & Testing	
0419U	Y	NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN	Genetic Counseling & Testing	
G9143	Y	WARFARIN RSPN TEST GEN TECH ANY METH ANY # SPEC	Genetic Counseling & Testing	
S3852	Y	DNA ANALY APOE EPSILON 4 ALLELE SUSECPT ALZS DZ	Genetic Counseling & Testing	
S3854	Y	GENE EXPRESSION PROFILING PANL MGMT BREAST CA TX	Genetic Counseling & Testing	
S3861	Y	GENETIC TESTING SCN5A AND VARIANTS FOR SUSPECTED BS	Genetic Counseling & Testing	
S3865	Y	COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY	Genetic Counseling & Testing	
S3866	Y	GENETIC ANALY GENE MUTAT HCM INDIV KNOWN HCM FAM	Genetic Counseling & Testing	
S3870	Y	CGH MICROARRAY TEST DD ASD AND OR INTELL DISABILTY	Genetic Counseling & Testing	
90281	Y	IMMUNE GLOBULIN IG HUMAN IM USE	Healthcare Administered Drugs	
90283	Y	IMMUNE GLOBULIN IGIV HUMAN IV USE	Healthcare Administered Drugs	
90284	Y	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	Healthcare Administered Drugs	
90291	Y	CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV	Healthcare Administered Drugs	
90371	Y	HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	Healthcare Administered Drugs	
90378	Y	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	Healthcare Administered Drugs	
A9542	Y	INDIUM IN-111 IBRITUMOMAB TIUXETAN DX TO 5 MCI	Healthcare Administered Drugs	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
A9596	Y	GALLIUM GA -68GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 MILLICURIE	Healthcare Administered Drugs	
A9601	Y	FLORTAUCIPIR -18INJECTION, DIAGNOSTIC, 1 MILLICURIE	Healthcare Administered Drugs	
A9607	Y	LUTETIUM LU 177 VIPIVOTIDE TETRAKETAN THER 1 MCI	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
B4187	Y	OMEGA VEN, 10 G LIPIDS	Healthcare Administered Drugs	
C9047	Y	INJECTION CAPLACIZUMAB-YHDP 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
C9145	Y	INJ, APONVIE, 1 MG	Healthcare Administered Drugs	
C9151	Y	INJECTION, PEGCETACOPLAN, 1 MG	Healthcare Administered Drugs	
C9257	Y	INJECTION BEVACIZUMAB 0.25 MG	Healthcare Administered Drugs	Bevacizumab when billed for intraocular injection does not require a PA
C9293	Y	INJECTION GLUCARPIDASE 10 UNITS	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
C9399	Y	UNCLASSIFIED DRUGS OR BIOLOGICALS	Healthcare Administered Drugs	
C9488	Y	INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	
J0121	Y	INJECTION OMADACYCLINE 1 MG	Healthcare Administered Drugs	
J0122	Y	INJECTION, ERAVACYCLINE, 1 MG	Healthcare Administered Drugs	
J0129	Y	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Healthcare Administered Drugs	
J0135	Y	INJECTION ADALIMUMAB 20 MG	Healthcare Administered Drugs	
J0172	Y	INJECTION, ADUCANUMAB-AVWA, 2MG	Healthcare Administered Drugs	
J0174	Y	INJ, LECANEMAB-IRMB, 1 MG	Healthcare Administered Drugs	
J0178	Y	INJECTION AFLIBERCEPT 1 MG	Healthcare Administered Drugs	
J0179	Y	INJECTION, BROLUZUMAB-DBLL, 1MG	Healthcare Administered Drugs	
J0180	Y	INJECTION AGALSIDASE BETA 1 MG	Healthcare Administered Drugs	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J0185	Y	INJ., APREPITANT, 1MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J0202	Y	INJECTION ALEMTUZUMAB 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J0205	Y	INJECTION ALGLUCERASE PER 10 UNITS	Healthcare Administered Drugs	
J0208	Y	INJECTION, SODIUM THIOSULFATE, 100 MG	Healthcare Administered Drugs	
J0218	Y	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	Healthcare Administered Drugs	
J0219	Y	INJECTION AVALGLUCOSIDASE ALFA-NGPT 4 MG	Healthcare Administered Drugs	
J0220	Y	INJECTION ALGLUCOSIDASE ALFA 10 MG NOS	Healthcare Administered Drugs	
J0221	Y	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	Healthcare Administered Drugs	
J0222	Y	INJECTION PATISIRAN 0.1 MG	Healthcare Administered Drugs	
J0223	Y	INJECTION, GIVOSIRAN, 0.5 MG	Healthcare Administered Drugs	
J0224	Y	INJ. LUMASIRAN, 0.5 MG	Healthcare Administered Drugs	
J0225	Y	INJ, VUTRISIRAN, 1 MG	Healthcare Administered Drugs	
J0256	Y	INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG	Healthcare Administered Drugs	
J0257	Y	INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG	Healthcare Administered Drugs	
J0291	Y	INJECTION PLAZOMICIN 5 MG	Healthcare Administered Drugs	
J0349	Y	INJECTION, REZAFUNGIN, 1 MG	Healthcare Administered Drugs	
J0364	Y	INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	
J0457	Y	INJECTION, AZTREONAM, 100 MG	Healthcare Administered Drugs	
J0480	Y	INJECTION BASILIXIMAB 20 MG	Healthcare Administered Drugs	
J0485	Y	INJECTION BELATACEPT 1 MG	Healthcare Administered Drugs	
J0490	Y	INJECTION BELIMUMAB 10 MG	Healthcare Administered Drugs	
J0491	Y	INJECTION ANIFROLUMAB-FNIA 1 MG	Healthcare Administered Drugs	
J0517	Y	INJECTION BENRALIZUMAB 1 MG	Healthcare Administered Drugs	
J0565	Y	INJECTION BEZLOTOXUMAB 10 MG	Healthcare Administered Drugs	
J0567	Y	INJECTION CERLIPONASE ALFA 1 MG	Healthcare Administered Drugs	
J0570	Y	BUPRENORPHINE IMPLANT 74.2 MG	Healthcare Administered Drugs	
J0584	Y	INJECTION BUROSUMAB-TWZA 1 MG	Healthcare Administered Drugs	
J0585	Y	BOTULINUM TOXIN TYPE A PER UNIT	Healthcare Administered Drugs	
J0586	Y	INJECTION ABOBOTULINUMTOXINA 5 UNITS	Healthcare Administered Drugs	
J0587	Y	INJECTION RIMABOTULINUMTOXINB 100 UNITS	Healthcare Administered Drugs	
J0588	Y	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	Healthcare Administered Drugs	
J0592	Y	INJECTION BUPRENORPHINE HYDROCHLORIDE 0.1 MG	Healthcare Administered Drugs	
J0593	Y	INJECTION, LANADELUMAB-FLYO 1 MG	Healthcare Administered Drugs	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J0596	Y	INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U	Healthcare Administered Drugs	
J0597	Y	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Healthcare Administered Drugs	
J0598	Y	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	Healthcare Administered Drugs	
J0599	Y	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	Healthcare Administered Drugs	
J0604	Y	CINACALCET ORAL 1 MG	Healthcare Administered Drugs	
J0606	Y	INJECTION ETELCALCETIDE 0.1 MG	Healthcare Administered Drugs	
J0630	Y	CALCITONIN SALMON INJECTION	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J0637	Y	INJECTION CASPOFUNGIN ACETATE 5 MG	Healthcare Administered Drugs	
J0638	Y	INJECTION CANAKINUMAB 1 MG	Healthcare Administered Drugs	
J0641	Y	INJECTION LEVOLEUCOVORIN CALCIUM 0.5 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J0642	Y	INJECTION LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J0691	Y	INJECTION, LEFAMULIN, 1 MG	Healthcare Administered Drugs	
J0695	Y	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	Healthcare Administered Drugs	
J0699	Y	INJECTION, CEFIDEROCOL, 10 MG	Healthcare Administered Drugs	
J0712	Y	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	Healthcare Administered Drugs	
J0714	Y	INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G	Healthcare Administered Drugs	
J0717	Y	INJECTION CERTOLIZUMAB PEGOL 1 MG	Healthcare Administered Drugs	
J0725	Y	INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS	Healthcare Administered Drugs	
J0739	Y	INJECTION, CABOTEGRAVIR, 1 MG	Healthcare Administered Drugs	
J0740	Y	INJECTION CIDOFOVIR 375 MG	Healthcare Administered Drugs	
J0741	Y	INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2 MG/3 MG	Healthcare Administered Drugs	
J0775	Y	INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG	Healthcare Administered Drugs	
J0791	Y	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Healthcare Administered Drugs	
J0801	Y	INJECTION, CORTICOTROPIN (ACTHAR GEL), UP TO 40 UNITS	Healthcare Administered Drugs	
J0802	Y	INJECTION, CORTICOTROPIN (ANI), UP TO 40 UNITS	Healthcare Administered Drugs	
J0850	Y	INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL	Healthcare Administered Drugs	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J0874	Y	INJECTION, DAPTOMYCIN (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	Healthcare Administered Drugs	
J0875	Y	INJECTION DALBAVANCIN 5MG	Healthcare Administered Drugs	
J0877	Y	INJ, DAPTOMYCIN (HOSPIRA)	Healthcare Administered Drugs	
J0878	Y	INJECTION DAPTOMYCIN 1 MG	Healthcare Administered Drugs	
J0879	Y	INJECTION DIFELIKEFALIN 0.1 MICROGRAM	Healthcare Administered Drugs	
J0881	Y	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J0882	Y	INJ DARBEPOETIN ALFA 1 MCG FOR ESRD DIALYSIS	Healthcare Administered Drugs	
J0885	Y	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J0888	Y	INJECTION EPOETIN BETA 1 MICROGRAM	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J0889	Y	DAPRODUSTAT, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	Healthcare Administered Drugs	
J0893	Y	INJ, DECITABINE (SUN PHARMA)	Healthcare Administered Drugs	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to NCH. For Pediatrics, Inpatient requests, and adults with non-cancer diagnosis; direct request to the healthplan.
J0896	Y	INJECTION, LUPATERCEPT-AAMT, 0.25 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J0897	Y	INJECTION DENOSUMAB 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1095	Y	INJECTION DEXAMETHASONE 9PCT INTRAOCULAR 1 MCG	Healthcare Administered Drugs	
J1096	Y	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	Healthcare Administered Drugs	
J1290	Y	INJECTION ECALLANTIDE 1 MG	Healthcare Administered Drugs	
J1300	Y	INJECTION ECULIZUMAB 10 MG	Healthcare Administered Drugs	
J1301	Y	INJECTION EDARAVONE 1 MG	Healthcare Administered Drugs	
J1302	Y	INJ SUTIMLIMAB-JOME 10 MG	Healthcare Administered Drugs	
J1303	Y	INJECTION RAVULIZUMAB-CWVZ 10 MG	Healthcare Administered Drugs	
J1305	Y	INJECTION, EVINACUMAB-DGNB, 5 MG	Healthcare Administered Drugs	
J1306	Y	INJECTION, INCLISIRAN, MG	Healthcare Administered Drugs	
J1322	Y	INJECTION ELOSULFASE ALFA 1 MG	Healthcare Administered Drugs	
J1324	Y	INJECTION ENFUVIRTIDE 1 MG	Healthcare Administered Drugs	
J1325	Y	INJECTION EPOPROSTENOL 0.5 MG	Healthcare Administered Drugs	
J1426	Y	INJECTION, CASIMERSEN, 10 MG	Healthcare Administered Drugs	
J1427	Y	INJECTION, VILTOLARSEN, 10 MG	Healthcare Administered Drugs	
J1428	Y	INJECTION ETEPLIRSEN 10 MG	Healthcare Administered Drugs	
J1429	Y	INJECTION, GOLODIRSEN, 10 MG	Healthcare Administered Drugs	
J1437	Y	INJECTION, FERRIC DERISOMALTOSE, 10MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1438	Y	INJECTION ETANERCEPT 25 MG	Healthcare Administered Drugs	
J1439	Y	INJECTION FERRIC CARBOXYMALTOSE 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1440	Y	FECAL MICROBIOTA, LIVE - JSLM, 1 ML	Healthcare Administered Drugs	
J1442	Y	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J1445	Y	INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION (TRIFERIC AVNU), 0.1 MG OF IRON	Healthcare Administered Drugs	
J1447	Y	INJECTION TBO-FILGRASTIM 1 MICROGRAM	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1448	Y	INJECTION, TRILACICLIB, 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1449	Y	INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1454	Y	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1456	Y	INJECTION, FOSAPREPITANT (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J1453, 1 MG	Healthcare Administered Drugs	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to NCH. For Pediatrics, Inpatient requests, and adults with non-cancer diagnosis; direct request to the healthplan.
J1458	Y	INJECTION GALSULFASE 1 MG	Healthcare Administered Drugs	
J1459	Y	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (PRIVIGEN)	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J1460	Y	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1551	Y	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1554	Y	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1555	Y	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1556	Y	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1557	Y	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (GAMMAPLEX)	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1558	Y	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J1559	Y	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1560	Y	INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1561	Y	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1562	Y	INJECTION IMMUNE GLOBULIN VIVAGLBIN 100 MG	Healthcare Administered Drugs	
J1566	Y	INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1568	Y	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1569	Y	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1571	Y	INJ HEPATITIS B IG HEPAGAM B IM 0.5 ML	Healthcare Administered Drugs	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J1572	Y	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (FLEBOGAMMA/FLEBOGAMMA DIF)	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1573	Y	INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML	Healthcare Administered Drugs	
J1575	Y	INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG	Healthcare Administered Drugs	
J1576	Y	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON	Healthcare Administered Drugs	
J1595	Y	INJECTION GLATIRAMER ACETATE 20 MG	Healthcare Administered Drugs	
J1599	Y	INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1602	Y	INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE	Healthcare Administered Drugs	
J1627	Y	INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1628	Y	INJECTION GUSELKUMAB 1 MG	Healthcare Administered Drugs	
J1632	Y	INJECTION, BREXANOLONE, 1 MG	Healthcare Administered Drugs	
J1640	Y	INJECTION HEMIN 1 MG	Healthcare Administered Drugs	
J1645	Y	INJECTION DALTEPARIN SODIUM PER 2500 IU	Healthcare Administered Drugs	
J1729	Y	INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG	Healthcare Administered Drugs	
J1740	Y	INJECTION IBANDRONATE SODIUM 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1743	Y	INJECTION IDURSULFASE 1 MG	Healthcare Administered Drugs	
J1744	Y	INJECTION ICATIBANT 1 MG	Healthcare Administered Drugs	
J1745	Y	INJECTION INFlixIMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	
J1746	Y	INJECTION IBALIZUMAB-UIYK 10 MG	Healthcare Administered Drugs	
J1747	Y	INJECTION, SPESOLIMAB-SBZO, 1 M	Healthcare Administered Drugs	
J1786	Y	INJECTION IMIGLUCERASE 10 UNITS	Healthcare Administered Drugs	
J1823	Y	INJECTION, INEBILIZUMAB-CDON, 1 MG	Healthcare Administered Drugs	
J1826	Y	INJECTION INTERFERON BETA-1A 30 MCG	Healthcare Administered Drugs	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J1830	Y	INJECTION INTERFERON BETA-1B 0.25 MG	Healthcare Administered Drugs	
J1833	Y	INJECTION ISAVUCONAZONIUM 1 MG	Healthcare Administered Drugs	
J1930	Y	INJECTION LANREOTIDE 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1931	Y	INJECTION LARONIDASE 0.1 MG	Healthcare Administered Drugs	
J1932	Y	INJ LANREOTIDE CIPLA 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1941	Y	INJECTION, FUROSEMIDE (FUROSCIX), 20 MG	Healthcare Administered Drugs	
J1950	Y	INJECTION LEUPROLIDE ACETATE PER 3.75 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1951	Y	INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG	Healthcare Administered Drugs	
J1952	Y	LEUPROLIDE INJECTABLE, CAMCEVI, 1MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1954	Y	INJ LUTRATE DEPOT 7.5 MG (CIPLA)	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J1961	Y	INJECTION, LENACAPAVIR, 1 MG	Healthcare Administered Drugs	
J2062	Y	LOXAPINE FOR INHALATION 1 MG	Healthcare Administered Drugs	
J2170	Y	INJECTION MECASERMIN 1 MG	Healthcare Administered Drugs	
J2182	Y	INJECTION MEPOLIZUMAB 1 MG	Healthcare Administered Drugs	
J2186	Y	INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG	Healthcare Administered Drugs	
J2212	Y	INJECTION METHYLNALTREXONE 0.1 MG	Healthcare Administered Drugs	
J2247	Y	INJ, MICA FUNGIN (PAR PHARM)	Healthcare Administered Drugs	
J2248	Y	INJECTION MICA FUNGIN SODIUM 1 MG	Healthcare Administered Drugs	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J2323	Y	INJECTION NATALIZUMAB 1 MG	Healthcare Administered Drugs	
J2327	Y	INJ RISANKIZUMAB-RZAA 1 MG	Healthcare Administered Drugs	
J2329	Y	INJECTION, UBLITUXIMAB-XIYY, 1MG	Healthcare Administered Drugs	
J2350	Y	INJECTION OCRELIZUMAB 1 MG	Healthcare Administered Drugs	
J2353	Y	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J2356	Y	INJECTION, TEZEPELUMB-EKKO, 1 MG	Healthcare Administered Drugs	
J2357	Y	INJECTION OMALIZUMAB 5 MG	Healthcare Administered Drugs	
J2406	Y	INJECTION, ORITAVANCIN (KIMYRSA), 10 MG	Healthcare Administered Drugs	
J2407	Y	INJECTION, ORITAVANCIN (ORBACTIV), 10 MG	Healthcare Administered Drugs	
J2425	Y	INJECTION PALIFERMIN 50 MICROGRAMS	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J2430	Y	INJECTION PAMIDRONATE DISODIUM PER 30 MG	Healthcare Administered Drugs	
J2440	Y	INJECTION PAPAVERINE HCL UP TO 60 MG	Healthcare Administered Drugs	
J2502	Y	INJECTION PASIREOTIDE LONG ACTING 1 MG	Healthcare Administered Drugs	
J2503	Y	INJECTION PEGAPTANIB SODIUM 0.3 MG	Healthcare Administered Drugs	
J2504	Y	INJECTION PEGADEMASE BOVINE 25 IU	Healthcare Administered Drugs	
J2506	Y	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J2507	Y	INJECTION PEGLOTICASE 1 MG	Healthcare Administered Drugs	
J2562	Y	INJECTION PLERIXAFOR 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J2724	Y	INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU	Healthcare Administered Drugs	
J2770	Y	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	Healthcare Administered Drugs	
J2777	Y	INJ FARICIMAB-SVOA 0.1 MG	Healthcare Administered Drugs	
J2778	Y	INJECTION RANIBIZUMAB 0.1 MG	Healthcare Administered Drugs	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J2779	Y	INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG	Healthcare Administered Drugs	
J2781	Y	INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG	Healthcare Administered Drugs	
J2783	Y	INJECTION RASBURICASE 0.5 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J2786	Y	INJECTION RESLIZUMAB 1 MG	Healthcare Administered Drugs	
J2787	Y	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	Healthcare Administered Drugs	
J2793	Y	INJECTION RILONACEPT 1 MG	Healthcare Administered Drugs	
J2796	Y	INJECTION ROMIPLOSTIM 10 MCG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J2797	Y	INJECTION ROLAPITANT 0.5 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J2820	Y	INJECTION SARGRAMOSTIM 50 MCG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J2840	Y	INJECTION SEBELIPASE ALFA 1 MG	Healthcare Administered Drugs	
J2860	Y	INJECTION SILTUXIMAB 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J2940	Y	INJECTION SOMATREM 1 MG	Healthcare Administered Drugs	
J2941	Y	INJECTION SOMATROPIN 1 MG	Healthcare Administered Drugs	
J2998	Y	INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG	Healthcare Administered Drugs	
J3030	Y	INJECTION SUMATRIPTAN SUCCINATE 6 MG	Healthcare Administered Drugs	
J3031	Y	INJECTION FREMANEZUMAB-VFRM 1 MG	Healthcare Administered Drugs	
J3032	Y	INJECTION, EPTINEZUMAG-JJMR, 1MG	Healthcare Administered Drugs	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J3060	Y	INJECTION TALIGLUCERASE ALFA 10 UNITS	Healthcare Administered Drugs	
J3090	Y	INJECTION TEDIZOLID PHOSPHATE 1 MG	Healthcare Administered Drugs	
J3095	Y	INJECTION TELAVANCIN 10 MG	Healthcare Administered Drugs	
J3110	Y	INJECTION TERIPARATIDE 10 MCG	Healthcare Administered Drugs	
J3111	Y	INJECTION, ROMOSOZUMAB-AQQG, 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J3145	Y	INJECTION TESTOSTERONE UNDECANOATE 1 MG	Healthcare Administered Drugs	
J3241	Y	INJECTION, TEPROTUMUMAB-TRBW, 10MG	Healthcare Administered Drugs	
J3245	Y	INJECTION TILDRAKIZUMAB 1 MG	Healthcare Administered Drugs	
J3262	Y	INJECTION TOCILIZUMAB 1 MG	Healthcare Administered Drugs	
J3285	Y	INJECTION TREPROSTINIL 1 MG	Healthcare Administered Drugs	
J3299	Y	INJECTION TRIAMCINOLONE ACETONIDE XIPERE 1 MG	Healthcare Administered Drugs	
J3304	Y	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	Healthcare Administered Drugs	
J3315	Y	INJECTION TRIPTORELIN PAMOATE 3.75 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J3316	Y	INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG	Healthcare Administered Drugs	
J3355	Y	INJECTION UROFOLLITROPIN 75 IU	Healthcare Administered Drugs	
J3357	Y	USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG	Healthcare Administered Drugs	
J3358	Y	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	Healthcare Administered Drugs	
J3380	Y	INJECTION VEDOLIZUMAB 1 MG	Healthcare Administered Drugs	
J3385	Y	INJECTION VELAGLUCERASE ALFA 100 UNITS	Healthcare Administered Drugs	
J3396	Y	INJECTION VERTEPORFIN 0.1 MG	Healthcare Administered Drugs	
J3397	Y	INJECTION VESTRONIDASE ALFA-VJBK 1 MG	Healthcare Administered Drugs	
J3398	Y	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G	Healthcare Administered Drugs	
J3490	Y	UNCLASSIFIED DRUGS	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For adults with cancer diagnosis, direct outpatient requests for drugs within NCH scope to NCH. For Pediatrics, inpatient, non-oncology requests, or drugs out of NCH scope; direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J3590	Y	UNCLASSIFIED BIOLOGICS	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For adults with cancer diagnosis, direct outpatient requests for drugs within NCH scope to NCH. For Pediatrics, inpatient, non-oncology requests, or drugs out of NCH scope; direct request to the healthplan.
J3591	Y	UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS	Healthcare Administered Drugs	
J7168	Y	PRT COMPLEX CONC KCENTRA PER IU FIX ACT	Healthcare Administered Drugs	
J7170	Y	INJECTION EMICIZUMAB-KXWH 0.5 MG	Healthcare Administered Drugs	
J7175	Y	INJECTION FACTOR X 1 I.U.	Healthcare Administered Drugs	
J7177	Y	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	Healthcare Administered Drugs	
J7178	Y	INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG	Healthcare Administered Drugs	
J7179	Y	INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO	Healthcare Administered Drugs	
J7180	Y	INJECTION FACTOR XIII 1 I.U.	Healthcare Administered Drugs	
J7181	Y	INJECTION FACTOR XIII A-SUBUNIT PER IU	Healthcare Administered Drugs	
J7182	Y	INJECTION FACTOR VIII PER IU (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT)	Healthcare Administered Drugs	
J7183	Y	INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO	Healthcare Administered Drugs	
J7185	Y	INJECTION FACTOR VIII PER IU (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA)	Healthcare Administered Drugs	
J7186	Y	INJ AHF VWF CMLPX PER FACTOR VIII IU	Healthcare Administered Drugs	
J7187	Y	INJ VONWILLEBRND FACTOR CMLPX HUMN RISTOCETIN IU	Healthcare Administered Drugs	
J7188	Y	INJECTION FACTOR VIII PER I.U.	Healthcare Administered Drugs	
J7189	Y	FACTOR VIIA ANTIHEMOPHILIC FCT NOVOSEVEN RT1 MCG	Healthcare Administered Drugs	
J7190	Y	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU	Healthcare Administered Drugs	
J7191	Y	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU	Healthcare Administered Drugs	
J7192	Y	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	
J7193	Y	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU	Healthcare Administered Drugs	
J7194	Y	FACTOR IX COMPLEX PER IU	Healthcare Administered Drugs	
J7195	Y	INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	
J7196	Y	INJECTION ANTITHROMBIN RECOMBINANT 50 I.U.	Healthcare Administered Drugs	
J7197	Y	ANTITHROMBIN III PER IU	Healthcare Administered Drugs	
J7198	Y	ANTI-INHIBITOR PER IU	Healthcare Administered Drugs	
J7199	Y	HEMOPHILIA CLOTTING FACTOR NOC	Healthcare Administered Drugs	
J7200	Y	INJECTION FACTOR IX RIXUBIS PER IU	Healthcare Administered Drugs	
J7201	Y	INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.	Healthcare Administered Drugs	
J7202	Y	INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.	Healthcare Administered Drugs	
J7203	Y	INJECTION FACTOR IX GLYCOPEGYLATED 1 IU	Healthcare Administered Drugs	
J7204	Y	INJ FACTR VIII ANTIHEM FAC GLYCOPEGYLATD-EXEI P-IU	Healthcare Administered Drugs	
J7205	Y	INJECTION FACTOR VIII FC FUSION PROTEIN PER IU	Healthcare Administered Drugs	
J7207	Y	INJECTION FACTOR VIII PEGYLATED 1 I.U.	Healthcare Administered Drugs	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J7208	Y	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Healthcare Administered Drugs	
J7209	Y	INJECTION FACTOR VIII 1 I.U.	Healthcare Administered Drugs	
J7210	Y	INJECTION FACTOR VIII AFSTYLA 1 I.U.	Healthcare Administered Drugs	
J7211	Y	INJECTION FACTOR VIII KOVALTRY 1 I.U.	Healthcare Administered Drugs	
J7212	Y	FCTR VIIA (ANTIHEMOPHILIC F FACTOR, RECOMBINANT)- JNCW (SEVENFACT), 1 MCG	Healthcare Administered Drugs	
J7213	Y	INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY,	Healthcare Administered Drugs	
J7214	Y	INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT (ALTUVIIIQ), PER FACTOR VIII I.U."	Healthcare Administered Drugs	
J7308	Y	AMINOLEVULINIC ACID HCL TOP ADMN 20PCT 1 U DOSE	Healthcare Administered Drugs	
J7309	Y	METHYL AMINOLEVULINATE MAL TOP ADMIN 16.8PCT 1 G	Healthcare Administered Drugs	
J7310	Y	GANCICLOVIR 4.5 MG LONG-ACTING IMPLANT	Healthcare Administered Drugs	
J7311	Y	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	Healthcare Administered Drugs	
J7312	Y	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	Healthcare Administered Drugs	
J7313	Y	INJECTION FA INTRAVITREAL IMPLANT (LLUVIEN) 0.01 MG	Healthcare Administered Drugs	
J7314	Y	INJECTION FA INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG	Healthcare Administered Drugs	
J7316	Y	INJECTION OCRIPLASMIN 0.125 MG	Healthcare Administered Drugs	
J7318	Y	HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG	Healthcare Administered Drugs	
J7320	Y	HYALURONAN DERIVATIVE GENVISC 850 IA INJ 1 MG	Healthcare Administered Drugs	
J7321	Y	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE	Healthcare Administered Drugs	
J7322	Y	HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG	Healthcare Administered Drugs	
J7323	Y	HYALURONAN DERIVATIVE EUFLEXXA IA INJ PER DOSE	Healthcare Administered Drugs	
J7324	Y	HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE	Healthcare Administered Drugs	
J7325	Y	HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG	Healthcare Administered Drugs	
J7326	Y	HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	Healthcare Administered Drugs	
J7327	Y	HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE	Healthcare Administered Drugs	
J7328	Y	HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG	Healthcare Administered Drugs	
J7329	Y	HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG	Healthcare Administered Drugs	
J7331	Y	HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG	Healthcare Administered Drugs	
J7332	Y	HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG	Healthcare Administered Drugs	
J7336	Y	CAPSAICIN 8% PATCH, PER SQ CENTIMETER	Healthcare Administered Drugs	
J7351	Y	INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG	Healthcare Administered Drugs	
J7352	Y	AFAMELANOTIDE IMPLANT, 1 MG	Healthcare Administered Drugs	
J7353	Y	ANACAULASE-BCDB, 8.8% GEL, 1 GRAM	Healthcare Administered Drugs	
J7402	Y	MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG	Healthcare Administered Drugs	
J7504	Y	LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	Healthcare Administered Drugs	
J7511	Y	LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG	Healthcare Administered Drugs	
J7639	Y	DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG	Healthcare Administered Drugs	
J7677	Y	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG	Healthcare Administered Drugs	
J7682	Y	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	Healthcare Administered Drugs	
J7686	Y	TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG	Healthcare Administered Drugs	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J7999	Y	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Healthcare Administered Drugs	Bevacizumab when billed for intraocular injection does not require a PA
J8499	Y	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For adults with cancer diagnosis, direct outpatient requests for drugs within NCH scope to NCH. For Pediatrics, inpatient, non-oncology requests, or drugs out of NCH scope; direct request to the healthplan.
J8655	Y	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For adults with cancer diagnosis, direct outpatient requests for drugs within NCH scope to NCH. For Pediatrics, inpatient, non-oncology requests, or drugs out of NCH scope; direct request to the healthplan.
J8670	Y	ROLAPITANT ORAL 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For adults with cancer diagnosis, direct outpatient requests for drugs within NCH scope to NCH. For Pediatrics, inpatient, non-oncology requests, or drugs out of NCH scope; direct request to the healthplan.
J8999	Y	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For adults with cancer diagnosis, direct outpatient requests for drugs within NCH scope to NCH. For Pediatrics, inpatient, non-oncology requests, or drugs out of NCH scope; direct request to the healthplan.
J9015	Y	INJECTION ALDESLEUKIN PER SINGLE USE VIAL	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J9019	Y	INJECTION ASPARAGINASE ERWINAZE 1000 IU	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9021	Y	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9022	Y	INJECTION ATEZOLIZUMAB 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9023	Y	INJECTION AVELUMAB 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9029	Y	INJECTION, NADOFARAGENE FIRADENOVEC-VNCG, PER THERAPE	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9032	Y	INJECTION BELINOSTAT 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9033	Y	INJECTION BENDAMUSTINE HCL TREANDA 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J9034	Y	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9035	Y	INJECTION BEVACIZUMAB 10 MG	Healthcare Administered Drugs	Bevacizumab when billed for intraocular injection does not require a PA. ~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics or inpatient requests, direct request to the healthplan.
J9036	Y	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9037	Y	INJECTION, BELANTAMAB MAFODONTIN-BLMF, 0.5 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9039	Y	INJECTION BLINATUMOMAB 1 MICROGRAM	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9042	Y	INJECTION BRENTUXIMAB VEDOTIN 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J9043	Y	INJECTION CABAZITAXEL 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9046	Y	INJ, BORTEZOMIB, DR. REDDY'S	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9047	Y	INJECTION CARFILZOMIB 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9048	Y	INJ, BORTEZOMIB FRESENIUSKAB	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9049	Y	INJ, BORTEZOMIB, HOSPIRA	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9051	Y	INJECTION, BORTEZOMIB (MAIA), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	Healthcare Administered Drugs	
J9056	Y	INJECTION, BENDAMUSTINE HYDROCHLORIDE (VIVIMUSTA), 1 M	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J9057	Y	INJECTION COPANLISIB 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9058	Y	INJECTION, BENDAMUSTINE HYDROCHLORIDE (APOTEX), 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9059	Y	INJECTION, BENDAMUSTINE HYDROCHLORIDE (BAXTER), 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9061	Y	INJECTION, AMIVANTAMAB-VMJW, 2MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9063	Y	INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9064	Y	INJECTION, CABAZITAXEL (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9043, 1 MG	Healthcare Administered Drugs	
J9071	Y	INJECTION CYCLOPHOSPHAMIDE AUROMEDICS 5 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J9098	Y	INJECTION CYTARABINE LIPOSOME 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9118	Y	INJ. CALASPARGASE PEGOL-MKNL	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9119	Y	INJECTION CEMIPILIMAB-RWLC 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9144	Y	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9145	Y	INJECTION DARATUMUMAB 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9153	Y	INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9155	Y	INJECTION DEGARELIX 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9160	Y	INJECTION DENILEUKIN DIFTITOX 300 MCG	Healthcare Administered Drugs	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J9173	Y	INJECTION DURVALUMAB 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9176	Y	INJECTION ELOTUZUMAB 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9177	Y	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9179	Y	INJECTION ERIBULIN MESYLATE 0.1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9198	Y	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 100 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9203	Y	INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9204	Y	INJECTION MOGAMULIZUMAB-KPKC 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J9205	Y	INJECTION IRINOTECAN LIPOSOME 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9207	Y	INJECTION IXABEPILONE 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9210	Y	INJECTION EMAPALUMAB-LZSG 1 MG	Healthcare Administered Drugs	
J9214	Y	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9215	Y	INJECTION INTERFERON ALFA-N3 250,000 IU	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9216	Y	INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9218	Y	LEUPROLIDE ACETATE PER 1 MG	Healthcare Administered Drugs	One J code unit allowed per calendar year. All units in excess of one unit/year require PA. ~APPLIES TO KY and NV 10/1/22, IL 4/1/23 for Adults 18 and over, WA 11/1/22 for Adults 21 and over: For Pediatrics, inpatient, or non cancer diagnosis requests, direct request to the healthplan. For adults with cancer diagnosis direct request to NCH.
J9219	Y	LEUPROLIDE ACETATE IMPLANT 65 MG	Healthcare Administered Drugs	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J9223	Y	INJECTION, LURBINECTEDIN, 0.1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9225	Y	HISTRELIN IMPLANT VANTAS 50 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9226	Y	HISTRELIN IMPLANT SUPPRELIN LA 50 MG	Healthcare Administered Drugs	
J9227	Y	INJECTION, ISATUXIMAB-IRFC, 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9228	Y	INJECTION IPILIMUMAB 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9229	Y	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9246	Y	INJECTION MELPHALAN EVOMELA 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9247	Y	INJECTION, MELPHALAN FLUFENAMIDE, 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J9259	Y	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES (AMERICAN	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9262	Y	INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9266	Y	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9269	Y	INJECTION TAGRAXOFUSP-ERZS 10 MCG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9271	Y	INJECTION PEMBROLIZUMAB 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9272	Y	INJECTION, DOSTARLIMAB-GXLY,10MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9273	Y	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J9274	Y	INJ TEBENTAFUSP-TEBN 1 MCG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9281	Y	MITOMYCIN PYELOCALYCEAL INSTILLATION, 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9285	Y	INJECTION OLARATUMAB 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9294	Y	INJECTION, PEMETREXED (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9295	Y	INJECTION NECITUMUMAB 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9296	Y	INJECTION, PEMETREXED (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9297	Y	INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J9298	Y	INJ NIVOLUMAB AND RELATLIMAB-RMBW 3 MG/1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9299	Y	INJECTION NIVOLUMAB 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9301	Y	INJECTION OBINUTUZUMAB 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9302	Y	INJECTION OFATUMUMAB 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9303	Y	INJECTION PANITUMUMAB 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9304	Y	INJECTION PEMETREXED (PEMFEXY) 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9307	Y	INJECTION PRALATREXATE 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J9308	Y	INJECTION RAMUCIRUMAB 5 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9309	Y	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9311	Y	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9312	Y	INJECTION RITUXIMAB 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9313	Y	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9314	Y	INJ PEMETREXED (TEVA) 10MG	Healthcare Administered Drugs	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to NCH. For Pediatrics, Inpatient requests, and adults with non-cancer diagnosis; direct request to the healthplan.
J9316	Y	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J9317	Y	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9318	Y	INJECTION, ROMIDEPSIN, NONLYOPHILIZED, 0.1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9319	Y	INJECTION, ROMIDEPSIN, LYOPHILIZED, 0.1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9322	Y	INJECTION, PEMETREXED (BLUEPOINT) NOT THERAPEUTICALLY E	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9323	Y	INJECTION, PEMETREXED DITROMETHAMINE, 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9325	Y	INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9331	Y	INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9332	Y	INJECTION, EFGARTIGIMOD ALFA-FCAB, 2 MG	Healthcare Administered Drugs	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J9345	Y	INJECTION, RETIFANLIMAB-DLWR, 1 MG	Healthcare Administered Drugs	
J9347	Y	INJECTION, TREMELIMUMAB-ACTL, 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9348	Y	INJECTION NAXITAMAB-GQGK 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9349	Y	INJECTION, TAFASITAMAB-CXIX, 2 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9350	Y	INJECTION, MOSUNETUZUMAB-AXGB, 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9352	Y	INJECTION TRABECTEDIN 0.1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9353	Y	INJECTION MARGETUXIMAB-CMKB 5 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9354	Y	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J9356	Y	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9358	Y	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9359	Y	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9371	Y	INJECTION VINCRISTINE SULFATE LIPOSOME 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9380	Y	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9381	Y	INJECTION, TEPLIZUMAB-MZWV, 5 MCG	Healthcare Administered Drugs	
J9393	Y	INJ, FULVESTRANT (TEVA)	Healthcare Administered Drugs	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to NCH. For Pediatrics, Inpatient requests, and adults with non-cancer diagnosis; direct request to the healthplan.
J9394	Y	INJ, FULVESTRANT (FRESENIUS)	Healthcare Administered Drugs	~APPLIES TO IL: For Adults 18 and over with cancer diagnosis, direct request to NCH. For Pediatrics, Inpatient requests, and adults with non-cancer diagnosis; direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
J9400	Y	INJECTION ZIV-AFLIBERCEPT 1 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9600	Y	INJECTION PORFIMER SODIUM 75 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
J9999	Y	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For adults with cancer diagnosis, direct outpatient requests for drugs within NCH scope to NCH. For Pediatrics, inpatient, non-oncology requests, or drugs out of NCH scope; direct request to the healthplan.
Q0138	Y	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q0139	Y	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD	Healthcare Administered Drugs	
Q2050	Y	INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q3027	Y	INJECTION INTERFERON BETA-1A 1 MCG IM USE	Healthcare Administered Drugs	
Q3028	Y	INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE	Healthcare Administered Drugs	
Q4074	Y	ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG	Healthcare Administered Drugs	
Q5103	Y	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	Healthcare Administered Drugs	
Q5104	Y	INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG	Healthcare Administered Drugs	
Q5105	Y	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 100 U	Healthcare Administered Drugs	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
Q5106	Y	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q5107	Y	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q5108	Y	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q5109	Y	INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG	Healthcare Administered Drugs	
Q5111	Y	INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q5112	Y	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q5113	Y	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q5114	Y	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
Q5115	Y	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q5116	Y	INJECTION, TRASTUZUMAG-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q5117	Y	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR (KANJINTI), 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q5118	Y	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q5119	Y	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q5120	Y	INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO), 0.5 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q5121	Y	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	Healthcare Administered Drugs	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
Q5122	Y	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q5123	Y	INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q5124	Y	INJECTION RANIBIZUMAB-NUNA BS BYOOVIZ 0.1 MG	Healthcare Administered Drugs	
Q5125	Y	INJ FILGRASTIM-AYOW BIOSIMILAR RELEUKO 1 MCG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q5126	Y	BEVACIZUMAB-MALY, BIOSIMILAR	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q5127	Y	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q5128	Y	INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG	Healthcare Administered Drugs	
Q5129	Y	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
Q5130	Y	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	~APPLIES TO KY, NV, IL for Adults 18 and over, WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
Q5131	Y	ADALIMUMAB-AACF INJECTION, FOR SUBCUTANEOUS USE, BIOS	Healthcare Administered Drugs	
Q9991	Y	INJECTION BUPRENORPHINE EXT-RLSE UNDER EQ TO 100 MG	Healthcare Administered Drugs	
Q9992	Y	INJECTION BUPRENORPHINE EXTENDED-RELEASE OVER 100 MG	Healthcare Administered Drugs	
S0013	Y	ESKETAMINE, NASAL SPRAY, 1 MG	Healthcare Administered Drugs	
S0122	Y	INJECTION MENOTROPINS 75 IU	Healthcare Administered Drugs	
S0126	Y	INJECTION FOLLITROPIN ALFA 75 IU	Healthcare Administered Drugs	
S0128	Y	INJECTION FOLLITROPIN BETA 75 IU	Healthcare Administered Drugs	
S0132	Y	INJECTION GANIRELIX ACETATE 250 MCG	Healthcare Administered Drugs	
S0145	Y	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	Healthcare Administered Drugs	
S0148	Y	INJECTION PEGYLATED INTERFERON ALFA-2B 10 MCG	Healthcare Administered Drugs	
S0157	Y	BECAPLERMIN GEL 0.01PCT 0.5 GM	Healthcare Administered Drugs	
S0189	Y	TESTOSTERONE PELLET 75 MG	Healthcare Administered Drugs	
S1091	Y	STENT NONCORONARY TEMPORARY WITH DELIVERY SYSTEM	Healthcare Administered Drugs	
G0151	Y	SRVCS PRFRMD BY PHYSCN THRPY HH OR HSPCE EA 15 MIN	Home Health Care Services	
G0152	Y	SRVCS PRFRMD BY OCCPNL THRPST HH OR HOSPICE EA 15 MIN	Home Health Care Services	
G0153	Y	SRVCS SPCH&LNGGE PTHLGST HH OR HSPCE EA 15 MIN	Home Health Care Services	
G0155	Y	SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN	Home Health Care Services	
G0156	Y	SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN	Home Health Care Services	
G0157	Y	SERVICES BY PT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	
G0158	Y	SERVICE OT ASSISTNT HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	
G0159	Y	SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Home Health Care Services	
G0160	Y	SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS	Home Health Care Services	
G0161	Y	SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M	Home Health Care Services	
G0162	Y	SKILLED SVCE BY RN E&M PLAN OF CARE; EA 15 MINS	Home Health Care Services	
G0299	Y	DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN	Home Health Care Services	
G0300	Y	DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN	Home Health Care Services	
G0493	Y	SKILLED SERVICES RN OBV AND ASMNT PT CONDTN EA 15 MIN	Home Health Care Services	
G0494	Y	SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN	Home Health Care Services	
G0495	Y	SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN	Home Health Care Services	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
G0496	Y	SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN	Home Health Care Services	
G9679	Y	ONSITE AC C TX NSG FAC RES W/PNE BILLD SID-BENEF	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
G9680	Y	ONSITE AC C TX NSG FAC RES W/CHF BILLD SID-BENEF	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
G9681	Y	ONSITE AC C TX NSG FAC RES COPD/AS BILL SID-BNEF	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
G9682	Y	ONSITE AC TX NSG FAC RES W/SKN INF BILL SID-BNEF	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
G9683	Y	FAC ONSITE AC TX NSG FAC RES FL/ELCT DO BILL SID	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
G9684	Y	ONSITE AC C TX NSG FAC RES UTI BILL SID-BENEF	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
S5102	Y	DAY CARE SERVICES ADULT; PER DIEM	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
S5105	Y	DAY CARE SRVC CENTER-BASED; SRVC NOT W/PROGM FEE	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
S5111	NC	HOME CARE TRAINING FAMILY; PER SESSION	Home Health Care Services	
S5116	Y	HOME CARE TRAINING NON-FAMILY; PER SESSION	Home Health Care Services	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
S5125	Y	ATTENDANT CARE SERVICES; PER 15 MINUTES	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
S5130	Y	HOMEMAKER SERVICE NOS; PER 15 MINUTES	Home Health Care Services	
S5150	NC	UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN	Home Health Care Services	
S5151	Y	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Home Health Care Services	
S9122	Y	HOM HLTH AIDE/CERT NURSE ASST PROV CARE HOM; /HR	Home Health Care Services	
S9123	Y	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Home Health Care Services	
S9124	Y	NURSING CARE IN THE HOME; BY LPN PER HOUR	Home Health Care Services	
S9127	Y	SOCIAL WORK VISIT IN THE HOME PER DIEM	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
S9128	Y	SPEECH THERAPY IN THE HOME PER DIEM	Home Health Care Services	
S9129	Y	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Home Health Care Services	
S9131	Y	PHYSICAL THERAPY; IN THE HOME PER DIEM	Home Health Care Services	
S9379	Y	HOME INFUSION THERAPY INFUSION THERAPY NOC; DIEM	Home Health Care Services	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
S9470	Y	NUTRITIONAL COUNSELING DIETITIAN VISIT	Home Health Care Services	
T1000	Y	PRIV DUTY INDEPEND NRS SERVICE LIC UP 15 MIN	Home Health Care Services	
T1002	Y	RN SERVICES UP TO 15 MINUTES	Home Health Care Services	
T1003	Y	LPN LVN SERVICES UP TO 15 MINUTES	Home Health Care Services	
T1005	Y	RESPITE CARE SERVICES UP TO 15 MINUTES	Home Health Care Services	
T1022	Y	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	Home Health Care Services	
T1030	Y	NURSING CARE IN THE HOME RN PER DIEM	Home Health Care Services	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
T1031	Y	NURSING CARE IN THE HOME BY LPN PER DIEM	Home Health Care Services	
99601	Y	HOME NFS/SPECTY DRUG ADMN PR VST LT 2 HR	Home Healthcare & Home Infusion	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
99602	Y	HOME NFS/SPECTY DRUG ADMN PR VST LT 2 HR EA HR	Home Healthcare & Home Infusion	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
T1021	Y	HOME HEALTH AIDE/CERTIFIED NURSE ASST PER VISIT	Home Healthcare & Home Infusion	Home Health Services require prior authorization after the initial evaluation/visit plus first six (6) visits, per calendar year, including for home based PT/OT and Speech Therapy. NOTE: Prior Authorization may be required for medications associated with HOME INFUSION therapy.
99183	Y	PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION	Hyperbaric/Wound Therapy	
A2001	Y	INNOVAMATRIX AC PER SQ CM	Hyperbaric/Wound Therapy	
A2002	Y	MIRRAGEN ADVANCED WOUND MATRIX PER SQ CM	Hyperbaric/Wound Therapy	
A2004	Y	XCELLSTEM, PER SQ CM	Hyperbaric/Wound Therapy	
A2005	Y	MICROLYTE MATRIX PER SQ CM	Hyperbaric/Wound Therapy	
A2006	Y	NOVOSORB SYNPATH DERMAL MATRIX PER SQ CM	Hyperbaric/Wound Therapy	
A2007	Y	RESTRATA PER SQ CM	Hyperbaric/Wound Therapy	
A2008	Y	THERAGENESIS PER SQ CM	Hyperbaric/Wound Therapy	
A2009	Y	SYMPHONY PER SQ CM	Hyperbaric/Wound Therapy	
A2010	Y	APIS PER SQ CM	Hyperbaric/Wound Therapy	
A2011	Y	SUPRA SDRM PER SQ CM	Hyperbaric/Wound Therapy	
A2012	Y	SUPRATHEL PER SQ CM	Hyperbaric/Wound Therapy	
A2013	Y	INNOVAMATRIX FS PER SQ CM	Hyperbaric/Wound Therapy	
A2019	Y	KERECIS OMEGA3 MARIGEN SHIELD PER SQ CM	Hyperbaric/Wound Therapy	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
A2020	Y	AC5 ADVANCED WOUND SYSTEM	Hyperbaric/Wound Therapy	
A2021	Y	NEOMATRIX PER SQ CM	Hyperbaric/Wound Therapy	
A4100	Y	SKIN SUBSTITUTE FDA CLEARED AS A DEVICE NOS	Hyperbaric/Wound Therapy	
G0277	Y	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	Hyperbaric/Wound Therapy	
G0460	Y	AUTOLOGOUS PLATELET-RICH PLASMA	Hyperbaric/Wound Therapy	
G0465	Y	AUTOLOG PRP DIAB CHRON WOUND/ULCER FDA CLEAR DEV	Hyperbaric/Wound Therapy	
Q4101	Y	APLIGRAF PER SQ CM	Hyperbaric/Wound Therapy	
Q4102	Y	OASIS WOUND MATRIX PER SQ CM	Hyperbaric/Wound Therapy	
Q4103	Y	OASIS BURN MATRIX PER SQ CM	Hyperbaric/Wound Therapy	
Q4104	Y	INTEGRA BILAYER MATRIX WOUND DRESSING PER SQ CM	Hyperbaric/Wound Therapy	
Q4105	Y	INTEGRA DRT INTEGRA OMNIGR DRML RGN MTX P SQ CM	Hyperbaric/Wound Therapy	
Q4106	Y	DERMAGRAFT PER SQ CM	Hyperbaric/Wound Therapy	
Q4107	Y	GRAFTJACKET PER SQ CM	Hyperbaric/Wound Therapy	
Q4108	Y	INTEGRA MATRIX PER SQ CM	Hyperbaric/Wound Therapy	
Q4110	Y	PRIMATRIX PER SQ CM	Hyperbaric/Wound Therapy	
Q4111	Y	GAMMAGRAFT PER SQ CM	Hyperbaric/Wound Therapy	
Q4112	Y	CYMETRA INJECTABLE 1 CC	Hyperbaric/Wound Therapy	
Q4113	Y	GRAFTJACKET XPRESS INJECTABLE 1 CC	Hyperbaric/Wound Therapy	
Q4114	Y	INTEGRA FLOWABLE WOUND MATRIX INJECTABLE 1 CC	Hyperbaric/Wound Therapy	
Q4115	Y	ALLOSKIN PER SQ CM	Hyperbaric/Wound Therapy	
Q4116	Y	ALLODERM PER SQ CM	Hyperbaric/Wound Therapy	
Q4117	Y	HYALOMATRIX PER SQ CM	Hyperbaric/Wound Therapy	
Q4118	Y	MATRISTEM MICROMATRIX 1 MG	Hyperbaric/Wound Therapy	
Q4121	Y	THERASKIN PER SQ CM	Hyperbaric/Wound Therapy	
Q4122	Y	DERMACELL PER SQ CM	Hyperbaric/Wound Therapy	
Q4123	Y	ALLOSKIN RT PER SQ CM	Hyperbaric/Wound Therapy	
Q4124	Y	OASIS ULTRA TRI-LAYER WOUND MATRIX PER SQ CM	Hyperbaric/Wound Therapy	
Q4125	Y	ARTHROFLEX PER SQ CM	Hyperbaric/Wound Therapy	
Q4126	Y	MEMODERM DERMASPAN TRANZGRFT INTEGUPPLY PER SQ CM	Hyperbaric/Wound Therapy	
Q4127	Y	TALYMED PER SQ CM	Hyperbaric/Wound Therapy	
Q4128	Y	FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM	Hyperbaric/Wound Therapy	
Q4130	Y	STRATTICE PER SQ CM	Hyperbaric/Wound Therapy	
Q4132	Y	GRAFIX CORE AND GRAFIXPL CORE PER SQUARE CM	Hyperbaric/Wound Therapy	
Q4133	Y	GRAFIX PRIME AND GRAFIXPL PRIME PER SQUARE CM	Hyperbaric/Wound Therapy	
Q4134	Y	HMATRIX PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4135	Y	MEDISKIN PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4136	Y	E-Z DERM PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4137	Y	AMNIOEXCEL OR BIODEXCEL PER SQ CM	Hyperbaric/Wound Therapy	
Q4138	Y	BIODFENCE DRYFLEX PER SQ CM	Hyperbaric/Wound Therapy	
Q4139	Y	AMNIOMATRIX OR BIODMATRIX INJECTABLE 1 CC	Hyperbaric/Wound Therapy	
Q4140	Y	BIODFENCE PER SQ CM	Hyperbaric/Wound Therapy	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
Q4141	Y	ALLOSKIN AC PER SQ CM	Hyperbaric/Wound Therapy	
Q4142	Y	XCM BIOLOGIC TISSUE MATRIX PER SQ CM	Hyperbaric/Wound Therapy	
Q4143	Y	REPRIZA PER SQ CM	Hyperbaric/Wound Therapy	
Q4145	Y	EPIFIX INJECTABLE 1 MG	Hyperbaric/Wound Therapy	
Q4146	Y	TENSIX PER SQ CM	Hyperbaric/Wound Therapy	
Q4147	Y	ARCHITECT EXTRACELLULAR MATRIX PER SQ CM	Hyperbaric/Wound Therapy	
Q4148	Y	NEOX CORD 1K NEOX CORD RT CLARIX CORD 1K-SQ CM	Hyperbaric/Wound Therapy	
Q4149	Y	EXCELLAGEN 0.1 CC	Hyperbaric/Wound Therapy	
Q4150	Y	ALLOWRAP DS OR DRY PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4151	Y	AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4152	Y	DERMAPURE PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4153	Y	DERMAVEST AND PLURIVEST PER SQ CM	Hyperbaric/Wound Therapy	
Q4154	Y	BIOVANCE PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4155	Y	NEOXFLO OR CLARIXFLO 1 MG	Hyperbaric/Wound Therapy	
Q4156	Y	NEOX 100 OR CLARIX 100 PER SQUARE CM	Hyperbaric/Wound Therapy	
Q4157	Y	REVITALON PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4158	Y	KERECIS OMEGA3 PER SQUARE CM	Hyperbaric/Wound Therapy	
Q4159	Y	AFFINITY PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4160	Y	NUSHIELD PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4161	Y	BIO-CONNKT WOUND MATRIX PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4162	Y	WOUNDEX FLOW BIOSKIN FLOW 0.5 CC	Hyperbaric/Wound Therapy	
Q4163	Y	WOUNDEX BIOSKIN PER SQUARE CM	Hyperbaric/Wound Therapy	
Q4164	Y	HELICOLL PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4165	Y	KERAMATRIX PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4166	Y	CYTAL PER SQ CM	Hyperbaric/Wound Therapy	
Q4167	Y	TRUSKIN PER SQ CM	Hyperbaric/Wound Therapy	
Q4168	Y	AMNIOBAND 1 MG	Hyperbaric/Wound Therapy	
Q4169	Y	ARTACENT WOUND PER SQ CM	Hyperbaric/Wound Therapy	
Q4170	Y	CYGNUS PER SQ CM	Hyperbaric/Wound Therapy	
Q4171	Y	INTERFYL 1 MG	Hyperbaric/Wound Therapy	
Q4173	Y	PALINGEN OR PALINGEN XPLUS PER SQ CM	Hyperbaric/Wound Therapy	
Q4174	Y	PALINGEN OR PROMATRX 0.36 MG PER 0.25 CC	Hyperbaric/Wound Therapy	
Q4175	Y	MIRODERM PER SQ CM	Hyperbaric/Wound Therapy	
Q4176	Y	NEOPATCH PER SQUARE CM	Hyperbaric/Wound Therapy	
Q4177	Y	FLOWERAMNIOFLO 0.1 CC	Hyperbaric/Wound Therapy	
Q4178	Y	FLOWERAMNIOPATCH PER SQUARE CM	Hyperbaric/Wound Therapy	
Q4179	Y	FLOWERDERM PER SQUARE CM	Hyperbaric/Wound Therapy	
Q4180	Y	REVITA PER SQUARE CM	Hyperbaric/Wound Therapy	
Q4181	Y	AMNIO WOUND PER SQUARE CM	Hyperbaric/Wound Therapy	
Q4182	Y	TRANSCYTE PER SQUARE CM	Hyperbaric/Wound Therapy	
Q4183	Y	SURGIGRAFT PER SQ CM	Hyperbaric/Wound Therapy	
Q4184	Y	CELLESTA PER SQ CM	Hyperbaric/Wound Therapy	
Q4185	Y	CELLESTA FLOWABLE AMNION; PER 0.5 CC	Hyperbaric/Wound Therapy	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
Q4186	Y	EPIFIX PER SQ CM	Hyperbaric/Wound Therapy	
Q4187	Y	EPICORD PER SQ CM	Hyperbaric/Wound Therapy	
Q4188	Y	AMNIOARMOR PER SQ CM	Hyperbaric/Wound Therapy	
Q4189	Y	ARTACENT AC 1 MG	Hyperbaric/Wound Therapy	
Q4190	Y	ARTACENT AC PER SQ CM	Hyperbaric/Wound Therapy	
Q4191	Y	RESTORIGIN PER SQ CM	Hyperbaric/Wound Therapy	
Q4192	Y	RESTORIGIN 1 CC	Hyperbaric/Wound Therapy	
Q4193	Y	COLL-E-DERM PER SQ CM	Hyperbaric/Wound Therapy	
Q4194	Y	NOVACHOR PER SQ CM	Hyperbaric/Wound Therapy	
Q4195	Y	PURAPLY PER SQ CM	Hyperbaric/Wound Therapy	
Q4196	Y	PURAPLY AM PER SQ CM	Hyperbaric/Wound Therapy	
Q4197	Y	PURAPLY XT PER SQ CM	Hyperbaric/Wound Therapy	
Q4198	Y	GENESIS AMNIOTIC MEMBRANE PER SQ CM	Hyperbaric/Wound Therapy	
Q4199	Y	CYGNUS MATRIX PER SQ CM	Hyperbaric/Wound Therapy	
Q4200	Y	SKINTE PER SQ CM	Hyperbaric/Wound Therapy	
Q4201	Y	MATRION PER SQ CM	Hyperbaric/Wound Therapy	
Q4202	Y	KEROXX (2.5G CC) 1CC	Hyperbaric/Wound Therapy	
Q4203	Y	DERMA-GIDE PER SQ CM	Hyperbaric/Wound Therapy	
Q4204	Y	XWRAP PER SQ CM	Hyperbaric/Wound Therapy	
Q4205	Y	MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM	Hyperbaric/Wound Therapy	
Q4206	Y	FLUID FLOW OR FLUID GF 1 CC	Hyperbaric/Wound Therapy	
Q4208	Y	NOVAFIX PER SQ CM	Hyperbaric/Wound Therapy	
Q4209	Y	SURGRAFT PER SQ CM	Hyperbaric/Wound Therapy	
Q4210	Y	AXOLOTL GRAFT OR AXOLOTL DUALGRAFT PER SQ CM	Hyperbaric/Wound Therapy	
Q4211	Y	AMNION BIO OR AXOBIOMEMBRANE PER SQ CM	Hyperbaric/Wound Therapy	
Q4212	Y	ALLOGEN PER CC	Hyperbaric/Wound Therapy	
Q4213	Y	ASCENT 0.5 MG	Hyperbaric/Wound Therapy	
Q4214	Y	CELLESTA CORD PER SQ CM	Hyperbaric/Wound Therapy	
Q4215	Y	AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG	Hyperbaric/Wound Therapy	
Q4216	Y	ARTACENT CORD PER SQ CM	Hyperbaric/Wound Therapy	
Q4217	Y	WNDFIX BLOWND WNDFIX PLUS BLOWND PLUS WNDFIX X PLU	Hyperbaric/Wound Therapy	
Q4218	Y	SURGICORD PER SQ CM	Hyperbaric/Wound Therapy	
Q4219	Y	SURGIGRAFT-DUAL PER SQ CM	Hyperbaric/Wound Therapy	
Q4220	Y	BELLACELL HD OR SUREDERM PER SQ CM	Hyperbaric/Wound Therapy	
Q4221	Y	AMNIO WRAP2 PER SQ CM	Hyperbaric/Wound Therapy	
Q4222	Y	PROGENAMATRIX PER SQ CM	Hyperbaric/Wound Therapy	
Q4224	Y	HMN HLTH FAC 10 AMNIOTIC PATCH HHF10-P PER SQ CM	Hyperbaric/Wound Therapy	
Q4225	Y	AMNIOBIND PER SQ CM	Hyperbaric/Wound Therapy	
Q4226	Y	NEW SKIN HOMOLOGOUS AUTOGRAFT	Hyperbaric/Wound Therapy	
Q4227	Y	AMNIOCORETM PER SQ CM	Hyperbaric/Wound Therapy	
Q4229	Y	COGENEX AMNIOTIC MEMBRANE PER SQ CM	Hyperbaric/Wound Therapy	
Q4230	Y	COGENEX FLOWABLE AMNION PER 0.5 CC	Hyperbaric/Wound Therapy	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
Q4231	Y	CORPLEX P PER CC	Hyperbaric/Wound Therapy	
Q4232	Y	CORPLEX PER SQ CM	Hyperbaric/Wound Therapy	
Q4233	Y	SURFACTOR OR NUDYN PER 0.5 CC	Hyperbaric/Wound Therapy	
Q4234	Y	XCELLERATE PER SQ CM	Hyperbaric/Wound Therapy	
Q4235	Y	AMNIOREPAIR OR ALTIPLY PER SQ CM	Hyperbaric/Wound Therapy	
Q4237	Y	CRYO-CORD PER SQ CM	Hyperbaric/Wound Therapy	
Q4238	Y	DERM-MAXX PER SQ CM	Hyperbaric/Wound Therapy	
Q4239	Y	AMNIO-MAXX OR AMNIO-MAXX LITE PER SQ CM	Hyperbaric/Wound Therapy	
Q4240	Y	CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC	Hyperbaric/Wound Therapy	
Q4241	Y	POLYCYTE FOR TOPICAL USE ONLY PER 0.5 CC	Hyperbaric/Wound Therapy	
Q4242	Y	AMNIOCYTE PLUS PER 0.5 CC	Hyperbaric/Wound Therapy	
Q4244	Y	PROCENTA PER 200 MG	Hyperbaric/Wound Therapy	
Q4245	Y	AMNIOTEXT PER CC	Hyperbaric/Wound Therapy	
Q4246	Y	CORETEXT OR PROTEXT PER CC	Hyperbaric/Wound Therapy	
Q4247	Y	AMNIOTEXT PATCH PER SQ CM	Hyperbaric/Wound Therapy	
Q4248	Y	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT PER SQ CM	Hyperbaric/Wound Therapy	
Q4249	Y	AMNIPLY, FOR TOPICAL USE ONLY, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4250	Y	AMNIOAMP-MP, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4251	Y	VIM PER SQ CM	Hyperbaric/Wound Therapy	
Q4252	Y	VENDAJE PER SQ CM	Hyperbaric/Wound Therapy	
Q4253	Y	ZENITH AMNIOTIC MEMBRANE PER SQ CM	Hyperbaric/Wound Therapy	
Q4254	Y	NOVAFIX DL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4255	Y	REGUARD, FOR TOPICAL USE ONLY, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4256	Y	MLG-COMPLETE PER SQ CM	Hyperbaric/Wound Therapy	
Q4257	Y	RELESE PER SQ CM	Hyperbaric/Wound Therapy	
Q4258	Y	ENVERSE PER SQ CM	Hyperbaric/Wound Therapy	
Q4265	Y	NEOSTIM TL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4266	Y	NEOSTIM MEMBRANE, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4267	Y	NEOSTIM DL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4268	Y	SURGRAFT FT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4269	Y	SURGRAFT XT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4270	Y	COMPLETE SL, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4271	Y	COMPLETE FT, PER SQUARE CENTIMETER	Hyperbaric/Wound Therapy	
Q4272	Y	ESANO A, PER SQ CM	Hyperbaric/Wound Therapy	
Q4273	Y	ESANO AAA, PER SQ CM	Hyperbaric/Wound Therapy	
Q4274	Y	ESANO AC, PER SQ CM	Hyperbaric/Wound Therapy	
Q4275	Y	ESANO ACA, PER SQ CM	Hyperbaric/Wound Therapy	
Q4276	Y	ORION, PER SQ CM	Hyperbaric/Wound Therapy	
Q4277	Y	WOUNDPLUS MEMBRANE OR E-GRAFT, PER SQ CM	Hyperbaric/Wound Therapy	
Q4278	Y	EPIEFFECT, PER SQ CM	Hyperbaric/Wound Therapy	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
Q4280	Y	XCELL AMNIO MATRIX, PER SQ CM	Hyperbaric/Wound Therapy	
Q4281	Y	BARRERA SL OR BARRERA DL, PER SQ CM	Hyperbaric/Wound Therapy	
Q4282	Y	CYGNUS DUAL, PER SQ CM	Hyperbaric/Wound Therapy	
Q4283	Y	BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQ CM	Hyperbaric/Wound Therapy	
Q4284	Y	DERMABIND SL, PER SQ CM	Hyperbaric/Wound Therapy	
70336	Y	MRI TEMPOROMANDIBULAR JOINT	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70450	Y	CT HEAD BRAIN W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70460	Y	CT HEAD BRAIN W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70470	Y	CT HEAD BRAIN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70480	Y	CT ORBIT SELLA POST FOSSA EAR W O CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70481	Y	CT ORBIT SELLA POST FOSSA EAR W CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70482	Y	CT ORBIT SELLA POST FOSSA EAR W O AND W CONTR MATR	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70486	Y	CT MAXILLOFACIAL W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70487	Y	CT MAXILLOFACIAL W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
70488	Y	CT MAXILLOFACIAL W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70490	Y	CT SOFT TISSUE NECK W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70491	Y	CT SOFT TISSUE NECK W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70492	Y	CT SOFT TISSUE NECK W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70496	Y	CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70498	Y	CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70540	Y	MRI ORBIT FACE AND NECK W O CONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70542	Y	MRI ORBIT FACE AND NECK W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70543	Y	MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70544	Y	MRA HEAD W O CONTRST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
70545	Y	MRA HEAD W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70546	Y	MRA HEAD W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70547	Y	MRA NECK W O CONTRST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70548	Y	MRA NECK W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70549	Y	MRA NECK W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70551	Y	MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70552	Y	MRI BRAIN BRAIN STEM W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70553	Y	MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70554	Y	MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMNISTRATION	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
70555	Y	MRI BRAIN FUNCTIONAL W PHYSICIAN ADMNISTRATION	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
71250	Y	CT THORAX W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71260	Y	CT THORAX W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71270	Y	CT THORAX W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71275	Y	CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71550	Y	MRI CHEST W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71551	Y	MRI CHEST W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71552	Y	MRI CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
71555	Y	MRA CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72125	Y	CT CERVICAL SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72126	Y	CT CERVICAL SPINE W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
72127	Y	CT CERVICAL SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72128	Y	CT THORACIC SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72129	Y	CT THORACIC SPINE W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72130	Y	CT THORACIC SPINE W O AND W CONTRAST MTRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72131	Y	CT LUMBAR SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72132	Y	CT LUMBAR SPINE W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72133	Y	CT LUMBAR SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72141	Y	MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72142	Y	MRI SPINAL CANAL CERVICAL W CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72146	Y	MRI SPINAL CANAL THORACIC W O CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
72147	Y	MRI SPINAL CANAL THORACIC W CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72148	Y	MRI SPINAL CANAL LUMBAR W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72149	Y	MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72156	Y	MRI SPINAL CANAL CERVICAL WO AND W CONTR MTRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72157	Y	MRI SPINAL CANAL THORACIC WO FF BY W CNTRST MTRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72158	Y	MRI SPINAL CANAL LUMBAR WO FF BY W CNTRST MTRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72159	Y	MRA SPINAL CANAL W WO CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72191	Y	CT ANGIOGRAPHY PELVIS W CONTRAST NONCONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72192	Y	CT PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72193	Y	CT PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
72194	Y	CT PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72195	Y	MRI PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72196	Y	MRI PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72197	Y	MRI PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
72198	Y	MRA PELVIS W WO CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73200	Y	CT UPPER EXTREMITY W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73201	Y	CT UPPER EXTREMITY W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73202	Y	CT UPPER EXTREMITY W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73206	Y	CT ANGIOGRAPHY UPPER EXTREMITY	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73218	Y	MRI UPPER EXTREMITY OTH THAN JT W O CONTR MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
73219	Y	MRI UPPER EXTREMITY OTH THAN JT W CONTR MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73220	Y	MRI UPPER EXTREM OTHER THAN JT W O AND W CONTRAS	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73221	Y	MRI ANY JT UPPER EXTREMITY W O CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73222	Y	MRI ANY JT UPPER EXTREMITY W CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73223	Y	MRI ANY JT UPPER EXTREMITY W O AND W CONTR MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73225	Y	MRA UPPER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73700	Y	CT LOWER EXTREMITY W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73701	Y	CT LOWER EXTREMITY W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73702	Y	CT LOWER EXTREMITY W O AND W CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73706	Y	CT ANGIOGRAPHY LOWER EXTREMITY	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
73718	Y	MRI LOWER EXTREM OTH THN JT W O CONTR MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73719	Y	MRI LOWER EXTREM OTH THN JT W CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73720	Y	MRI LOWER EXTREM OTH THN JT W O AND W CONTR MATR	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73721	Y	MRI ANY JT LOWER EXTREM W O CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73722	Y	MRI ANY JT LOWER EXTREM W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73723	Y	MRI ANY JT LOWER EXTREM W O AND W CONTRAST MATRL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
73725	Y	MRA LOWER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74150	Y	CT ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74160	Y	CT ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74170	Y	CT ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
74174	Y	CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74175	Y	CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74176	Y	CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74177	Y	CT ABDOMEN AND PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74178	Y	CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74181	Y	MRI ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74182	Y	MRI ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74183	Y	MRI ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74185	Y	MRA ABDOMEN W WO CONTRAST MATERIAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74261	Y	CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
74262	Y	CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74263	Y	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
74712	Y	FETAL MRI W PLACNTL MATRNL PLVC IMG SING 1ST GES	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
75557	Y	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
75559	Y	CARDIAC MRI W O CONTRAST W STRESS IMAGING	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
75561	Y	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
75563	Y	CARDIAC MRI WO FF BY W CNTRST W STRESS IMGNG	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
75571	Y	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Imaging & Special Tests	~APPLIES TO KY, OH, NV for Adults 18 and over; WA Adults 21 and over. For Pediatrics, direct request to the healthplan. For Adults, direct request to NCH.
75572	Y	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
75573	Y	CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
75574	Y	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
75635	Y	CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76376	Y	3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76377	Y	3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	Imaging & Special Tests	If submitting this code with another Advanced Imaging code, send request to Advanced Imaging. Otherwise, send request to the Health Plan. For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76380	Y	CT LIMITED LOCALIZED FOLLOW UP STUDY	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76390	Y	MRI SPECTROSCOPY	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76391	Y	MAGNETIC RESONANCE ELASTOGRAPHY	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76497	Y	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
76498	Y	UNLISTED MAGNETIC RESONANCE PROCEDURE	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
76999	Y	UNLISTED US PROCEDURE	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
77046	Y	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
77047	Y	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
77048	Y	MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
77049	Y	MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
77089	Y	TBS DXA/OTHER IMG CALCULATION W/I & R FX RISK	Imaging & Special Tests	
77090	Y	TBS TECHL PREP AND TRANSMIS DATA ALYS PFRMD ELSEWHR	Imaging & Special Tests	
77091	Y	TBS TECHNICAL CALCULATION ONLY	Imaging & Special Tests	
77092	Y	TBS INTERPRETATION AND REPORT FX RISK BY OTHER QHP	Imaging & Special Tests	
78429	Y	MYOCDR IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
78430	Y	MYOCDR IMG PET PRFUJ 1STD REST STRESS CNCRNT CT	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
78431	Y	MYOCDR IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
78432	Y	MYOCDR IMG PET PRFUJ W METAB DUAL RADIOTRACER	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
78433	Y	MYOCDR IMG PET PRFUJ W METAB 2RTRACER CNCRNT CT	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
78451	Y	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
78452	Y	MYOCARDIAL SPECT MULTIPLE STUDIES	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
78453	Y	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
78454	Y	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
78459	Y	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
78466	Y	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
78468	Y	MYOCDR IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
78469	Y	MYOCDR INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
78472	Y	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
78473	Y	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
78481	Y	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
78483	Y	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
78491	Y	MYOCDR IMAGE PET PERFUS SINGLE STUDY REST/STRESS	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
78492	Y	MYOCDR IMAGE PET PERFUS MULTPL STUDY REST/STRESS	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
78494	Y	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	Imaging & Special Tests	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
78499	Y	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78608	Y	BRAIN IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78609	Y	BRAIN IMAGING PET PERFUSION EVALUATION	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78811	Y	PET IMAGING LIMITED AREA CHEST HEAD NECK	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78812	Y	PET IMAGING SKULL BASE TO MID-THIGH	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78813	Y	PET IMAGING WHOLE BODY	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78814	Y	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
78815	Y	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
78816	Y	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
91113	Y	GI TRACT IMAGING INTRALUMINAL COLON I AND R	Imaging & Special Tests	
93241	Y	EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R AND I	Imaging & Special Tests	~APPLIES TO KY, OH, MI for Adults 18 and over; WA Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
93242	Y	EXTERNAL ECG REC GT 48HR LT 7D RECORDING	Imaging & Special Tests	~APPLIES TO KY, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
93243	Y	EXTERNAL ECG REC GT 48HR LT 7D SCANNING ALYS W/REPORT	Imaging & Special Tests	~APPLIES TO KY, OH, MI for Adults 18 and over; WA Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
93244	Y	EXTERNAL ECG REC GT 48HR LT 7D REVIEW AND INTERPRETATION	Imaging & Special Tests	~APPLIES TO KY, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
93245	Y	EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R AND I	Imaging & Special Tests	~APPLIES TO KY, OH, MI for Adults 18 and over; WA Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
93246	Y	EXTERNAL ECG REC GT 7D LT 15D RECORDING	Imaging & Special Tests	~APPLIES TO KY, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
93247	Y	EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS W/REPORT	Imaging & Special Tests	~APPLIES TO KY, OH, MI for Adults 18 and over; WA Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
93248	Y	EXTERNAL ECG REC GT 7D LT 15D REVIEW AND INTERPRETATION	Imaging & Special Tests	~APPLIES TO KY, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
0042T	Y	CEREBRAL PERFUSION ANALYS CT W BLOOD FLOW AND VOLUME	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0331T	Y	MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0332T	Y	MYOCRD SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0609T	Y	MRS DISC PAIN ACQUISJ DATA	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0610T	Y	MRS DISC PAIN TRANSMIS DATA	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0611T	Y	MRS DISC PAIN ALG ALYS DATA	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0612T	Y	MRS DISCOGENIC PAIN I&R	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0623T	Y	AUTO QUAN AND CHARAC CORONARY ATHEROSCLEROTIC PLAQUE	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0624T	Y	AUTO QUAN AND CHARAC CORONARY PLAQ DATA PREP AND TRNSMIS	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0625T	Y	AUTO QUAN AND CHARAC CORONARY PLAQ COMPUTERIZED ALYS	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0626T	Y	AUTO QUAN AND CHARAC CORONARY PLAQ REV CPTR ALYS I AND R	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0633T	Y	CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0634T	Y	CT BREAST W/3D RENDERING UNI WITH CONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0635T	Y	CT BRST W/3D RENDERING UNI WO CNTRST FLWD CNTRST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0636T	Y	CT BREAST W/3D RENDERING BI WITHOUT CONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0637T	Y	CT BREAST W/3D RENDERING BI WITH CONTRAST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0638T	Y	CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0689T	Y	QUAN US TISS CHARAC I AND R W/O DX US SAME ANAT	Imaging & Special Tests	
0710T	Y	N-INVAS ARTL PLAQ ALYS DATA PRP QUAN REVIEW I AND R	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0711T	Y	N-INVAS ARTL PLAQ ALYS DATA PREP AND TRANSMISSION	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0712T	Y	N-INVAS ARTL PLAQ ALYS QUAN STRUX AND COMPOS VSL WAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
0713T	Y	N-INVAS ARTL PLAQ ALYS DATA REVIEW I AND R	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8900	Y	MR ANGIOGRAPHY WITH CONTRAST ABDOMEN	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8901	Y	MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8902	Y	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST ABD	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8903	Y	MR IMAGING WITH CONTRAST BREAST; UNILATERAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8905	Y	MR IMAG W O CONTRST FLWED W CONTRST BRST; UNI	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8906	Y	MR IMAGING WITH CONTRAST BREAST; BILATERAL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8908	Y	MR IMAG W O CONTRST FLWED W CONTRST BRST; BIL	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8909	Y	MR ANGIOGRAPHY WITH CONTRAST CHEST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
C8910	Y	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8911	Y	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST CHST	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8912	Y	MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8913	Y	MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8914	Y	MR ANGIO W O CONTRST FLWED W CONTRST LOW EXTRM	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8918	Y	MR ANGIOGRAPHY WITH CONTRAST PELVIS	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8919	Y	MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8920	Y	MRA WITHOUT CONTRAST FOLLOWED W CONTRAST PELVIS	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8931	Y	MR ANGIOGRAPHY W CONTRAST SPINAL CANAL CONTENTS	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8932	Y	MR ANGIOGRAPHY W O CONTRST SPINAL CANAL CONTENTS	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
C8933	Y	MR ANGIO NO CONTRST FLW W CONTRST SP CANAL CNTN	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8934	Y	MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8935	Y	MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C8936	Y	MR ANGIO W O CONTRST FOLLOWED W CONTRST UP EXT	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C9150	Y	XENON XE-129 HYPERPOLARIZED GAS, DIAGNOSTIC, PER STUDY	Imaging & Special Tests	
C9762	Y	CMRI MORPHOL AND FUNC QUAN SEG DYSFUNC;STRAIN IMAG	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
C9763	Y	CMRI MORPHOL AND FUNC QUAN SEG DYSFUNC;STRESS IMAG	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
G0235	Y	PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
S8037	Y	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
S8042	Y	MAGNETIC RESONANCE IMAGING LOW-FIELD	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
S8092	Y	ELECTRON BEAM COMPUTED TOMOGRAPHY	Imaging & Special Tests	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal
95700	Y	EEG CONT REC W VIDEO BY TECH MIN 8 CHANNELS	Neuropsychological and Psychological Tests	
95708	Y	EEG W O VID BY TECH EA INCR 12-26HR UNMONITORED	Neuropsychological and Psychological Tests	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
95709	Y	EEG W O VID BY TECH EA INCR 12-26 HR INTMT MNTR	Neuropsychological and Psychological Tests	
95710	Y	EEG W O VID TECH EA INCR 12-26 HR CONT R-T MNTR	Neuropsychological and Psychological Tests	
95711	Y	VEEG BY TECH 2-12 HOURS UNMONITORED	Neuropsychological and Psychological Tests	
95712	Y	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	Neuropsychological and Psychological Tests	
95713	Y	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Neuropsychological and Psychological Tests	
95714	Y	VEEG BY TECH EA INCR 12-26 HR UNMONITORED	Neuropsychological and Psychological Tests	
95715	Y	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	Neuropsychological and Psychological Tests	
95716	Y	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Neuropsychological and Psychological Tests	
95718	Y	EEG PHYS QHP 2-12 HR WITH VEEG	Neuropsychological and Psychological Tests	
95719	Y	EEG PHYS QHP EA INCR OVER 12HR UNDER 26HR AFTER 24HR WO VI	Neuropsychological and Psychological Tests	
95720	Y	EEG PHYS QHP EA INCR OVER 12HR UNDER 26HR AFTER 24HR W VEE	Neuropsychological and Psychological Tests	
95721	Y	EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W O VIDEO	Neuropsychological and Psychological Tests	
95722	Y	EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W VEEG	Neuropsychological and Psychological Tests	
95723	Y	EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W O VIDEO	Neuropsychological and Psychological Tests	
95724	Y	EEG COMPLETE STD PHYS QHP OVER 60 HR UNDER 84 HR W VEEG	Neuropsychological and Psychological Tests	
95725	Y	EEG COMPLETE STD PHYS QHP OVER 84 HR W O VID	Neuropsychological and Psychological Tests	
95726	Y	EEG COMPLETE STD PHYS QHP OVER 84 HR W VEEG	Neuropsychological and Psychological Tests	
95957	Y	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	Neuropsychological and Psychological Tests	
96112	Y	DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR	Neuropsychological and Psychological Tests	No prior auth required for the initial 4 units of 96112 and 96113 combined per calendar year.
96113	Y	DEVELOPMENTAL STTE ADMIN PHYS/QHP EA ADDL 30 MIN	Neuropsychological and Psychological Tests	No prior auth required for the initial 4 units of 96112 and 96113 combined per calendar year.
96116	Y	NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR	Neuropsychological and Psychological Tests	Prior Auth required after initial 4 hours of
96121	Y	NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR	Neuropsychological and Psychological Tests	Prior Auth required after initial 4 hours of
96125	Y	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Neuropsychological and Psychological Tests	
96130	Y	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	Neuropsychological and Psychological Tests	Prior Auth required after initial 4 hours of
96131	Y	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	Neuropsychological and Psychological Tests	Prior Auth required after initial 4 hours of
96132	Y	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR	Neuropsychological and Psychological Tests	Prior Auth required after initial 4 hours of
96133	Y	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR	Neuropsychological and Psychological Tests	Prior Auth required after initial 4 hours of
96136	Y	PSYL/NRPSYCL TST PHYS/QHP 2 PLUS TST 1ST 30 MIN	Neuropsychological and Psychological Tests	Prior Auth required after initial 4 hours of
96137	Y	PSYCL/NRPSYCL TST PHYS/QHP 2 PLUS TST EA ADDL 30 MIN	Neuropsychological and Psychological Tests	Prior Auth required after initial 4 hours of
96138	Y	PSYCL NRPSYCL TST TECH 2 PLUS TST 1ST 30 MIN	Neuropsychological and Psychological Tests	Prior Auth required after initial 4 hours of
96139	Y	PSYCL NRPSYCL TST TECH 2 PLUS TST EA ADDL 30 MIN	Neuropsychological and Psychological Tests	Prior Auth required after initial 4 hours of

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
96146	Y	PSYCL NRPSYCL TST ELEC PLATFORM AUTO RESULT	Neuropsychological and Psychological Tests	Prior Auth required after initial 4 hours of
17004	Y	DESTRUCTION PREMALIGNANT LESION 15 OR GRT	OP Hosp/Amb Surgery Center (ASC) Procedures	
17360	Y	CHEMICAL EXFOLIATION ACNE	OP Hosp/Amb Surgery Center (ASC) Procedures	
19105	Y	ABLTJ CRYOSURGICAL W/US GID EA FIBROADENOMA	OP Hosp/Amb Surgery Center (ASC) Procedures	
19303	Y	MASTECTOMY SIMPLE COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
20560	Y	NEEDLE INSERTION(S) WITHOUT INJ, 1 OR 2 MUSCLES	OP Hosp/Amb Surgery Center (ASC) Procedures	
20561	Y	NEEDLE INSERTION(S) WITHOUT INJ, 3 OR MORE MUSCLES	OP Hosp/Amb Surgery Center (ASC) Procedures	
21073	Y	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	
21120	Y	GENIOPLASTY AUGMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
21121	Y	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	OP Hosp/Amb Surgery Center (ASC) Procedures	
21122	Y	GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES	OP Hosp/Amb Surgery Center (ASC) Procedures	
21123	Y	GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
21125	Y	AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
21127	Y	AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
21137	Y	REDUCTION FOREHEAD CONTOURING ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	
21138	Y	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
21139	Y	RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	
21141	Y	RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
21142	Y	RCNSTN MIDFACE LEFORT I 2 PIECES W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
21143	Y	RCNSTN MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
21145	Y	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
21146	Y	RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
21147	Y	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
21150	Y	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	
21151	Y	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
21154	Y	RCNSTJ MIDFACE LEFORT III W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	
21155	Y	RCNSTJ MIDFACE LEFORT III W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	
21159	Y	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	
21160	Y	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	
21172	Y	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD	OP Hosp/Amb Surgery Center (ASC) Procedures	
21175	Y	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD	OP Hosp/Amb Surgery Center (ASC) Procedures	
21240	Y	ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
21242	Y	ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
21243	Y	ARTHRP TMPRMAND JOINT W PROSTHETIC REPLACEMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	
21270	Y	MALAR AUGMENTATION PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
21280	Y	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	
21282	Y	LATERAL CANTHOPEXY	OP Hosp/Amb Surgery Center (ASC) Procedures	
21295	Y	REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
21296	Y	REDUCTION MASSETER MUSCLE AND BONE INTRAORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
21601	Y	EXCISION OF CHEST WALL TUMOR INCLUDING RIB(S)	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
21602	Y	EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
21603	Y	EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
21620	Y	OSTECTOMY STERNUM PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
21627	Y	STERNAL DEBRIDEMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
21630	Y	RADICAL RESECTION STERNUM	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
21632	Y	RADICAL RESECTION STERNUM W/MEDSTNL LMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
21750	Y	CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
22100	Y	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	
22101	Y	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	
22102	Y	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22110	Y	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	
22112	Y	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	
22114	Y	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22206	Y	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	
22207	Y	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22210	Y	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	
22212	Y	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	
22214	Y	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22220	Y	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	
22222	Y	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	
22224	Y	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22526	Y	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	
22527	Y	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	OP Hosp/Amb Surgery Center (ASC) Procedures	
22532	Y	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	
22533	Y	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22534	Y	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22548	Y	ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD	OP Hosp/Amb Surgery Center (ASC) Procedures	
22551	Y	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	
22552	Y	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	
22554	Y	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	
22556	Y	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	
22558	Y	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22585	Y	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	
22586	Y	ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1	OP Hosp/Amb Surgery Center (ASC) Procedures	
22590	Y	ARTHRODESIS POSTERIOR CRANIOCERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
22595	Y	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	OP Hosp/Amb Surgery Center (ASC) Procedures	
22600	Y	ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	
22610	Y	ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	
22612	Y	ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22614	Y	ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	
22630	Y	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22632	Y	ARTHRODESIS POSTERIOR INTERBODY EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	
22633	Y	ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	

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22634	Y	ARTHRODESIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
22800	Y	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
22802	Y	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
22804	Y	ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
22808	Y	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
22810	Y	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
22812	Y	ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
22818	Y	KYPHECTOMY SINGLE OR TWO SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
22819	Y	KYPHECTOMY 3 OR MORE SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
22849	Y	REINSERTION SPINAL FIXATION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	
22850	Y	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
22852	Y	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
22853	Y	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	OP Hosp/Amb Surgery Center (ASC) Procedures	
22854	Y	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	OP Hosp/Amb Surgery Center (ASC) Procedures	
22855	Y	REMOVAL ANTERIOR INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
22856	Y	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	
22857	Y	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22858	Y	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
22859	Y	INSJ BIOMCHN DEV NTRVRT DISC SPACE W/O ARTHRD	OP Hosp/Amb Surgery Center (ASC) Procedures	
22860	Y	TTL DSC ARTHRPLSTY (ARTFCL DISC), ANTRR APPRCH, INCLDNG DSCECTMY TO PRPRE INTRSPCE (OTHR THAN FOR DCMPRSSION); SCND INTRSPCE, LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22861	Y	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	
22862	Y	REVN RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22864	Y	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
22865	Y	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
22867	Y	INSJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	
22868	Y	INSJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	
22869	Y	INSJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	
22870	Y	INSJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	
23120	Y	CLAVICULECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
23125	Y	CLAVICULECTOMY TOTAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
23130	Y	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	OP Hosp/Amb Surgery Center (ASC) Procedures	
23405	Y	TENOTOMY SHOULDER AREA 1 TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	
23410	Y	OPEN REPAIR OF ROTATOR CUFF ACUTE	OP Hosp/Amb Surgery Center (ASC) Procedures	
23412	Y	OPEN REPAIR OF ROTATOR CUFF CHRONIC	OP Hosp/Amb Surgery Center (ASC) Procedures	
23415	Y	CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	
23420	Y	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	OP Hosp/Amb Surgery Center (ASC) Procedures	

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23430	Y	TENODESIS LONG TENDON BICEPS	OP Hosp/Amb Surgery Center (ASC) Procedures	
23450	Y	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	OP Hosp/Amb Surgery Center (ASC) Procedures	
23455	Y	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	
23460	Y	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	OP Hosp/Amb Surgery Center (ASC) Procedures	
23462	Y	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	OP Hosp/Amb Surgery Center (ASC) Procedures	
23465	Y	CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	OP Hosp/Amb Surgery Center (ASC) Procedures	
23466	Y	CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	OP Hosp/Amb Surgery Center (ASC) Procedures	
23470	Y	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	
23472	Y	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	OP Hosp/Amb Surgery Center (ASC) Procedures	
23473	Y	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	
23474	Y	REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	
23700	Y	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
25447	Y	ARTHRP INTERPOS INTERCARPAL METACARPAL JOINTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
26499	Y	CORRECTION CLAW FINGER OTHER METHODS	OP Hosp/Amb Surgery Center (ASC) Procedures	
27120	Y	ACETABULOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	
27122	Y	ACETABULOPLASTY RESECTION FEMORAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	
27125	Y	HEMIARTHROPLASTY HIP PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
27130	Y	ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27132	Y	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27134	Y	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27137	Y	REVN TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27138	Y	REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27332	Y	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27333	Y	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL AND LAT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27405	Y	RPR PRIMARY TORN LIGM AND /CAPSULE KNEE COLLATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
27407	Y	REPAIR PRIMARY TORN LIGM AND /CAPSULE KNEE CRUCIAT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27409	Y	RPR 1 TORN LIGM AND /CAPSL KNE COLTRL AND CRUCIATE	OP Hosp/Amb Surgery Center (ASC) Procedures	
27418	Y	ANTERIOR TIBIAL TUBERCLEPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	
27420	Y	RCNSTN DISLOCATING PATELLA	OP Hosp/Amb Surgery Center (ASC) Procedures	
27422	Y	RCNSTN DISLC PATELLA W/XTNSR RELIGNMT AND /MUSC RL	OP Hosp/Amb Surgery Center (ASC) Procedures	
27424	Y	RCNSTJ DISLC PATELLA W/PATELLECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
27425	Y	LATERAL RETINACULAR RELEASE OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	
27427	Y	LIGAMENOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
27428	Y	LIGAMENOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
27429	Y	LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	OP Hosp/Amb Surgery Center (ASC) Procedures	

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27438	Y	ARTHROPLASTY PATELLA W PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
27440	Y	ARTHROPLASTY KNEE TIBIAL PLATEAU	OP Hosp/Amb Surgery Center (ASC) Procedures	
27441	Y	ARTHROPLASTY KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27442	Y	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	OP Hosp/Amb Surgery Center (ASC) Procedures	
27443	Y	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE DBRDMT AND PRTL	OP Hosp/Amb Surgery Center (ASC) Procedures	
27445	Y	ARTHROPLASTY KNEE HINGE PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
27446	Y	ARTHROPLASTY KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27447	Y	ARTHROPLASTY KNEE CONDYLE AND PLATEAU MEDIAL AND LAT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
27486	Y	REVJ TOTAL KNEE ARTHROPLASTY W WO ALGRFT 1 COMPONENT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27487	Y	REVJ TOT KNEE ARTHROPLASTY FEM AND ENTIRE TIBIAL COMPONE	OP Hosp/Amb Surgery Center (ASC) Procedures	
28005	Y	INCISION BONE CORTEX FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28008	Y	FASCIOTOMY FOOT AND TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	
28010	Y	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	
28011	Y	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	
28035	Y	RELEASE TARSAL TUNNEL	OP Hosp/Amb Surgery Center (ASC) Procedures	
28060	Y	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
28062	Y	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
28080	Y	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	OP Hosp/Amb Surgery Center (ASC) Procedures	
28090	Y	EXC LESION TENDON SHEATH/CAPSULE W/SYNVT FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28092	Y	EXC LESION TENDON SHEATH/CAPSULE W/SYNVT TOE EA	OP Hosp/Amb Surgery Center (ASC) Procedures	
28100	Y	EXCISION/CURETTAGE CYST/TUMOR TALUS/CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
28102	Y	EXC CURTG CST B9 TUM TALUS CLCNS W ILIAC AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28103	Y	EXC CURETTAGE CYST TUMOR TALUS CALCANEUS ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28104	Y	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
28106	Y	EXC CURTG CST B9 TUM TARSAL METAR W ILIAC AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28107	Y	EXC CURTG CST B9 TUM TARSAL METAR W ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28108	Y	EXC CURTG CST B9 TUM PHALANGES FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28110	Y	OSTECTOMY PRTL 5TH METAR HEAD SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
28111	Y	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	
28112	Y	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4	OP Hosp/Amb Surgery Center (ASC) Procedures	
28113	Y	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	
28114	Y	OSTC COMPL ALL METAR HEADS W PRTL PROX PHALANGC	OP Hosp/Amb Surgery Center (ASC) Procedures	
28116	Y	OSTECTOMY TARSAL COALITION	OP Hosp/Amb Surgery Center (ASC) Procedures	
28118	Y	OSTECTOMY CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
28119	Y	OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS	OP Hosp/Amb Surgery Center (ASC) Procedures	
28120	Y	PARTIAL EXCISION BONE TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	

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28122	Y	PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
28124	Y	PARTIAL EXCISION BONE PHALANX TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	
28126	Y	RESECTION PARTIAL COMPLETE PHALANGEAL BASE EACH	OP Hosp/Amb Surgery Center (ASC) Procedures	
28130	Y	TALECTOMY ASTRAGALECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
28140	Y	METATARSECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
28160	Y	HEMIPHALANGECTOMY INTERPHALANGEAL JOINT EXC TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	
28171	Y	RAD RESCJ TUMOR TARSAL EXCEPT TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
28173	Y	RADICAL RESECTION TUMOR METATARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
28175	Y	RADICAL RESECTION TUMOR PHALANX OR TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	
28200	Y	RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	
28202	Y	RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	
28208	Y	REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	
28210	Y	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	
28220	Y	TENOLYSIS FLEXOR FOOT SINGLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	
28222	Y	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	OP Hosp/Amb Surgery Center (ASC) Procedures	
28225	Y	TENOLYSIS EXTENSOR FOOT SINGLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	
28226	Y	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	
28230	Y	TX OPN TENDON FLEXOR FOOT SINGLE MULT TENDON SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
28232	Y	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
28234	Y	TENOTOMY OPEN EXTENSOR FOOT TOE EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	
28238	Y	RCNSTJ PST TIBL TDN W EXC ACCESSORY TARSL NAVCLR	OP Hosp/Amb Surgery Center (ASC) Procedures	
28240	Y	TENOTOMY LENGTHENING RLS ABDUCTOR HALLUCIS MUSC	OP Hosp/Amb Surgery Center (ASC) Procedures	
28250	Y	DIVISION PLANTAR FASCIA AND MUSCLE SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
28260	Y	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
28261	Y	CAPSULOTOMY MIDFOOT W TENDON LENGTHENING	OP Hosp/Amb Surgery Center (ASC) Procedures	
28262	Y	CAPSUL MIDFOOT W PST TALOTIBL CAPSUL AND TDN LNGTH	OP Hosp/Amb Surgery Center (ASC) Procedures	
28264	Y	CAPSULOTOMY MIDTARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
28270	Y	CAPSUL MTTARPHLNGL JT W WO TENORRHAPHY EA JT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
28272	Y	CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
28280	Y	SYNDACTYLIZATION TOES	OP Hosp/Amb Surgery Center (ASC) Procedures	
28285	Y	CORRECTION HAMMERTOES	OP Hosp/Amb Surgery Center (ASC) Procedures	
28286	Y	CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE	OP Hosp/Amb Surgery Center (ASC) Procedures	
28288	Y	OSTC PRTL EXOSTC CONDYLIC METAR HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	
28289	Y	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28291	Y	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28292	Y	CORRJ HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
28295	Y	CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
28296	Y	CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28297	Y	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	OP Hosp/Amb Surgery Center (ASC) Procedures	
28298	Y	CORRJ HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28299	Y	CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28300	Y	OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
28302	Y	OSTEOTOMY TALUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
28304	Y	OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
28305	Y	OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28306	Y	OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
28307	Y	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	
28308	Y	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	OP Hosp/Amb Surgery Center (ASC) Procedures	
28309	Y	OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28310	Y	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	
28312	Y	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	
28313	Y	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	
28315	Y	SESAMOIDECTOMY FIRST TOE SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
28320	Y	REPAIR NONUNION MALUNION TARSAL BONES	OP Hosp/Amb Surgery Center (ASC) Procedures	
28322	Y	RPR NON MALUNION METARSAL W WO BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28340	Y	RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	
28341	Y	RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	
28344	Y	RECONSTRUCTION TOE POLYDACTYLY	OP Hosp/Amb Surgery Center (ASC) Procedures	
28345	Y	RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB	OP Hosp/Amb Surgery Center (ASC) Procedures	
28360	Y	RECONSTRUCTION CLEFT FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28705	Y	ARTHRODESIS PANTALAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
28715	Y	ARTHRODESIS TRIPLE	OP Hosp/Amb Surgery Center (ASC) Procedures	
28725	Y	ARTHRODESIS SUBTALAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
28730	Y	ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS	OP Hosp/Amb Surgery Center (ASC) Procedures	
28735	Y	ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28737	Y	ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR-CUNEIFOR	OP Hosp/Amb Surgery Center (ASC) Procedures	
28740	Y	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28750	Y	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28755	Y	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	
28760	Y	ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	OP Hosp/Amb Surgery Center (ASC) Procedures	
28890	Y	ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA	OP Hosp/Amb Surgery Center (ASC) Procedures	
29805	Y	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
29806	Y	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
29807	Y	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	
29819	Y	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB	OP Hosp/Amb Surgery Center (ASC) Procedures	
29820	Y	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
29821	Y	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	
29822	Y	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	
29823	Y	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	OP Hosp/Amb Surgery Center (ASC) Procedures	
29824	Y	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
29825	Y	ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
29827	Y	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	
29828	Y	ARTHROSCOPY SHOULDER BICEPS TENODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
29860	Y	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
29862	Y	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	OP Hosp/Amb Surgery Center (ASC) Procedures	
29863	Y	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
29866	Y	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	OP Hosp/Amb Surgery Center (ASC) Procedures	
29867	Y	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	
29868	Y	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	OP Hosp/Amb Surgery Center (ASC) Procedures	
29870	Y	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
29873	Y	ARTHROSCOPY KNEE LATERAL RELEASE	OP Hosp/Amb Surgery Center (ASC) Procedures	
29874	Y	ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY	OP Hosp/Amb Surgery Center (ASC) Procedures	
29875	Y	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
29876	Y	ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	
29877	Y	ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG	OP Hosp/Amb Surgery Center (ASC) Procedures	
29879	Y	ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX	OP Hosp/Amb Surgery Center (ASC) Procedures	
29880	Y	ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING	OP Hosp/Amb Surgery Center (ASC) Procedures	
29881	Y	ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG	OP Hosp/Amb Surgery Center (ASC) Procedures	
29882	Y	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
29883	Y	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
29884	Y	ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
29885	Y	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	OP Hosp/Amb Surgery Center (ASC) Procedures	
29886	Y	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	
29887	Y	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
29888	Y	ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
29889	Y	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
29891	Y	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	
29892	Y	ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX	OP Hosp/Amb Surgery Center (ASC) Procedures	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
29893	Y	ENDOSCOPIC PLANTAR FASCIOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
29894	Y	ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY	OP Hosp/Amb Surgery Center (ASC) Procedures	
29895	Y	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
29897	Y	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	
29898	Y	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	OP Hosp/Amb Surgery Center (ASC) Procedures	
29899	Y	ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
29914	Y	ARTHROSCOPY HIP W FEMOROPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	
29915	Y	ARTHROSCOPY HIP W ACETABULOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	
29916	Y	ARTHROSCOPY HIP W LABRAL REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	
30465	Y	REPAIR NASAL VESTIBULAR STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
30469	Y	RPR OF NSL VLVE CLLPSE WTH LOW ENRGY, TMPRTURE-CNTRLLD (IE, RDRQNCY) SBCTNEOUS/SUBMCSL RMDLNG	OP Hosp/Amb Surgery Center (ASC) Procedures	
30520	Y	SEPTOPLASTY SUBMUCOUS RESECT W WO CARTILAGE GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	
30540	Y	REPAIR CHOANAL ATRESIA INTRANASAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
30545	Y	REPAIR CHOANAL ATRESIA TRANSPALATINE	OP Hosp/Amb Surgery Center (ASC) Procedures	
31253	Y	NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	
31257	Y	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
31259	Y	NASAL SINUS NDSC TOT W SPHENDT W SPHEN TISS RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	
31295	Y	NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
31296	Y	NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
31297	Y	NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
31298	Y	NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
31660	Y	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	OP Hosp/Amb Surgery Center (ASC) Procedures	
31661	Y	BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES	OP Hosp/Amb Surgery Center (ASC) Procedures	
32035	Y	THORACOSTOMY W/RIB RESECTION EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32036	Y	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32096	Y	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

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32097	Y	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32098	Y	THORACOTOMY W/BIOPSY OF PLEURA	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32100	Y	THORACOTOMY WITH EXPLORATION	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32110	Y	THORCOM CTRL TRAUMTC HEMRRG AND /RPR LNG TEAR	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32120	Y	THORACOTOMY POSTOPERATIVE COMPLICATIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32124	Y	THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32140	Y	THORCOM W/REMOVAL OF CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32141	Y	THORACOTOMY W/RESECTION BULLAE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

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32150	Y	THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32151	Y	THORCOM W/RMVL IPUL FB	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32160	Y	THORACOTOMY W/CARDIAC MASSAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32200	Y	PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32215	Y	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32220	Y	DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32225	Y	DECORTICATION PULMONARY PARTIAL SEPARATE PROC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32440	Y	REMOVAL OF LUNG PNEUMONECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
32442	Y	REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32445	Y	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32480	Y	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32482	Y	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32484	Y	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32486	Y	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32488	Y	RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32491	Y	RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
32501	Y	RESCJ AND BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32503	Y	RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32504	Y	RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32505	Y	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32506	Y	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32507	Y	THORACOTOMY W/DX WEDGE RESEXN AND ANATOM LUNG RESE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32540	Y	EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32650	Y	THORACOSCOPY W/PLEURODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
32651	Y	THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32652	Y	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32653	Y	THORACOSCOPY RMLV INTRAPLEURAL FB/FIBRIN DEPOSIT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32654	Y	THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32655	Y	THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32656	Y	THORACOSCOPY W/PARIETAL PLEURECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32658	Y	THORACOSCOPY W/RMVL CLOT/FB FROM PERICARDIAL SAC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32659	Y	THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
32661	Y	THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32662	Y	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32663	Y	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32664	Y	THORACOSCOPY W/THORACIC SYMPATHECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32665	Y	THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32666	Y	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32667	Y	THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32668	Y	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
32669	Y	THORACOSCOPY W/SEGMENTECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32670	Y	THORACOSCOPY W/BILOBECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32671	Y	THORACOSCOPY W/PNEUMONECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32672	Y	THORACOSCOPY W/RESEXTN-PLICAJ EMPHYSEMA LUNG UNIL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32673	Y	THORACOSCOPY RESEXTN THYMUS UNI/BILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32674	Y	THORACOSCOPY W/MEDIASTINL AND REGIONL LYMPHDENECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32800	Y	REPAIR LUNG HERNIA THROUGH CHEST WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32810	Y	CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
32815	Y	OPEN CLOSURE MAJOR BRONCHIAL FISTULA	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32820	Y	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32900	Y	RESECTION RIBS EXTRAPLEURAL ALL STAGES	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32905	Y	THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32906	Y	THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32940	Y	PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32997	Y	TOTAL LUNG LAVAGE UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
32998	Y	ABLATION PULMONARY TUMOR PERQ RADIOFREQUENCY UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33016	Y	PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33017	Y	PERQ PRCRD DRG 6YR PLUS W/O CONGENITAL CAR ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33018	Y	PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN CAR ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33019	Y	PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33020	Y	PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33025	Y	CRTJ PERICARDIAL WINDOW/PRTL RESECJ W/DRG/BX	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33030	Y	PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33031	Y	PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33050	Y	RESECTION PERICARDIAL CYST/TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33120	Y	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33130	Y	RESECTION EXTERNAL CARDIAC TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33140	Y	TRANSMYOCARDIAL LASER REVASCULAR THORACOTOMY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33141	Y	TRANSMYOCRD LASER REVSC PFRMD TM OTH OPN CAR PX	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33202	Y	INSERTION EPICARDIAL ELECTRODE OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33203	Y	INSERTION EPICARDIAL ELECTRODE ENDOSCOPIC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33210	Y	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33211	Y	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33215	Y	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33216	Y	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33217	Y	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33236	Y	RMVL PRM EPICAR PM AND ELTRDS THORCOM 1 LEAD SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33237	Y	RMVL PRM EPICAR PM AND ELTRDS THORCOM DUAL LEAD SY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33238	Y	RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33243	Y	RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33250	Y	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33251	Y	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33254	Y	ABLATION AND RECONSTRUCTION ATRIA LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33255	Y	ABLATION AND RCNSTJ ATRIA EXTNSV W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33256	Y	ABLATION AND RCNSTJ ATRIA EXTNSV W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33257	Y	ATRIA ABLATE AND RCNSTJ W/OTHER PROCEDURE LIMITE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33258	Y	ATRIA ABLTJ AND RCNSTJ W/OTHER PX EXTENSIV W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33259	Y	ATRIA ABLTJ AND RCNSTJ W/OTHER PX EXTEN W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33261	Y	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33265	Y	NDSC ABLATION AND RCNSTJ ATRIA LIMITED W/O BYPAS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33266	Y	NDSC ABLATION AND RCNSTJ ATRIA EXTEN W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33267	Y	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over: Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33268	Y	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over: Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33269	Y	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over: Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33274	Y	TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33285	Y	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33289	Y	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over: Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33300	Y	REPAIR CARDIAC WOUND W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33305	Y	REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33310	Y	CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33315	Y	CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33320	Y	SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33321	Y	SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33322	Y	SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33330	Y	INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33335	Y	INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33340	Y	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33361	Y	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33362	Y	REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33363	Y	REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33364	Y	REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33365	Y	REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33366	Y	TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33367	Y	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33368	Y	REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33369	Y	REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33370	Y	TRANSCATHETER PLACEMENT AND SBSQ REMOVAL CEPD PERQ	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33390	Y	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33391	Y	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33404	Y	CONSTRUCTION APICAL-AORTIC CONDUIT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33405	Y	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33406	Y	RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33410	Y	RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33411	Y	RPLCMT AORTIC VALVE ANNULUS ENLGMT NONC SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33412	Y	REPLACEMENT AORTIC VALVE KONNO PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33413	Y	REPLACEMENT AORTIC AND PULMON VALVES ROSS PROCEDUR	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33414	Y	RPR VENTR O/F TRC OBSTR CJ PATCH ENLGMT O/F TRC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33415	Y	RESECTION/INCISION SUBVALVULAR TISSUE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33416	Y	VENTRICULOMYOTOMY-MYECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33417	Y	AORTOPLASTY SUPRAVALVULAR STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33418	Y	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33419	Y	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33420	Y	VALVOTOMY MITRAL VALVE CLOSED HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33422	Y	VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33425	Y	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33426	Y	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33427	Y	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33430	Y	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33440	Y	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33460	Y	VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33463	Y	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33464	Y	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33465	Y	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33468	Y	TRICUSPID VALVE RPSG AND PLCTJ EBSTEIN ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33471	Y	VALVOTOMY PULM VALVE CLSD HEART VIA PULM ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33474	Y	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33475	Y	REPLACEMENT PULMONARY VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33476	Y	R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33477	Y	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33478	Y	OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33496	Y	RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33500	Y	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33501	Y	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33502	Y	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33503	Y	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33504	Y	RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33505	Y	RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33506	Y	RPR ANOM CORONARY ART FROM PULM ART TO AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33507	Y	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33508	Y	ENDOSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33509	Y	ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33510	Y	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33511	Y	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33512	Y	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33513	Y	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33514	Y	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33516	Y	CORONARY ARTERY BYPASS 6/ PLUS CORONARY VENOUS GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33517	Y	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 1 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33518	Y	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 2 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33519	Y	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 3 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33521	Y	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 4 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33522	Y	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 5 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33523	Y	CORONARY ARTERY BYP W/VEIN AND ARTERY GRAFT 6 VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33530	Y	ROPRTJ CAB/VALVE PX GT 1 MO AFTER ORIGINAL OPERJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33533	Y	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33534	Y	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33535	Y	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33536	Y	CABG W/ARTERIAL GRAFT FOUR OR GT ARTERIAL GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33542	Y	MYOCARDIAL RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33545	Y	RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33548	Y	SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33572	Y	CORONARY ENDARTERCOMY OPEN ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33600	Y	CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33602	Y	CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33606	Y	ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33608	Y	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33610	Y	RPR CAR ANOMAL SURG ENLGMT VENTR SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33611	Y	RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33612	Y	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTR CJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33615	Y	RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33617	Y	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33619	Y	RPR 1 VNTRC W/O/F OBSTR CJ AND AORTIC ARCH HYPOPLAS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33620	Y	APPLICATION RIGHT AND LEFT PULMONARY ARTERY BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33621	Y	TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33622	Y	RECONSTRUCTION COMPLEX CARDIAC ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33641	Y	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33645	Y	DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33647	Y	RPR ATRIAL AND VENTRIC SEPTAL DFCT DIR/PATCH CLS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33660	Y	RPR INCPLT/PRTL AV CANAL W/WO AV VALVE RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33665	Y	RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33670	Y	RPR COMPL AV CANAL W/WO PROSTC VALVE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33675	Y	CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33676	Y	CLOSURE MULTIPLE VSD W/RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33677	Y	CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33681	Y	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33684	Y	CLSR V-SEPTL DFCT W/PULM VLVLT/INFUND RESCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33688	Y	CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/WO GUSSET	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33690	Y	BANDING PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33692	Y	COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33694	Y	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33697	Y	COMPL RPR T-FALLOT W/PULM ATRESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33702	Y	RPR SINUS VALSALVA FISTULA	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33710	Y	RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33720	Y	RPR SINUS VALSALVA ANEURYSM	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33724	Y	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33726	Y	REPAIR PULMONARY VENOUS STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33730	Y	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33732	Y	RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33735	Y	ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33736	Y	ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33737	Y	ATRIAL SEPTECT/SEPTOST OPN HRT W/INFL OCCLUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33741	Y	TRNSCTHTR ATRIAL SPTSTMY FOR CONGENITAL CRDC ANMLS TO CREATE EFFCTV ATRIAL FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST, WHEN PERFORMED, ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33745	Y	TIS CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC ANOMALIES TO ESTABLISH EFFECTIVE INTRACARDIAC FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST, WHEN PERFORMED, LEFT AND RIGHT HEART DIAGNOSTIC CARDIAC CATH 1ST SHUNT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33746	Y	TIS CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC ANOMALIES TO ESTABLISH EFFECTIVE INTRACARDIAC FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST, WHEN PERFORMED, LEFT AND RIGHT HEART DIAGNOSTIC CARDIAC CATH EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33750	Y	SHUNT SUBCLAVIAN PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33755	Y	SHUNT ASCENDING AORTA PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33762	Y	SHUNT DESCENDING AORTA PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33764	Y	SHUNT CENTRAL W/PROSTHETIC GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33766	Y	SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33767	Y	SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33768	Y	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33770	Y	RPR TRPOS GREAT VLSL W/O ENLGMNT V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33771	Y	RPR TRPOS GREAT VLSL W/ENLGMNT V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33774	Y	RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33775	Y	RPR TRPOS GREAT VSLS ATR BAFFLE W/RMVL PULM BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33776	Y	RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33777	Y	RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33778	Y	RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33779	Y	RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33780	Y	RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33781	Y	RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33782	Y	A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33783	Y	A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33786	Y	TOTAL REPAIR TRUNCUS ARTERIOSUS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33788	Y	REIMPLANTATION ANOMALOUS PULMONARY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33800	Y	AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33802	Y	DIVISION ABERRANT VESSEL VASCULAR RING	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33803	Y	DIVISION ABERRANT VESSEL W/REANASTOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33813	Y	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33814	Y	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33820	Y	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33824	Y	RPR PATENT DUXUS ARTERIOSUS DIV 18 YR AND OLDER	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33840	Y	EXC COARCJ AORTA W/WO PDA W/DIRECT ANASTOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33845	Y	EXCISION COARCTATION AORTA W/WO PDA W/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33851	Y	EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33852	Y	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33853	Y	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33863	Y	AS-AORT GRF W/CARD BYP AND AORTIC ROOT RPLCMT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33864	Y	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33866	Y	AORTIC HEMIARCH GRAFT W/ISOL AND CTRL ARCH VESSELS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33875	Y	DESCENDING THORACIC AORTA GRAFT W/WO BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33877	Y	RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33880	Y	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33881	Y	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33883	Y	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33884	Y	PLMT PROX XTN PROSTH EVASC RPR DTA EA PROX XTN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33886	Y	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33889	Y	OPN SUBCLA CRTD ART TRPOS NCK INC ULAT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33891	Y	BYP GRF W/DESCENDING THORACIC AORTA RPR NECK INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33894	Y	EVASC ST RPR COARCJ THRC/AA ACRS MAJ SIDE BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33895	Y	EVASC ST RPR COARCJ THRC/AA XCRSG MAJ SIDE BRNCH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33897	Y	PERQ TRANSLUMINAL ANGIOPLASTY NATIVE/RECR COA	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33900	Y	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI for Adults 18 and over; WA Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33901	Y	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ BI	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI for Adults 18 and over; WA Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33902	Y	PERQ P-ART REVSC ST 1ST ABNOR CONNJ UNILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI for Adults 18 and over; WA Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33903	Y	PERQ P-ART REVSC ST 1ST ABNORMAL CONNJ BILATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI for Adults 18 and over; WA Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33904	Y	PRCTNS PLMNRY ARTRY RVSCLRZTN BY STNT PLCMNT, EACH ADDTNL VSSL OR SEPARTE LESION, NRML OR ABNRML CNNCTNS	OP Hosp/Amb Surgery Center (ASC) Procedures	
33910	Y	PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33915	Y	PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33916	Y	PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33917	Y	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33920	Y	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
33922	Y	TRANSECTION PULMONARY ARTERY W/CARD BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33924	Y	LIG AND TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33925	Y	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33926	Y	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
33975	Y	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	OP Hosp/Amb Surgery Center (ASC) Procedures	
33976	Y	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
33979	Y	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	OP Hosp/Amb Surgery Center (ASC) Procedures	
34001	Y	EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34051	Y	EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34151	Y	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34401	Y	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
34451	Y	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL & LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34502	Y	RECONSTRUCTION VENA CAVA ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34701	Y	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34702	Y	EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34703	Y	VASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34704	Y	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34705	Y	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34706	Y	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
34707	Y	EVASC RPR DPLMNT ILIO-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34708	Y	EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34709	Y	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34710	Y	THRMBC DIR/W/CATH AXILL AND SUBCLAVIAN VEIN ARM IN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34711	Y	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34712	Y	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34717	Y	EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34718	Y	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
34808	Y	EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34812	Y	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34813	Y	PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34820	Y	OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34830	Y	OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34831	Y	OPN RPR ARYSM RPR ARTL TRMA AORTOBILIAC PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34832	Y	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34833	Y	OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
34834	Y	OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34839	Y	PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI for Adults 18 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34841	Y	ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34842	Y	ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34843	Y	ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34844	Y	ENDOVASC VISCER AORTA REPR FENEST 4 PLUS ENDOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34845	Y	EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34846	Y	VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
34847	Y	VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
34848	Y	VISCER AND INFRARENAL ABDOM AORTA 4 PLUS PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35001	Y	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35002	Y	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35005	Y	DIR RPR ANEURYSM VERTEBRAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35013	Y	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35021	Y	DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35022	Y	DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
35081	Y	DIR RPR ANEURYSM ABDOMINAL AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35082	Y	DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35091	Y	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35092	Y	VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35102	Y	DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35103	Y	DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VLSL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35111	Y	DIR RPR ANEURYSM SPLENIC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35112	Y	DIR RPR RUPTD ANEURYSM SPLENIC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
35121	Y	DIR RPR ANEURYSM HEPATIC/CELIAC/RENAL/MESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35122	Y	DIR RPR RUPTD ANEURSM HEPATIC/CELIAC/RENAL/MESEN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35131	Y	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35132	Y	DIR RPR RUPTD ANEURYSM AND GRAFT ILIAC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35141	Y	DIR RPR ANEURYSM AND GRAFT COMMON FEMORAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35142	Y	DIR RPR RUPTD ANEURYSM AND GRF COMMON FEMORAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35151	Y	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35152	Y	DIR RPR RUPTD ANEURYSM AND GRF POPLITEAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
35182	Y	RPR CONGENITAL AV FISTULA THORAX AND ABDOMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35189	Y	RPR/TRAUMATIC AV FISTULA THORAX & ABDOMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35211	Y	DIR RPR ANEURYSM AND GRAFT ILIAC ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35216	Y	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35221	Y	RPR BLOOD VESSEL DIRECT INTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35241	Y	RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35246	Y	RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35251	Y	REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
35271	Y	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35276	Y	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35281	Y	RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35301	Y	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35302	Y	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35303	Y	TEAEC W/GRAFT POPLITEAL ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35304	Y	TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35305	Y	TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
35306	Y	TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35311	Y	TEAEC W/WO PATCH GRF SUBCLAV INNOM THORACIC INC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35331	Y	TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35341	Y	TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35351	Y	TEAEC W/WO PATCH GRAFT ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35355	Y	TEAEC W/WO PATCH GRAFT ILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35361	Y	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35363	Y	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
35371	Y	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35372	Y	TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35390	Y	ROPRTJ CRTD TEAEC GT 1 MO AFTER ORIGINAL OPRATIO	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35400	Y	ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35500	Y	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35501	Y	BYPASS W/VEIN COMMON-IPSILATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35506	Y	BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35508	Y	BYPASS W/VEIN CAROTID-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
35509	Y	BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35510	Y	BYPASS W/VEIN CAROTID-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35511	Y	BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35512	Y	BYPASS W/VEIN SUBCLAVIAN-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35515	Y	BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35516	Y	BYPASS W/VEIN SUBCLAVIAN-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35518	Y	BYPASS W/VEIN AXILLARY-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35521	Y	BYPASS W/VEIN AXILLARY-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
35522	Y	BYPASS W/VEIN AXILLARY-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35523	Y	BYPASS W/VEIN BRACHIAL-ULNAR/-RADIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35525	Y	BYPASS W/VEIN BRACHIAL-BRACHIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35526	Y	BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35531	Y	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35533	Y	BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35535	Y	BYPASS W/VEIN HEPATORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35536	Y	BYPASS W/VEIN SPLENORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
35537	Y	BYPASS W/VEIN AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35538	Y	BYPASS W/VEIN AORTOBI-ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35539	Y	BYPASS W/VEIN AORTOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35540	Y	BYPASS W/VEIN AORTOBIFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35556	Y	BYPASS W/VEIN FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35558	Y	BYPASS W/VEIN FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35560	Y	BYPASS W/VEIN AORTORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35563	Y	BYPASS W/VEIN ILIOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
35565	Y	BYPASS W/VEIN ILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35566	Y	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35570	Y	BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35571	Y	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35572	Y	HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35583	Y	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35585	Y	IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35587	Y	IN-SITU VEIN BYP POP-TIBL PRONEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
35600	Y	OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35601	Y	BYP OTH/THN VEIN COMMON-IPSILATERAL CAROTID	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35606	Y	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35612	Y	BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35616	Y	BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35621	Y	BYP OTH/THN VEIN AXILLARY-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35623	Y	BYP OTH/THN VEIN AXILLARY-POPLITEAL/-TIBIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35626	Y	BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
35631	Y	BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35632	Y	BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35633	Y	BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35634	Y	BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35636	Y	BYP OTH/THN VEIN SPLENORENAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35637	Y	BYP OTH/THN VEIN AORTOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35638	Y	BYP OTH/THN VEIN AORTOBI-ILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35642	Y	BYP OTH/THN VEIN CAROTID-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
35645	Y	BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35646	Y	BYP OTH/THN VEIN AORTOBIFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35647	Y	BYP OTH/THN VEIN AORTOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35650	Y	BYP OTH/THN VEIN AXILLARY-AXILLARY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35654	Y	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35656	Y	BYP OTH/THN VEIN FEMORAL-POPLITEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35661	Y	BYP OTH/THN VEIN FEMORAL-FEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35663	Y	BYP OTH/THN VEIN ILIOILIAC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
35665	Y	BYP OTH/THN VEIN ILIOFEMORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35666	Y	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35671	Y	BYP OTH/THN VEIN POPLITEAL-TIBIAL/-PERONEAL ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35681	Y	BYPASS COMPOSITE GRAFT PROSTHETIC AND VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35682	Y	BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35683	Y	BYP AUTOG COMPOSIT 3 OR GT SEG FROM 2 OR GT LOCATION	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35685	Y	PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35686	Y	CRTJ DSTL ARVEN FSTL LXTR BYP SURG NON-HEMO	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
35691	Y	TRPOS AND /RIMPLTJ VERTEBRAL CAROTID ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35693	Y	TRPOS AND /RIMPLTJ VERTEBRAL SUBCLAVIAN ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35694	Y	TRPOS AND /RIMPLTJ SUBCLAVIAN CAROTID ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35695	Y	TRPOS AND /RIMPLTJ CAROTID SUBCLAVIAN ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35697	Y	RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35700	Y	ROPRTJ GT 1 MO AFTER ORIGINAL OPRATION	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35701	Y	EXPLORATION N/FLWD SURG NECK ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35702	Y	EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
35703	Y	EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35800	Y	EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35820	Y	EXPL PO HEMRRG THROMBOSIS/INFCTJ CH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35840	Y	EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35870	Y	RPR GRF-ENTERIC FSTL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35901	Y	EXCISION INFECTED NECK GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35905	Y	EXCISION INFECTED GRAFT THORAX	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
35907	Y	EXCISION INFECTED GRAFT ABDOMEN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
36460	Y	TRANSFUSION INTRAUTERINE FETAL	OP Hosp/Amb Surgery Center (ASC) Procedures	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
36465	Y	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
36466	Y	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
36468	Y	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	OP Hosp/Amb Surgery Center (ASC) Procedures	
36470	Y	INJXN SCLRSNT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
36471	Y	INJXN SCLRSNT MLTPLE INCMPTNT VEINS, SAME LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
36473	Y	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
36474	Y	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
36475	Y	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
36476	Y	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
36478	Y	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
36479	Y	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
36482	Y	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
36483	Y	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
36514	Y	THERAPEUTIC APHERESIS PLASMA PHERESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
37191	Y	INSRTN INTRVAS VC FLTR W/ VAS ACS VSL SELXN RS AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37215	Y	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37216	Y	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37217	Y	TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
37218	Y	TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37220	Y	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37221	Y	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37224	Y	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37225	Y	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37226	Y	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37227	Y	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37228	Y	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
37229	Y	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37230	Y	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37231	Y	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37243	Y	VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37500	Y	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37618	Y	LIGATION MAJOR ARTERY EXTREMITY	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37660	Y	LIGATION OF COMMON ILIAC VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37700	Y	LIGTN & DIVSN LONG SAPH VEIN SAPHFEM JUNCT/ DSTAL INTERRUPTN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
37718	Y	LIGTN DIVSN AND STRIPPING SHORT SAPHENOUS VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37722	Y	LIGTN DIVSN AND STRIPNG LONG SAPH SAPHFEM JUNCT KNE BELW	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37735	Y	LIGTN AND DIVN RDCL STRIPNG LONG SHORT SAPHENOUS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37760	Y	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37761	Y	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37765	Y	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37766	Y	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37780	Y	LIGTN & DIVSN SHORT SAPH VEIN SAPHENPOPLTL JUNCT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
37785	Y	LIGTN DIVSN AND EXCSN VARICOSE VEIN CLUSTER 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
38204	Y	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
38207	Y	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	OP Hosp/Amb Surgery Center (ASC) Procedures	
38208	Y	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	OP Hosp/Amb Surgery Center (ASC) Procedures	
38209	Y	TRNSP PREP HEMATOP PROG THAW PREV HRV WSH PER DNR	OP Hosp/Amb Surgery Center (ASC) Procedures	
38210	Y	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	OP Hosp/Amb Surgery Center (ASC) Procedures	
38211	Y	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
38212	Y	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	
38213	Y	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
38214	Y	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
38215	Y	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	OP Hosp/Amb Surgery Center (ASC) Procedures	
38232	Y	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
38746	Y	THORCOM THRC W/MEDSTNL AND REGIONAL LMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
39000	Y	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
39010	Y	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
39200	Y	RESECTION OF MEDIASTINAL CYST	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
39220	Y	RESECTION MEDIASTINAL TUMOR	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
42975	Y	DISE DYN EVAL SLEEP DISORDERED BREATHING FLX DX	OP Hosp/Amb Surgery Center (ASC) Procedures	
43291	Y	ESPHGGSTRDUDNSCPY, FLXIBLE, TRNSORAL; WITH RMVL OF INTRAGASTRIC BARIATRIC BALLON(S)	OP Hosp/Amb Surgery Center (ASC) Procedures	
43644	Y	LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	
43645	Y	LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTN	OP Hosp/Amb Surgery Center (ASC) Procedures	
43647	Y	LAPS IMPLTN/PLCMT GASTRIC NEUROSTIMLTR ELCTRDS ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	
43648	Y	LAPS REVISION/RMVL GASTRIC NEUSTIMLTR ELCTRDS ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	
43653	Y	LAPS SURG GASTROSTOMY W O CONSTJ GSTR TUBE SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
43770	Y	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	
43771	Y	LAPS GASTRIC RESTRICTIVE PX RVSN DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	
43772	Y	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	
43773	Y	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	
43774	Y	LAPS GASTRIC RESTRICTIVE PX REMOVE DVCE AND PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	
43775	Y	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
43842	Y	GASTRIC RSTCV W O BYP VERTICAL-BANDED GASTROPLY	OP Hosp/Amb Surgery Center (ASC) Procedures	
43843	Y	GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP	OP Hosp/Amb Surgery Center (ASC) Procedures	
43845	Y	GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	
43846	Y	GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	
43847	Y	GASTRIC RSTCV W BYP W SML INTSTN RCNSTN LIMIT ABSRPN	OP Hosp/Amb Surgery Center (ASC) Procedures	
43848	Y	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	
43881	Y	IMPLTN/RPLCMT GASTRIC NRSTIMLTR ELCTRDS ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	
43882	Y	RVSN/RMVL GASTRIC NRSTIMLTR ELCTRDES ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	
43886	Y	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	
43887	Y	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	
43888	Y	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	
47380	Y	ABL TJ OPN 1 OR GRT LVR TUM RF	OP Hosp/Amb Surgery Center (ASC) Procedures	
47381	Y	ABL TJ OPN 1 OR GRT LVR TUM CRYOSURG	OP Hosp/Amb Surgery Center (ASC) Procedures	
47382	Y	ABL TJ 1 OR GRT LVR TUM PRQ RF	OP Hosp/Amb Surgery Center (ASC) Procedures	
47605	Y	CHOLECYSTECTOMY W CHOLANGIOGRAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	
47610	Y	CHOLECYSTECTOMY W EXPLORATION COMMON DUCT	OP Hosp/Amb Surgery Center (ASC) Procedures	

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47612	Y	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
47620	Y	CHOLECSTC EXPL DUX SPHNCTROTOMY SPHNCTROP	OP Hosp/Amb Surgery Center (ASC) Procedures	
49904	Y	OMENTAL FLAP EXTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
49906	Y	FREE OMENTAL FLAP W MICROVASCULAR ANAST	OP Hosp/Amb Surgery Center (ASC) Procedures	
52441	Y	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	OP Hosp/Amb Surgery Center (ASC) Procedures	
52649	Y	LASER ENUCLEATION PROSTATE W MORCELLATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
53410	Y	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
53420	Y	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
53425	Y	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
53430	Y	URETHROPLASTY RCNSTN FEMALE URETHRA	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
53451	Y	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV BI INSJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
53452	Y	PERIURETHRL TPRNL ADJTBL BALO CNTNC DEV UNI INSJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
53453	Y	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV RMVL EA	OP Hosp/Amb Surgery Center (ASC) Procedures	
53454	Y	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	OP Hosp/Amb Surgery Center (ASC) Procedures	
53850	Y	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	OP Hosp/Amb Surgery Center (ASC) Procedures	
53852	Y	TRURL DSTRJ PRSTATE TISS RF THERMOTH	OP Hosp/Amb Surgery Center (ASC) Procedures	
53854	Y	TRURL DSTRJ PROSTATE TISS RF WV THERMOTHERAPY	OP Hosp/Amb Surgery Center (ASC) Procedures	
54125	Y	AMPUTATION PENIS COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
54150	Y	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	OP Hosp/Amb Surgery Center (ASC) procedures	PA not required up to 365 days post birth.
54161	Y	CIRCUMCISION AGE GT 28 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Prior Authorization is not required up to 365 days post birth
54401	Y	INSRTN PENILE PROSTHESS INFLATABLE SELF-CONTAINED	OP Hosp/Amb Surgery Center (ASC) Procedures	
54405	Y	INSRTN MULTI-COMPONENT INFLATABLE PENILE PROSTHSS	OP Hosp/Amb Surgery Center (ASC) Procedures	
54410	Y	RMVL AND RPLCMT INFLATABLE PENILE PROSTH SAME SESSN	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
54411	Y	RMVL AND RPLCMT ALL CMPNNTS INFLTBL PENILE PROSTH INFECTED FIELD	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
54416	Y	RMVL & RPLCMT NON-NFLTBL NFLTBL PENILE PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
54417	Y	RMVL AND RPLCMT PENILE PROSTHESIS INFECTED FIELD	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
54520	Y	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
54690	Y	LAPAROSCOPY SURGICAL ORCHIECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
55175	Y	SCROTOPLASTY SIMPLE	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
55180	Y	SCROTOPLASTY COMPLICATED	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
55866	Y	LAPS PROTECT RETROPUBIC RAD W/NRV SPARING ROBOT	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
55867	Y	LPRSCOPY, SRGCL PRSTTECTOMY, SMPLE SUBTOTL (NCLDNG CTRL OF PSTOPRTVE BLEEDING, VSCTOMY, MEATOTMY, URTHRL CALBRN AND/OR DLTION, AND NTERNL URTHROTOMY), NCLUDES RBTC ASISTNCE, WHN PRFRMD	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
55880	Y	TRANSRECTAL ABLTN MAL PRSTRTE TISSUE HIFU W/US	OP Hosp/Amb Surgery Center (ASC) Procedures	
55970	Y	INTERSEX SURG MALE FEMALE	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
55980	Y	INTERSEX SURG FEMALE MALE	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
56625	Y	VULVECTOMY SIMPLE COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
56800	Y	PLASTIC REPAIR INTROITUS	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
56805	Y	CLITOROPLASTY INTERSEX STATE	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.

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57106	Y	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
57110	Y	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
57288	Y	SLING OPERATION STRESS INCONTINENCE	OP Hosp/Amb Surgery Center (ASC) Procedures	
57289	Y	PEREYRA PX W ANTERIOR COLPORRHAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	
57291	Y	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
57292	Y	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
57296	Y	REVN W RMVL PROSTHETIC VAGINAL GRAFT OPEN ABDML APPRCH	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
57335	Y	VAGINOPLASTY INTERSEX STATE	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
57426	Y	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	OP Hosp/Amb Surgery Center (ASC) Procedures	No prior auth required for service when associated with a cancer diagnosis.
57465	Y	COMPUTER-AIDED MAPG CERVIX UTERI DRG COLPOSCOPY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58150	Y	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58152	Y	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58180	Y	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58200	Y	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	OP Hosp/Amb Surgery Center (ASC) Procedures	
58210	Y	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58240	Y	PEL EXNTJ GYNECOLOGIC MAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
58260	Y	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58262	Y	VAG HYST 250 GM OR LESS W RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58263	Y	VAG HYST 250 GM OR LESS W RMVL TUBE OVARY W RPR NTRCL	OP Hosp/Amb Surgery Center (ASC) Procedures	
58267	Y	VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58270	Y	VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	
58275	Y	VAGINAL HYSTERECTOMY W TOT PRTL VAGINECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	

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58280	Y	VAG HYSTER W TOT PRTL VAGINECT W RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	
58285	Y	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
58290	Y	VAGINAL HYSTERECTOMY UTERUS OVER 250 GM	OP Hosp/Amb Surgery Center (ASC) Procedures	
58291	Y	VAG HYST OVER 250 GM RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58292	Y	VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE	OP Hosp/Amb Surgery Center (ASC) Procedures	
58294	Y	VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	
58321	Y	ARTIFICIAL INSEMINATION INTRA-CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
58322	Y	ARTIFICIAL INSEMINATION INTRA-UTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	
58323	Y	SPERM WASHING ARTIFICIAL INSEMINATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
58345	Y	TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING	OP Hosp/Amb Surgery Center (ASC) Procedures	
58350	Y	CHROMOTUBATION OVIDUCT W MATERIALS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58356	Y	ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR	OP Hosp/Amb Surgery Center (ASC) Procedures	
58540	Y	HYSTEROPLASTY RPR UTERINE ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58541	Y	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58542	Y	LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
58543	Y	LAPS SUPRACERVICAL HYSTERECTOMY OVER 250	OP Hosp/Amb Surgery Center (ASC) Procedures	
58544	Y	LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58545	Y	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58546	Y	LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58548	Y	LAPS W RAD HYST W BILAT LMPHADEC RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58550	Y	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58552	Y	LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES	OP Hosp/Amb Surgery Center (ASC) Procedures	
58553	Y	LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58554	Y	LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
58570	Y	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58571	Y	LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58572	Y	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM	OP Hosp/Amb Surgery Center (ASC) Procedures	
58573	Y	LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
58660	Y	LAPAROSCOPY W LYSIS OF ADHESIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	

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58661	Y	LAPAROSCOPY W RMVL ADNEXAL STRUCTURES	OP Hosp/Amb Surgery Center (ASC) Procedures	No PA Required with encounter for sterilization done as outpatient. Still requires PA in other settings.
58662	Y	LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE	OP Hosp/Amb Surgery Center (ASC) Procedures	
58672	Y	LAPAROSCOPY FIMBRIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58673	Y	LAPAROSCOPY SALPINGOSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58700	Y	SALPINGECTOMY COMPLETE PARTIAL UNI BI SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
58720	Y	SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	
58740	Y	LYSIS OF ADHESIONS SALPINX OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58750	Y	TUBOTUBAL ANASTATOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
58752	Y	TUBOUTERINE IMPLANTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
58760	Y	FIMBRIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58770	Y	SALPINGOSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58940	Y	OOPHORECTOMY PARTIAL TOTAL UNI BI	OP Hosp/Amb Surgery Center (ASC) Procedures	
58943	Y	OOPHORECTOMY PRTL TOT UNI BI OVARIAN MALIGNANCY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58950	Y	RESCJ OVARIAN TUBAL PERITONEAL MALIGNANCY W BSO	OP Hosp/Amb Surgery Center (ASC) Procedures	
58951	Y	RESCJ PRIM PRTL MAL W BSO AND OMNTC TAH AND LMPHAD	OP Hosp/Amb Surgery Center (ASC) Procedures	
58952	Y	RESCJ PRIM PRTL MAL W BSO AND OMNTC RAD DEBULKING	OP Hosp/Amb Surgery Center (ASC) Procedures	
58953	Y	BSO W OMENTECTOMY TAH AND RAD DEBULKING DISSECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	
58954	Y	BSO W OMENTECTOMY TAH DEBULKING W LMPHADECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58956	Y	BSO W TOT OMENTECTOMY AND HYSTERECTOMY MALIGNANC	OP Hosp/Amb Surgery Center (ASC) Procedures	
58957	Y	RESECT RECUR OVARIAN TUBAL PERITONEAL MALIGNANCY	OP Hosp/Amb Surgery Center (ASC) Procedures	
58958	Y	RESECTION RECRT MAL W OMENTECTOMY PEL LMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	
58970	Y	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	
58974	Y	EMBRYO TRANSFER INTRAUTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	
58976	Y	GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METHD	OP Hosp/Amb Surgery Center (ASC) Procedures	
59070	Y	TRANSABDOMINAL AMNIOINFUSION W ULTRSDND GUIDANCE	OP Hosp/Amb Surgery Center (ASC) Procedures	
59074	Y	FETAL FLUID DRAINAGE W ULTRASOUND GUIDANCE	OP Hosp/Amb Surgery Center (ASC) Procedures	
59076	Y	FETAL SHUNT PLACEMENT W ULTRASOUND GUIDANCE	OP Hosp/Amb Surgery Center (ASC) Procedures	
61863	Y	STRCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	
61867	Y	STRCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	
61885	Y	INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	OP Hosp/Amb Surgery Center (ASC) Procedures	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
61886	Y	INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS	OP Hosp/Amb Surgery Center (ASC) Procedures	
62324	Y	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS PLACEMENT DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	
62325	Y	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	
62326	Y	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	
62327	Y	NJX CONTINUOUS INFUSION OR INTERMITTENT BOLUS DX THER SBST INTRLMNR LMBR SAC W IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	
62380	Y	NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63001	Y	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	
63003	Y	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	
63005	Y	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63011	Y	LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
63012	Y	LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63015	Y	LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
63016	Y	LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	
63017	Y	LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63020	Y	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERVC	OP Hosp/Amb Surgery Center (ASC) Procedures	
63030	Y	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63035	Y	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63040	Y	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
63042	Y	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63043	Y	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	
63044	Y	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63045	Y	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
63046	Y	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	
63047	Y	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63048	Y	LAM FACETECTOMY AND FORAMTOMY 1 SGM EA CRV THRC/LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63050	Y	LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
63051	Y	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
63052	Y	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	
63053	Y	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	
63055	Y	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	
63056	Y	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63057	Y	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	
63064	Y	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
63075	Y	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	
63076	Y	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	
63077	Y	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	
63081	Y	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
63082	Y	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
63085	Y	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
63087	Y	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
63090	Y	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
63101	Y	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
63102	Y	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
63300	Y	VCRPEC LES 1 SGM XDRL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
63304	Y	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
63308	Y	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	
64553	Y	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	OP Hosp/Amb Surgery Center (ASC) Procedures	
64568	Y	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER	OP Hosp/Amb Surgery Center (ASC) Procedures	
64569	Y	REVISION REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	OP Hosp/Amb Surgery Center (ASC) Procedures	
64570	Y	REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO	OP Hosp/Amb Surgery Center (ASC) Procedures	
64582	Y	OPEN IMPLTJ HPGLSL NRV NSTIM RA PG AND RESPIR SENSOR	OP Hosp/Amb Surgery Center (ASC) Procedures	
64583	Y	REVJ/RPLCMT HPGLSL NERVE NSTIM RA PG AND RESPIR SNR	OP Hosp/Amb Surgery Center (ASC) Procedures	
64584	Y	REMOVAL HYPOGLOSSAL NERVE NSTIM RA PG AND RESPIR SNR	OP Hosp/Amb Surgery Center (ASC) Procedures	
64590	Y	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	OP Hosp/Amb Surgery Center (ASC) Procedures	
64595	Y	REVISION RMVL PERIPHERAL GASTRIC NPGR	OP Hosp/Amb Surgery Center (ASC) Procedures	
64615	Y	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	OP Hosp/Amb Surgery Center (ASC) Procedures	
65771	Y	RADIAL KERATOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
65775	Y	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	OP Hosp/Amb Surgery Center (ASC) Procedures	
67900	Y	REPAIR BROW PTOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
67901	Y	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	
67902	Y	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	OP Hosp/Amb Surgery Center (ASC) Procedures	
67903	Y	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL	OP Hosp/Amb Surgery Center (ASC) Procedures	
67909	Y	REDUCTION OVERCORRECTION PTOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	
67950	Y	CANTHOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	
68841	Y	INSJ RX ELUTING IMPLT PUNCTAL DILAT LAC CANAL EA	OP Hosp/Amb Surgery Center (ASC) Procedures	
69714	Y	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID	OP Hosp/Amb Surgery Center (ASC) Procedures	
69716	Y	IMPLTJ OI IMPLT SKULL MAG TC ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	
69717	Y	RPLMCT OSSEOINTEGRATE IMPLNT W O MASTOIDECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
69719	Y	REVJ/RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	
69726	Y	REMOVAL OI IMPLT SKULL PERQ ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	
69727	Y	REMOVAL OI IMPLT SKULL MAG TC ATTACHMENT ESP	OP Hosp/Amb Surgery Center (ASC) Procedures	
69729	Y	IMPLNTTN, OSSNTGRTD IMPLNT, SKULL; WTH MGNTC TRNSCTNS ATTCHMNT TO XTRNL SPCH PRCSSR, OUTSIDE OF THE MSTD AND RSLTNG IN RMVL OF GRTR THN OR EQL TO 100 SQ MM SRFCE AREA OF BONE DEEP TO THE OTR CRNL CRTX	OP Hosp/Amb Surgery Center (ASC) Procedures	
69730	Y	RPLCMNT (NCLDNG RMVL OF EXSTNG DVC), OSSNTGRTD IMPLNT, SKULL; WTH MGNTC TRNSCTNS ATTCHMNT TO XTRNL SPCH PRCSSR, OUTSIDE THE MSTD AND NVOLVNG BONY DFCT GRTR THN OR EQL TO 100 SQ MM SRFCE AREA OF BONE DEEP TO THE OTR CRNL CRTX	OP Hosp/Amb Surgery Center (ASC) Procedures	
69930	Y	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
92941	Y	PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
92970	Y	CARDIOASSIST-METH CIRCULATORY ASSIST INTERNAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
92971	Y	CARDIOASSIST-METH CIRCULATORY ASSIST EXTERNAL	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
92975	Y	THROMBOLYSIS INTRACORONARY NFS SLCTV ANGRPH	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
92977	Y	THROMBOLYSIS CORONARY INTRAVENOUS INFUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
93025	Y	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over: Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
93228	Y	XTRNL MOBILE CV TELEMTRY W/I&REPORT 30 DAYS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
93229	Y	XTRNL MOBILE CV TELEMTRY W/TECHNICAL SUPPORT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
93580	Y	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
93581	Y	PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
93582	Y	PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
93583	Y	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
93631	Y	INTRAOP EPICAR AND ENDOCAR PACG AND MAPG	OP Hosp/Amb Surgery Center (ASC) Procedures	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
95249	Y	CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	
96105	Y	ASSESSMENT APHASIA W/INTERP and REPORT PER HOUR	OP Hosp/Amb Surgery Center (ASC) Procedures	
96567	Y	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY	OP Hosp/Amb Surgery Center (ASC) Procedures	
96570	Y	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	OP Hosp/Amb Surgery Center (ASC) Procedures	
96571	Y	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	OP Hosp/Amb Surgery Center (ASC) Procedures	
96573	Y	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP	OP Hosp/Amb Surgery Center (ASC) Procedures	
96574	Y	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	OP Hosp/Amb Surgery Center (ASC) Procedures	
96900	Y	ACTINOTHERAPY ULTRAVIOLET LIGHT	OP Hosp/Amb Surgery Center (ASC) Procedures	
96902	Y	MCRSCP XM HAIR PLUCK CLIP FOR CNTS STRUCT ABNORM	OP Hosp/Amb Surgery Center (ASC) Procedures	
96910	Y	PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	OP Hosp/Amb Surgery Center (ASC) Procedures	
96912	Y	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA	OP Hosp/Amb Surgery Center (ASC) Procedures	
96913	Y	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	OP Hosp/Amb Surgery Center (ASC) Procedures	
96920	Y	LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	
96921	Y	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	
96922	Y	LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	
96931	Y	RCM CELULR AND SBCELULR SKN IMGNG IMG ACQ I&R 1ST LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	
96932	Y	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQUISITION	OP Hosp/Amb Surgery Center (ASC) Procedures	
96933	Y	RCM CELULR AND SUBCELULR SKN IMGNG I AND R 1ST LES	OP Hosp/Amb Surgery Center (ASC) Procedures	
96934	Y	RCM CELULR AND SBCELULR SKN IMGNG IMG ACQ I&R ADDL LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	
96935	Y	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	
96936	Y	RCM CELULR AND SUBCELULR SKN IMGNG I AND R EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	
0095T	Y	RMVL TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	
0098T	Y	REVJ TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	
0402T	Y	COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE	OP Hosp/Amb Surgery Center (ASC) Procedures	
0421T	Y	TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL	OP Hosp/Amb Surgery Center (ASC) Procedures	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
0671T	Y	INSJ ANT SGM DRG DEV TRAB MW W/O RES AND CTRC RMVL1 PLUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
0672T	Y	NDOVAG CRYG COOLD RF REMDL TISS FML BLDR NCK AND URT	OP Hosp/Amb Surgery Center (ASC) Procedures	
0673T	Y	ABLATION B9 THYROID NODULE PERQ LASER W/IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	
0674T	Y	LAPS INSJ NEW/RPLCMT PERM ISDSS AGMNTJ CAR FUNCJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
0675T	Y	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS 1ST LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	
0676T	Y	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS EA ADL LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	
0677T	Y	LAPS REPOS LEAD PERM ISDSS 1ST REPOSITIONED LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	
0678T	Y	LAPS REPOS LEAD PERM ISDSS EA ADDL REPOS LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	
0679T	Y	LAPAROSCOPIC REMOVAL LEAD PERM ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	
0680T	Y	INSJ/RPLCMT PULSE GENERATOR ONLY ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	
0681T	Y	RELOCATION PULSE GENERATOR ONLY ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	
0682T	Y	REMOVAL PULSE GENERATOR ONLY ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	
0683T	Y	PROGRAMMING DEVICE EVALUATION IN PERSON ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	
0684T	Y	PERIPROCEDURAL DEVICE EVALUATION IN PERSON ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	
0685T	Y	INTERROGATION DEVICE EVALUATION IN PERSON ISDSS	OP Hosp/Amb Surgery Center (ASC) Procedures	
0686T	Y	HISTOTRIPTY MAL HEPATOCELLULAR TISS W/IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	
0687T	Y	TX AMBLYOPIA DEV SUPPLY EDUCATIONAL SETUP 1ST SES	OP Hosp/Amb Surgery Center (ASC) Procedures	
0688T	Y	TX AMBLYOPIA ASSMT PERF PHYS/QHP W/REPORT CAL MO	OP Hosp/Amb Surgery Center (ASC) Procedures	
0707T	Y	NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT	OP Hosp/Amb Surgery Center (ASC) Procedures	
0809T	Y	ARTHRD SI JT PERQ PLMT TFX DEV & I-ARTIC IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	
C1825	Y	GEN NEUROSTIM NONRCHRGLB W/CAR SIN BR STIM LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	
C1831	Y	PERSONALIZED ANTERIOR AND LAT INTERBODY CAGE IMPLANT	OP Hosp/Amb Surgery Center (ASC) Procedures	
C2616	Y	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9734	Y	FOCUSED U S ABL TX INT OTH THAN UT LEIOMYOMATA	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9739	Y	CYSTURETHRSCTY INSRT TRANSPROSTAT IMPL; 1-3 IMPL	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9740	Y	CYSTURETHRSCTY INSRT TRANSPROSTAT IMPL; 4 OR GRT IMPL	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9757	Y	LAMINOTOMY DECOMP NERVE ROOT; 1 INTERSPACE LUMB	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9761	Y	CYSTO URS &/PYELOSCTY LITH & VAC ASPIR KDNY COLLECTN SYSTM	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9764	Y	REV EVAR OPEN/PERQ ANY VESSEL;IV LITHOTRIPTY	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9765	Y	REV EVAR ANY VES;IV LITHOTRIPTY AND TL STENT PLCMT	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9766	Y	REV EVAR ANY VES;IV LITHOTRIPTY AND ATHERECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9767	Y	REV EVAR ANY VES;IV LITHO AND TL STNT PLCMT AND ATHERECT	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9769	Y	CYSTOURETHROSCOPY INS TEMP PROS IMPL/STENT	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9770	Y	VITRECTOMY MECH PP APP SR INJ PHRMACT/BIOLOG AGENT	OP Hosp/Amb Surgery Center (ASC) Procedures	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
C9771	Y	NASAL/SINUS ENDO CRYO NSL TISS AND / NERVE UNIL/BIL	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9772	Y	RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPTY	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9773	Y	RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH AND TL SP	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9774	Y	RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH AND ATHREC	OP Hosp/Amb Surgery Center (ASC) Procedures	
C9775	Y	RVSC EVAR OPN/P TIB/PA;IVASC LITH AND TL STNT PL AND ATH	OP Hosp/Amb Surgery Center (ASC) Procedures	
J7330	Y	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	OP Hosp/Amb Surgery Center (ASC) Procedures	
S2095	Y	TRNSCATH OCCL EMBOLIZ TUMR DESTRUC PERQ METH USI	OP Hosp/Amb Surgery Center (ASC) Procedures	
S2118	Y	METL-ON-METL TOT HIP RESRFC ACETAB AND FEM CMPNT	OP Hosp/Amb Surgery Center (ASC) Procedures	
27279	Y	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	Pain Management Procedures	
62263	Y	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS	Pain Management Procedures	
62264	Y	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	Pain Management Procedures	
62320	Y	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	Pain Management Procedures	
62321	Y	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	Pain Management Procedures	
62322	Y	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Pain Management Procedures	
62323	Y	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Pain Management Procedures	
62351	Y	IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM	Pain Management Procedures	
62360	Y	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR	Pain Management Procedures	
62361	Y	IMPLTJ RPLCMT FS NON-PRGRBL PUMP	Pain Management Procedures	
62362	Y	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP	Pain Management Procedures	
63650	Y	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Pain Management Procedures	
63655	Y	LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL	Pain Management Procedures	
63662	Y	RMVL SPINAL NSTIM ELTRD PLATE PADDLE INCL FLUOR	Pain Management Procedures	
63663	Y	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Pain Management Procedures	
63664	Y	REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR	Pain Management Procedures	
63685	Y	INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING	Pain Management Procedures	
63688	Y	REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Pain Management Procedures	
64450	Y	INJECTION ANES OTHER PERIPHERAL NERVE BRANCH	Pain Management Procedures	No PA required in office or ASC setting. PA required if done in hospital setting outside of another procedure. No PA required if combined with another surgical procedure.
64451	Y	INJECTION AA AND STRD NERVES NRVTG SI JOINT W IMG	Pain Management Procedures	
64454	Y	INJECTION AA AND STRD GENICULAR NRV BRANCHES W IMG	Pain Management Procedures	
64479	Y	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL	Pain Management Procedures	
64480	Y	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC EA LV	Pain Management Procedures	
64483	Y	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL	Pain Management Procedures	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
64484	Y	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV	Pain Management Procedures	
64487	Y	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	Pain Management Procedures	
64490	Y	NJX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL	Pain Management Procedures	
64491	Y	NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL	Pain Management Procedures	
64492	Y	NJX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL	Pain Management Procedures	
64493	Y	NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL	Pain Management Procedures	
64494	Y	NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL	Pain Management Procedures	
64495	Y	NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL	Pain Management Procedures	
64624	Y	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W IMG	Pain Management Procedures	
64625	Y	RADIOFREQUENCY ABLTJ NRV NRV TG SI JT W IMG GDN	Pain Management Procedures	
64628	Y	THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	Pain Management Procedures	
64629	Y	THERMAL DSTRCTN INTRAOSSEOUS BVN EA ADDL LMBR/SAC	Pain Management Procedures	
64633	Y	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA	Pain Management Procedures	
64634	Y	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA	Pain Management Procedures	
64635	Y	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL	Pain Management Procedures	
64636	Y	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL	Pain Management Procedures	
64640	Y	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Pain Management Procedures	
92507	Y	TX SPEECH LANG VOICE COMMJ and /AUDITORY PROC IND	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
92508	Y	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GT INDIV	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
92526	Y	TX SWALLOWING DYSFUNCTION and /ORAL FUNCJ FEEDING	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
92606	Y	THER SVC N-SP-GENRATJ DEV PRGRMG AND MODIFICA	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
92609	Y	THER SP-GENRATJ DEV PRGRMG AND MODIFICAJ	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
92630	Y	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
92633	Y	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
97010	Y	APPLICATION MODALITY 1 OR GT AREAS HOT/COLD PACKS	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97012	Y	APPL MODALITY 1 OR GT AREAS TRACTION MECHANICAL	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97014	Y	APPL MODALITY 1 OR GT AREAS ELEC STIMJ UNATTENDED	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
97016	Y	APPL MODALITY 1 OR GT AREAS VASOPNEUMATIC DEVICES	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97018	Y	APPL MODALITY 1 OR GT AREAS PARAFFIN BATH	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97022	Y	APPLICATION MODALITY 1 OR GT AREAS WHIRLPOOL	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
97024	Y	APPLICATION MODALITY 1 OR GT AREAS DIATHERMY	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97026	Y	APPLICATION MODALITY 1 OR GT AREAS INFRARED	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97028	Y	APPL MODALITY 1 OR GT AREAS ULTRAVIOLET	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
97032	Y	APPL MODALITY 1 OR GT AREAS ELEC STIMJ EA 15 MIN	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97033	Y	APPL MODALITY 1 OR GT AREAS IONTOPHORESIS EA 15 MIN	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97034	Y	APPL MODALITY 1 OR GT AREAS CONTRAST BATHS EA 15 MIN	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
97035	Y	APPL MODALITY 1 OR GT AREAS ULTRASOUND EA 15 MIN	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97036	Y	APPL MODALITY 1 OR GT AREAS HUBBARD TANK EA 15 MIN	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97039	Y	UNLISTED MODALITY SPEC TYPE and TIME CONSTANT ATTN	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
97110	Y	THERAPEUTIC PX 1 OR GT AREAS EACH 15 MIN EXERCISES	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97112	Y	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCAN	Physical, Occupational, and Speech Therapy	PA Required after 12 visits per calendar year for PT/OT/ST.
97113	Y	THER PX 1 OR GT AREAS EACH 15 MIN AQUA THER W/XERSS	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
97116	Y	THER PX 1 OR GT AREAS EA 15 MIN GAIT TRAINING W/STAIR	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97124	Y	THER PX 1 OR GT AREAS EACH 15 MINUTES MASSAGE	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97129	Y	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
97130	Y	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97139	Y	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97140	Y	MANUAL THERAPY TQS 1 OR GT REGIONS EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
97150	Y	THERAPEUTIC PROCEDURES GROUP 2 OR GT INDIVIDUALS	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97530	Y	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97533	Y	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
97535	Y	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97537	Y	COMMUNITY/WORK REINTEGRATION TRAINING EA 15 MIN	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97542	Y	WHEELCHAIR MGMT EA 15 MIN	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
97760	Y	ORTHOTICS MGMT AND TRAIING INITIAL ENCTR EA 15 MINS	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
97761	Y	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	Physical, Occupational, and Speech Therapy	Ages 18 and younger require prior authorization after the initial evaluation/visit plus the first six (6) visits for Outpatient settings. Ages 19 and over do NOT require prior authorization for Occupational Therapy. In South Carolina, 97112 is not reimbursable to Occupational Therapy Providers. Prior Authorization requests with an Occupational Therapist as the servicing provider will be denied for 97112.
97763	Y	ORTHOTICS/PROSTH MGMT &/TRAINNG SBSQ ENCTR 15 MIN	Physical, Occupational, and Speech Therapy	Physical and Occupational Therapy (PT & OT): For ages 18 years and younger only: initial evaluation plus first 6 visits in the outpatient setting do not require authorization, obtain authorization for visit 7 and beyond. Ages 19 and older: services do not require authorization in an outpatient setting. Speech Therapy (ST): For ages 18 years and younger only: Prior authorization is required after the initial evaluation/visit. No PA required for ages 19 and older.
S8940	Y	EQUESTRIAN/HIPPOTHERAPY PER SESSION	Physical, Occupational, and Speech Therapy	
K1022	Y	ADD LE PROS ENDOSK KNEE DISART ABV K HIP DISAR	Prosthetics & Orthotics	
L0452	Y	TLSO FLEXIBLE TRUNK SUPP UP THOR REGION CUSTOM	Prosthetics & Orthotics	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
L0480	Y	TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	
L0482	Y	TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	
L0484	Y	TLSO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	
L0486	Y	TLSO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	
L0622	Y	SACROILIAC ORTHOTIC FLEXIBLE CUSTOM FABRICATED	Prosthetics & Orthotics	
L0637	Y	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB	Prosthetics & Orthotics	
L0640	Y	LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB	Prosthetics & Orthotics	
L0650	Y	LSO SAGITTAL-CORONAL CNTRL RIGD ANT POST PANELS	Prosthetics & Orthotics	
L0700	Y	CTL SO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	Prosthetics & Orthotics	
L0710	Y	CTL SO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	Prosthetics & Orthotics	
L1000	Y	CTL SO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	Prosthetics & Orthotics	
L1005	Y	TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS	Prosthetics & Orthotics	
L1110	Y	ADD CTL SO SCOLIOS RING FLNGE MOLD PT MDL	Prosthetics & Orthotics	
L1640	Y	HIP ORTHOTIC-PELV BAND SPRDR BAR THI CUFFS FAB	Prosthetics & Orthotics	
L1680	Y	HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB	Prosthetics & Orthotics	
L1685	Y	HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM	Prosthetics & Orthotics	
L1700	Y	LEGG PERTHES ORTHOTIC TORONTO CUSTOM FABRICATED	Prosthetics & Orthotics	
L1710	Y	LEGG PERTHES ORTHOTIC NEWINGTON CUSTOM FAB	Prosthetics & Orthotics	
L1720	Y	LEGG PERTHES ORTHOTIC TRILAT TACHDIJAN CSTM FAB	Prosthetics & Orthotics	
L1730	Y	LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB	Prosthetics & Orthotics	
L1755	Y	LEGG PERTHES ORTHOTIC PATTEN BOTTOM CSTM FAB	Prosthetics & Orthotics	
L1834	Y	KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED	Prosthetics & Orthotics	
L1840	Y	KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB	Prosthetics & Orthotics	
L1844	Y	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	
L1846	Y	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	
L1860	Y	KNEE ORTHOS MOD SUPRACONDYL R PROS SOCKT CSTM FAB	Prosthetics & Orthotics	
L1900	Y	AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB	Prosthetics & Orthotics	
L1904	Y	ANKLE ORTH ANKLE GAUNTLET SIMILAR CUSTOM FAB	Prosthetics & Orthotics	
L1907	Y	ANKLE ORTHOSIS SUPRAMALLEOLAR WITH STRAPS CUSTOM	Prosthetics & Orthotics	
L1920	Y	AFO SINGLE UPRT W STATIC ADJUSTBL STOP CSTM FAB	Prosthetics & Orthotics	
L1940	Y	ANK FT ORTHOTIC PLASTIC OTH MATERIAL CUSTOM FAB	Prosthetics & Orthotics	
L1945	Y	AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM	Prosthetics & Orthotics	
L1950	Y	ANKLE FOOT ORTHOTIC SPIRAL PLASTIC CUSTOM-FAB	Prosthetics & Orthotics	
L1960	Y	AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB	Prosthetics & Orthotics	
L1970	Y	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	Prosthetics & Orthotics	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
L1980	Y	AFO 1 UPRT FREE PLANTR DORSIFLX SOLID STIRUP FAB	Prosthetics & Orthotics	
L1990	Y	AFO DBL UPRT PLANTR DORSIFLX SOLID STIRUP CSTM	Prosthetics & Orthotics	
L2000	Y	KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM	Prosthetics & Orthotics	
L2005	Y	KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM	Prosthetics & Orthotics	
L2006	Y	KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB	Prosthetics & Orthotics	
L2010	Y	KAFO 1 UPRT SOLID STIRUP W O KNEE JNT CSTM FAB	Prosthetics & Orthotics	
L2020	Y	KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB	Prosthetics & Orthotics	
L2030	Y	KAFO DBL UPRT SOLID STIRUP W O KNEE JNT CSTM	Prosthetics & Orthotics	
L2034	Y	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Prosthetics & Orthotics	
L2036	Y	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	Prosthetics & Orthotics	
L2037	Y	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	Prosthetics & Orthotics	
L2038	Y	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Prosthetics & Orthotics	
L2050	Y	HKAFO TORSION CNTRL BIL TORSION CABLES CSTM FAB	Prosthetics & Orthotics	
L2060	Y	HKAFO TORSION CNTRL BIL TORSION BALL BEAR CSTM	Prosthetics & Orthotics	
L2080	Y	HKAFO TORSION CNTRL UNI TORSION CABLE CSTM FAB	Prosthetics & Orthotics	
L2090	Y	HKAFO UNI TORSION CABLE BALL BEAR CSTM	Prosthetics & Orthotics	
L2106	Y	AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	
L2108	Y	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	
L2126	Y	KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	
L2128	Y	KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	
L4631	Y	AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM	Prosthetics & Orthotics	
L5856	Y	ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE	Prosthetics & Orthotics	
L5857	Y	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	Prosthetics & Orthotics	
L5858	Y	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	Prosthetics & Orthotics	
L5859	Y	ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR	Prosthetics & Orthotics	
L6026	Y	TRANSCARPAL MC PART HAND DISARTICULATION PROS	Prosthetics & Orthotics	
L7259	Y	ELECTRONIC WRIST ROTATOR ANY TYPE	Prosthetics & Orthotics	
L7700	Y	GASKET SEAL USE PROS SOCKET INSERT ANY TYPE EA	Prosthetics & Orthotics	
L8033	Y	NIPPLE PROSTH CSTM FAB REUSABL ANY MATL ANY T EA	Prosthetics & Orthotics	
L8614	Y	COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS	Prosthetics & Orthotics	
L8692	Y	AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN	Prosthetics & Orthotics	
L8701	Y	PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB	Prosthetics & Orthotics	
L8702	Y	PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS	Prosthetics & Orthotics	
S1040	Y	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	Prosthetics & Orthotics	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
77520	Y	PROTON TX DELIVERY SIMPLE W O COMPENSATION	Radiation Therapy & Radio Surgery	~APPLIES TO KY, IL, NV for Adults 18 and over; WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
77522	Y	PROTON TX DELIVERY SIMPLE W COMPENSATION	Radiation Therapy & Radio Surgery	~APPLIES TO KY, IL, NV for Adults 18 and over; WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
77523	Y	PROTON TX DELIVERY INTERMEDIATE	Radiation Therapy & Radio Surgery	~APPLIES TO KY, IL, NV for Adults 18 and over; WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
77525	Y	PROTON TX DELIVERY COMPLEX	Radiation Therapy & Radio Surgery	~APPLIES TO KY, IL, NV for Adults 18 and over; WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
A9513	Y	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI	Radiation Therapy & Radio Surgery	~APPLIES TO KY, IL for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
A9543	Y	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI	Radiation Therapy & Radio Surgery	~APPLIES TO KY, IL for Adults 18 and over; WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
A9590	Y	IODINE I-131 IBOBENGUANE, THERAPEUTIC, I MILLICURE	Radiation Therapy & Radio Surgery	~APPLIES TO KY, IL for Adults 18 and over; WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
A9604	Y	SAMARIUM SM-153 LEXIDRONAM TX DOSE TO 150 MCI	Radiation Therapy & Radio Surgery	~APPLIES TO KY, IL for Adults 18 and over; WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
A9606	Y	RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI	Radiation Therapy & Radio Surgery	~APPLIES TO KY, IL for Adults 18 and over; WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
G0339	Y	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS	Radiation Therapy & Radio Surgery	~APPLIES TO KY, IL, NV for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
G0340	Y	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Radiation Therapy & Radio Surgery	~APPLIES TO KY, IL, NV for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
G6015	Y	INTENSITY MODULATED TX DEL 1 MX FLDS PER TX SESS	Radiation Therapy & Radio Surgery	~APPLIES TO KY, IL for Adults 18 and over; WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
G6016	Y	COMP-BASED BEAM MOD TX DEL I PLND TX 3 OVER HR SESS	Radiation Therapy & Radio Surgery	~APPLIES TO KY, IL for Adults 18 and over; WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
G6017	Y	INTRA-FRAC LOC AND TRACKING TARGET PT M EA FRAC TX	Radiation Therapy & Radio Surgery	~APPLIES TO KY, IL for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
95805	Y	MLT SLEEP LATENCY MAINT OF WAKEFULNESS TSTG	Sleep Studies	
95807	Y	SLEEP STD REC VNTJ RESPIR ECG HRT RATE AND O2 ATTN	Sleep Studies	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
95808	Y	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Sleep Studies	
95810	Y	POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND	Sleep Studies	
95811	Y	POLYSOM 6 OR GRT YRS SLEEP W CPAP 4 OR GRT ADDL PARAM ATT	Sleep Studies	
32850	Y	DONOR PNEUMONECTOMY(S), INCL COLD PRESERV, FROM CADAVER DONOR	Transplants/Gene Therapy	
32851	Y	LUNG TRANSPL, SINGLE, W O CARDIOPULM BYPASS	Transplants/Gene Therapy	
32852	Y	LUNG TRANSPL, SINGLE, W CARDIOPULM BYPASS	Transplants/Gene Therapy	
32853	Y	LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS	Transplants/Gene Therapy	
32854	Y	LUNG TRANSPLANT 2 W CARDIOPULMONARY BYPASS	Transplants/Gene Therapy	
32855	Y	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	Transplants/Gene Therapy	
32856	Y	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	Transplants/Gene Therapy	
33929	Y	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	Transplants/Gene Therapy	
33930	Y	DONOR CARDIECTOMY - PNEUMONECTOMY	Transplants/Gene Therapy	
33933	Y	BKBENCH PREPJ CADAVER DONOR HEART LUNG ALLOGRAFT	Transplants/Gene Therapy	
33935	Y	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	Transplants/Gene Therapy	
33940	Y	DONOR CARDIECTOMY	Transplants/Gene Therapy	
33944	Y	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	Transplants/Gene Therapy	
33945	Y	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Transplants/Gene Therapy	
33995	Y	INSJ PERQ VAD W/RS AND I R HEART VENOUS ACCESS ONLY	Transplants/Gene Therapy	
38205	Y	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	Transplants/Gene Therapy	
38206	Y	BLD-DRV HEMATOPTC PROGEN CELL HRVSTG TRNSPL AUTO	Transplants/Gene Therapy	
38230	Y	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy	
38240	Y	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	
38241	Y	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	
38242	Y	ALLOGENEIC LYMPHOCYTE INFUSIONS	Transplants/Gene Therapy	
38243	Y	TRNSPLJ HEMATOPOIETIC CELL BOOST	Transplants/Gene Therapy	
44132	Y	DONOR ENTERECTOMY OPEN CADAVER DONOR	Transplants/Gene Therapy	
44133	Y	DONOR ENTERECTOMY OPEN LIVING DONOR	Transplants/Gene Therapy	
44135	Y	INTESTINAL ALLOTRANSPLANTATION; CADAVER DONOR	Transplants/Gene Therapy	
44136	Y	INTESTINAL ALLOTRANSPLANTATION; LIVING DONOR	Transplants/Gene Therapy	
44137	Y	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	Transplants/Gene Therapy	
44715	Y	BKBENCH PREP CADAVER LIVING DONOR INTESTINE	Transplants/Gene Therapy	
44720	Y	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	Transplants/Gene Therapy	
44721	Y	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	Transplants/Gene Therapy	
47133	Y	DONOR HEPATECTOMY CADAVER DONOR	Transplants/Gene Therapy	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
47135	Y	LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE	Transplants/Gene Therapy	
47140	Y	DONOR HEPATECTOMY LIVING DONOR SEG II AND III	Transplants/Gene Therapy	
47141	Y	DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV	Transplants/Gene Therapy	
47142	Y	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI	Transplants/Gene Therapy	
47143	Y	BKBENCH PREP CADAVER DONOR	Transplants/Gene Therapy	
47144	Y	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I AND IV VII	Transplants/Gene Therapy	
47145	Y	BKBENCH PREPN CADAVER DONOR WHL LVR GRF I AND V VI	Transplants/Gene Therapy	
47146	Y	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	Transplants/Gene Therapy	
47147	Y	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	Transplants/Gene Therapy	
48160	Y	PANCREATECTOMY W TRNSPLJ PANCREAS ISLET CELLS	Transplants/Gene Therapy	
48550	Y	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	Transplants/Gene Therapy	
48551	Y	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	Transplants/Gene Therapy	
48552	Y	BKBENCH RCNSTN CDVR PNCRS ALGRFT VEN ANAST EA	Transplants/Gene Therapy	
48554	Y	TRANSPLANTATION PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	
48556	Y	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	
50300	N	DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL	Transplants/Gene Therapy	Carved out to State Medicaid FFS
50320	N	DONOR NEPHRECTOMY OPEN LIVING DONOR	Transplants/Gene Therapy	Carved out to State Medicaid FFS
50323	N	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Transplants/Gene Therapy	Carved out to State Medicaid FFS
50325	N	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Transplants/Gene Therapy	Carved out to State Medicaid FFS
50327	N	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Transplants/Gene Therapy	Carved out to State Medicaid FFS
50328	N	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Transplants/Gene Therapy	Carved out to State Medicaid FFS
50329	N	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Transplants/Gene Therapy	Carved out to State Medicaid FFS
50340	N	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Transplants/Gene Therapy	Carved out to State Medicaid FFS
50360	N	RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY	Transplants/Gene Therapy	Carved out to State Medicaid FFS
50365	N	RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY	Transplants/Gene Therapy	Carved out to State Medicaid FFS
50370	N	RMVL TRNSPLED RENAL ALLOGRAFT	Transplants/Gene Therapy	Carved out to State Medicaid FFS
50380	N	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Transplants/Gene Therapy	Carved out to State Medicaid FFS
50547	N	LAPAROSCOPY DONOR NEPHRECTOMY LIVING DONOR	Transplants/Gene Therapy	Carved out to State Medicaid FFS
81560	Y	TRNSPLJ PED LVR AND BWL MES CD154 PLUS T CLL WHL PRPH BLD	Transplants/Gene Therapy	
0537T	Y	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Transplants/Gene Therapy	
0538T	Y	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F TRNS	Transplants/Gene Therapy	
0539T	Y	CAR-T THERAPY RECEIPT AND PREP CAR-T CELLS F ADMN	Transplants/Gene Therapy	
0540T	Y	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Transplants/Gene Therapy	
0584T	Y	PERCUTANEOUS ISLET CELL TRANSPLANT	Transplants/Gene Therapy	
0585T	Y	LAPAROSCOPIC ISLET CELL TRANSPLANT	Transplants/Gene Therapy	
0586T	Y	OPEN ISLET CELL TRANSPLANT	Transplants/Gene Therapy	
J1411	Y	INJ, HEMGENIX, PER TX DOSE	Transplants/Gene Therapy	
J2326	Y	INJECTION NUSINERSEN 0.1 MG	Transplants/Gene Therapy	
J3399	Y	INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5X10	Transplants/Gene Therapy	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
Q2041	Y	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Transplants/Gene Therapy	~APPLIES TO KY, IL for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics or non cancer diagnosis direct request to the healthplan.
Q2042	Y	TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD	Transplants/Gene Therapy	~APPLIES TO KY, IL for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics or non cancer diagnosis direct request to the healthplan.
Q2043	Y	SIPULEUCEL-T AUTO CD54 PLUS	Transplants/Gene Therapy	~APPLIES TO KY, IL for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics or non cancer diagnosis direct request to the healthplan.
Q2053	Y	BREXUCABTAGENE CAR POST	Transplants/Gene Therapy	~APPLIES TO KY, IL for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics or non cancer diagnosis direct request to the healthplan.
Q2054	Y	LM GT OR EQUAL TO 110 MIL AUTOL ANTI-CD19 CAR-POS VIABL T	Transplants/Gene Therapy	~APPLIES TO KY, IL for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics or non cancer diagnosis direct request to the healthplan.
Q2055	Y	IDECABTAGENE VICL 460MIL AUTO BCMA CAR PLUS T LEUKAPH	Transplants/Gene Therapy	~APPLIES TO KY, IL for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics or non cancer diagnosis direct request to the healthplan.
Q2056	Y	CILTACABTAGENE AUTOLEUCEL TO 100 M BCMA PER TX D	Transplants/Gene Therapy	~APPLIES TO KY, IL for Adults 18 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics or non cancer diagnosis direct request to the healthplan.
S2053	Y	TRANSPLANTATION SMALL INTESTINE AND LIVER ALLOGRAFTS	Transplants/Gene Therapy	
S2054	Y	TRANSPLANTATION OF MULTIVISCERAL ORGANS	Transplants/Gene Therapy	
S2055	Y	HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR	Transplants/Gene Therapy	
S2060	Y	LOBAR LUNG TRANSPLANTATION	Transplants/Gene Therapy	
S2061	Y	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	Transplants/Gene Therapy	
S2065	Y	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	Transplants/Gene Therapy	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
S2107	Y	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	Transplants/Gene Therapy	
S2140	Y	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy	
S2142	Y	CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC	Transplants/Gene Therapy	
S2150	Y	BN MARROW BLD DERIVD STEM CELLS HARV TPLNT AND COMP	Transplants/Gene Therapy	
S2152	Y	SOLID ORGAN; TRANSPLANTATION AND RELATED COMP	Transplants/Gene Therapy	
A0426	Y	AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1	Transportation Services	PA required for Non-Emergent Air or ground Ambulance transportation services. Emergency transport does not require Prior Authorization but is subject to retrospective claim review for medical necessity.
A0428	Y	AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT	Transportation Services	PA required for Non-Emergent Air or ground Ambulance transportation services. Emergency transport does not require Prior Authorization but is subject to retrospective claim review for medical necessity.
A0430	Y	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY FIXED WING	Transportation Services	
A0431	Y	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY ROTARY WING	Transportation Services	
S9960	Y	AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING	Transportation Services	
S9961	Y	AMB SERVICE AIR NONEMERGENCY 1 WAY ROTARY WING	Transportation Services	
01999	Y	UNLISTED ANESTHESIA PROCEDURE	Unlisted/Miscellaneous	
15999	Y	UNLISTED PROCEDURE EXCISION PRESSURE ULCER	Unlisted/Miscellaneous	
17999	Y	UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE	Unlisted/Miscellaneous	
19499	Y	UNLISTED PROCEDURE BREAST	Unlisted/Miscellaneous	
20999	Y	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	Unlisted/Miscellaneous	
21089	Y	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Unlisted/Miscellaneous	
21299	Y	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Unlisted/Miscellaneous	
21499	Y	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	Unlisted/Miscellaneous	
21899	Y	UNLISTED PROCEDURE NECK THORAX	Unlisted/Miscellaneous	
22899	Y	UNLISTED PROCEDURE SPINE	Unlisted/Miscellaneous	
22999	Y	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	Unlisted/Miscellaneous	
23929	Y	UNLISTED PROCEDURE SHOULDER	Unlisted/Miscellaneous	
24999	Y	UNLISTED PROCEDURE HUMERUS ELBOW	Unlisted/Miscellaneous	
25999	Y	UNLISTED PROCEDURE FOREARM WRIST	Unlisted/Miscellaneous	
26989	Y	UNLISTED PROCEDURE HANDS FINGERS	Unlisted/Miscellaneous	
27299	Y	UNLISTED PROCEDURE PELVIS HIP JOINT	Unlisted/Miscellaneous	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
27599	Y	UNLISTED PROCEDURE FEMUR KNEE	Unlisted/Miscellaneous	
27899	Y	UNLISTED PROCEDURE LEG ANKLE	Unlisted/Miscellaneous	
28899	Y	UNLISTED PROCEDURE FOOT/TOES	Unlisted/Miscellaneous	
29999	Y	UNLISTED PROCEDURE ARTHROSCOPY	Unlisted/Miscellaneous	
30999	Y	UNLISTED PROCEDURE NOSE	Unlisted/Miscellaneous	
31299	Y	UNLISTED PROCEDURE ACCESSORY SINUSES	Unlisted/Miscellaneous	
31599	Y	UNLISTED PROCEDURE LARYNX	Unlisted/Miscellaneous	
31899	Y	UNLISTED PROCEDURE TRACHEA BRONCHI	Unlisted/Miscellaneous	
32999	Y	UNLISTED PROCEDURE LUNGS AND PLEURA	Unlisted/Miscellaneous	
33999	Y	UNLISTED CARDIAC SURGERY	Unlisted/Miscellaneous	
36299	Y	UNLISTED PROCEDURE VASCULAR INJECTION	Unlisted/Miscellaneous	
37501	Y	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Unlisted/Miscellaneous	~APPLIES TO KY, NV, OH, MI, IL for Adults 18 and over; WA for Adults 21 and over. Adults send request to NCH. For Pediatrics, direct requests to the healthplan.
37799	Y	UNLISTED PROCEDURE VASCULAR SURGERY	Unlisted/Miscellaneous	
38129	Y	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Unlisted/Miscellaneous	
38589	Y	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Unlisted/Miscellaneous	
38999	Y	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Unlisted/Miscellaneous	
39499	Y	UNLISTED PROCEDURE MEDIASTINUM	Unlisted/Miscellaneous	
39599	Y	UNLISTED PROCEDURE DIAPHRAGM	Unlisted/Miscellaneous	
40799	Y	UNLISTED PROCEDURE LIPS	Unlisted/Miscellaneous	
40899	Y	UNLISTED PROCEDURE VESTIBULE MOUTH	Unlisted/Miscellaneous	
41599	Y	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Unlisted/Miscellaneous	
42299	Y	UNLISTED PROCEDURE PALATE UVULA	Unlisted/Miscellaneous	
42699	Y	UNLISTED PX SALIVARY GLANDS DUCTS	Unlisted/Miscellaneous	
42999	Y	UNLISTED PROCEDURE PHARYNX ADENOIDS TONSILS	Unlisted/Miscellaneous	
43289	Y	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS	Unlisted/Miscellaneous	
43499	Y	UNLISTED PROCEDURE ESOPHAGUS	Unlisted/Miscellaneous	
43659	Y	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Unlisted/Miscellaneous	
43999	Y	UNLISTED PROCEDURE STOMACH	Unlisted/Miscellaneous	
44238	Y	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Unlisted/Miscellaneous	
44799	Y	UNLISTED PROCEDURE SMALL INTESTINE	Unlisted/Miscellaneous	
44899	Y	UNLISTED PX MECKEL'S DIVERTICULUM AND MESENTERY	Unlisted/Miscellaneous	
44979	Y	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	Unlisted/Miscellaneous	
45399	Y	UNLISTED PROCEDURE COLON	Unlisted/Miscellaneous	
45499	Y	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	Unlisted/Miscellaneous	
45999	Y	UNLISTED PROCEDURE RECTUM	Unlisted/Miscellaneous	
46999	Y	UNLISTED PROCEDURE ANUS	Unlisted/Miscellaneous	
47379	Y	UNLIS LAPAROSCOPIC PROCEDURE LIVER	Unlisted/Miscellaneous	
47399	Y	UNLISTED PROCEDURE LIVER	Unlisted/Miscellaneous	
47579	Y	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Unlisted/Miscellaneous	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
47999	Y	UNLISTED PROCEDURE BILIARY TRACT	Unlisted/Miscellaneous	
48999	Y	UNLISTED PROCEDURE PANCREAS	Unlisted/Miscellaneous	
49329	Y	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM AND OMENTUM	Unlisted/Miscellaneous	
49659	Y	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	Unlisted/Miscellaneous	
49999	Y	UNLISTD PROCEDURE ABDOMEN PERITONEUM & OMENTUM	Unlisted/Miscellaneous	
50549	Y	UNLISTED LAPAROSCOPY PROCEDURE RENAL	Unlisted/Miscellaneous	
50949	Y	UNLISTED LAPAROSCOPY PROCEDURE URETER	Unlisted/Miscellaneous	
51999	Y	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	Unlisted/Miscellaneous	
53899	Y	UNLISTED PROCEDURE URINARY SYSTEM	Unlisted/Miscellaneous	
54699	Y	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Unlisted/Miscellaneous	
55559	Y	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	Unlisted/Miscellaneous	
55899	Y	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Unlisted/Miscellaneous	
58578	Y	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Unlisted/Miscellaneous	
58579	Y	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	Unlisted/Miscellaneous	
58679	Y	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	Unlisted/Miscellaneous	
58999	Y	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	Unlisted/Miscellaneous	
59897	Y	UNLISTED FETAL INVASIVE PX W ULTRASOUND	Unlisted/Miscellaneous	
59898	Y	UNLISTED LAPAROSCOPY PX MATERNITY CARE AND DELIVERY	Unlisted/Miscellaneous	
59899	Y	UNLISTED PROCEDURE MATERNITY CARE AND DELIVERY	Unlisted/Miscellaneous	
60659	Y	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	Unlisted/Miscellaneous	
60699	Y	UNLISTED PROCEDURE ENDOCRINE SYSTEM	Unlisted/Miscellaneous	
64999	Y	UNLISTED PROCEDURE NERVOUS SYSTEM	Unlisted/Miscellaneous	
66999	Y	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	Unlisted/Miscellaneous	
67299	Y	UNLISTED PROCEDURE POSTERIOR SEGMENT	Unlisted/Miscellaneous	
67399	Y	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	Unlisted/Miscellaneous	
67599	Y	UNLISTED PROCEDURE ORBIT	Unlisted/Miscellaneous	
67999	Y	UNLISTED PROCEDURE EYELIDS	Unlisted/Miscellaneous	
68399	Y	UNLISTED PROCEDURE CONJUNCTIVA	Unlisted/Miscellaneous	
68899	Y	UNLISTED PROCEDURE LACRIMAL SYSTEM	Unlisted/Miscellaneous	
69399	Y	UNLISTED PROCEDURE EXTERNAL EAR	Unlisted/Miscellaneous	
69799	Y	UNLISTED PROCEDURE MIDDLE EAR	Unlisted/Miscellaneous	
69949	Y	UNLISTED PROCEDURE INNER EAR	Unlisted/Miscellaneous	
69979	Y	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	Unlisted/Miscellaneous	
76496	Y	UNLISTED FLUOROSCOPIC PROCEDURE	Unlisted/Miscellaneous	
76499	Y	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	Unlisted/Miscellaneous	
77299	Y	UNLISTED PX THER RADIOLOGY CLINICAL TX PLANNING	Unlisted/Miscellaneous	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
77399	Y	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	Unlisted/Miscellaneous	~APPLIES TO KY, IL for Adults 18 and over; WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
77499	Y	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT	Unlisted/Miscellaneous	
77799	Y	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Unlisted/Miscellaneous	~APPLIES TO KY, IL for Adults 18 and over; WA for Adults 21 and over: For Adults with cancer diagnosis direct request to NCH. For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan.
78099	Y	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	
78199	Y	UNLIS HEMATOP RET ENDO AND LYMPHATIC DX NUC MED	Unlisted/Miscellaneous	
78299	Y	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	
78399	Y	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	
78599	Y	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	
78699	Y	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	
78799	Y	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	
78999	Y	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous	
79999	Y	RP THERAPY UNLISTED PROCEDURE	Unlisted/Miscellaneous	
80299	Y	QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	Unlisted/Miscellaneous	
81099	Y	UNLISTED URINALYSIS PROCEDURE	Unlisted/Miscellaneous	
85999	Y	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	Unlisted/Miscellaneous	
86486	Y	SKIN TEST UNLISTED ANTIGEN EACH	Unlisted/Miscellaneous	
86849	Y	UNLISTED IMMUNOLOGY	Unlisted/Miscellaneous	
86999	Y	UNLISTED TRANSFUSION MEDICINE PROCEDURE	Unlisted/Miscellaneous	
87797	Y	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	Unlisted/Miscellaneous	
87798	Y	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	Unlisted/Miscellaneous	
87799	Y	IADNA NOS QUANTIFICATION EACH ORGANISM	Unlisted/Miscellaneous	
87899	Y	IAADIADOO NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
87999	Y	UNLISTED MICROBIOLOGY	Unlisted/Miscellaneous	
88099	Y	UNLISTED NECROPSY PROCEDURE	Unlisted/Miscellaneous	
88199	Y	UNLISTED CYTOPATHOLOGY PROCEDURE	Unlisted/Miscellaneous	
88299	Y	UNLISTED CYTOGENETIC STUDY	Unlisted/Miscellaneous	
88399	Y	UNLISTED SURGICAL PATHOLOGY PROCEDURE	Unlisted/Miscellaneous	
88749	Y	UNLISTED IN VIVO LABORTORY SERVICE	Unlisted/Miscellaneous	
89240	Y	UNLIS MISC PATH	Unlisted/Miscellaneous	
89398	Y	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	Unlisted/Miscellaneous	
90399	Y	UNLISTED IMMUNE GLOBULIN	Unlisted/Miscellaneous	
90749	Y	UNLISTED VACCINE TOXOID	Unlisted/Miscellaneous	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
90899	Y	UNLISTED PSYCHIATRIC SERVICE PROCEDURE	Unlisted/Miscellaneous	
91299	Y	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	Unlisted/Miscellaneous	
92499	Y	UNLISTED OPHTHALMOLOGICAL SERVICE PROCEDURE	Unlisted/Miscellaneous	
92700	Y	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE	Unlisted/Miscellaneous	
93799	Y	UNLISTED CARDIOVASCULAR SERVICE PROCEDURE	Unlisted/Miscellaneous	
94799	Y	UNLISTED PULMONARY SERVICE PROCEDURE	Unlisted/Miscellaneous	
95199	Y	UNLISTED ALLERGY CLINICAL IMMUNOLOGIC SRVC PX	Unlisted/Miscellaneous	
95999	Y	UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	Unlisted/Miscellaneous	
96203	Y	MLT FAM GROUP BHV MGMT/MODIFICAJ TRAING EA ADDL	Unlisted/Miscellaneous	
96379	Y	UNLISTED THERAPEUTIC PROPH DX IV IA NJX NFS	Unlisted/Miscellaneous	
96549	Y	UNLISTED CHEMOTHERAPY PROCEDURE	Unlisted/Miscellaneous	
96999	Y	UNLISTED SPECIAL DERMATOLOGICAL SERVICE PROCED	Unlisted/Miscellaneous	
97799	Y	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC	Unlisted/Miscellaneous	
99199	Y	UNLISTED SPECIAL SERVICE PROCEDURE REPORT	Unlisted/Miscellaneous	
99202	Y	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	Unlisted/Miscellaneous	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	Y	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	Unlisted/Miscellaneous	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	Y	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	Unlisted/Miscellaneous	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	Y	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	Unlisted/Miscellaneous	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	Y	OFFICE/OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S)	Unlisted/Miscellaneous	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	Y	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	Unlisted/Miscellaneous	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	Y	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	Unlisted/Miscellaneous	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	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
99214	Y	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	Unlisted/Miscellaneous	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	Y	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	Unlisted/Miscellaneous	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.
99221	Y	INITIAL HOSPITAL CARE/DAY 30 MINUTES	Unlisted/Miscellaneous	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	Y	INITIAL HOSPITAL CARE/DAY 50 MINUTES	Unlisted/Miscellaneous	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	Y	INITIAL HOSPITAL CARE/DAY 70 MINUTES	Unlisted/Miscellaneous	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	Y	SBSQ HOSPITAL CARE/DAY 15 MINUTES	Unlisted/Miscellaneous	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	Y	SBSQ HOSPITAL CARE/DAY 25 MINUTES	Unlisted/Miscellaneous	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	Y	SBSQ HOSPITAL CARE/DAY 35 MINUTES	Unlisted/Miscellaneous	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	Y	OBSERVATION/INPATIENT HOSPITAL CARE 40 MINUTES	Unlisted/Miscellaneous	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	Y	OBSERVATION/INPATIENT HOSPITAL CARE 50 MINUTES	Unlisted/Miscellaneous	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	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
99236	Y	OBSERVATION/INPATIENT HOSPITAL CARE 55 MINUTES	Unlisted/Miscellaneous	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	Y	HOSPITAL DISCHARGE DAY MANAGEMENT 30 MIN OR LT	Unlisted/Miscellaneous	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	Y	HOSPITAL DISCHARGE DAY MANAGEMENT GT 30 MIN	Unlisted/Miscellaneous	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	Y	INITIAL INPATIENT CONSULT NEW/ESTAB PT 40 MIN	Unlisted/Miscellaneous	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	Y	INITIAL INPATIENT CONSULT NEW/ESTAB PT 55 MIN	Unlisted/Miscellaneous	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	Y	INITIAL INPATIENT CONSULT NEW/ESTAB PT 80 MIN	Unlisted/Miscellaneous	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	Y	INITIAL INPATIENT CONSULT NEW/ESTAB PT 110 MIN	Unlisted/Miscellaneous	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	Y	EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB	Unlisted/Miscellaneous	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	Y	EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY	Unlisted/Miscellaneous	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.
99283	Y	EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	Unlisted/Miscellaneous	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	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
99284	Y	EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY	Unlisted/Miscellaneous	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	Y	EMERGENCY DEPT VISIT HIGH SEVERITY AND THREAT FUNCJ	Unlisted/Miscellaneous	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	Y	PHYS/QHP DIRECTION EMERGENCY MEDICAL SYSTEMS	Unlisted/Miscellaneous	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	Y	CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	Unlisted/Miscellaneous	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	Y	CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	Unlisted/Miscellaneous	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.
99418	Y	PRLNGD INPTNT OR OBSRVTN VALUATON AND MNGMNT SRVC(S) TIME WTH OR WITHOUT DRCT PTNT CNTCT BYND THE RQRD TIME OF THE PRMRY SRVC WHN THE PRMRY SRVC LVL HAS BEEN SLCTD USNG TTL TIME, EACH 15 MNTS OF TTL TIME	Unlisted/Miscellaneous	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.
99429	Y	UNLISTED PREVENTIVE MEDICINE SERVICE	Unlisted/Miscellaneous	
99499	Y	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unlisted/Miscellaneous	
99600	Y	UNLISTED HOME VISIT SERVICE PROCEDURE	Unlisted/Miscellaneous	
0708T	Y	INTRADERMAL CANCER IMMNTX PREP AND 1ST INJECTION	Unlisted/Miscellaneous	
0709T	Y	INTRADERMAL CANCER IMMNTX EACH ADDL INJECTION	Unlisted/Miscellaneous	
A0999	Y	UNLISTED AMBULANCE SERVICE	Unlisted/Miscellaneous	
A4421	Y	OSTOMY SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous	
A4641	Y	RADIOPHARMACEUTICAL DIAGNOSTIC NOC	Unlisted/Miscellaneous	
A4649	Y	SURGICAL SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous	
A4913	Y	MISCELLANEOUS DIALYSIS SUPPLIES NOS	Unlisted/Miscellaneous	
A6261	Y	WOUND FILLER GEL PASTE PER FL OZ NOS	Unlisted/Miscellaneous	
A6262	Y	WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	Unlisted/Miscellaneous	
A9291	Y	PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX	Unlisted/Miscellaneous	
A9698	Y	NON-RADIOACTV CONTRST IMAG MATERIAL NOC PER STDY	Unlisted/Miscellaneous	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
A9699	Y	RADIOPHARMACEUTICAL THERAPEUTIC NOC	Unlisted/Miscellaneous	~APPLIES TO KY, NV for Adults 18 and over: For Pediatrics, inpatient, or non cancer diagnosis direct request to the healthplan. For Adults with cancer diagnosis direct request to NCH.
A9900	Y	DME SUP ACCESS SRV-COMPON OTH HCPCS	Unlisted/Miscellaneous	
A9999	Y	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Unlisted/Miscellaneous	
B9999	Y	NOC FOR PARENTERAL SUPPLIES	Unlisted/Miscellaneous	
C1889	Y	IMPLANTABLE/INSERTABLE DEVICE NOT OTRW CLASS	Unlisted/Miscellaneous	
C2698	Y	BRACHYTHERAPY SOURCE STRANDED NOS PER SOURCE	Unlisted/Miscellaneous	
C2699	Y	BRACHYTHERAPY SOURCE NONSTRANDED NOS PER SOURCE	Unlisted/Miscellaneous	
E0769	Y	ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	Unlisted/Miscellaneous	
E0770	Y	FES TRANSQ STIM NERV AND MUSC GRP CMPL SYS NOS	Unlisted/Miscellaneous	
E1399	Y	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Unlisted/Miscellaneous	
E1699	Y	DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
G0501	Y	RESOURCE-INT SRVC PT SPZ M-ASST TECH MED NEC	Unlisted/Miscellaneous	
G9012	Y	OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC	Unlisted/Miscellaneous	
J7599	Y	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	
J7699	Y	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	Unlisted/Miscellaneous	
J7799	Y	NOC RX OTH THAN INHALATION RX ADMINED THRU DME	Unlisted/Miscellaneous	
J8597	Y	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
K0812	Y	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	
K0898	Y	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	
K0899	Y	PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT	Unlisted/Miscellaneous	
K1023	Y	DISTL TRANSCT ELC NRV STM STIM PERIPH NRV UP ARM	Unlisted/Miscellaneous	
L0999	Y	ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
L1499	Y	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
L2999	Y	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
L3999	Y	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
L5999	Y	LOWER EXTREMITY PROSTHESIS NOS	Unlisted/Miscellaneous	
L7499	Y	UPPER EXTREMITY PROSTHESIS NOS	Unlisted/Miscellaneous	
L8039	Y	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
L8499	Y	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	Unlisted/Miscellaneous	
L8698	Y	MISC COMP SPL ACCESS FOR USE WITH TOT AH SYSTEM	Unlisted/Miscellaneous	
L8699	Y	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
P9099	Y	BLOOD COMPONENT OR PRODUCT NOC	Unlisted/Miscellaneous	
P9603	Y	TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE	Unlisted/Miscellaneous	
P9604	Y	TRAVEL 1 WAY MED NEC LAB SPEC; PRORATD TRIP CHR	Unlisted/Miscellaneous	
Q0507	Y	MISC SUPPLY OR ACCESSORY USE WITH EXTERNAL VAD	Unlisted/Miscellaneous	

Code	Medicaid	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
Q0508	Y	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD	Unlisted/Miscellaneous	
Q0509	Y	MISC SPL ACSS IMPL VAD NO PAYMENT MEDICARE PRT A	Unlisted/Miscellaneous	
Q2039	Y	INFLUENZA VIRUS VACCINE NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
Q4050	Y	CAST SUPPLIES UNLISTED TYPES AND MATERIALS OF CASTS	Unlisted/Miscellaneous	
Q4051	Y	SPLINT SUPPLIES MISCELLANEOUS	Unlisted/Miscellaneous	
Q4082	Y	DRUG OR BIOLOGICAL NOC PART B DRUG CAP	Unlisted/Miscellaneous	
Q4100	Y	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
Q9004	NC	DEPART VETERANS AFFAIR WHOLE HEALTH PARTNER SERV	Unlisted/Miscellaneous	
S0590	Y	INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP	Unlisted/Miscellaneous	
S8189	Y	TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	
S9110	Y	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	Unlisted/Miscellaneous	
S9432	Y	MEDICAL FOODS FOR NONINBORN ERRORS OF METABOLISM	Unlisted/Miscellaneous	
T1999	Y	MISC TX ITEMS AND SPL RETAIL PURCHASE NOC	Unlisted/Miscellaneous	
T2025	Y	WAIVER SERVICES; NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous	
T2047	Y	HABILITATION, PREVOCATIONAL, WAIVER; PER 15 MINUTES	Unlisted/Miscellaneous	
V2199	Y	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS	Unlisted/Miscellaneous	
V2524	Y	CONTACT LENS HPI SPH PC ADDITIVE PER LENS	Unlisted/Miscellaneous	
V2797	Y	VISN SPL ACSS AND SRVC CMPNT ANOTHER HCPCS CODE	Unlisted/Miscellaneous	
V2799	Y	VISION ITEM OR SERVICE MISCELLANEOUS	Unlisted/Miscellaneous	
V5298	Y	HEARING AID NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous	
V5299	Y	HEARING SERVICE MISCELLANEOUS	Unlisted/Miscellaneous	
97810	NC			
97811	NC			
97813	NC			
97814	NC			