Medicaid Prior Auth (PA) Code Matrix

Effective Q2, 2020

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

These codes are for Out-Patient services only.

All Elective In-Patient admits/svcs. require PA, including: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and Long Term Acute Care (LTAC) Facilities.

Some services listed may not be covered by CMS or your local State Regulatory Agency.

Any exceptions included in this Prior Authorization Code Matrix document apply to PAR Providers only.

All Non-Par Providers require authorization regardless of services or codes (*Refer to section below for exceptions).

No PA Required for Emergency Services for PAR or NON PAR Providers*.

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

PAR Office-Based Procedures do not require authorization, unless specifically included in another category that requires authorization even when performed in a participating provider's office.

The absence of a code from this list should not be used to determine whether a service is covered or not by your regulatory agency. Refer to your regulatory agency for benefit coverage and non-covered codes.

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date(s) of service, benefit limitations or exclusions and, other applicable standards during the claim review, including the terms of any applicable provider agreement.

***Non-PAR Offices/Providers/Facilities:**

PA required for Non-Par Office Visits, Surgical Procedures, Labs, Diagnostic Studies, In-patient stays, except for:

- **Emergency and Urgently Needed Services;**
- **Professional fees associated with an Emergency Department visit and approved Ambulatory Surgery Center (ASC) or in-patient stay;**
- **Local Health Department (LHD) services;**
- **PA is waived for all Radiology, Anesthesiology, and Pathology services when billed in POS 19, 21, 22, 23 or 24**
- **PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting**
- **Other services based on State requirements**

This document is NOT be utilized to make benefit coverage determinations.

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Day Treatment, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	0901	BEHAVIORAL HEALTH TREATMENT/SVCS - Electroshock Treatment	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		
	0912	BEHAVIORAL HEALTH TREATMENT/SVCS - Partial Hosp	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	WI	
	0913	BEHAVIORAL HEALTH TREATMENT/SVCS - Partial Hosp - intensive therapy	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	WI	
	1001	BEHAVIORAL HEALTH TREATMENT/SVCS - Accommodations; Residential; Psychiatric	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		
	1002	BEHAVIORAL HEALTH TREATMENT/SVCS - Accommodations; Residential; Chem Dep	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		
	2106	BEHAVIORAL HEALTH TREATMENT/SVCS - Alternative Therapy Services; Hypnosis	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		
	90867	REPET TMS TX INITIAL W MAP MOTR THRESHLD DEL AND MNG	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	CA/MI/WI	
	90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	CA/MI/WI	
	90869	REPET TMS TX SUBSEQ MOTR THRESHLD W DELIV AND MNG	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	CA/MI/WI	
	90870	ELECTROCONVULSIVE THERAPY (ECT)	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	OH	
	96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		
	96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	IL	
	96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	IL	
	96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	IL	
	96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	IL	
	96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	IL	
	96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	IL	
	96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	IL/MI	

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	96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	IL/MI	
	97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		
	97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		
	97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		
	97156	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		
	97157	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		
	97158	GRP ADAPT BHV PRTCL MODIFCAJ PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		
	0373T	ADAPT BHV TX PRTCL MODIFICAJ EA 15 MIN TECH TIME	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	NM/WA/WI	Refer to NM tab/page for modifier exceptions on this code.
	H0012	ALCOHOL AND DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	IL/NM/NY/OH/WI	PA required for all plans only when submitted with Autism Dx. Provider should be using the relevant ABA service codes for treatment of Autism (Refer to Dx Codes Tab for related ICD's)
	H0017	BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC	
	H0031	MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	NM/SC/WI	PA required for all plans only when submitted with Autism Dx. Provider should be using the relevant ABA service codes for treatment of Autism (Refer to Dx Codes Tab for related ICD's)
	H0032	MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC	PA required for all plans only when submitted with Autism Dx. Provider should be using the relevant ABA service codes for treatment of Autism (Refer to Dx Codes Tab for related ICD's)
	H0035	MENTAL HEALTH PARTIAL HOSP TX UNDER 24 HOURS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	NY/SC	
	H0046	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC	
	H2012	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC	PA required for all plans only when submitted with Autism Dx. Provider should be using the relevant ABA service codes for treatment of Autism (Refer to Dx Codes Tab for related ICD's)
	H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC/NY	
	H2014	SKILLS TRAINING AND DEVELOPMENT PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC	PA required for all plans only when submitted with Autism Dx. Provider should be using the relevant ABA service codes for treatment of Autism (Refer to Dx Codes Tab for related ICD's)
	H2015	COMP COMMUNITY SUPPORT SERVICES PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC	
	H2016	COMP COMMUNITY SUPPORT SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC	
	H2017	PSYCHOSOCIAL REHAB SERVICES PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC	PA required for all plans only when submitted with Autism Dx. Provider should be using the relevant ABA service codes for treatment of Autism (Refer to Dx Codes Tab for related ICD's)
	H2018	PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC	
	H2019	THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC/WI	PA required for all plans only when submitted with Autism Dx. Provider should be using the relevant ABA service codes for treatment of Autism (Refer to Dx Codes Tab for related ICD's)
	H2020	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		
	S0201	PARTIAL HOSITALIZATION SERVICES UNDER 24 HR PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC	
	S5111	UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC	
	S5150	HOME CARE TRAINING FAMILY; PER SESSION	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		PA required for all plans only when submitted with Autism Dx. Provider should be using the relevant ABA service codes for treatment of Autism (Refer to Dx Codes Tab for related ICD's)
	T1023	SCR CONSIDER IND PARTICIP SPEC PROG PROJ TX PER	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		PA required for all plans only when submitted with Autism Dx. Provider should be using the relevant ABA service codes for treatment of Autism (Refer to Dx Codes Tab for related ICD's)
	T1025	INTEN MXDISCPLIN SRVC CHILD W CMPLX IMPAIR DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		PA required for all plans only when submitted with Autism Dx. Provider should be using the relevant ABA service codes for treatment of Autism (Refer to Dx Codes Tab for related ICD's)
	T1026	INTEN MXDISCPLIN SRVC CHILD W CMPLX IMPAIR HR	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	NM	PA required for all plans only when submitted with Autism Dx. Provider should be using the relevant ABA service codes for treatment of Autism (Refer to Dx Codes Tab for related ICD's)

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	T1027	FAMILY TRAIN AND COUNSEL CHILD DEVELOPMENT 15 MINS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		PA required for all plans only when submitted with Autism Dx. Provider should be using the relevant ABA service codes for treatment of Autism (Refer to Dx Codes Tab for related ICD's)
	T1028	ASSESSMENT HOME PHYSICAL AND FAMILY ENVIRONMENT	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		PA required for all plans only when submitted with Autism Dx. Provider should be using the relevant ABA service codes for treatment of Autism (Refer to Dx Codes Tab for related ICD's)
	T2013	HABILITATION EDUCATIONAL WAIVER; PER HOUR	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		PA required for all plans only when submitted with Autism Dx. Provider should be using the relevant ABA service codes for treatment of Autism (Refer to Dx Codes Tab for related ICD's)
	T2040	FINANCIAL MGMT SELF-DIRECTED WAIVER; PER 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		PA required for all plans only when submitted with Autism Dx. Provider should be using the relevant ABA service codes for treatment of Autism (Refer to Dx Codes Tab for related ICD's)
PA Required In ANY Setting	11900	INJECTION INTRALESIONAL UP TO AND INCLUD 7 LESIONS	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A	ID/NY/UT/WA	
	11901	INJECTION INTRALESIONAL OVER 7 LESIONS	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A	ID/NY/UT/WA	
	11920	TATTOOING INCL MICROPIGMENTATION 6.0 CM OR LESS	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab]
	15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15776	PUNCH GRAFT HAIR TRANSPLANT OVER 15 PUNCH GRAFTS	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15780	DERMABRASION TOTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15781	DERMABRASION SEGMENTAL FACE	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15782	DERMABRASION REGIONAL OTHER THAN FACE	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15783	DERMABRASION SUPERFICIAL ANY SITE	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15788	CHEMICAL PEEL FACIAL EPIDERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15789	CHEMICAL PEEL FACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15792	CHEMICAL PEEL NONFACIAL EPIDERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15793	CHEMICAL PEEL NONFACIAL DERMAL	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15820	BLEPHAROPLASTY LOWER EYELID	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15822	BLEPHAROPLASTY UPPER EYELID	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15823	BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15824	RHYTIDECTOMY FOREHEAD	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15825	RHYTIDECTOMY NECK W PLATYSMAL TIGHTENING	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15826	RHYTIDECTOMY GLABELLAR FROWN LINES	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15828	RHYTIDECTOMY CHEEK CHIN AND NECK	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15829	RHYTIDECTOMY SMAS FLAP	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15832	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15833	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15834	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15835	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15836	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15837	EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15838	EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15839	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15847	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15876	SUCTION ASSISTED LIPECTOMY HEAD AND NECK	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15877	SUCTION ASSISTED LIPECTOMY TRUNK	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	19300	MASTECTOMY GYNECOMASTIA	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab]
	19316	MASTOPEXY	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab]
	19318	REDUCTION MAMMAPLASTY	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab]
	19324	MAMMAPLASTY AUGMENTATION W O PROSTHETIC IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab]

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	19325	MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab]
	19328	REMOVAL INTACT MAMMARY IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab]
	19330	REMOVAL MAMMARY IMPLANT MATERIAL	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab]
	19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab]
	19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab]
	19350	NIPPLE AREOLA RECONSTRUCTION	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab]
	19355	CORRECTION INVERTED NIPPLES	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab]
	19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab]
	30400	RHINP PRIM LAT AND ALAR CRTLGS AND ELVTN NASAL TI	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	30410	RHINP PRIM COMPLETE XTRNL PARTS	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	30420	RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	30430	RHINOPLASTY SECONDARY MINOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	30450	RHINOPLASTY SECONDARY MAJOR REVISION	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	30460	RHINP DFRM W COLUM LNGTH TIP ONLY	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	69300	OTOPLASTY PROTRUDING EAR W WO SIZE RDCTJ	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/WA	
	A5514	DIAB ONLY MX DEN INSRT DIRECT CARV CUSTOM FAB EA	Durable Medical Equipment (DME)	Y	N/A	N/A	CA/MI/NY	
	A7025	HI FREQ CHST WALL OSCILLAT SYS VEST REPL PT OWND	Durable Medical Equipment (DME)	Y	N/A	N/A		
	A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	Durable Medical Equipment (DME)	Y	N/A	N/A	CA/MI/WA/WI	
	A9276	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U EQ 1D	Durable Medical Equipment (DME)	Y	N/A	N/A	CA/FL/MI/SC/WI	Code applicable to Medicaid only
	A9277	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	Y	N/A	N/A	CA/MI/SC/WI	Code applicable to Medicaid only
	A9278	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	Durable Medical Equipment (DME)	Y	N/A	N/A	CA/MI/SC/WI	Code applicable to Medicaid only
	A9901	DME DEL SET UP AND DISPNS SRVC CMPNT ANOTH HCPCS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	Durable Medical Equipment (DME)	Y	N/A	N/A	WA	
	C1839	Iris prosthesis	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/WA	
	C1982	Catheter, pressure generating, one-way valve, intermittently occlusive	Durable Medical Equipment (DME)	Y	N/A	N/A	WA	
	C2624	IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	Durable Medical Equipment (DME)	Y	N/A	N/A	WI	
	E0194	AIR FLUIDIZED BED	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0255	HOS BED VARIBL HT W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0256	HOS BED VARIBL HT ANY TYPE SIDE RAIL W O MATTRSS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0260	HOS BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0261	HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATTRSS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0265	HOSP BED TOT ELEC W ANY TYPE SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0266	HOS BED TOT ELEC ANY TYPE SIDE RAIL W O MATTRSS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0292	HOSP BED VARIBL HT HI-LO W O SIDE RAIL W MATTRSS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0293	HOS BED VARIBL HT HI-LO W O SIDE RAIL NO MATTRSS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0294	HOSPITAL BED SEMI-ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0295	HOSP BED SEMI-ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0296	HOSPITAL BED TOTAL ELEC W O SIDE RAILS W MATTRSS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0297	HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0300	PED CRIB HOS GRADE FULLY ENC W WO TOP ENC	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0301	HOS BED HEVY DUTY XTRA WIDE W WT CAPACTY OVER 350 PDS	Durable Medical Equipment (DME)	Y	N/A	N/A		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	E0302	HOS BED XTRA HEVY DUTY WT CAP OVER 600 PDS W O MTTRSS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0303	HOS BED HEVY DUTY W WT CAP OVER 350 PDS UNDER EQ TO 600	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0304	HOS BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATTRSS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0328	HOSPITAL BED PEDIATRIC MANUAL INCLUDES MATTRESS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0329	HOSPITAL BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0371	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN AND WDTH	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0372	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH AND WIDTH	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0447	PRTB O C LQD 1 MO SPL EQ 1 U PRSC AMT R N EXCD 4LPM	Durable Medical Equipment (DME)	Y	N/A	N/A	CA/MI/NM/NY/TX	
	E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0465	HOME VENTILATOR ANY TYPE USED W INVASIVE INTF	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0466	HOME VENTILATOR ANY TYPE USED W NON-INVASV INTF	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0467	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC	Durable Medical Equipment (DME)	Y	N/A	N/A	CA/NY/WI	
	E0481	INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACSSORIES	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM EA	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0691	UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0692	UV LT TX SYS PANL W BULB LAMP TIMER 4 FT PANEL	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0693	UV LT TX SYS PANL W BULBS LAMPS TIMER 6 FT PANEL	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0694	UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0749	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0762	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0782	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0783	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0785	IMPLANTABLE INTRASPINL CATHETER USED W PUMP-REPL	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/WA	
	E0849	TRACTION EQP CERV FREESTAND STAND FRME PNEUMATIC	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0855	CERVICAL TRACTION EQUIP NOT RQR ADD STAND FRAME	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0983	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0984	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E0986	MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E0988	MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1003	WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDUC	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1004	WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDUC	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1005	WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1006	WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1007	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1008	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1010	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1012	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1014	RECLIN BACK ADDITION PEDIATRIC SIZE WHEELCHAIR	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1020	RESIDUAL LIMB SUPPORT SYSTEM WHEELCHAIR ANY TYPE	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1028	WHEELCHAIR ACCESSORY, MANUAL SWING AWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSOR	Durable Medical Equipment (DME)	Y	N/A	N/A	CA/WA	
	E1029	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1030	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1035	MULTI-PSTN PT TRNSF SYS W SEAT PT WT UNDER EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1036	MULTI-PSTN PT TRNSF SYS EXTRA WIDE PT OVER 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1161	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1225	WHLCHAIR ACCESS MANUAL SEMIRECLINING BACK EACH	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1226	WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1230	PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1232	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1233	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	Y	N/A	N/A		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	E1235	WHLCHAIR PED SIZE RIGD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1236	WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1237	WHLCHAIR PED SZ RIGD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1238	WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1298	SPECIAL WHLCHAIR SEAT DEPTH AND OR WIDTH CONSTRUCT	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1310	WHIRLPOOL NONPORTABLE	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E1700	JAW MOTION REHABILITATION SYSTEM	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2201	MNL WC ACSS NONSTD SEAT WDTH GRT THN EQ 20 IN AND UNDER	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2202	MANUAL WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2203	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 UNDER 22 IN	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2204	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2227	MANUAL WC ACCESS GEAR REDUCTION DRIVE WHEEL EACH	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2228	MNL WC ACCESS WHEEL BRAKING SYS AND LOCK COMPLETE EA	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2291	BACK PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2292	SEAT PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2293	BACK CONTOURED PED WC INCL FIX ATTCH HARDWARE	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2294	SEAT CONTOURED PED WC INCL FIX ATTCH HARDWARE	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2295	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E2300	WHEEL CHAIR ACCESSORY - PWR SEAT ELEVATION SYS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND ONE PWR	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND TWO MORE	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2312	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2321	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E2322	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2325	PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNAL	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2326	PWR WC ACSS BREATH TUBE KIT SIP AND PUFF INTERFCE	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2328	PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2329	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPRTNL	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2330	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2340	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2341	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2342	PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2343	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2351	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E2361	PWR WC ACSS 22NF SEALED LEAD ACID BATTRY EA	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2366	PWR WC ACSS BATTRY CHRGR 1 MODE W ONLY 1 BATTRY	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2367	PWR WC ACSS BATT CHRGR DUL MODE W EITHER BATT EA	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2368	POWER WHEELCHAIR CMPNT MOTOR REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2369	POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2370	PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2373	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2374	PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2376	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2378	POWER WHEELCHAIR COMPONENT ACTUATOR REPLACE ONLY	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2397	POWER WHLCHAIR ACCESSORY LITHIUM-BASED BATTRY EA	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E2398	Wheelchair accessory, dynamic positioning hardware for back	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2500	SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2502	SPCH GEN DEVC DIGTIZD OVER 8 MINS LESS THN EQ 20 MINS REC	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2504	SPCH GEN DEVC DIGTIZD OVER 20 MINS UNDER EQ 40 MINS REC	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2506	SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2510	SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2511	SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2605	PSTN WHEELCHAIR SEAT CUSHN WIDTH UNDER 22 IN DEPTH	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2606	PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN GT DEPTH	Durable Medical Equipment (DME)	Y	N/A	N/A	SC	
	E2607	SKN PROTECT AND PSTN WC SEAT CUSHN WDTH UNDER 22 IN DEPTH	Durable Medical Equipment (DME)	Y	N/A	N/A	SC	
	E2608	SKN PROTCT AND PSTN WC SEAT CUSHN WDTH 22 IN GT DPTH	Durable Medical Equipment (DME)	Y	N/A	N/A	SC	
	E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E2611	GEN WC BACK CUSHN WDTH UNDER 22 IN HT MOUNT HARDWARE	Durable Medical Equipment (DME)	Y	N/A	N/A	SC	
	E2612	GEN WC BACK CUSHN WDTH 22 IN GT HT MOUNT HARDWRE	Durable Medical Equipment (DME)	Y	N/A	N/A	SC	

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	E2613	PSTN WC BACK CUSHN POST WIDTH UNDER 22 IN ANY HEIGHT	Durable Medical Equipment (DME)	Y	N/A	N/A	SC	
	E2614	PSTN WC BACK CUSHN POST WIDTH 22 IN OR GRT ANY HEIGHT	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2615	PSTN WC BACK CUSHN POSTLAT WIDTH UNDER 22 IN ANY HT	Durable Medical Equipment (DME)	Y	N/A	N/A	SC	
	E2616	PSTN WC BACK CUSHN POSTLAT WIDTH 22 IN OR GRT ANY HT	Durable Medical Equipment (DME)	Y	N/A	N/A	SC	
	E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2620	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH UNDER 22 IN	Durable Medical Equipment (DME)	Y	N/A	N/A	SC	
	E2621	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH 22 IN OR GRT	Durable Medical Equipment (DME)	Y	N/A	N/A	SC	
	E2622	SKIN PROTECT WC SEAT CUSH WIDTH UNDER 22 IN ANY DEPTH	Durable Medical Equipment (DME)	Y	N/A	N/A	SC	
	E2623	SKIN PROTCT WC SEAT CUSH WIDTH 22 IN OR GRT ANY DEPTH	Durable Medical Equipment (DME)	Y	N/A	N/A	SC	
	E2624	SKIN PROTECT AND POSITIONING WC CUSH WIDTH UNDER 22 IN	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2625	SKIN PROTECT AND POSITIONING WC CUSH WIDTH 22 IN OR GRT	Durable Medical Equipment (DME)	Y	N/A	N/A	SC	
	E2626	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2627	WC ACCESS SHLDR ELB M ARM SUPP ADJUSTBL RANCHO	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2628	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2629	WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2630	WC ACCESS SHLDR ELB MOBIL MONOSUSP ARM HAND SUPP	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2631	WC ACCESS ADD MOBILE ARM SUPPORT ELEV PROX ARM	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0008	CUSTOM MANUAL WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	K0009	OTHER MANUAL WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0010	STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	K0011	STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	K0108	OTHER ACCESSORIES	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0553	SUPPLY ALLOW FOR TX CGM1 MO SPL EQ 1 U OF SERVICE	Durable Medical Equipment (DME)	Y	N/A	N/A	CA/MI/SC/WI	
	K0554	RECEIVER DEDICATED FOR USE W THERAPEUTIC GCM SYS	Durable Medical Equipment (DME)	Y	N/A	N/A	CA/MI/SC/WI	
	K0606	AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0800	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0806	PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0813	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0814	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0815	PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0816	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0820	PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0821	PWR WC GRP 2 STD PORT CAPT CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0822	PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0824	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0826	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0827	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0828	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB OR GRT	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0829	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0830	PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	K0831	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0848	PWR WC GRP 3 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT	Durable Medical Equipment (DME)	Y	N/A	N/A		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0868	PWR WC GRP 4 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0885	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0886	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO AND EQ 125 LB	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Durable Medical Equipment (DME)	Y	N/A	N/A	MI	
	K1002	Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, any type	Durable Medical Equipment (DME)	Y	N/A	N/A	WA	
	K1003	Whirlpool tub, walk in, portable	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/WA	
	K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/WA	
	L2006	Knee-ankle-foot (KAF) device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/WA	
	L3761	ELBOW ORTHOSIS ADJ POS LOCKING JOINT PREFAB OTS	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/SC/WA/WI	
	L7700	GASKET SEAL USE PROS SOCKET INSERT ANY TYPE EA	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/SC/WA/WI	
	L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/WA	
	L8625	EXT RECHARGING SYS BATT CI AO DEVC REPL ONLY EA	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/WA	
	L8694	AUD OSSEOINTEG DEVC TRANSDUCER ACTR REPL ONLY EA	Durable Medical Equipment (DME)	Y	N/A	N/A	WA	
	Q4183	SURGIGRAFT PER SQ CM	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/NY/WI	
	Q4184	CELLESTA PER SQ CM	Durable Medical Equipment (DME)	Y	N/A	N/A	NY/WI	
	Q4185	CELLESTA FLOWABLE AMNION; PER 0.5 CC	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	Q4186	EPIFIX PER SQ CM	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	Q4187	EPICORD PER SQ CM	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	Q4188	AMNIOARMOR PER SQ CM	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/NY/WI	
	Q4190	ARTACENT AC PER SQ CM	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/NY/WI	
	Q4191	RESTORIGIN PER SQ CM	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/NY/WI	
	Q4193	COLL-E-DERM PER SQ CM	Durable Medical Equipment (DME)	Y	N/A	N/A	NY/WI	
	Q4194	NOVACHOR PER SQ CM	Durable Medical Equipment (DME)	Y	N/A	N/A	NY/WI	
	Q4198	GENESIS AMNIOTIC MEMBRANE PER SQ CM	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/NY/WI	
	Q4200	SKINTE PER SQ CM	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/NY/WI	
	Q4201	MATRION PER SQ CM	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/NY/WI	
	Q4202	KEROXX (2.5G CC) 1CC	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/NY	
	Q4203	DERMA-GIDE PER SQ CM	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/NY	
	Q4204	XWRAP PER SQ CM	Durable Medical Equipment (DME)	Y	N/A	N/A	MI/NY/WI	
	S1034	ARTIF PANCREAS DEVC SYS THAT CMNCT W ALL DEVC	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	S1035	SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	S1036	TRANSMITTER; EXT USE W ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	S1037	RECEIVER; EXTERNAL USE W ARTIF PANCREAS DEVC SYS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	V2530	CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	V2531	CONTACT LENS SCLERAL GAS PERMEABLE PER LENS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	V5171	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ITE	Durable Medical Equipment (DME)	Y	N/A	N/A	NM/NY/SC/TX	
	V5172	HEARING AID CONTRALAT ROUT DEVICE MONAURAL ICT	Durable Medical Equipment (DME)	Y	N/A	N/A	NM/NY/SC/TX	
	V5181	HEARING AID CONTRALATERAL ROUT DVC MONAURAL BTE	Durable Medical Equipment (DME)	Y	N/A	N/A	NM/NY/SC/TX	
	V5211	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE ITE	Durable Medical Equipment (DME)	Y	N/A	N/A	NM/NY/SC/TX	
	V5212	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE ITC	Durable Medical Equipment (DME)	Y	N/A	N/A	NM/NY/SC/TX	

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	V5213	HEARING AID CONTRALAT ROUT SYS BINAURAL ITE BTE	Durable Medical Equipment (DME)	Y	N/A	N/A		
	V5214	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC ITC	Durable Medical Equipment (DME)	Y	N/A	N/A		
	V5215	HEARING AID CONTRALAT ROUT SYS BINAURAL ITC BTE	Durable Medical Equipment (DME)	Y	N/A	N/A	NM/NY/SC/TX	
	V5221	HEARING AID CONTRALAT ROUT SYS BINAURAL BTE BTE	Durable Medical Equipment (DME)	Y	N/A	N/A	NM/NY/SC/TX	
	33440	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	Experimental/Investigational	Y	N/A	N/A	NY	
	33866	AORTIC HEMIARCH GRAFT W ISOL AND CTRL ARCH VESSELS	Experimental/Investigational	Y	N/A	N/A	NY	
	34717	EVASC RPR ILAC ART BIFUR ENDGRFT CATHJ RS AND I UNI	Experimental/Investigational	Y	N/A	N/A	WA	
	34718	EVASC RPR ILAC ART BIFUR ENDGRFT CATHJ RS AND I UNI	Experimental/Investigational	Y	N/A	N/A	WA	
	46948	LIGATION HEMORRHOID BUNDLE W US	Experimental/Investigational	Y	N/A	N/A	WA	
	82016	ACYLCARNITINES QUALITATIVE EACH SPECIMEN	Experimental/Investigational	Y	N/A	N/A	NM	
	82017	ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	Experimental/Investigational	Y	N/A	N/A	NM	
	83987	PH EXHALED BREATH CONDENSATE	Experimental/Investigational	Y	N/A	N/A		
	84145	PROCALCITONIN (PCT)	Experimental/Investigational	Y	N/A	N/A		
	86316	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	Experimental/Investigational	Y	N/A	N/A		
	86343	LEUKOCYTE HISTAMINE RELEASE TEST LHR	Experimental/Investigational	Y	N/A	N/A		
	93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	Experimental/Investigational	Y	N/A	N/A	NY	
	95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I AND R	Experimental/Investigational	Y	N/A	N/A	OH/WI	
	95836	ECOG IMPLANTED BRAIN NPGT W REC I AND R UNDER 30 DAYS	Experimental/Investigational	Y	N/A	N/A	NY	
	95976	ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	Experimental/Investigational	Y	N/A	N/A	NY	
	95977	ELEC ALYS IMPLT CPLX CN NPGT PRGRMG	Experimental/Investigational	Y	N/A	N/A	NY	
	95983	ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	Experimental/Investigational	Y	N/A	N/A	NY	
	0054T	CPTR-ASST MUSCSKEL NAVIGJ ORTHO FLUOR IMAGES	Experimental/Investigational	Y	N/A	N/A		
	0055T	CPTR-ASST MUSCSKEL NAVIGJ ORTHO CT MRI	Experimental/Investigational	Y	N/A	N/A		
	0058T	CRYOPRESERVATION REPRODUCTIVE TISSUE OVARIAN	Experimental/Investigational	Y	N/A	N/A		
	0071T	US ABLATJ UTERINE LEIOMYOMATA UNDER 200 CC TISSUE	Experimental/Investigational	Y	N/A	N/A		
	0072T	US ABLATJ UTERINE LEIOMYOMAT OR MOREEQUAL 200 CC TISS	Experimental/Investigational	Y	N/A	N/A		
	0075T	TCAT PLMT XTRC VRT CRTD STENT RS AND I PRQ 1ST VSL	Experimental/Investigational	Y	N/A	N/A		
	0076T	TCAT PLMT XTRC VRT CRTD STENT RS AND IPRQ EA VSL	Experimental/Investigational	Y	N/A	N/A		
	0085T	BREATH TEST HEART TRANSPLANT REJECTION	Experimental/Investigational	Y	N/A	N/A		
	0095T	RMVL TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	Experimental/Investigational	Y	N/A	N/A		
	0098T	REVJ TOT DISC ARTHRP ANT APPR CRV EA NTRSPC	Experimental/Investigational	Y	N/A	N/A		
	0100T	PLMT SCJNCL RTA PROSTH AND PLS AND IMPLTJ INTRA-OC RTA	Experimental/Investigational	Y	N/A	N/A		
	0101T	EXTRCORPL SHOCK WAVE MUSCSKELE NOS HIGH ENERGY	Experimental/Investigational	Y	N/A	N/A		
	0102T	EXTRCRPL SHOCK WAVE W ANES LAT HUMERL EPICONDYLE	Experimental/Investigational	Y	N/A	N/A		
	0106T	QUANT SENSORY TEST AND INTERPJ XTR W TOUCH STIMULI	Experimental/Investigational	Y	N/A	N/A		
	0107T	QUANT SENSORY TEST AND INTERPJ XTR W VIBRJ STIMULI	Experimental/Investigational	Y	N/A	N/A		
	0108T	QUANT SENSORY TEST AND INTERPJ XTR W COOL STIMULI	Experimental/Investigational	Y	N/A	N/A		
	0109T	QUANT SENAORY TEST AND INTERPJ XTR W HT-PN STIMULI	Experimental/Investigational	Y	N/A	N/A		
	0110T	QUANT SENSORY TEST AND INTERPJ XTR OTHER STIMULI	Experimental/Investigational	Y	N/A	N/A		
	0111T	LONG-CHAIN OMEGA-3 FATTY ACIDS RBC MEMBS	Experimental/Investigational	Y	N/A	N/A		
	0126T	COMMON CAROTID INTIMA MEDIA THICKNESS STUDY	Experimental/Investigational	Y	N/A	N/A		
	0163T	TOT DISC ARTHRP ANT APPR DSKC PREP LMBR EA	Experimental/Investigational	Y	N/A	N/A		
	0164T	RMVL TOT DISC ARTHRP ANT APPR LMBR EA NTRSPC	Experimental/Investigational	Y	N/A	N/A		
	0165T	REVJ TOT DISC ARTHRP ANT APPR LMBR EA NTRSPC	Experimental/Investigational	Y	N/A	N/A		
	0184T	RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC	Experimental/Investigational	Y	N/A	N/A		
	0191T	ANT SEGMENT INSERTION DRAINAGE W O RESERVOIR INT	Experimental/Investigational	Y	N/A	N/A		
	0198T	MEAS OCULAR BLOOD FLOW REPEAT IO PRES SAMP W I AND R	Experimental/Investigational	Y	N/A	N/A		
	0200T	PERQ SAC AGMNTJ UNI W WO BALO MCHNL DEV 1 OR GRT NDL	Experimental/Investigational	Y	N/A	N/A		
	0201T	PERQ SAC AGMNTJ BI W WO BALO MCHNL DEV 2 OR GRT NDLS	Experimental/Investigational	Y	N/A	N/A		
	0202T	POST VERT ARTHRPLSTY W WO BONE CEMENT 1 LUMB LVL	Experimental/Investigational	Y	N/A	N/A		
	0207T	EVAC MEIBOMIAN GLNDS AUTO HT AND INTMT PRESS UNI	Experimental/Investigational	Y	N/A	N/A		
	0208T	PURE TONE AUDIOMETRY AUTOMATED AIR ONLY	Experimental/Investigational	Y	N/A	N/A		
	0209T	PURE TONE AUDIOMETRY AUTOMATED AIR AND BONE	Experimental/Investigational	Y	N/A	N/A		
	0210T	SPEECH AUDIOMETRY THRESHOLD AUTOMATED	Experimental/Investigational	Y	N/A	N/A		
	0211T	SPEECH AUDIOM THRESHLD AUTO W SPEECH RECOGNITION	Experimental/Investigational	Y	N/A	N/A		
	0212T	COMPRE AUDIOM THRESHOLD EVAL AND SPEECH RECOG	Experimental/Investigational	Y	N/A	N/A		
	0213T	NJX DX THER PARAVER FCT JT W US CER THOR 1 LVL	Experimental/Investigational	Y	N/A	N/A		
	0214T	NJX DX THER PARAVER FCT JT W US CER THOR 2ND LVL	Experimental/Investigational	Y	N/A	N/A		
	0215T	NJX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL	Experimental/Investigational	Y	N/A	N/A		
	0216T	NJX DX THER PARAVER FCT JT W US LUMB SAC 1 LVL	Experimental/Investigational	Y	N/A	N/A		
	0217T	NJX DX THER PARAVER FCT JT W US LUMB SAC LVL 2	Experimental/Investigational	Y	N/A	N/A		
	0218T	NJX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL	Experimental/Investigational	Y	N/A	N/A		
	0219T	PLMT POST FACET IMPLANT UNI BI W IMG AND GRFT CERV	Experimental/Investigational	Y	N/A	N/A		
	0220T	PLMT POST FACET IMPLT UNI BI W IMG AND GRFT THOR	Experimental/Investigational	Y	N/A	N/A		
	0221T	PLMT POST FACET IMPLT UNI BI W IMG AND GRFT LUMB	Experimental/Investigational	Y	N/A	N/A		
	0222T	PLACE POSTERIOR INTRAFACET IMPLANT ADDL SEGMENT	Experimental/Investigational	Y	N/A	N/A		
	0228T	NJX ANES STEROID TFRML EDRL W US CER THOR 1 LVL	Experimental/Investigational	Y	N/A	N/A		
	0229T	NJX ANES STERD TFRML EDRL W US CER THOR EA ADDL	Experimental/Investigational	Y	N/A	N/A		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	0230T	NJX ANES STEROID TFRML EDRL W US LUM SAC 1 LVL	Experimental/Investigational	Y	N/A	N/A		
	0231T	NJX ANES STEROID TFRML EDRL W US LUM SAC EA ADDL	Experimental/Investigational	Y	N/A	N/A		
	0234T	TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	Experimental/Investigational	Y	N/A	N/A		
	0235T	TRLUML PERIPHERAL ATHERECTOMY VISCERAL ARTERY EA	Experimental/Investigational	Y	N/A	N/A		
	0236T	TRLUML PERIPH ATHRC W RS AND I ABDOM AORTA	Experimental/Investigational	Y	N/A	N/A		
	0237T	TRLUML PERIPH ATHRC W RS AND I BRCHIOCPHL EA VSL	Experimental/Investigational	Y	N/A	N/A		
	0238T	TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	Experimental/Investigational	Y	N/A	N/A		
	0253T	INSERT ANT SGM DRAINAGE DEV W O RESERVR INT APPR	Experimental/Investigational	Y	N/A	N/A		
	0263T	AUTO BONE MARRW CELL RX COMPLT BONE MARRW HARVST	Experimental/Investigational	Y	N/A	N/A		
	0264T	AUTO BONE MARRW CELL RX COMP W O BONE MAR HARVST	Experimental/Investigational	Y	N/A	N/A		
	0265T	BONE MAR HARVST ONLY FOR INTMUSC AUTOLO CELL RX	Experimental/Investigational	Y	N/A	N/A		
	0266T	IM REPL CARTD SINUS BAROREFLX ACTIV DEV TOT SYST	Experimental/Investigational	Y	N/A	N/A		
	0267T	IM REPL CARTD SINS BAROREFLX ACTIV DEV LEAD ONLY	Experimental/Investigational	Y	N/A	N/A		
	0268T	IM REPL CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	Experimental/Investigational	Y	N/A	N/A		
	0269T	REV REMVL CARTD SINS BARREFLX ACT DEV TOT SYSTEM	Experimental/Investigational	Y	N/A	N/A		
	0270T	REV REMVL CARTD SINS BARREFLX ACT DEV LEAD ONLY	Experimental/Investigational	Y	N/A	N/A		
	0271T	REV REM CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	Experimental/Investigational	Y	N/A	N/A		
	0272T	INTRGORTION DEV EVAL CARTD SINS BARREFLX W I AND R	Experimental/Investigational	Y	N/A	N/A		
	0273T	INTROGATION DEV EVAL CARTD SINS BARREFLX W PRGRM	Experimental/Investigational	Y	N/A	N/A		
	0274T	PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC	Experimental/Investigational	Y	N/A	N/A		
	0275T	PERC LAMINO- LAMINECTOMY INDIR IMAG GUIDE LUMBAR	Experimental/Investigational	Y	N/A	N/A		
	0278T	TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS	Experimental/Investigational	Y	N/A	N/A		
	0290T	CORNEA INCISNS RECIPIENT CORNEA W LASR KERTPLSTY	Experimental/Investigational	Y	N/A	N/A		
	0312T	LAPS IMPLTJ NSTIM ELTRD ARRAY AND PLS GEN VAGUS NRV	Experimental/Investigational	Y	N/A	N/A		
	0313T	LAPS REVJ REPLCMT NSTIM ELTRD ARRAY VAGUS NRV	Experimental/Investigational	Y	N/A	N/A		
	0314T	LAPS RMVL NSTIM ELTRD ARRAY AND PLS GEN VAGUS NRV	Experimental/Investigational	Y	N/A	N/A		
	0315T	REMOVAL PULSE GENERATOR VAGUS NERVE	Experimental/Investigational	Y	N/A	N/A		
	0316T	REPLACEMENT PULSE GENERATOR VAGUS NERVE	Experimental/Investigational	Y	N/A	N/A		
	0317T	ELEC ALYS NSTIM PLS GEN VAGUS NRV W REPRGRMG	Experimental/Investigational	Y	N/A	N/A		
	0329T	MNTR INTRAOCULAR PRESS 24HRS OR GRT UNI BI W INTERP	Experimental/Investigational	Y	N/A	N/A		
	0330T	TEAR FILM IMAGING UNILATERAL OR BILATERAL W I AND R	Experimental/Investigational	Y	N/A	N/A		
	0333T	VISUAL EVOKED POTENTIAL ACUITY SCREENING AUTO	Experimental/Investigational	Y	N/A	N/A		
	0335T	INSERTION OF SINUS TARSI IMPLANT	Experimental/Investigational	Y	N/A	N/A		
	0338T	TRANSCATHETER RENAL SYMPATH DENERVATION UNILAT	Experimental/Investigational	Y	N/A	N/A		
	0339T	TRANSCATHETER RENAL SYMPATH DENERVATION BILAT	Experimental/Investigational	Y	N/A	N/A		
	0342T	THERAPEUTIC APHERESIS W SELECTIVE HDL DELIP	Experimental/Investigational	Y	N/A	N/A		
	0347T	PLACE INTERSTITIAL DEVICE(S) IN BONE FOR RSA	Experimental/Investigational	Y	N/A	N/A		
	0348T	RADIOSTEREOMETRIC ANALYSIS SPINE EXAM	Experimental/Investigational	Y	N/A	N/A		
	0349T	RADIOSTEREOMETRIC ANALYSIS UPPER EXTREMITY EXAM	Experimental/Investigational	Y	N/A	N/A		
	0350T	RADIOSTEREOMETRIC ANALYSIS LOWER EXTREMITY EXAM	Experimental/Investigational	Y	N/A	N/A		
	0351T	INTRAOP OCT BREAST OR AXILL NODE EACH SPECIMEN	Experimental/Investigational	Y	N/A	N/A		
	0352T	OCT BREAST OR AXILL NODE SPECIMEN I AND R	Experimental/Investigational	Y	N/A	N/A		
	0353T	OCT OF BREAST SURG CAVITY REAL TIME INTRAOP	Experimental/Investigational	Y	N/A	N/A		
	0354T	OCT BREAST SURG CAVITY REAL TIME REFERRED I AND R	Experimental/Investigational	Y	N/A	N/A		
	0355T	GI TRACT IMAGING INTRALUMINAL COLON WITH I AND R	Experimental/Investigational	Y	N/A	N/A		
	0356T	INSERT DRUG IMPLANT INTO LACRIMAL CANAL FOR IOP	Experimental/Investigational	Y	N/A	N/A		
	0358T	BIA WHOLE BODY COMPOSITION ASSESSMENT W I AND R	Experimental/Investigational	Y	N/A	N/A		
	0394T	HDR ELECTRONIC BRACHYTHERAPY SKIN SURFACE	Experimental/Investigational	Y	N/A	N/A	NY/OH	
	0395T	HDR ELECTRONIC BRACHYTHERAPY NTRSTL INTRCAV	Experimental/Investigational	Y	N/A	N/A	NY/OH	
	0396T	INTRAOP KINETIC BALANCE SENSR KNEE RPLCMT ARTHRP	Experimental/Investigational	Y	N/A	N/A		
	0397T	ERCP WITH OPTICAL ENDOMICROSCOPY ADD ON	Experimental/Investigational	Y	N/A	N/A		
	0398T	MRGFUS STEREOTACTIC ABLATION LESION INTRACRANIAL	Experimental/Investigational	Y	N/A	N/A		
	0400T	MULTI-SPECTRAL DIGITAL SKIN LES ANALYSIS 1-5 LES	Experimental/Investigational	Y	N/A	N/A		
	0401T	MULTI-SPECTRAL DIGITAL SKIN LES ANALYSIS 6 PLUS LES	Experimental/Investigational	Y	N/A	N/A		
	0402T	COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE	Experimental/Investigational	Y	N/A	N/A		
	0403T	DIABETES PREVENTION PROG STANDARDIZED CURRICULUM	Experimental/Investigational	Y	N/A	N/A		
	0404T	TRANSCERVICAL UTERINE FIBROID ABLTJ W US GDN RF	Experimental/Investigational	Y	N/A	N/A		
	0405T	OVERSIGHT CARE OF XTRCORP LIVER ASSIST SYS PAT	Experimental/Investigational	Y	N/A	N/A		
	0408T	INSJ RPLC CAR MODULJ SYS PLS GEN TRANSVNS ELTRD	Experimental/Investigational	Y	N/A	N/A		
	0409T	INSJ RPLC CARDIAC MODULJ SYS PLS GENERATOR ONLY	Experimental/Investigational	Y	N/A	N/A		
	0410T	INSJ RPLC CARDIAC MODULJ SYS ATR ELECTRODE ONLY	Experimental/Investigational	Y	N/A	N/A		
	0411T	INSJ RPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	Experimental/Investigational	Y	N/A	N/A		
	0412T	REMOVAL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Experimental/Investigational	Y	N/A	N/A		
	0413T	REMOVAL CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	Experimental/Investigational	Y	N/A	N/A		
	0414T	RMVL AND RPL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Experimental/Investigational	Y	N/A	N/A		
	0415T	REPOS CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	Experimental/Investigational	Y	N/A	N/A		
	0416T	RELOC SKIN POCKET CARDIAC MODULJ PULSE GENERATOR	Experimental/Investigational	Y	N/A	N/A		
	0417T	PRGRMG DEVICE EVALUATION CARDIAC MODULJ SYSTEM	Experimental/Investigational	Y	N/A	N/A		

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	0418T	INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	Experimental/Investigational	Y	N/A	N/A		
	0419T	DSTRJ NEUROFIBROMAS XTNSV FACE HEAD NECK OVER 50	Experimental/Investigational	Y	N/A	N/A		
	0420T	DSTRJ NEUROFIBROMAS XTNSV TRNK EXTREMITIES OVER 100	Experimental/Investigational	Y	N/A	N/A		
	0421T	TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL	Experimental/Investigational	Y	N/A	N/A		
	0422T	TACTILE BREAST IMG COMPUTER-AIDED SENSORS UNI BI	Experimental/Investigational	Y	N/A	N/A		
	0423T	SECRETORY TYPE II PHOSPHOLIPASE A2 (SPLA2-IIA)	Experimental/Investigational	Y	N/A	N/A		
	0424T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA COMPLETE	Experimental/Investigational	Y	N/A	N/A		
	0425T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Experimental/Investigational	Y	N/A	N/A		
	0426T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Experimental/Investigational	Y	N/A	N/A		
	0427T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Experimental/Investigational	Y	N/A	N/A		
	0428T	REMOVAL NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Experimental/Investigational	Y	N/A	N/A	NY	
	0429T	REMOVAL NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Experimental/Investigational	Y	N/A	N/A		
	0430T	REMOVAL NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Experimental/Investigational	Y	N/A	N/A		
	0431T	RMVL RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Experimental/Investigational	Y	N/A	N/A		
	0432T	REPOS NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Experimental/Investigational	Y	N/A	N/A		
	0433T	REPOS NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Experimental/Investigational	Y	N/A	N/A		
	0434T	INTERRO DEV EVAL NSTIM PLS GEN SYS SLEEP APNEA	Experimental/Investigational	Y	N/A	N/A		
	0435T	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA 1 SESS	Experimental/Investigational	Y	N/A	N/A		
	0436T	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA STUDY	Experimental/Investigational	Y	N/A	N/A		
	0437T	IMPLTJ NONBIOL SYNTH IMPLT FASC RNFCMT ABDL WALL	Experimental/Investigational	Y	N/A	N/A		
	0440T	ABLTJ PERC CRYOABLTJ IMG GDN UXTR PERPH NERVE	Experimental/Investigational	Y	N/A	N/A		
	0441T	ABLTJ PERC CRYOABLTJ IMG GDN LXTR PERPH NERVE	Experimental/Investigational	Y	N/A	N/A		
	0442T	ABLTJ PERC CRYOABLTJ IMG GDN NRV PLEX TRNCL NRV	Experimental/Investigational	Y	N/A	N/A		
	0443T	R-T SPCTRL ALYS PRST8 TISS FLUORESCENC SPCTRSCPY	Experimental/Investigational	Y	N/A	N/A		
	0444T	INITIAL PLMT DRUG ELUTING OCULAR INSERT UNI BI	Experimental/Investigational	Y	N/A	N/A		
	0445T	SBSQ PLMT DRUG ELUTING OCULAR INSERT UNI BI	Experimental/Investigational	Y	N/A	N/A		
	0446T	CRTJ SUBQ INSJ IMPLTBL GLUCOSE SENSOR SYS TRAIN	Experimental/Investigational	Y	N/A	N/A	NY/WI	
	0447T	RMVL IMPLTBL GLUCOSE SENSOR SUBQ POCKET VIA INC	Experimental/Investigational	Y	N/A	N/A	CA/NY/WI	
	0448T	RMVL INSJ IMPLTBL GLUC SENSOR DIF ANATOMIC SITE	Experimental/Investigational	Y	N/A	N/A	CA/NY/WI	
	0469T	RTA POLARIZE SCAN OC SCR W ONSITE AUTO RSLT BI	Experimental/Investigational	Y	N/A	N/A	PR/WI	
	0470T	OCT SKN IMG ACQUISJ I AND R 1ST LES	Experimental/Investigational	Y	N/A	N/A	PR/WI	
	0471T	OCT SKN IMG ACQUISJ I AND R EA ADDL LES	Experimental/Investigational	Y	N/A	N/A	PR/WI	
	0472T	DEV INTERR PRGRMG IO RTA ELTRD RA W ADJ AND REPRT	Experimental/Investigational	Y	N/A	N/A		
	0473T	DEV INTERR REPRGRMG IO RTA ELTRD RA W REPRT	Experimental/Investigational	Y	N/A	N/A	PR/WI	
	0474T	INSJ ANT SEG AQUEOUS DRG DEV W IO RSVR	Experimental/Investigational	Y	N/A	N/A	PR/WI	
	0475T	REC FTL CAR SGL 3 CH PT REC AND STRG DATA SCN I AND R	Experimental/Investigational	Y	N/A	N/A	PR/WI	
	0476T	REC FTL CAR SGL PT REC SCAN W RAW ELEC TR DATA	Experimental/Investigational	Y	N/A	N/A	PR/WI	
	0477T	REC FTL CAR SGL 3 CH SGL XTRJ TECHL ALYS	Experimental/Investigational	Y	N/A	N/A	PR/WI	
	0478T	REC FTL CAR SGL 3 CH REVIEW I AND R	Experimental/Investigational	Y	N/A	N/A	PR/WI	
	0479T	FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	Experimental/Investigational	Y	N/A	N/A		
	0480T	FRACTIONAL ABL LSR FENESTRATION EA ADDL 100 SQCM	Experimental/Investigational	Y	N/A	N/A		
	0481T	NJX AUTOL WBC CONCENTR INC IMG GDN HRV AND PREP	Experimental/Investigational	Y	N/A	N/A	MI	
	0483T	TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH	Experimental/Investigational	Y	N/A	N/A	MI	
	0484T	TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	Experimental/Investigational	Y	N/A	N/A	MI	
	0485T	OCT MIDDLE EAR WITH I AND R UNILATERAL	Experimental/Investigational	Y	N/A	N/A	MI	
	0486T	OCT MIDDLE EAR WITH I AND R BILATERAL	Experimental/Investigational	Y	N/A	N/A	MI	
	0487T	TRANSVAGINAL BIOMECHANICAL MAPPING W REPORT	Experimental/Investigational	Y	N/A	N/A	MI	
	0488T	DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS	Experimental/Investigational	Y	N/A	N/A	MI	
	0489T	AUTOL REGN CELL TX SCLERODERMA HANDS	Experimental/Investigational	Y	N/A	N/A	MI	
	0490T	AUTOL REGN CELL TX SCLDR MLT INJ 1 OR GRT HANDS	Experimental/Investigational	Y	N/A	N/A		
	0491T	ABL LASER TX OPEN WND PR DAY 1ST 20 SQCM OR LESS	Experimental/Investigational	Y	N/A	N/A	MI	
	0492T	ABL LASER TX OPEN WND PR DAY ADDL 20 SQCM	Experimental/Investigational	Y	N/A	N/A	MI	
	0493T	NEAR INFRARED SPECTROSCPY STUDIES LOW EXT WOUNDS	Experimental/Investigational	Y	N/A	N/A	MI	
	0494T	PREP AND CANNULJ CDVR DON LNG ORGN PRFUJ SYS	Experimental/Investigational	Y	N/A	N/A	MI	
	0495T	INIT AND MNTR CDVR DON LNG ORGN PRFUJ SYS 1ST 2 HR	Experimental/Investigational	Y	N/A	N/A	MI	
	0496T	MNTR CDVR DON LNG ORGN PRFUJ SYS EA ADDL HR	Experimental/Investigational	Y	N/A	N/A	MI	
	0497T	XTRNL PT ACT ECG W O ATTN MNTR IN-OFFICE CONN	Experimental/Investigational	Y	N/A	N/A	MI	
	0498T	XTRNL PT ACT ECG W O ATTN MNTR R AND I PR 30 DAYS	Experimental/Investigational	Y	N/A	N/A	MI	
	0499T	CYSTO W DIL AND URTL RX DEL F URTL STRIX STENOSIS	Experimental/Investigational	Y	N/A	N/A		
	0500T	IADNA HPV 5 PLUS SEP REPRT HIGH RISK HPV TYPES	Experimental/Investigational	Y	N/A	N/A	MI	
	0505T	EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF AND CLSR	Experimental/Investigational	Y	N/A	N/A	IL/MI/NY	
	0506T	MAC PGMT OPTICAL DNS MEAS HFP UNI BI W I AND R	Experimental/Investigational	Y	N/A	N/A	IL/MI/NY	
	0507T	NEAR INFRARED DUAL IMG MEIBOMIAN GLND UNI BI I AND R	Experimental/Investigational	Y	N/A	N/A	IL/MI/NY	
	0508T	PLS ECHO US B1 DNS MEAS INDIC AXL B1 MIN DNS TIB	Experimental/Investigational	Y	N/A	N/A	MI/NY	
	0509T	PATTERN ELECTRORETINOGRAPHY W I AND R	Experimental/Investigational	Y	N/A	N/A	NY	
	0510T	REMOVAL OF SINUS TARSI IMPLANT	Experimental/Investigational	Y	N/A	N/A		
	0511T	REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	Experimental/Investigational	Y	N/A	N/A	NY	
	0512T	ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND	Experimental/Investigational	Y	N/A	N/A	NY	

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	0513T	ESW INTEGUMENTARY WOUND HEALING EA ADDL WOUND	Experimental/Investigational	Y	N/A	N/A	NY	
	0514T	INTRAOPERATIVE VISUAL AXIS ID USING PT FIXATION	Experimental/Investigational	Y	N/A	N/A	NY	
	0515T	INSERTION WRLS CAR STIMULATOR LV PACG COMPL SYS	Experimental/Investigational	Y	N/A	N/A	NY	
	0516T	INSERTION WRLS CAR STIMULATOR LV PACG ELTRD ONLY	Experimental/Investigational	Y	N/A	N/A	NY	
	0517T	INSERTION WRLS CAR STIMULATOR LV PACG PG COMPNT	Experimental/Investigational	Y	N/A	N/A	NY	
	0518T	REMOVAL PG COMPNT ONLY WRLS CAR STIMULATOR	Experimental/Investigational	Y	N/A	N/A	NY	
	0519T	REMOVAL AND RPLCMT WRLS CAR STIMULATOR PG COMPNT	Experimental/Investigational	Y	N/A	N/A	NY	
	0520T	REMOVAL AND RPLCMT WRLS CAR STIMULATOR W NEW ELTRD	Experimental/Investigational	Y	N/A	N/A	NY	
	0521T	INTERROG DEV EVAL WRLS CAR STIMULATOR IN PERSON	Experimental/Investigational	Y	N/A	N/A	NY	
	0522T	PRGRMG DEVICE EVAL WRLS CAR STIMULATOR IN PERSON	Experimental/Investigational	Y	N/A	N/A	NY	
	0523T	INTRAPROCEDURAL CORONARY FFP W 3D FUNCJL MAPPING	Experimental/Investigational	Y	N/A	N/A		
	0524T	EV CATHETER DIR CHEM ABLTJ INCMPTNT XTR VEIN	Experimental/Investigational	Y	N/A	N/A	NY	
	0525T	INSERTION REPLACEMENT COMPLETE IIMS	Experimental/Investigational	Y	N/A	N/A	CA/NY/WI	
	0526T	INSERTION REPLACEMENT IIMS ELECTRODE ONLY	Experimental/Investigational	Y	N/A	N/A	NY	
	0527T	INSERTION REPLACEMENT IIMS IMPLANTABLE MNTR ONLY	Experimental/Investigational	Y	N/A	N/A	NY	
	0528T	PRGRMG DEVICE EVAL IIMS IN PERSON	Experimental/Investigational	Y	N/A	N/A	NY	
	0529T	INTERROGATION DEVICE EVAL IIMS IN PERSON	Experimental/Investigational	Y	N/A	N/A	NY	
	0530T	REMOVAL COMPLETE IIMS INCL IMG S AND I	Experimental/Investigational	Y	N/A	N/A	NY	
	0531T	REMOVAL IIMS ELECTRODE ONLY INCL IMG S AND I	Experimental/Investigational	Y	N/A	N/A	NY	
	0532T	REMOVAL IIMS IMPLANTABLE MNTR ONLY INCL IMG S AND I	Experimental/Investigational	Y	N/A	N/A	NY	
	0533T	CONTINUOUS REC MVMT DO SX 6 D UNDER 10 D	Experimental/Investigational	Y	N/A	N/A	NY	
	0534T	CONT REC MVMT DO SX 6 D UNDER 10 D SETUP AND PT TRAINJ	Experimental/Investigational	Y	N/A	N/A	NY	
	0535T	CONT REC MVMT DO SX 6 D UNDER 10 D 1ST REPRT CNFIG	Experimental/Investigational	Y	N/A	N/A	NY	
	0536T	CONT REC MVMT DO SX 6 D UNDER 10 D DL REVIEW I AND R	Experimental/Investigational	Y	N/A	N/A	NY	
	0541T	MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA	Experimental/Investigational	Y	N/A	N/A	IL/NY/WA	
	0542T	MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA I AND R	Experimental/Investigational	Y	N/A	N/A	IL/NY	
	0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0564T	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0567T	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0568T	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0572T	Insertion of substernal implantable defibrillator electrode	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0573T	Removal of substernal implantable defibrillator electrode	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	Experimental/Investigational	Y	N/A	N/A	MI/WA	

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	0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0577T	Electrophysiological evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0580T	Removal of substernal implantable defibrillator pulse generator only	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	A4563	RECTAL CNTRL SYS VAG INSRT LT USE ANY TYPE EA	Experimental/Investigational	Y	N/A	N/A	CA/MI/NY/WI	
	C1823	GENERATR NEUROSTIM NON-RECHRGABL TV S AND STIM LEADS	Experimental/Investigational	Y	N/A	N/A	WI	
	C1824	Generator, cardiac contractility modulation (implantable)	Experimental/Investigational	Y	N/A	N/A	WA	
	C2596	Probe, image guided, robotic, waterjet ablation	Experimental/Investigational	Y	N/A	N/A	WA	
	C8937	CMP-AID DETN INCL CMP ALG ANALYS BR MRI IMG DATA	Experimental/Investigational	Y	N/A	N/A	CA/NY/WI	
	C9751	BRONCHOSCOPY RIGID FLEXIBLE TRANSBRON ABL LESION	Experimental/Investigational	Y	N/A	N/A	NY/WI	
	C9752	DESTRUC IO BASIVERTEB NERV 1ST 2 VERT B LUMB SAC	Experimental/Investigational	Y	N/A	N/A	NY/WI	
	C9753	DESTRUC IO BASIVERTEB NERV EA ADD VERT BODY L S	Experimental/Investigational	Y	N/A	N/A	NY/WI	

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	C9754	CREATION AV FISTULA PERCUTANEOUS; DIRCT ANY SITE	Experimental/Investigational	Y	N/A	N/A	NY/WI	
	C9755	CREATION OF ARTERIOVENOUS FISTULA PERCUTANEOUS	Experimental/Investigational	Y	N/A	N/A	NY/WI	
	C9758	Blinded procedure for NYHA Class III/IV heart failure; transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	Experimental/Investigational	Y	N/A	N/A	MI/WA	
	L8608	MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS	Experimental/Investigational	Y	N/A	N/A	NY/WI	
	Q4161	BIO-CONNEKT WOUND MATRIX PER SQUARE CENTIMETER	Experimental/Investigational	Y	N/A	N/A		
	Q4162	WOUNDEX FLOW BIOSKIN FLOW 0.5 CC	Experimental/Investigational	Y	N/A	N/A		
	Q4163	WOUNDEX BIOSKIN PER SQUARE CM	Experimental/Investigational	Y	N/A	N/A		
	Q4164	HELICOLL PER SQUARE CENTIMETER	Experimental/Investigational	Y	N/A	N/A		
	Q4165	KERAMATRIX PER SQUARE CENTIMETER	Experimental/Investigational	Y	N/A	N/A		
	Q4189	ARTACENT AC 1 MG	Experimental/Investigational	Y	N/A	N/A	MI/NY	
	Q4192	RESTORIGIN 1 CC	Experimental/Investigational	Y	N/A	N/A	MI/WI	
	Q4195	PURAPLY PER SQ CM	Experimental/Investigational	Y	N/A	N/A	MI/NY/WI	
	Q4196	PURAPLY AM PER SQ CM	Experimental/Investigational	Y	N/A	N/A	MI/NY	
	Q4197	PURAPLY XT PER SQ CM	Experimental/Investigational	Y	N/A	N/A	MI/NY/WI	
Genetic Counseling & Testing: Except for Prenatal diagnoses of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by State regulations.	80145	Adalimumab	Genetic Counseling & Testing	Y	N/A	N/A		
	80187	Posaconazole	Genetic Counseling & Testing	Y	N/A	N/A		
	80230	Infliximab	Genetic Counseling & Testing	Y	N/A	N/A		
	80235	Lacosamide	Genetic Counseling & Testing	Y	N/A	N/A		
	80280	Vedolizumab	Genetic Counseling & Testing	Y	N/A	N/A		
	80285	Voriconazole	Genetic Counseling & Testing	Y	N/A	N/A		
	81105	HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	81106	HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	81107	HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	81108	HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	81109	HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	81110	HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	81111	HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	81112	HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	81120	IDH1 COMMON VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A		
	81121	IDH2 COMMON VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A		
	81161	DMD DUPLICATION DELETION ANALYSIS	Genetic Counseling & Testing	Y	N/A	N/A	CA/WA	
	81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81166	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81167	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WA/NY	*APPLIES TO: IL/MI/OH/NY/WI
	81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY/WI	
	81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY/WI	
	81173	AR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81174	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	N/A	N/A		
	81176	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	Genetic Counseling & Testing	Y	N/A	N/A		
	81177	ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81178	ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81179	ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81180	ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81181	ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81182	ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81183	ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81184	CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	YN	
	81185	CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81186	CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81187	CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81188	CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81189	CSTB GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81190	CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81202	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81203	APC GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81204	AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	81205	BCKDHB GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A	OH	
	81210	BRAF GENE ANALYSIS V600 VARIANT(S)	Genetic Counseling & Testing	Y	N/A	N/A		
	81212	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81215	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	N/A	N/A		
	81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Genetic Counseling & Testing	Y	N/A	N/A		
	81221	CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/MI/WA	*APPLIES TO: IL/MI/OH/NY/WI
	81222	CFTR GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81223	CFTR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI
	81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81229	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81232	DYPD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI
	81233	BTK GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81234	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81235	EGFR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A		
	81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	N/A	N/A	NY/WI	
	81237	EZH2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A	NY/WI	
	81238	F9 FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	CA/IL/WA	
	81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	CA/IL/WA	
	81246	FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A		
	81247	G6PD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A	MI	
	81248	G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI
	81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI
	81252	GJB2 GENE ANALYSIS FULL GENE SEQUENCE		*	Molecular and Genomic Testing	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81253	GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS		*	Molecular and Genomic Testing	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81257	HBA1 HBA2 GENE ANALYSIS COMMON DELETIONS VARIANT		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81258	HBA1 HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI
	81259	HBA1 HBA2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81265	COMPARATIVE ANAL STR MARKERS PATIENT AND COMP SPEC	Genetic Counseling & Testing	Y	N/A	N/A		
	81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	Genetic Counseling & Testing	Y	N/A	N/A		
	81269	HBA1 HBA2 GENE ANALYSIS DUP DEL VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI
	81271	HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	N/A	N/A		
	81273	KIT GENE ANALYSIS D816 VARIANT(S)	Genetic Counseling & Testing	Y	N/A	N/A		
	81274	HTT GENE ANALYSIS CHARACTERIZATION ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81283	IFNL3 GENE ANALYSIS RS12979860 VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI//NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81284	FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81285	FXN GENE ANALYSIS CHARACTERIZATION ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81286	FXN GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81289	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81291	MTHFR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81293	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81294	MLH1 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81296	MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81297	MSH2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	81299	MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81300	MSH6 GENE ANALYSIS DUPLICATION DELETION VARIA	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81302	MECP2 GENE ANALYSIS FULL SEQUENCE		*	Molecular and Genomic Testing	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81303	MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT		*	Molecular and Genomic Testing	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81304	MECP2 GENE ANALYSIS DUPLICATION DELETION VARIANT		*	Molecular and Genomic Testing	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81305	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81306	NUDT15 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81307	PALB2 GENE ANALYSIS (FULL GENE SEQ)	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81308	PALB2 GENE ANALYSIS (KNOWN FAMILIAL VARIANT)	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	Genetic Counseling & Testing	Y	N/A	N/A		
	81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2 AND 3	Genetic Counseling & Testing	Y	N/A	N/A		
	81312	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81313	PCA3 KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	Genetic Counseling & Testing	Y	Genetic Counseling & Testing	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI
	81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Genetic Counseling & Testing	Y	N/A	N/A		
	81317	PMS2 GENE ANALYSIS FULL SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81318	PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81319	PMS2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81320	PLCG2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A	NY/WI	
	81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81322	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81323	PTEN GENE ANALYSIS DUPLICATION DELETION VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81324	PMP22 GENE ANAL DUPLICATION DELETION ANALYSIS	Genetic Counseling & Testing	Y	N/A	N/A		
	81325	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI
	81326	PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT		*	Molecular and Genomic Testing	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81327	SEPT9 GENE PROMOTER METHYLATION ANALYSIS		*	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81328	SLCO1B1 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81329	SMN1 GENE ANALYSIS DOSAGE DELET ALYS W SMN2 ALYS	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81333	TGFBI GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A	CA/NY/WI	
	81334	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	N/A	N/A	MI	
	81335	TPMT GENE ANALAYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI
	81336	SMN1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81337	SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81343	PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY/WI	
	81344	TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81345	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	N/A	N/A	NY/WI	
	81346	TYMS GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI
	81350	UGT1A1 GENE ANALYSIS COMMON VARIANTS		*	Molecular and Genomic Testing	Y*	MI/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81355	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81361	HBB COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI
	81362	HBB KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI
	81363	HBB DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI
	81364	HBB FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI
	81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WA	*APPLIES TO: IL/MI/OH/NY/WI
	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81410	AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI
	81411	AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI
	81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81414	CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81415	EXOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI//NY/WI	*APPLIES TO: IL/MI/OH/NY/WI

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81417	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y	N/A	N/A	WA	
	81422	FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81425	GENOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI
	81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81431	HEARING LOSS DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81433	HEREDITARY BRST CA-RELATED DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81436	HEREDITARY COLON CA DSRDRS DUP DEL ANALYS 5 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81438	HEREDTRY NURONDCRN TUM DSRDRS DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81442	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81455	GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81460	WHOLE MITOCHONDRIAL GENOME	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81471	X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81490	AUTOIMMUNE RHEUMATOID ARTHRTS ANALYS 12 BIOMRKRS		*	Molecular and Genomic Testing	Y*	MI/NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81500	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS		*	Molecular and Genomic Testing	Y*	MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH	*APPLIES TO: IL/MI/OH/NY/WI
	81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	Genetic Counseling & Testing	Y	N/A	N/A		
	81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81522	BREAST ONCOLOGY, MRNA, GENE EXPRESSION PROFILING	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81535	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP 1ST	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH	*APPLIES TO: IL/MI/OH/NY/WI
	81536	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP ADD	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH	*APPLIES TO: IL/MI/OH/NY/WI
	81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81539	ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS		*	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/MI	*APPLIES TO: IL/MI/OH/NY/WI
	81542	PROSTATE ONCOLOGY, MRNA, MICORARRAY GENE EXPRESSION PROFILING	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI
	81545	ONCOLOGY THYROID GENE EXPRESSION 142 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH	*APPLIES TO: IL/MI/OH/NY/WI
	81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI//NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81552	UVEAL MELANOMA, MRNA, GENE EXPRESSION PROFILING	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI
	81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI
	81596	NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	83006	GROWTH STIMULATION EXPRESSED GENE 2	Genetic Counseling & Testing	Y	N/A	N/A		
	84999	UNLISTED CHEMISTRY PROCEDURE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL	*APPLIES TO: IL/MI/OH/NY/WI All plans: Including Oncotype Diagnosis
	86152	CELL ENUMERATION IMMUNE SELECTJ AND ID FLUID SPEC	Genetic Counseling & Testing	Y	N/A	N/A		
	86153	CELL ENUMERATION IMMUNE SELECTJ AND ID PHYS INTERP	Genetic Counseling & Testing	Y	N/A	N/A		
	87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	Genetic Counseling & Testing	Y	N/A	N/A		
	88261	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	Genetic Counseling & Testing	Y	N/A	N/A		
	88271	MOLECULAR CYTOGENETICS DNA PROBE EACH	Genetic Counseling & Testing	Y	N/A	N/A		
	88369	M PHMTRC ALYS ISH QUANT SEMIQ MNL PER SPEC EACH	Genetic Counseling & Testing	Y	N/A	N/A		
	88373	M PHMTRC ALYS ISH QUANT SEMIQ CPTR PER SPEC EACH	Genetic Counseling & Testing	Y	N/A	N/A		
	88374	M PHMTRC ALYS ISH QUANT SEMIQ CPTR EACH MULTIPRB	Genetic Counseling & Testing	Y	N/A	N/A		
	88377	M PHMTRC ALYS ISH QUANT SEMIQ MNL EACH MULTIPRB	Genetic Counseling & Testing	Y	N/A	N/A		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	0001U	RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL		*	Molecular and Genomic Testing	Y*	MI/IL/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0002M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W ASH		*	Molecular and Genomic Testing	Y*	MI/NY/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0003M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W NASH		*	Molecular and Genomic Testing	Y*	MI/NY/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0004M	SCOLIOSIS 53 SNPS SALIVA PROGNOSTIC RISK SCORE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/MS/NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0005U	ONCO PRST8 GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MY/OH	*APPLIES TO: IL/MI/OH/NY/WI
	0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH	*APPLIES TO: IL/MI/OH/NY/WI
	0008U	HPYLORI DETECTION AND ANTIBIOTIC RESISTANCE DNA	Genetic Counseling & Testing	Y	N/A	N/A	NY/WI	
	0009U	ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP	Genetic Counseling & Testing	Y	N/A	N/A		
	0010U	NFCT DS STRN TYP WHL GENOME SEQUENCING PR ISOL	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	0011M	ONC PRST8 CA MRNA 12 GENES BLD PLSM AND UR ALG		*	Molecular and Genomic Testing	Y*	MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0011U	RX MNTR DRUGS PRESENT LC-MS MS ORAL FLUID PR DOS	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	0012M	ONC MRNA 5 GENES UR ALG RISK UROTHELIAL CANCER			Molecular and Genomic Testing	Y*	MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0012U	GERMLN DO GENE REARGMT DETCJ DNA WHOLE BLOOD	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0013M	ONC MRNA 5 GENES UR ALG RISK RECR UROTHELIAL CA		*	Molecular and Genomic Testing	Y*	MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0013U	ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN TISS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0014U	HEM HMTLMF NEO GENE REARGMT DNA WHL BLD MARROW	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0016U	ONC HMTLMF NEO RNA BCR ABL1 BLD BNE MARROW	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	0017U	ONC HMTLMF NEO JAK2 MUTATION DNA BLD BNE MARROW	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	0018U	ONC THYR 10 MICRORNA SEQ PLUS - RSLT MOD HI RSK MAL		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0019U	ONC RNA WHL TRANSCIPTOME SEQ TISS PREDCT ALG		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/IL/MI/OH/WA	*APPLIES TO: IL/MI/OH/NY/WI
	0026U	ONC THYR DNA AND MRNA 112 GENES FNA NDUL ALG ALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH	*APPLIES TO: IL/MI/OH/NY/WI
	0027U	JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	Genetic Counseling & Testing	Y	N/A	N/A	IL/MI/NY/OH	
	0029U	RX METAB ADVRS RX RXN AND RSPSE TRGT SEQ ALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0030U	RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI
	0031U	CYP1A2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0032U	COMT GENE ANALYSIS C.472G OVER A VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0033U	HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0034U	TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0036U	EXOME TUMOR TISSUE AND NORMAL SPECIMEN SEQ ALYS		*	Molecular and Genomic Testing	Y*	MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/MI/NY/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0045U	ONC BRST DUX CARC IS MRNA 12 GENES ALG RSK SCOR	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/MI/NY/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0046U	FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE	Genetic Counseling & Testing	Y	N/A	N/A	CA/MI/NY/WA/WI	
	0047U	ONC PRST8 MRNA GEN XPRS PRFL 17 GEN ALG RSK SCOR	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/MI/NY/OH/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0048U	ONC SLD ORG NEO DNA 468 CANCER ASSOCIATED GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/IL/MI/NY/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0049U	NPM1 GENE ANALYSIS QUANTITATIVE	Genetic Counseling & Testing	Y	N/A	N/A	CA/MI/NY/WA/WI	
	0050U	TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/IL/MI/NY/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0053U	ONC PRST8 CA FISH ALYS 4 GENES NDL BX SPEC ALG	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/IL/MI/NY/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0055U	CARD HRT TRNSPL 96 TARGET DNA SEQUENCES PLASMA	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/IL/MI/NY/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0056U	HEM AML DNA GENE REARRANGEMENT BLOOD BONE MARROW	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/IL/MI/NY/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0058U	ONC MERKEL CELL CARC DETCJ ANTB SERUM QUAN	Genetic Counseling & Testing	Y	N/A	N/A	CA/MI/NY/WA/WI	
	0059U	ONC MERKEL CELL CARC DETCJ ANTB SERUM REPRTD PLUS -	Genetic Counseling & Testing	Y	N/A	N/A	MI/NY/WA/WI	
	0060U	TWN ZYG GEN TRGT SEQ ALYS CHRMS2 FTL DNA MAT BLD	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/MI/NY/OH/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0067U	ONC BRST IMHCHEM PRTN XPRS PRFL 4 BMRK CA PRTN		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0069U	ONC CLRCT MICRORNA XPRS PRFL MIR-31-3P ALG		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0070U	CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0071U	CYP2D6 GENE ANALYSIS FULL GENE SEQUENCE		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0072U	CYP2D6 GENE TRGT SEQ ALYS CYP2D6-2D7 HYBRID GENE		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0073U	CYP2D6 GENE TRGT SEQ ALYS CYP2D7-2D6 HYBRID GENE		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0074U	CYP2D6 TRGT SEQ ALYS NONDUP GENE DUPL MLT TRANS		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	0075U	CYP2D6 GENE TRGT SEQ ALYS 5' GENE DUPL MLT		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0076U	CYP2D6 GENE TRGT SEQ ALYS 3' GENE DUPL MLT		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0078U	PAIN MGT OPIOID USE DO GNOTYP PNL 16 CMN VRNTS		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0079U	CMPRTV DNA ALYS MLT SNPS UR AND BUCCAL SPEC ID VERIF		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0139U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 6 central carbon metabolites (ie, a-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, and succinate), LC-MS/MS, plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)	Genetic Counseling & Testing	Y	N/A	N/A	MI/WA	
	0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected	Genetic Counseling & Testing	Y	N/A	N/A	MI/WA	
	0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected	Genetic Counseling & Testing	Y	N/A	N/A	MI/WA	
	0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected	Genetic Counseling & Testing	Y	N/A	N/A	MI/WA	
	0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Genetic Counseling & Testing	Y	N/A	N/A	MI/WA	
	0144U	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Genetic Counseling & Testing	Y	N/A	N/A	MI/WA	
	0145U	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Genetic Counseling & Testing	Y	N/A	N/A	MI/WA	
	0146U	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Genetic Counseling & Testing	Y	N/A	N/A	MI/WA	
	0147U	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Genetic Counseling & Testing	Y	N/A	N/A	MI/WA	
	0148U	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Genetic Counseling & Testing	Y	N/A	N/A	MI/WA	
	0149U	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Genetic Counseling & Testing	Y	N/A	N/A	MI/WA	

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	0150U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Genetic Counseling & Testing	Y	N/A	N/A	MI/WA	
	0151U	Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 33 targets, real-time semi-quantitative PCR, bronchoalveolar lavage, sputum, or endotracheal aspirate, detection of 33 organismal and antibiotic resistance genes with limited semi-quantitative results	Genetic Counseling & Testing	Y	N/A	N/A	MI/WA	
	0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), DNA, PCR and next-generation sequencing, plasma, detection of >1,000 potential microbial organisms for significant positive pathogens	Genetic Counseling & Testing	Y	N/A	N/A	MI/WA	
	0153U	ONC BREAST MRNA 101 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/WA	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0154U	FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3)	Genetic Counseling & Testing	Y	N/A	N/A	MI/WA	
	0155U	PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y)	Genetic Counseling & Testing	Y	N/A	N/A	MI/WA	
	0156U	COPY NUMBER SEQUENCE ALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/WA	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0157U	APC MRNA SEQ ALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/WA	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0158U	MLH1 MRNA SEQ ALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/WA	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0159U	MSH2 MRNA SEQ ALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/WA	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0160U	MSH6 MRNA SEQ ALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/WA	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0161U	PMS2 MRNA SEQ ALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/WA	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0162U	HERED COLON CA TRGT MRNA PN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/WA	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G9143	WARFARIN RSPN TEST GEN TECH ANY METH ANY # SPEC	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	S3800	GENETIC TESTING AMYOTROPHIC LATERAL SCLEROSIS		*	Molecular and Genomic Testing	Y*	IL/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3840	DNA ANALYSIS GERMLINE MUTATS RET PROTO-ONCOGENE		*	Molecular and Genomic Testing	Y*	IL/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3841	GENETIC TESTING FOR RETINOBLASTOMA		*	Molecular and Genomic Testing	Y*	IL/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3842	GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE		*	Molecular and Genomic Testing	Y*	IL/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3844	DNA ANALY CONNEXIN 26 GENE CONGN PFND DEAFNESS		*	Molecular and Genomic Testing	Y*	IL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3845	GENETIC TESTING FOR ALPHA-THALASSEMIA		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3846	GENETIC TESTING HEMOGLOBIN E BETA-THALASSEMIA		*	Molecular and Genomic Testing	Y*	IL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3850	GENETIC TESTING FOR SICKLE CELL ANEMIA		*	Molecular and Genomic Testing	Y*	IL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3852	DNA ANALY APOE EPSILON 4 ALLELE SUSECPT ALZS DZ	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	S3854	GENE EXPRESSION PROFILING PANL MGMT BREAST CA TX	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3861	GENETIC TESTING SCN5A AND VARIANTS FOR SUSPCTED BS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3865	COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3866	GENETIC ANALY GENE MUTAT HCM INDIV KNOWN HCM FAM	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3870	CGH MICROARRAY TEST DD ASD AND OR INTELL DISABILTY	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
Pharmacy Drug Coverage: Newly FDA approved medications such as "buy-and-bill" drugs are considered non-formulary and subject to non-formulary policies and other non-formulary utilization criteria until a coverage decision is rendered by the Molina Pharmacy and Therapeutics Committee. "Buy-and-bill" drugs are pharmaceuticals which a provider purchases and administers, and for which the provider submits a claim to Molina Healthcare for reimbursement. Many self-administered and office-administered injectable products require Prior Authorization (PA). In some cases they will be made available through Molina Healthcare's vendor, Caremark Specialty Pharmacy. Molina's pharmacy vendor will coordinate with MHI and ship the prescription directly to your office or the member's home. All packages are individually marked for each member, and refrigerated drugs are	90281	IMMUNE GLOBULIN IG HUMAN IM USE	Healthcare Administered Drugs	Y	N/A	N/A		
	90283	IMMUNE GLOBULIN IGIV HUMAN IV USE	Healthcare Administered Drugs	Y	N/A	N/A		
	90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	Healthcare Administered Drugs	Y	N/A	N/A		
	90291	Cytomegalovirus immune globulin(CMV-IVIg), human, for intravenous use	Healthcare Administered Drugs	Y	N/A	N/A	MI/NY/WA	
	90371	Hepatitis B immune globulin (HBIg), human, for intramuscular use	Healthcare Administered Drugs	Y	N/A	N/A		
	90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	Healthcare Administered Drugs	Y	N/A	N/A		
	A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN DX TO 5 MCI	Healthcare Administered Drugs	Y	N/A	N/A		
	A9604	Samarium sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries	Healthcare Administered Drugs	Y	N/A	N/A		
	B4105	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Healthcare Administered Drugs	Y	N/A	N/A	WI	
	B4187	Omegaven, 10 g lipids	Healthcare Administered Drugs	Y	N/A	N/A	MI/WA	
	C9054	Injection, lefamulin (Xenleta), 1 mg	Healthcare Administered Drugs	Y	N/A	N/A		
	C9055	Injection, brexanolone, 1 mg	Healthcare Administered Drugs	Y	N/A	N/A		
	C9132	PROTHROMBIN CMPLX CONC KCENTRA I.U. FCT IX ACTV	Healthcare Administered Drugs	Y	N/A	N/A		Medicaid only
	C9257	INJECTION BEVACIZUMAB 0.25 MG	Healthcare Administered Drugs	Y	N/A	N/A		No PA required when associated with ocular Dx's. (See Dx Codes tab for related ICD9 & ICD10 Codes)
	C9293	INJECTION GLUCARPIDASE 10 UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Healthcare Administered Drugs	Y	N/A	N/A	WI	
	C9488	INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A	WI	
	J0121	INJECTION OMADACYCLINE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0122	Injection, eravacycline, 1 mg	Healthcare Administered Drugs	Y	N/A	N/A		
	J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Healthcare Administered Drugs	Y	N/A	N/A		
	J0135	INJECTION ADALIMUMAB 20 MG	Healthcare Administered Drugs	Y	N/A	N/A	WI	
	J0178	INJECTION AFLIBERCEPT 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0179	INJECTION, BROLUCIZUMAB-DBLL, 1MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0180	INJECTION AGALSIDASE BETA 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0185	INJECTION APREPITANT 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0202	INJECTION ALEMTUZUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A	WI	
	J0205	INJECTION ALGLUCERASE PER 10 UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J0207	INJECTION AMIFOSTINE 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0220	INJECTION ALGLUCOSIDASE ALFA 10 MG NOS	Healthcare Administered Drugs	Y	N/A	N/A		
	J0221	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0222	INJECTION PATISIRAN 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0256	INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0257	INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0285	Injection, amphotericin b, 50 mg	Healthcare Administered Drugs	Y	N/A	N/A		
	J0287	INJECTION AMPHOTERICIN B LIPID COMPLEX 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0289	INJECTION AMPHOTERICIN B LIPOSOME 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0291	INJECTION PLAZOMICIN 5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0364	INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0480	INJECTION BASILIXIMAB 20 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0485	INJECTION BELATACEPT 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0490	INJECTION BELIMUMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0517	INJECTION BENRALIZUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0565	INJECTION BEZLOTOXUMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A	WI	
	J0567	INJECTION CERLIPONASE ALFA 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0570	BUPRENORPHINE IMPLANT 74.2 MG	Healthcare Administered Drugs	Y	N/A	N/A	NM	
	J0584	INJECTION BUROSUMAB-TWZA 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0585	BOTULINUM TOXIN TYPE A PER UNIT	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J0586	INJECTION ABOBOTULINUMTOXINA 5 UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J0587	INJECTION RIMABOTULINUMTOXINB 100 UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	Healthcare Administered Drugs	Y	N/A	N/A		

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shipped in insulated packages with frozen gel packs. The service also offers the additional convenience of enclosing needed ancillary supplies (needles, syringes and alcohol swabs) with each prescription at no charge. Please contact your Provider Relations Representative with any further questions about the program.	J0593	INJECTION, LANADELUMAB-FLYO 1 mg	Healthcare Administered Drugs	Y	N/A	N/A		(code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered). Code Previously under C9399
	J0594	INJECTION BUSULFAN 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0596	INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J0597	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J0598	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J0599	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J0604	CINACALCET ORAL 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0606	INJECTION ETELCALCETIDE 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0637	INJECTION CASPOFUNGIN ACETATE 5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0638	INJECTION CANAKINUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0640	INJECTION LEUCOVORIN CALCIUM PER 50 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0641	INJECTION LEVOLEUCOVORIN CALCIUM 0.5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0642	Injection, levoleucovorin (khapzory), 0.5 mg	Healthcare Administered Drugs	Y	N/A	N/A		
	J0695	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J0714	INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G	Healthcare Administered Drugs	Y	N/A	N/A		
	J0717	INJECTION CERTOLIZUMAB PEGOL 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0725	INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J0775	INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0800	INJECTION CORTICOTROPIN UP TO 40 UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J0841	INJECTION CROTALIDAE IMMUNE F120 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0850	INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL	Healthcare Administered Drugs	Y	N/A	N/A		
	J0875	INJECTION DALBAVANCIN 5MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J0878	INJECTION DAPTOMYCIN 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	Healthcare Administered Drugs	Y	N/A	N/A		
	J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J0888	INJECTION EPOETIN BETA 1 MICROGRAM	Healthcare Administered Drugs	Y	N/A	N/A		
	J0894	INJECTION DECITABINE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0895	INJECTION DEFEROXAMINE MESYLATE 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0897	INJECTION DENOSUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1095	INJECTION DEXAMETHASONE 9PCT INTRAOCULAR 1 MCG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1096	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1230	INJECTION METHADONE HCL UP TO 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1290	INJECTION ECALLANTIDE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1300	INJECTION ECULIZUMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1301	INJECTION EDARAVONE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1322	INJECTION ELOSULFASE ALFA 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1324	INJECTION ENFUVIRTIDE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1325	INJECTION EPOPROSTENOL 0.5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1428	INJECTION ETEPLIRSEN 10 MG	Healthcare Administered Drugs	Y	N/A	N/A	WI	
	J1438	INJECTION ETANERCEPT 25 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1439	INJECTION FERRIC CARBOXYMALTOSE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1442	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC	Healthcare Administered Drugs	Y	N/A	N/A		
	J1447	INJECTION TBO-FILGRASTIM 1 MICROGRAM	Healthcare Administered Drugs	Y	N/A	N/A		
	J1453	INJECTION FOSAPREPITANT 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1454	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1458	INJECTION GALSULFASE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1459	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1460	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J1555	INJECTION IMMUNE GLOBULIN 100 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1556	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J1557	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1559	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J1560	INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J1561	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J1562	INJECTION IMMUNE GLOBULIN VIVAGLBIN 100 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1566	INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1569	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J1570	INJECTION GANCICLOVIR SODIUM 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1571	INJ HEPATITIS B IG HEPAGAM B IM 0.5 ML	Healthcare Administered Drugs	Y	N/A	N/A		
	J1572	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1573	INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML	Healthcare Administered Drugs	Y	N/A	N/A		
	J1575	INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG	Healthcare Administered Drugs	Y	N/A	N/A	MI	

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	J1595	INJECTION GLATIRAMER ACETATE 20 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1599	INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1602	INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J1627	INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1628	INJECTION GUSELKUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1640	INJECTION HEMIN 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1645	INJECTION DALTEPARIN SODIUM PER 2500 IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J1650	INJECTION ENOXAPARIN SODIUM 10 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J1652	INJECTION FONDAPARINUX SODIUM 0.5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1675	INJECTION HISTRELIN ACETATE 10 MICROGRAMS	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J1726	INJECTION HYDROXYPROGESTERONE CAPROATE 10 MG	Healthcare Administered Drugs	Y	N/A	N/A	OH/MS	
	J1729	INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG	Healthcare Administered Drugs	Y	N/A	N/A	MS	
	J1740	INJECTION IBANDRONATE SODIUM 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1743	INJECTION IDURSULFASE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1744	INJECTION ICATIBANT 1 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J1745	INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1746	INJECTION IBALIZUMAB-UIYK 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1750	INJECTION IRON DEXTRAN 50 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1756	INJECTION IRON SUCROSE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1786	INJECTION IMIGLUCERASE 10 UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J1826	INJECTION INTERFERON BETA-1A 30 MCG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1830	INJECTION INTERFERON BETA-1B 0.25 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1833	INJECTION ISAVUCONAZONIUM 1 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J1930	INJECTION LANREOTIDE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1931	INJECTION LARONIDASE 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A	MS	
	J1943	INJECTION ARIPIPRAZOLE LAUROXIL 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1950	INJECTION LEUPROLIDE ACETATE PER 3.75 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1955	INJECTION LEVOCARNITINE PER 1 G	Healthcare Administered Drugs	Y	N/A	N/A		
	J2020	INJECTION LINEZOLID 200 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2062	LOXAPINE FOR INHALATION 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2170	INJECTION MECASERMIN 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2182	INJECTION MEPOLIZUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2186	INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2248	INJECTION MICAFUNGIN SODIUM 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2315	INJECTION NALTREXONE DEPOT FORM 1 MG	Healthcare Administered Drugs	Y	N/A	N/A	OH/SC/WA	
	J2323	INJECTION NATALIZUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2326	INJECTION NUSINERSEN 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A	WI	
	J2350	INJECTION OCRELIZUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2353	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2354	INJ OCTREOTIDE NON-DEPOT FORM SUBQ IV INJ 25 MCG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2357	INJECTION OMALIZUMAB 5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2407	Injection, oritavancin, 10 mg	Healthcare Administered Drugs	Y	N/A	N/A		
	J2425	INJECTION PALIFERMIN 50 MICROGRAMS	Healthcare Administered Drugs	Y	N/A	N/A		
	J2469	INJECTION PALONOSETRON HCL 25 MCG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2502	INJECTION PASIREOTIDE LONG ACTING 1 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J2503	INJECTION PEGAPTANIB SODIUM 0.3 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2504	INJECTION PEGADEMASE BOVINE 25 IU	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J2505	INJECTION PEGFILGRASTIM 6 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2507	INJECTION PEGLOTICASE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2562	INJECTION PLERIXAFOR 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2597	INJECTION DESMOPRESSIN ACETATE PER 1 MCG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2724	INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J2770	Injection, quinupristin/dalfopristin, 500 mg (150/350)	Healthcare Administered Drugs	Y	N/A	N/A		
	J2778	INJECTION RANIBIZUMAB 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2783	INJECTION RASBURICASE 0.5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2786	INJECTION RESLIZUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2787	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	Healthcare Administered Drugs	Y	N/A	N/A		
	J2793	INJECTION RILONACEPT 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2796	INJECTION ROMIPLOSTIM 10 MCG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2797	INJECTION ROLAPITANT 0.5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2820	INJECTION SARGRAMOSTIM 50 MCG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2840	INJECTION SEBELIPASE ALFA 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2860	INJECTION SILTUXIMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J2916	INJ SODIM FERRIC GLUCONATE CMPLX SUCROSE 12.5 MG	Healthcare Administered Drugs	Y	N/A	N/A	CA/MI/NM/WA	
	J2941	INJECTION SOMATROPIN 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	J3031	INJECTION FREMANEZUMAB-VFRM 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		Code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered.
	J3060	INJECTION TALIGLUCERASE ALFA 10 UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J3095	INJECTION TELAVANCIN 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J3110	INJECTION TERIPARATIDE 10 MCG	Healthcare Administered Drugs	Y	N/A	N/A		
	J3111	INJECTION, ROMOSOZUMAB-AQQG, 1 mg	Healthcare Administered Drugs	Y	N/A	N/A		Code previoulsy under C9399
	J3145	INJECTION TESTOSTERONE UNDECANOATE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J3240	INJ THYROTROPIN ALPHA 0.9 MG PROV 1.1 MG VIAL	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J3245	INJECTION TILDRAKIZUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J3262	INJECTION TOCILIZUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J3285	INJECTION TREPROSTINIL 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J3304	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J3316	INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J3355	INJECTION UROFOLLITROPIN 75 IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J3357	USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J3358	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J3380	INJECTION VEDOLIZUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J3385	INJECTION VELAGLUCERASE ALFA 100 UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J3396	INJECTION VERTEPORFIN 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J3397	INJECTION VESTRONIDASE ALFA-VJBK 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G	Healthcare Administered Drugs	Y	N/A	N/A	WA	
	J3489	INJECTION ZOLEDRONIC ACID 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J3490	UNCLASSIFIED DRUGS	Healthcare Administered Drugs	Y	N/A	N/A		
	J3590	UNCLASSIFIED BIOLOGICS	Healthcare Administered Drugs	Y	N/A	N/A		
	J3591	UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS	Healthcare Administered Drugs	Y	N/A	N/A		
	J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	Healthcare Administered Drugs	Y	N/A	N/A	WA	
	J7175	INJECTION FACTOR X 1 I.U.	Healthcare Administered Drugs	Y	N/A	N/A		
	J7177	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7178	INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7179	INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO	Healthcare Administered Drugs	Y	N/A	N/A		
	J7180	INJECTION FACTOR XIII 1 I.U.	Healthcare Administered Drugs	Y	N/A	N/A		
	J7181	INJECTION FACTOR XIII A-SUBUNIT PER IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J7182	INJECTION FACTOR VIII PER IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J7183	INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO	Healthcare Administered Drugs	Y	N/A	N/A		
	J7185	INJECTION FACTOR VIII PER IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J7186	INJ AHF VWF CMPLX PER FACTOR VIII IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J7187	INJ VONWILLEBRND FACTOR CMPLX HUMN RISTOCETIN IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J7188	INJECTION FACTOR VIII PER I.U.	Healthcare Administered Drugs	Y	N/A	N/A		
	J7189	FACTOR VIIA 1 MICROGRAM	Healthcare Administered Drugs	Y	N/A	N/A		
	J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J7191	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J7192	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Y	N/A	N/A		
	J7193	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J7194	FACTOR IX COMPLEX PER IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J7195	INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Y	N/A	N/A		
	J7196	INJECTION ANTITHROMBIN RECOMBINANT 50 I.U.	Healthcare Administered Drugs	Y	N/A	N/A		
	J7197	ANTITHROMBIN III PER IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J7198	ANTI-INHIBITOR PER IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J7199	HEMOPHILIA CLOTTING FACTOR NOC	Healthcare Administered Drugs	Y	N/A	N/A		
	J7200	INJECTION FACTOR IX RIXUBIS PER IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J7201	INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.	Healthcare Administered Drugs	Y	N/A	N/A		
	J7202	INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.	Healthcare Administered Drugs	Y	N/A	N/A		
	J7203	INJECTION FACTOR IX GLYCOPEGYLATED 1 IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J7205	INJECTION FACTOR VIII FC FUSION PROTEIN PER IU	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J7207	INJECTION FACTOR VIII PEGYLATED 1 I.U.	Healthcare Administered Drugs	Y	N/A	N/A		
	J7208	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J7209	INJECTION FACTOR VIII 1 I.U.	Healthcare Administered Drugs	Y	N/A	N/A		
	J7210	INJECTION FACTOR VIII AFSTYLA 1 I.U.	Healthcare Administered Drugs	Y	N/A	N/A		
	J7211	INJECTION FACTOR VIII KOVALTRY 1 I.U.	Healthcare Administered Drugs	Y	N/A	N/A		
	J7308	AMINOLEVULINIC ACID HCL TOP ADMN 20PCT 1 U DOSE	Healthcare Administered Drugs	Y	N/A	N/A		
	J7309	METHYL AMINOLEVULINATE MAL TOP ADMIN 16.8PCT 1 G	Healthcare Administered Drugs	Y	N/A	N/A		
	J7310	GANCICLOVIR 4.5 MG LONG-ACTING IMPLANT	Healthcare Administered Drugs	Y	N/A	N/A		
	J7311	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	Healthcare Administered Drugs	Y	N/A	N/A		
	J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	J7313	INJECTION FA INTRAVITREAL IMPLANT 0.01 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J7314	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (Yutiq), 0.01 mg	Healthcare Administered Drugs	Y	N/A	N/A		Code previoulsy under C9399
	J7316	INJECTION OCRIPLASMIN 0.125 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J7318	HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7320	HYALURONAN DERIVITIVE GENVISC 850 IA INJ 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7321	HYAL DERIV HYALGAN SUPARTZ VISCO-3 IA INJ-DOSE	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J7322	HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG	Healthcare Administered Drugs	Y	N/A	N/A	NY	
	J7323	HYALURONAN DERIVATIVE EUFLEXXA IA INJ PER DOSE	Healthcare Administered Drugs	Y	N/A	N/A		
	J7324	HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J7325	HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7326	HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J7327	HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE	Healthcare Administered Drugs	Y	N/A	N/A		
	J7328	HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J7329	HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7330	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	Healthcare Administered Drugs	Y	N/A	N/A		
	J7331	HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR INJECTION, 1 mg	Healthcare Administered Drugs	Y	N/A	N/A		
	J7332	HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJECTION, 1 mg	Healthcare Administered Drugs	Y	N/A	N/A		
	J7336	Capsaicin 8% patch, per square centimeter	Healthcare Administered Drugs	Y	N/A	N/A		
	J7340	CARBIDPA 5 MG LEVODPA 20 MG EN SUSP 100 ML	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J7401	MOMETASONE FUROATE SINUS IMPLANT, 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7504	LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7511	LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7527	EVEROLIMUS ORAL 0. 25 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7639	DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7677	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7686	TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J8499	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J8520	CAPECITABINE ORAL 150 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J8521	CAPECITABINE ORAL 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL	Healthcare Administered Drugs	Y	N/A	N/A		
	J8670	ROLAPITANT ORAL 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J8700	TEMOZOLOMIDE ORAL 5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J8999	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Y	N/A	N/A		
	J9000	INJECTION DOXORUBICIN HCL 10 MG	Healthcare Administered Drugs	Y	N/A	N/A	WA	
	J9015	INJECTION ALDESLEUKIN PER SINGLE USE VIAL	Healthcare Administered Drugs	Y	N/A	N/A		
	J9017	INJECTION ARSENIC TRIOXIDE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9019	INJECTION ASPARAGINASE ERWINAZE 1000 IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J9022	INJECTION ATEZOLIZUMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9023	INJECTION AVELUMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9025	INJECTION AZACITIDINE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9027	INJECTION CLOFARABINE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9030	BCG LIVE INTRAVESICAL INSTILLATION 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9032	INJECTION BELINOSTAT 10 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J9033	INJECTION BENDAMUSTINE HCL TREANDA 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9035	INJECTION BEVACIZUMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		No PA required when associated with ocular Diagnoses. (See Dx Codes tab for related ICD9 & ICD10 Codes). When not indicated for ocular conditions, use C9257
	J9036	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J9040	INJECTION BLEOMYCIN SULFATE 15 UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J9041	INJECTION BORTEZOMIB 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9043	INJECTION CABAZITAXEL 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9044	INJECTION BORTEZOMIB NOS 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9045	INJECTION CARBOPLATIN 50 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9047	INJECTION CARFILZOMIB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9050	INJECTION CARMUSTINE 100 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9055	INJECTION CETUXIMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9057	INJECTION COPANLISIB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A	IL/MI/WA/WI	
	J9065	INJECTION CLADRIBINE PER 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9070	CYCLOPHOSPHAMIDE 100 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9098	INJECTION CYTARABINE LIPOSOME 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	J9099	BLOOD COMPONENT OR PRODUCT NOT OTHERWISE SPEFICIED	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J9119	INJECTION CEMIPLIMAB-RWLC 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9120	INJECTION DACTINOMYCIN 0.5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9130	DACARBAZINE 100 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9145	INJECTION DARATUMUMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9150	INJECTION DAUNORUBICIN 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9153	INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA	Healthcare Administered Drugs	Y	N/A	N/A		
	J9155	INJECTION DEGARELIX 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9160	INJECTION DENILEUKIN DIFTITOX 300 MCG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9171	INJECTION DOCETAXEL 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9173	INJECTION DURVALUMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9176	INJECTION ELOTUZUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9178	INJECTION EPIRUBICIN HCL 2 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9179	INJECTION ERIBULIN MESYLATE 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9185	INJECTION FLUDARABINE PHOSPHATE 50 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9190	INJECTION FLUOROURACIL 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9199	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9200	INJECTION FLOXURIDINE 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9201	INJECTION GEMCITABINE HCL 200 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9203	INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9204	INJECTION MOGAMULIZUMAB-KPKC 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9206	INJECTION IRINOTECAN 20 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9207	INJECTION IXABEPILONE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9208	INJECTION IFOSFAMIDE 1 G	Healthcare Administered Drugs	Y	N/A	N/A		
	J9210	INJECTION EMAPALUMAB-LZSG 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9211	INJECTION IDARUBICIN HCL 5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9214	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U	Healthcare Administered Drugs	Y	N/A	N/A		
	J9215	INJECTION INTERFERON ALFA-N3 250,000 IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J9216	INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J9217	LEUPROLIDE ACETATE 7.5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9218	LEUPROLIDE ACETATE PER 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9219	LEUPROLIDE ACETATE IMPLANT 65 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9225	HISTRELIN IMPLANT VANTAS 50 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9226	HISTRELIN IMPLANT SUPPRELIN LA 50 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9228	INJECTION IPILIMUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9229	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9230	INJECTION MECHLORETHAMINE HCL 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9245	INJECTION MELINJECTION MELPHALAN HCL 50 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9261	INJECTION NELARABINE 50 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9262	INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9263	INJECTION OXALIPLATIN 0.5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	Healthcare Administered Drugs	Y	N/A	N/A		
	J9267	INJECTION PACLITAXEL 1 MG	Healthcare Administered Drugs	Y	N/A	N/A	CA/MI/WA	
	J9268	INJECTION PENTOSTATIN 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9269	INJECTION TAGRAXOFUSP-ERZS 10 MCG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9271	INJECTION PEMBROLIZUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9280	INJECTION MITOMYCIN 5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9285	INJECTION OLARATUMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9293	INJECTION MITOXANTRONE HCL PER 5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9295	INJECTION NECITUMUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9299	INJECTION NIVOLUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9301	INJECTION OBINUTUZUMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9302	INJECTION OFATUMUMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9303	INJECTION PANITUMUMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9305	INJECTION PEMETREXED 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9306	INJECTION PERTUZUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9307	INJECTION PRALATREXATE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9308	INJECTION RAMUCIRUMAB 5 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9311	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	Healthcare Administered Drugs	Y	N/A	N/A		
	J9312	INJECTION RITUXIMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9313	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9315	INJECTION ROMIDEPSIN 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9325	INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U	Healthcare Administered Drugs	Y	N/A	N/A		
	J9328	INJECTION TEMOZOLOMIDE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	J9330	INJECTION TEMSIROLIMUS 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9340	INJECTION THIOTEPA 15 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9351	INJECTION TOPOTECAN 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9352	INJECTION TRABECTEDIN 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	Healthcare Administered Drugs	Y	N/A	N/A		
	J9357	INJECTION VALRUBICIN INTRAVESICAL 200 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9360	INJECTION VINBLASTINE SULFATE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9371	INJECTION VINCRISTINE SULFATE LIPOSOME 1 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J9390	INJECTION VINORELBINE TARTRATE 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9395	INJECTION FULVESTRANT 25 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9600	INJECTION PORFIMER SODIUM 75 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	Healthcare Administered Drugs	Y	N/A	N/A		
	Q0138	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD	Healthcare Administered Drugs	Y	N/A	N/A		
	Q0139	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD	Healthcare Administered Drugs	Y	N/A	N/A		
	Q2043	SIPULEUCEL-T AUTO CD54 PLUS	Healthcare Administered Drugs	Y	N/A	N/A		
	Q2050	INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	Q3027	INJECTION INTERFERON BETA-1A 1 MCG IM USE	Healthcare Administered Drugs	Y	N/A	N/A		
	Q3028	INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	Q4074	ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	Q5101	INJECTION FILGRASTIM BIOSIMILAR 1 MCG	Healthcare Administered Drugs	Y	N/A	N/A		
	Q5103	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	Q5104	INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	Q5105	Injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Healthcare Administered Drugs	Y	N/A	N/A		
	Q5106	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use), 1000 units	Healthcare Administered Drugs	Y	N/A	N/A		
	Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	Q5108	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	Y	N/A	N/A	WA/WI	
	Q5109	INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	Q5110	INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG	Healthcare Administered Drugs	Y	N/A	N/A	CA/MS/WI	
	Q5111	INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	Q5113	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	Q5116	INJECTION, TRASTUZUMAG-QYYP, BIOSIMILAR, (TRAZIMERA), 10 mg	Healthcare Administered Drugs	Y	N/A	N/A		
	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR (kanjinti), 10 mg	Healthcare Administered Drugs	Y	N/A	N/A		Code previoulsy under J9999
	Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 mg	Healthcare Administered Drugs	Y	N/A	N/A		
	Q9991	INJECTION BUPRENORPHINE EXT-RLSE UNDER EQ TO 100 MG	Healthcare Administered Drugs	Y	N/A	N/A	OH	
	Q9992	INJECTION BUPRENORPHINE EXTENDED-RELEASE OVER 100 MG	Healthcare Administered Drugs	Y	N/A	N/A	OH/NY	
	S0073	INJECTION AZTREONAM 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	S0122	INJECTION MENOTROPINS 75 IU	Healthcare Administered Drugs	Y	N/A	N/A		
	S0126	INJECTION FOLLITROPIN ALFA 75 IU	Healthcare Administered Drugs	Y	N/A	N/A		
	S0128	INJECTION FOLLITROPIN BETA 75 IU	Healthcare Administered Drugs	Y	N/A	N/A		
	S0132	INJECTION GANIRELIX ACETATE 250 MCG	Healthcare Administered Drugs	Y	N/A	N/A		
	S0157	BECAPLERMIN GEL 0.01PCT 0.5 GM	Healthcare Administered Drugs	Y	N/A	N/A		
All Home Health Care Services: PA after initial evaluation plus six (6) visits per calendar year, including home-based OT/PT & ST.	G0151	SERVICE PHYS THERAP HOME HLTH HOSPICE EA 15 MIN	Home Health Care Services	Y	N/A	N/A	MS	
	G0152	SERVICE OCCUP THERAP HOME HLTH HOSPICE EA 15 MIN	Home Health Care Services	Y	N/A	N/A		
	G0153	SRVC SPCH AND LANG PATH HOME HLTH HOSPICE EA 15 MIN	Home Health Care Services	Y	N/A	N/A		
	G0155	SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN	Home Health Care Services	Y	N/A	N/A		
	G0156	SRVC HH HOSPICE AIDE IN HH HOSPICE SET EA 15 MIN	Home Health Care Services	Y	N/A	N/A		
	G0157	SERVICES PT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	Y	N/A	N/A		
	G0158	SERVICE OT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Home Health Care Services	Y	N/A	N/A		
	G0159	SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Home Health Care Services	Y	N/A	N/A		
	G0160	SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS	Home Health Care Services	Y	N/A	N/A		
	G0161	SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M	Home Health Care Services	Y	N/A	N/A		
	G0162	SKILLED SERVICE RN M AND E PLAN OF CARE; EA 15 MINS	Home Health Care Services	Y	N/A	N/A		
	G0299	DIRECT SNS RN HOME HEALTH HOSPICE SET EA 15 MIN	Home Health Care Services	Y	N/A	N/A		
	G0300	DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN	Home Health Care Services	Y	N/A	N/A		
	G0490	FACE-TO-FACE HH NSG VST RHC FQHC AREA SHTG HHA	Home Health Care Services	Y	N/A	N/A		
	G0493	SKILLED SERVICES RN OBV AND ASMT PT COND EA 15 MIN	Home Health Care Services	Y	N/A	N/A		
	G0494	SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN	Home Health Care Services	Y	N/A	N/A		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	G0495	SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN	Home Health Care Services	Y	N/A	N/A		
	G0496	SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN	Home Health Care Services	Y	N/A	N/A		
	S5116	Home care training, non-family; per session	Home Health Care Services	Y	N/A	N/A		
	S5130	HOMEMAKER SERVICE NOS; PER 15 MINUTES	Home Health Care Services	Y	N/A	N/A		
	S5135	COMPANION CARE ADULT ; PER 15 MINUTES	Home Health Care Services	Y	N/A	N/A		
	S5151	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Home Health Care Services	Y	N/A	N/A		
	S9122	HOM HLTH AIDE CERT NURSE ASST PROV CARE HOM;-HR	Home Health Care Services	Y	N/A	N/A		
	S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Home Health Care Services	Y	N/A	N/A		
	S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Home Health Care Services	Y	N/A	N/A		
	S9128	SPEECH THERAPY IN THE HOME PER DIEM	Home Health Care Services	Y	N/A	N/A		
	S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Home Health Care Services	Y	N/A	N/A		
	S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM	Home Health Care Services	Y	N/A	N/A	FL/IL	
	S9470	NUTRITIONAL COUNSELING DIETITIAN VISIT	Home Health Care Services	Y	N/A	N/A		
	S9977	MEALS PER DIEM NOT OTHERWISE SPECIFIED	Home Health Care Services	Y	N/A	N/A	FL	
	T1000	PRIV DUTY INDEPEND NRS SERVICE LIC UP 15 MIN	Home Health Care Services	Y	N/A	N/A	TX	
	T1002	RN SERVICES UP TO 15 MINUTES	Home Health Care Services	Y	N/A	N/A	TX	
	T1003	LPN LVN SERVICES UP TO 15 MINUTES	Home Health Care Services	Y	N/A	N/A	TX	
	T1005	RESPITE CARE SERVICES UP TO 15 MINUTES	Home Health Care Services	Y	N/A	N/A		
	T1019	PERSONAL CARE SERVICES PER 15 MINUTES	Home Health Care Services	Y	N/A	N/A	FL	
	T1022	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	Home Health Care Services	Y	N/A	N/A		
	T1030	NURSING CARE THE HOME REGISTERED NURSE PER DIEM	Home Health Care Services	Y	N/A	N/A		
	T1031	NURSING CARE IN THE HOME BY LPN PER DIEM	Home Health Care Services	Y	N/A	N/A		
	99183	PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION	Hyperbaric Therapy	Y	N/A	N/A		
	G0277	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	Hyperbaric Therapy	Y	N/A	N/A		
	Q4176	NEOPATCH PER SQUARE CM	Hyperbaric Therapy	Y	N/A	N/A	MI/WI	
	Q4177	FLOWERAMNIOFLO, 0.1 cc	Hyperbaric Therapy	Y	N/A	N/A	MI/WI	
	Q4178	FLOWERAMNIOPATCH PER SQUARE CM	Hyperbaric Therapy	Y	N/A	N/A	MI/WI	
	Q4179	FLOWERDERM PER SQUARE CM	Hyperbaric Therapy	Y	N/A	N/A	MI/WI	
	Q4180	REVITA PER SQUARE CM	Hyperbaric Therapy	Y	N/A	N/A	MI/WI	
	Q4181	AMNIO WOUND PER SQUARE CM	Hyperbaric Therapy	Y	N/A	N/A	MI/WI	
	Q4182	TRANSCYTE PER SQUARE CM	Hyperbaric Therapy	Y	N/A	N/A	MI/WI	
	70336	MRI TEMPOROMANDIBULAR JOINT	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70450	CT HEAD BRAIN W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70460	CT HEAD BRAIN W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70470	CT HEAD BRAIN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70480	CT ORBIT SELLA POST FOSSA EAR W O CONTRAST MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70481	CT ORBIT SELLA POST FOSSA EAR W CONTRAST MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70482	CT ORBIT SELLA POST FOSSA EAR W O AND W CONTR MATR	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70486	CT MAXILLOFACIAL W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70487	CT MAXILLOFACIAL W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70488	CT MAXILLOFACIAL W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70490	CT SOFT TISSUE NECK W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70491	CT SOFT TISSUE NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70492	CT SOFT TISSUE NECK W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70496	CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70498	CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70540	MRI ORBIT FACE AND NECK W O CONTRAST	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70542	MRI ORBIT FACE AND NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70543	MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70544	MRA HEAD W O CONTRST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70545	MRA HEAD W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70546	MRA HEAD W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70547	MRA NECK W O CONTRST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70548	MRA NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70549	MRA NECK W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70551	MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70552	MRI BRAIN BRAIN STEM W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70553	MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	70554	MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMNISTRATION	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	NY	*APPLIES TO IL/MI/OH/NY/WI
	70555	MRI BRAIN FUNCTIONAL W PHYSICIAN ADMNISTRATION	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	71250	CT THORAX W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	71260	CT THORAX W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	71270	CT THORAX W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	71275	CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	71550	MRI CHEST W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	71551	MRI CHEST W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	71552	MRI CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	71555	MRA CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	72125	CT CERVICAL SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72126	CT CERVICAL SPINE W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72127	CT CERVICAL SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72128	CT THORACIC SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72129	CT THORACIC SPINE W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72130	CT THORACIC SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72131	CT LUMBAR SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72132	CT LUMBAR SPINE W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72133	CT LUMBAR SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72141	MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72142	MRI SPINAL CANAL CERVICAL W CONTRAST MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72146	MRI SPINAL CANAL THORACIC W O CONTRAST MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72147	MRI SPINAL CANAL THORACIC W CONTRAST MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72148	MRI SPINAL CANAL LUMBAR W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72149	MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72156	MRI SPINAL CANAL CERVICAL W O AND W CONTR MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72157	MRI SPINAL CANAL THORACIC W O AND W CONTR MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72158	MRI SPINAL CANAL LUMBAR W O AND W CONTR MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72159	MRA SPINAL CANAL W WO CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72191	CT ANGIOGRAPHY PELVIS W CONTRAST NONCONTRAST	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72192	CT PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72193	CT PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72194	CT PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72195	MRI PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72196	MRI PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72197	MRI PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	72198	MRA PELVIS W WO CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73200	CT UPPER EXTREMITY W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73201	CT UPPER EXTREMITY W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73202	CT UPPER EXTREMITY W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73206	CT ANGIOGRAPHY UPPER EXTREMITY	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73218	MRI UPPER EXTREMITY OTH THAN JT W O CONTR MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73219	MRI UPPER EXTREMITY OTH THAN JT W CONTR MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73220	MRI UPPER EXTREM OTHER THAN JT W O AND W CONTRAS	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73221	MRI ANY JT UPPER EXTREMITY W O CONTRAST MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73222	MRI ANY JT UPPER EXTREMITY W CONTRAST MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73223	MRI ANY JT UPPER EXTREMITY W O AND W CONTR MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73225	MRA UPPER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73700	CT LOWER EXTREMITY W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73701	CT LOWER EXTREMITY W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73702	CT LOWER EXTREMITY W O AND W CONTRAST MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73706	CT ANGIOGRAPHY LOWER EXTREMITY	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73718	MRI LOWER EXTREM OTH THN JT W O CONTR MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73719	MRI LOWER EXTREM OTH THN JT W CONTRAST MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73720	MRI LOWER EXTREM OTH THN JT W O AND W CONTR MATR	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73721	MRI ANY JT LOWER EXTREM W O CONTRAST MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73722	MRI ANY JT LOWER EXTREM W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73723	MRI ANY JT LOWER EXTREM W O AND W CONTRAST MATRL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73725	MRA LOWER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74150	CT ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74160	CT ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74170	CT ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74174	CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74175	CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74176	CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74177	CT ABDOMEN AND PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74178	CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74181	MRI ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74182	MRI ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74183	MRI ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74185	MRA ABDOMEN W WO CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74712	FETAL MRI W PLACNTL MATRNL PLVC IMG SING 1ST GES	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74713	FETAL MRI W PLACNTL MATRNL PLVC IMG EA ADDL GES	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	75557	CARDIAC MRI MORPHOLOGY AND FUNCTION W O CONTRAST	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	75559	CARDIAC MRI W O CONTRAST W STRESS IMAGING	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	75561	CARDIAC MRI W WO CONTRAST AND FURTHER SEQ	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	75563	CARDIAC MRI W W O CONTRAST W STRESS	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	TX/NY	*APPLIES TO IL/MI/OH/NY/WI E/I Except for TX
	75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	NY	*APPLIES TO IL/MI/OH/NY/WI
	75573	CT HRT CONTRST CARDIAC STRUCT AND MORPH CONG HRT D	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	NY	*APPLIES TO IL/MI/OH/NY/WI
	75574	CTA HRT CORNRY ART BYPASS GRFTS CONTRST 3D POST	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	75635	CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	76376	3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	76377	3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	76380	CT LIMITED LOCALIZED FOLLOW UP STUDY	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	76390	MRI SPECTROSCOPY		*	Imaging & Special Tests	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	76506	ECHOENCEPHALOGRAPHY REAL TIME IMAGING		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76536	US SOFT TISSUE HEAD AND NECK REAL TIME IMGE DOCM		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76604	US CHEST REAL TIME W IMAGE DOCUMENTATION		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76641	US BREAST UNI REAL TIME WITH IMAGE COMPLETE		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76642	US BREAST UNI REAL TIME WITH IMAGE LIMITED		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76700	US ABDOMINAL REAL TIME W IMAGE DOCUMENTATION		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76705	US ABDOMINAL REAL TIME W IMAGE LIMITED		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76706	US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76770	US RETROPERITONEAL REAL TIME W IMAGE COMPLETE		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76775	US RETROPERITONEAL REAL TIME W IMAGE LIMITED		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76776	US TRNSPLNT KIDNEY REAL TIME W IMAGE DOCMTN		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76800	ULTRASOUND SPINAL CANAL AND CONTENTS		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76830	US TRANSVAGINAL		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76831	SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76857	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED F U		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76870	US SCROTUM AND CONTENTS		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76872	US TRANSRECTAL		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76881	US COMPL JOINT R-T W IMAGE DOCUMENTATION		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76882	US LMTD JOINT OTH NONVASC XTR STRUX R-T W IMG		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76885	US INFT HIPS R-T IMG DYNAMIC REQ PHYS QHP MANJ		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76886	US INFT HIPS R-T IMG LMTD STATIC PHYS QHP MANJ		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76970	US STUDY FOLLOW UP		*	Imaging & Special Tests	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76975	GI ENDOSCOPIC US S AND I		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76999	UNLISTED US PROCEDURE	Imaging & Special Tests	Y	N/A	N/A		
	77021	MRI GUIDANCE NEEDLE PLACEMENT RS AND I		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	77022	MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	NY/OH/WI	*APPLIES TO IL/MI/OH/NY/WI
	77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI/OH/WI	*APPLIES TO IL/MI/OH/NY/WI
	77048	MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	IL/NY	*APPLIES TO IL/MI/OH/NY/WI
	77049	MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	IL	*APPLIES TO IL/MI/OH/NY/WI
	77078	CT BONE MINERL DENSITY STUDY 1 OR GRT SITS AXIAL SKE		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77084	BONE MARROW BLOOD SUPPLY	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78012	THYROID UPTAKE SINGLE MULTIPLE QUANT MEASUREMENT		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78013	THYROID IMAGING WITH VASCULAR FLOW		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78014	THYROID UPTAKE W BLOOD FLOW SNGLE MULT QUAN MEAS		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78015	THYROID CARCINOMA METASTASES IMG LMTD AREA		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78016	THYROID CARCINOMA METASTASES IMG ADDL STUDY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78018	THYROID CARCINOMA METASTASES IMG WHOLE BODY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78020	THYROID CARCINOMA METASTASES UPTAKE		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78070	PARATHYROID PLANAR IMAGING		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78071	PARATHYROID PLANAR IMAGING W WO SUBTRACTION		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78072	PARATHYROID IMAGING W TOMOGRAPHIC SPECT AND CT		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78075	ADRENAL IMAGING CORTEX AND MEDULLA		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78102	BONE MARROW IMAGING LIMITED AREA		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78103	BONE MARROW IMAGING MULTIPLE AREAS		*	Imaging & Special Tests	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78104	BONE MARROW IMAGING WHOLE BODY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78140	LABELED RBC SEQUESTRATION DIFFERNTL ORGAN TISSUE		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78185	SPLEEN IMAGING ONLY W WO VASCULAR FLOW		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78195	LYMPHATICS AND LYMPH NODES IMAGING		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78201	LIVER IMAGING STATIC ONLY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78202	LIVER IMAGING W VASCULAR FLOW		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78215	LIVER AND SPLEEN IMAGING STATIC ONLY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78216	LIVER AND SPLEEN IMAGING W VASCULAR FLOW		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78226	HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78227	HEPATOBIL SYST IMAG INC GB W PHARMA INTERVENJ		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78230	SALIVARY GLAND IMAGING		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78231	SALIVARY GLAND IMAGING SERIAL IMAGES		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78232	SALIVARY GLAND FUNCTION STUDY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78258	ESOPHAGEAL MOTILITY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78261	Gastric mucosa imaging		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78262	GASTROESOPHAGEAL REFLUX STUDY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	78264	GASTRIC EMPTYING IMAGING STUDY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78265	GASTRIC EMPTYNG IMAG STD W SM BWL TRANSIT		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78266	GSTRC EMPTNG IMAG STD W SM BWL COL TRNST MLT DAY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78290	INTESTINE IMAGING		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78291	PERITONEAL-VENOUS SHUNT PATENCY TEST		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78300	BONE AND JOINT IMAGING LIMITED AREA		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78305	BONE AND JOINT IMAGING MULTIPLE AREAS		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78306	BONE AND JOINT IMAGING WHOLE BODY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78315	BONE AND JOINT IMAGING 3 PHASE STUDY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78414	CARD-VASC HEMODYNAM W WO PHARM EXER 1 MLT DETERM		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78428	CARDIAC SHUNT DETECTION		*	Imaging & Special Tests	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78445	NONCARDIAC VASCULAR FLOW IMAGING		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78452	MYOCARDIAL SPECT MULTIPLE STUDIES	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST STRES	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78456	ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78457	VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78458	VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL QUAN	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78468	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78469	MYOCRD INFARCT AVID PLNR TOMOG SPECT W WO QUANTJ	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST STRESS	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78491	MYOCRD IMAGE PET PERFUS SINGLE STUDY REST STRESS	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78492	MYOCRD IMAGE PET PERFUS MULTPL STUDY REST STRESS	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78496	CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78579	PULMONARY VENTILATION IMAGING		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78580	PULMONARY PERFUSION IMAGING PARTICULATE		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78582	PULMONARY VENTILATION AND PERFUSION IMAGING		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78597	QUANT DIFFERENTIAL PULM PERFUSION W WO IMAGING		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78598	QUANT DIFF PULM PRFUSION AND VENTLAJ W WO IMAGIN		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78600	BRAIN IMAGING UNDER 4 STATIC VIEWS		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78601	BRAIN IMAGING UNDER 4 STATIC VIEWS W VASCULAR FLOW		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78605	BRAIN IMAGING MINIMUM 4 STATIC VIEWS		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78606	BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78608	BRAIN IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78609	BRAIN IMAGING PET PERFUSION EVALUATION	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78610	BRAIN IMAGING VASCULAR FLOW ONLY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78630	CEREBROSPINAL FLUID FLOW W O MATL CISTERNOGRAPHY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78635	CEREBROSPINAL FLUID FLOW W O MATL VENTRICLGRAPHY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78645	CEREBROSPINAL FLUID FLOW W O MATL SHUNT EVALTJ		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78650	CEREBROSPINAL FLUID LEAK DETECTION AND LOCALIZATIO		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78700	KIDNEY IMAGING MORPHOLOGY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78701	KIDNEY IMAGING MORPHOOGY W VASCULAR FLOW		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78707	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W O RX		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78708	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W RX		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78709	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78725	KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78730	URINARY BLADDER RESIDUAL STUDY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78740	URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78761	TESTICULAR IMAGING WITH VASCULAR FLOW		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78800	RP LOCLZJ TUMOR DSTRBJ AGENT LIMITED AREA		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78801	RP LOCLZJ TUMOR DSTRBJ AGENT MULTIPLE AREAS		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78802	RP LOCLZJ TUMOR DSTRBJ AGENT WHOLE BDY 1 DAY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78803	RP LOCLZJ TUMOR DSTRBJ AGENT TOMOG SPECT	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78804	RP LOCLZJ TUMOR DSTRBJ AGT WHOL BDY REQ 2 OR GRT DAY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78811	PET IMAGING LIMITED AREA CHEST HEAD NECK	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78812	PET IMAGING SKULL BASE TO MID-THIGH	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	78813	PET IMAGING WHOLE BODY	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78830	SPECT SINGLE AREA SINGLE DAY WITH CONCURRENT CT	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78831	SPECT MULTI AREAS SINGLE DAY or SINGLE AREA MULTI DAYS	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78832	CONCURRENT CT (WITH SPECT 78831)	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93304	F-UP LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93306	ECHO TTHRC R-T 2D W WOM-MODE COMPL SPEC AND COLR D		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93307	ECHO TRANSTHORAC R-T 2D W WO M-MODE REC COMP		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93308	ECHO TRANSTHORC R-T 2D W WO M-MODE REC F-UP LMTD		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93312	ECHO TRANSESOPHAG R-T 2D W PRB IMG ACQUISJ I AND R		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93313	ECHO R-T 2D W PROBE PLACEMENT ONLY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93314	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I AND R ONLY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93315	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I AND R		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93316	ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93317	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP AND REPORT		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93320	DOPPLER ECHOCARD PULSE WAVE W SPECTRAL DISPLAY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93321	DOP ECHOCARD PULSE WAVE W SPECTRAL F-UP LMTD STD		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93350	ECHO TTHRC R-T 2D W WO M-MODE COMPLETE REST AND ST		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93351	ECHO TTHRC R-T 2D W WO M-MODE REST AND STRS CONT ECG		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93352	USE OF ECHO CONTRAST AGENT DURING STRESS ECHO		*	Imaging & Special Tests	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93356	MYOCARDIAL STRAIN IMAGING QUAN ASSMT	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	WA	*APPLIES TO IL/MI/OH/NY/WI
	93451	RIGHT HEART CATH O2 SATURATION AND CARDIAC OUTPUT		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93452	L HRT CATH W NJX L VENTRICULOGRAPHY IMG S AND I		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93453	R AND L HRT CATH W NJX L VENTRICULOG IMG S AND I		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93454	CATH PLACEMENT AND NJX CORONARY ART ANGIO IMG S AND I		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93455	CATH PLMT AND NJX CORONARY ART GRFT ANGIO IMG S AND I		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93456	CATH PLMT R HRT AND ARTS W NJX AND ANGIO IMG S AND I		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93457	CATH PLMT R HRT ARTS GRFTS W NJX AND ANGIO IMG S AND I		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93458	CATH PLMT L HRT AND ARTS W NJX AND ANGIO IMG S AND I		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93459	CATH PLMT L HRT ARTS GRFTS WNJX AND ANGIO IMG S AND I		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93460	R AND L HRT CATH WINJX HRT ART AND L VENTR IMG		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93461	R AND L HRT CATH W INJEC HRT ART GRFT AND L VENT I		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93462	LEFT HEART CATH BY TRANSEPTAL PUNCTURE		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93530	R HRT CATHETERIZATION CONGENITAL CARDIAC ANOMALY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	93531	CMBN R HRT AND RETROGRADE L HRT CATHJ CGEN ANOMA		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93532	CMBN R HRT T-SEPTAL L HRT CATHJ NTC SEPTUM CGEN		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93533	CMBN R HRT T-SEPTAL L HRT CATHJ SEPTAL OPNG CGEN		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93882	DUPLEX SCAN EXTRACRANIAL ART UNI LMTD STUDY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93886	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93888	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93890	TRANSCRANIAL DOPPLER INTRACRAN ART VASOREAC STDY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93892	TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93893	TRANSCRAN DOPPLER INTRACRAN ART MICROBUBBLE INJ		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93924	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93925	DUP-SCAN LXTR ART ARTL BPGS COMPL BI STUDY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93926	DUP-SCAN LXTR ART ARTL BPGS UNI LMTD STUDY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93930	DUP-SCAN UXTR ART ARTL BPGS COMPL BI STUDY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93931	DUP-SCAN UXTR ART ARTL BPGS UNI LMTD STUDY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93971	DUP-SCAN XTR VEINS UNILATERAL LIMITED STUDY		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93975	DUP-SCAN ARTL FLO ABDL PEL SCROT AND RPR ORGN COM		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93976	DUP-SCAN ARTL FLO ABDL PEL SCROT AND RPR ORGN LMT		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93978	DUP-SCAN AORTA IVC ILIAC VASCL BPGS COMPLETE		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93979	DUP-SCAN AORTA IVC ILIAC VASCL BPGS UNI LMTD		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93980	DUP-SCAN ARTL INFL AND VEN O F PEN VSL COMPL		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93981	DUP-SCAN ARTL INFL AND VEN O F PEN VSL F-UP LMTD STD		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93990	DUPLEX SCAN HEMODIALYSIS ACCESS		*	Imaging & Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	0042T	CEREBRAL PERFUSION ANALYS CT W BLOOD FLOW AND VOLUME	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	0295T	EXT ECG OVER 48HR TO 21 DAY RCRD SCAN ANLYS REP R AND I	Imaging & Special Tests	Y	N/A	N/A		
	0296T	EXT ECG OVER 48HR TO 21 DAY RCRD W CONECT INTL RCRD	Imaging & Special Tests	Y	N/A	N/A		
	0297T	EXT ECG OVER 48HR TO 21 DAY SCAN ANALYSIS W REPORT	Imaging & Special Tests	Y	N/A	N/A		
	0298T	EXT ECG OVER 48HR TO 21 DAY REVIEW AND INTERPRETATN	Imaging & Special Tests	Y	N/A	N/A		
	0331T	MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	NY/OH	*APPLIES TO IL/MI/OH/NY/WI
	0332T	MYOCRD SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	NY/OH	*APPLIES TO IL/MI/OH/NY/WI
	0439T	MYOCARDIAL PERFUSION ECHO ISCHM VIABILITY ASSMT	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	IL/MI/OH/WI	*APPLIES TO IL/MI/OH/NY/WI
	0501T	COR FFR DERIVED CTA DATA ASSESS COR ART DISEASE		*	Imaging & Special Tests	Y*	MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0502T	COR FFR DERIVED CTA DATA PREP AND TRANSMIS		*	Imaging & Special Tests	Y*	MI/NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0503T	COR FFR CTA DATA ALYS AND GNRJ ESTIMATED FFR MODEL		*	Imaging & Special Tests	Y*	MI/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	0504T	COR FFR CTA DATA REVIEW W INTERPJ AND FINAL REPORT		*	Imaging & Special Tests	Y*	MI/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C8900	MR ANGIOGRAPHY WITH CONTRAST ABDOMEN	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8901	MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8902	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST ABD	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8903	MR IMAGING WITH CONTRAST BREAST; UNILATERAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI	*APPLIES TO IL/MI/OH/NY/WI
	C8905	MR IMAG W O CONTRST FLWED W CONTRST BRST; UNI	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI	*APPLIES TO IL/MI/OH/NY/WI
	C8908	MR IMAG W O CONTRST FLWED W CONTRST BRST; BIL	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8911	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST CHST	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8912	MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8913	MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI	*APPLIES TO IL/MI/OH/NY/WI
	C8914	MR ANGIO W O CONTRST FLWED W CONTRST LOW EXTRM	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8918	MR ANGIOGRAPHY WITH CONTRAST PELVIS	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI	*APPLIES TO IL/MI/OH/NY/WI
	C8919	MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8920	MRA WITHOUT CONTRAST FOLLOWED W CONTRAST PELVIS	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8921	TTE W CONTRAST OR W O FLW W CONTRAST; COMPLETE		*	Imaging & Special Tests	Y*	IL//MI/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C8922	TTE W CONTRAST OR W O FLW W CONTRAST; F U OR LTD		*	Imaging & Special Tests	Y*	IL//MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C8923	TTE FLW W CNTRST R-T DOC 2D INCL M-MODE REC CMPL		*	Imaging & Special Tests	Y*	IL//MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C8924	TTE FLW W CNTRST R-T 2D INCL M-MODE REC FU LTD		*	Imaging & Special Tests	Y*	IL//MI/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C8925	TEE W OR W O FLW W CNTRST REAL TIME 2D; ACQ I AND R		*	Imaging & Special Tests	Y*	IL//MI/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C8926	TEE W OR W O FLW W CNTRST; PROBE PLCMT ACQ I AND R		*	Imaging & Special Tests	Y*	IL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C8928	TTE W CNTRST INCL M-MODE REC REST AND CV ST W I AND R		*	Imaging & Special Tests	Y*	IL//MI/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C8929	TTE CMPL SPEC DOPPLER AND COLOR FLOW DOPPLER ECHO		*	Imaging & Special Tests	Y*	IL//MI/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C8930	TTE CMPL DUR REST AND CVST W I AND R W PHYS SUP		*	Imaging & Special Tests	Y*	IL//MI/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C8931	MR ANGIOGRAPHY W CONTRAST SPINAL CANAL CONTENTS	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	C8932	MR ANGIOGRAPHY W O CONTRST SPINAL CANAL CONTENTS	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI	*APPLIES TO IL/MI/OH/NY/WI
	C8933	MR ANGIO NO CONTRST FLW W CONTRST SP CANAL CNTN	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI	*APPLIES TO IL/MI/OH/NY/WI
	C8934	MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI	*APPLIES TO IL/MI/OH/NY/WI
	C8935	MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI	*APPLIES TO IL/MI/OH/NY/WI
	C8936	MR ANGIO W O CONTRST FOLLOWED W CONTRST UP EXT	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	MI	*APPLIES TO IL/MI/OH/NY/WI
	G0219	PET IMAG WHOLE BODY; MELANOMA NON-COVR INDICATS	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	IL/MI/OH	*APPLIES TO IL/MI/OH/NY/WI
	G0235	PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	IL/NY/OH	*APPLIES TO IL/MI/OH/NY/WI
	G0252	PET IMAG INIT DX BREST CA AND SURG PLAN NOT COV MCR	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	IL/MI/OH	*APPLIES TO IL/MI/OH/NY/WI
	G0297	LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Imaging & Special Tests	Y	Imaging & Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY			Imaging & Special Tests	Y*	IL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S8042	MAGNETIC RESONANCE IMAGING LOW-FIELD	Imaging & Special Tests	Y	Imaging & Special Tests	Y*	IL/MI	*APPLIES TO IL/MI/OH/NY/WI
	S8085	F-18 FDG IMAG USING 2-HEAD COINCIDENCE DETCT SYS		*	Imaging & Special Tests	Y*	IL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY		*	Imaging & Special Tests	Y*	IL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
In ANY Setting	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING. WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	95708	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; UNMONITORED	Neuropsychological and Psychological Tests	Y	N/A	N/A	MI	
	95709	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Neuropsychological and Psychological Tests	Y	N/A	N/A		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	95710	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	95711	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; UNMONITORED	Neuropsychological and Psychological Tests	Y	N/A	N/A	MI	
	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	95713	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 12-26 HOURS; UNMONITORED	Neuropsychological and Psychological Tests	Y	N/A	N/A	MI	
	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 12-26 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 12-26 HOURS; WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	95717	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OR EEG RECORDING; WITHOUT VIDEO	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	95718	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OR EEG RECORDING; WITH VIDEO (VEEG)	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	95719	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION AND REPORT AFTER EACH 24-HOUR PERIOD; WITHOUT VIDEO	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	95720	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION AND REPORT AFTER EACH 24-HOUR PERIOD; WITH VIDEO (VEEG)	Neuropsychological and Psychological Tests	Y	N/A	N/A		

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	95721	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 36 HOURS, UP TO 60 HOURS OF EEG RECORDING, WITHOUT VIDEO	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	95722	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 36 HOURS, UP TO 60 HOURS OF EEG RECORDING, WITH VIDEO (VEEG)	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	95723	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 60 HOURS, UP TO 84 HOURS OF EEG RECORDING, WITHOUT VIDEO	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	95724	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 84 HOURS OF EEG RECORDING, WITH VIDEO (VEEG)	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	95725	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 84 HOURS OF EEG RECORDING, WITHOUT VIDEO	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	95726	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 84 HOURS OF EEG RECORDING, WITH VIDEO (VEEG)	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	Neuropsychological and Psychological Tests	Y	N/A	N/A	NM	
	96112	DEVELOPMENTAL TST ADMIN PHYS QHP 1ST HOUR	Neuropsychological and Psychological Tests	Y	N/A	N/A	NY/OH	
	96113	DEVELOPMENTAL TST ADMIN PHYS QHP EA ADDL 30 MIN	Neuropsychological and Psychological Tests	Y	N/A	N/A	NY/OH	
	96116	NEUROBEHAVIORAL STATUS XM PHYS QHP 1ST HOUR	Neuropsychological and Psychological Tests	Y	N/A	N/A	NM/NY/OH	
	96121	NEUROBEHAVIORAL STATUS XM PHYS QHP EA ADDL HOUR	Neuropsychological and Psychological Tests	Y	N/A	N/A	NY/OH	
	96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Neuropsychological and Psychological Tests	Y	N/A	N/A	MN/NY	
	96130	PSYCHOLOGICAL TST EVAL SVC PHYS QHP FIRST HOUR	Neuropsychological and Psychological Tests	Y	N/A	N/A	NM/NY/OH	
	96131	PSYCHOLOGICAL TST EVAL SVC PHYS QHP EA ADDL HOUR	Neuropsychological and Psychological Tests	Y	N/A	N/A	NM/NY/OH	
	96132	NEUROPSYCHOLOGICAL TST EVAL PHYS QHP 1ST HOUR	Neuropsychological and Psychological Tests	Y	N/A	N/A	NM/NY/OH	
	96133	NEUROPSYCHOLOGICAL TST EVAL PHYS QHP EA ADDL HR	Neuropsychological and Psychological Tests	Y	N/A	N/A	NM/NY/OH	
	96136	PSYL NRPSYCL TST PHYS QHP 2 PLUS TST 1ST 30 MIN	Neuropsychological and Psychological Tests	Y	N/A	N/A	NM/NY/OH	
	96137	PSYCL NRPSYCL TST PHYS QHP 2 PLUS TST EA ADDL 30 MIN	Neuropsychological and Psychological Tests	Y	N/A	N/A	NM/NY/OH	
	96138	PSYCL NRPSYCL TST TECH 2 PLUS TST 1ST 30 MIN	Neuropsychological and Psychological Tests	Y	N/A	N/A	NM/NY/OH	
	96139	PSYCL NRPSYCL TST TECH 2 PLUS TST EA ADDL 30 MIN	Neuropsychological and Psychological Tests	Y	N/A	N/A	NM/NY/OH	
	96146	PSYCL NRPSYCL TST ELEC PLATFORM AUTO RESULT	Neuropsychological and Psychological Tests	Y	N/A	N/A	NM/NY/OH	
Occupational Therapy:	97110	THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES	Occupational Therapy	Y	N/A	N/A	IL/UT/MI/WI	
PA required after initial	97112	THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC RE-EDU	Occupational Therapy	Y	N/A	N/A	FL/MI/SC/UT/WI	

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PA required after initial evaluation plus twenty four (24) visits per calendar year, for office and OP settings.	97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	Occupational Therapy	Y	N/A	N/A	MI/WA/WI	
	97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	Occupational Therapy	Y	N/A	N/A	WA	
	97763	ORTHOTICS PROSTH MGMT AND TRAINJ SBSQ ENCTR 15 MIN	Occupational Therapy	Y	N/A	N/A	MI	
	10040	ACNE SURGERY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	15730	MIDFACE FLAP W PRESERVATION OF VASCULAR PEDICLES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	MI/SC/WA	
	15733	MUSC MYOQ FSCQ FLAP HEAD AND NECK W NAMED VASC PEDCL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	MI/SC/WA	
	15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	15786	ABRASION 1 LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	15787	ABRASION EACH ADDITIONAL 4 LESIONS OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	15819	CERVICOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	17004	DESTRUCTION PREMALIGNANT LESION 15 OR GRT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	17360	CHEMICAL EXFOLIATION ACNE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	19294	PREP TUMOR CAVITY IORT W PARTIAL MASTECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	IL/OH	
	20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	MI	
	20561	Needle insertion(s) without injection(s); 3 or more muscles	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	MI	
	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	MI/SC/WI	
	21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21120	GENIOPLASTY AUGMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21122	GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21123	GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21125	AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21127	AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21137	REDUCTION FOREHEAD CONTOURING ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21138	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21139	RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21142	RCNSTJ MIDFACE LEFORT I 2 PIECES W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21143	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21147	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21151	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21154	RCNSTJ MIDFACE LEFORT III W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21155	RCNSTJ MIDFACE LEFORT III W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21159	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21160	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		

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	21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21240	ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21243	ARTHRP TMPRMAND JOINT W PROSTHETIC REPLACEMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21282	LATERAL CANTHOPEXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21295	REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21296	REDUCTION MASSETER MUSCLE AND BONE INTRAORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21601	Excision of chest wall tumor including rib(s)	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22103	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22110	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22112	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22114	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22116	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22208	OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22210	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22212	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22214	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22216	OSTEOT SPI PST PSTLAT APPR 1 VRT SGM EA VRT SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22220	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22222	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22224	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22226	OSTEOT SPI W DSKC ANT APPR 1 VRT SGM EA VRT SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22505	MANIPULATION SPINE REQUIRING ANESTHESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22534	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22548	ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22585	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22586	ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22600	ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22610	ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22612	ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22614	ARTHRODESIS POSTERIOR POSTEROLATERAL EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22632	ARTHRODESIS POSTERIOR INTERBODY EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22633	ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22634	ARTHDSIS POST POSTERLATRL POSTINTRBDYADL SPC SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22819	KYPHECTOMY 3 OR MORE SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22830	EXPLORATION SPINAL FUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	22841	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13 OR GRT VRT SE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22847	ANTERIOR INSTRUMENTATION 8 OR GRT VERTEBRAL SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22848	PELVIC FIXATION OTHER THAN SACRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22849	REINSERTION SPINAL FIXATION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22855	REMOVAL ANTERIOR INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22862	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22867	INSJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22868	INSJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22869	INSJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22870	INSJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	PR	
	25447	ARTHRP INTERPOS INTERCARPAL METACARPAL JOINTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	26499	CORRECTION CLAW FINGER OTHER METHODS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27120	ACETABULOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27122	ACETABULOPLASTY RESECTION FEMORAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27125	HEMIARTHROPLASTY HIP PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27130	ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27132	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27134	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27137	REVJ TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27138	REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27438	ARTHROPLASTY PATELLA W PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	PR	
	27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27442	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27443	ARTHRP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27446	ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27447	ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27486	REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27487	REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28005	INCISION BONE CORTEX FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28008	FASCIOTOMY FOOT AND TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28035	RELEASE TARSAL TUNNEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28090	EXC LESION TENDON SHEATH CAPSULE W SYNVCT FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28092	EXC LESION TENDON SHEATH CAPSULE W SYNVCT TOE EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28100	EXCISION CURETTAGE CYST TUMOR TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28102	EXC CURTG CST B9 TUM TALUS CLCNS W ILIAC AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28103	EXC CURETTAGE CYST TUMOR TALUS CALCANEUS ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28104	EXC CURTG BONE CYST B9 TUMORTARSAL METATARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28106	EXC CURTG CST B9 TUM TARSAL METAR W ILIAC AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28107	EXC CURTG CST B9 TUM TARSAL METAR W ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28108	EXC CURTG CST B9 TUM PHALANGES FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28114	OSTC COMPL ALL METAR HEADS W PRTL PROX PHALANGC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28116	OSTECTOMY TARSAL COALITION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		

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	28118	OSTECTOMY CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28119	OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28120	PARTIAL EXCISION BONE TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28122	PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28124	PARTICAL EXCISION BONE PHALANX TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28126	RESECTION PARTIAL COMPLETE PHALANGEAL BASE EACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28130	TALECTOMY ASTRAGALECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28140	METATARSECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28150	PHALANGECTOMY TOE EACH TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28153	RESECTION CONDYLE DISTAL END PHALANX EACH TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28160	HEMIPHALANGECTOMY INTERPHALANGEAL JOINT EXC TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28171	RAD RESCJ TUMOR TARSAL EXCEPT TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28173	RADICAL RESECTION TUMOR METATARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28175	RADICAL RESECTION TUMOR PHALANX OR TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28200	RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28202	RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28208	REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28220	TENOLYSIS FLEXOR FOOT SINGLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28222	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28225	TENOLYSIS EXTENSOR FOOT SINGLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28226	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28230	TX OPN TENDON FLEXOR FOOT SINGLE MULT TENDON SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28234	TENOTOMY OPEN EXTENSOR FOOT TOE EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28238	RCNSTJ PST TIBL TDN W EXC ACCESSORY TARSL NAVCLR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28240	TENOTOMY LENGTHENING RLS ABDUCTOR HALLUCIS MUSC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28250	DIVISION PLANTAR FASCIA AND MUSCLE SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28260	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28261	CAPSULOTOMY MIDFOOT W TENDON LENGTHENING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28262	CAPSUL MIDFOOT W PST TALOTIBL CAPSUL AND TDN LNGTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28264	CAPSULOTOMY MIDTARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28270	CAPSUL MTTARPHLNGL JT W WO TENORRHAPHY EA JT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28272	CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28280	SYNDACTYLIZATION TOES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28285	CORRECTION HAMMERTOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28286	CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28288	OSTC PRTL EXOSTC CONDYLC METAR HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28289	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28291	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28292	CORRJ HALLUX VALGUS W SESMDC W RESCJ PROX PHAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28295	CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28296	CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28297	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28298	CORRJ HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28299	CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28300	OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28302	OSTEOTOMY TALUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28304	OSTEOTOMY TARSAL BONES OTH THN CALCANEUS TALUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28305	OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28306	OSTEOT W WO LNGTH SHRT CORRJ 1ST METAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28307	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28308	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28309	OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28315	SESAMOIDECTOMY FIRST TOE SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28320	REPAIR NONUNION MALUNION TARSAL BONES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28322	RPR NON MALUNION METARSAL W WO BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28340	RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28341	RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28344	RECONSTRUCTION TOE POLYDACTYLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28345	RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28360	RECONSTRUCTION CLEFT FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28705	ARTHRODESIS PANTALAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28715	ARTHRODESIS TRIPLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28725	ARTHRODESIS SUBTALAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		

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	28730	ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28735	ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28737	ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR-CUNEIFOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28760	ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28890	ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29826	ARTHROSCOPY SHOULDER W CORACOACRM LIGMNT RELEASE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29873	ARTHROSCOPY KNEE LATERAL RELEASE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29874	ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29876	ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29877	ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29879	ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29880	ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29881	ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29882	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29883	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29884	ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29889	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29892	ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29894	ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29899	ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29914	ARTHROSCOPY HIP W FEMOROPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29915	ARTHROSCOPY HIP W ACETABULOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29916	ARTHROSCOPY HIP W LABRAL REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	30465	REPAIR NASAL VESTIBULAR STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	30520	SEPTOPLASTY SUBMUCOUS RESECJ W WO CARTILAGE GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	30540	REPAIR CHOANAL ATRESIA INTRANASAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	31253	NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	31257	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	31259	NASAL SINUS NDSC TOT W SPHENDT W SPHEN TISS RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	31295	NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	31296	NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	31297	NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	31298	NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	31661	BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	32491	RMVL LUNG OTH THN PNUMEC RESXN-PLCTJ EMPHY LUNG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	32994	ABLATION THER 1 PLUS PULM TUMORS PERQ CRYOABLATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33206	INS NEW RPLCMT PRM PACEMAKR W TRANS ELTRD ATRIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	33207	INS NEW RPLC PRM PACEMAKER W TRANSV ELTRD VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	33208	INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL AND VENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	33212	INS PM PLS GEN W EXIST SINGLE LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33213	INS PACEMAKER PULSE GEN ONLY W EXIST DUAL LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	33221	INS PACEMAKER PULSE GEN ONLY W EXIST MULT LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM DFB PLS GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB PM PLS GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	33227	REMVL PERM PM PLSE GEN W REPL PLSE GEN SNGL LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33228	REMVL PERM PM PLS GEN W REPL PLSE GEN 2 LEAD SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33229	REMVL PERM PM PLS GEN W REPL PLSE GEN MULT LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33230	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33231	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST MULTILEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33240	INSJ IMPLNTBL DEFIB PULSE GEN W 1 EXISTING LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33249	INSJ RPLCMT PERM DFB W TRNSVNS LDS 1 DUAL CHMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33251	ABLATION ARRHYTHMOGENIC FOCI PATHWAY W BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33254	ABLATION AND RECONSTRUCTION ATRIA LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33262	RMVL IMPLTBL DFB PLSE GEN W REPL PLSE GEN 1 LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	33263	RMVL IMPLTBL DFB PLSE GEN W RPLCMT PLSE GEN 2 LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	33264	RMVL IMPLTBL DFB PLS GEN W RPLCMT PLS GEN MLT LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	33265	NDSC ABLATION AND RCNSTJ ATRIA LIMITED W O BYPAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33266	NDSC ABLATION AND RCNSTJ ATRIA EXTEN W O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33270	INS RPLCMNT PERM SUBQ IMPLTBL DFB W SUBQ ELTRD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33274	TCAT INSJ RPL PERM LEADLESS PACEMAKER RV W IMG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	NY/WI	
	33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	NY	
	33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	34713	PERQ ACCESS AND CLOSURE FEM ART FOR DELIVERY NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	34714	OPN FEM ART EXPOS W CNDT CRTJ DLVR EVASC PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	34715	OPN AX SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	34716	OPN AXILLARY SUBCLAVIAN ART EXPOS W CNDT CRTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	36460	TRANSFUSION INTRAUTERINE FETAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	36514	THERAPEUTIC APHERESIS PLASMA PHERESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37191	INS INTRVAS VC FILTR W WO VAS ACS VSL SELXN RS AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37243	VASCULAR EMBOLIZE OCCLUDE ORGAN TUMOR INFARCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37700	LIG AND DIV LONG SAPH VEIN SAPHFEM JUNCT INTERRUPJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37718	LIGJ DIVJ AND STRIPPING SHORT SAPHENOUS VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37722	LIGJ DIVJ AND STRIP LONG SAPH SAPHFEM JUNCT KNE BELW	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37735	LIGJ AND DIVJ RADICAL STRIP LONG SHORT SAPHENOUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37766	STAB PHLEBT VARICOSE VEINS 1 XTR OVER 20 INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37780	LIGJ AND DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37785	LIGJ DIVJ AND EXCJ VARICOSE VEIN CLUSTER 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38208	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38209	TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38573	LAPS W BI TOT PEL LMPHADEC AND OMNTC LYMPH BX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WI	
	43644	LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43645	LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43647	LAPS IMPLTJ RPLCMT GASTRIC NSTIM ELTRD ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43648	LAPS REVISION RMVL GASTRIC NSTIM ELTRD ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		

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	43653	LAPS SURG GASTROSTOMY W O CONSTJ GSTR TUBE SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43773	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE AND PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43842	GASTRIC RSTCV W O BYP VERTICAL-BANDED GASTROPLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43843	GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43845	GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43846	GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43847	GASTRIC RSTCV W BYP W SM INT RCNSTJ LIMIT ABSRPJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43881	IMPLTJ RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43882	REVISION RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43888	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47380	ABLTJ OPN 1 OR GRT LVR TUM RF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47381	ABLTJ OPN 1 OR GRT LVR TUM CRYOSURG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47382	ABLTJ 1 OR GRT LVR TUM PRQ RF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47605	CHOLECYSTECTOMY W CHOLANGIOGRAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47610	CHOLECYSTECTOMY W EXPLORATION COMMON DUCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47620	CHOLECSTC EXPL DUX SPHNCTROTOMY SPHNCTROP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	49255	OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	49904	OMENTAL FLAP EXTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	49905	OMENTAL FLAP INTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	49906	FREE OMENTAL FLAP W MICROVASCULAR ANAST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	50590	LITHOTRIPSY XTRCORP SHOCK WAVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	OH/SC	
	52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	52442	CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	52649	LASER ENUCLEATION PROSTATE W MORCELLATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	53854	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	NY/WI	
	54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1 MLT NJX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WI	
	57288	SLING OPERATION STRESS INCONTINENCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	57289	PEREYRA PX W ANTERIOR COLPORRHAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58150	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58152	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58180	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58200	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58240	PEL EXNTJ GYNECOLOGIC MAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58262	VAG HYST 250 GM OR LESS W RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58263	VAG HYST 250 GM OR LESS W RMVL TUBE OVARY W RPR NTRCL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58267	VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58270	VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58275	VAGINAL HYSTERECTOMY W TOT PRTL VAGINECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58280	VAG HYSTER W TOT PRTL VAGINECT W RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58290	VAGINAL HYSTERECTOMY UTERUS OVER 250 GM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58291	VAG HYST OVER 250 GM RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58292	VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58293	VAG HYST OVER 250 GM COLPOURTCSTOPEXY W WO NDSC CTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58294	VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58323	SPERM WASHING ARTIFICIAL INSEMINATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58345	TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58350	CHROMOTUBATION OVIDUCT W MATERIALS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58356	ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58540	HYSTEROPLASTY RPR UTERINE ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58542	LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58543	LAPS SUPRACERVICAL HYSTERECTOMY OVER 250	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58544	LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58546	LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58548	LAPS W RAD HYST W BILAT LMPHADEC RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58552	LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58553	LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58554	LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58571	LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58573	LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58660	LAPAROSCOPY W LYSIS OF ADHESIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	58661	LAPAROSCOPY W RMVL ADNEXAL STRUCTURES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	58662	LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	58672	LAPAROSCOPY FIMBRIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58673	LAPAROSCOPY SALPINGOSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58700	SALPINGECTOMY COMPLETE PARTIAL UNI BI SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58720	SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58740	LYSIS OF ADHESIONS SALPINX OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58750	TUBOTUBAL ANASTATOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58752	TUBOUTERINE IMPLANTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58760	FIMBRIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58770	SALPINGOSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58940	OOPHORECTOMY PARTIAL TOTAL UNI BI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58943	OOPHORECTOMY PRTL TOT UNI BI OVARIAN MALIGNANCY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58950	RESCJ OVARIAN TUBAL PERITONEAL MALIGNANCY W BSO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58951	RESCJ PRIM PRTL MAL W BSO AND OMNTC TAH AND LMPHAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58952	RESCJ PRIM PRTL MAL W BSO AND OMNTC RAD DEBULKING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58953	BSO W OMENTECTOMY TAH AND RAD DEBULKING DISSECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58954	BSO W OMENTECTOMY TAH DEBULKING W LMPHADECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58956	BSO W TOT OMENTECTOMY AND HYSTERECTOMY MALIGNANC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58957	RESECJ RECUR OVARIAN TUBAL PERITONEAL MALIGNANCY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58958	RESECTION RECRT MAL W OMENTECTOMY PEL LMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58974	EMBRYO TRANSFER INTRAUTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58976	GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	59070	TRANSABDOMINAL AMNIOINFUSION W ULTRSND GUIDANCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	59072	FETAL UMBILICAL CORD OCCLUSION W ULTRSND GUIDNCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	59074	FETAL FLUID DRAINAGE W ULTRASOUND GUIDANCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	59076	FETAL SHUNT PLACEMENT W ULTRASOUND GUIDANCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	61863	STRTCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	61864	STRTCTC IMPLTJ NSTIM ELTRD W O RECORD EA ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	61867	STRTCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	61868	STRTCTC IMPLTJ NSTIM ELTRD W RECORD EA ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	61885	INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	61886	INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	62324	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	62325	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	62326	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	62327	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	62369	ELECT ANLYS IMPLT ITHCL EDRL PMP W REPRG AND REFIL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	62370	ELEC ANLYS IMPLT ITHCL EDRL PMP W REPR PHYS QHP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	62380	NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63001	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63003	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63005	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63011	LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63012	LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63015	LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63016	LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63017	LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63020	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERVC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63030	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	63035	LAMNOTMY W DCMPRSN NRV EACH ADDL CRVCL LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63044	LAMOT W PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63045	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63046	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63047	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63048	LAM FACETECTOMY AND FORAMTOMY 1 SGM EA CRV THRC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63050	LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63066	COSTOVERTEBRAL DCMPRN SPINE CORD THORACIC EA SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63078	DISCECTOMY ANT DCMPRN CORD THORACIC EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63086	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC EA SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63087	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63088	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR EA SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63091	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC EA SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63101	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63102	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63103	VCRPEC LAT XTRCAVITARY DCMPRN THRC LMBR EA SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64569	REVISION REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64570	REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64590	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64595	REVISION RMVL PERIPHERAL GASTRIC NPGR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64912	NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WI	
	64913	NERVE REPAIR W NERVE ALLOGRAFT EA ADDL STRAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WI	
	65771	RADIAL KERATOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	65772	CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	67900	REPAIR BROW PTOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	67909	REDUCTION OVERCORRECTION PTOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	NY	
	67950	CANTHOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	69715	IMPLJ OSSEOINTEGRATED TEMPORAL BONE W O MASTOID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	69717	RPLMCT OSSEOINTEGRATE IMPLNT W O MASTOIDECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	69718	RPLMCT OSSEOINTEGRATE IMPLNT W MASTOIDECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	93229	XTRNL MOBILE CV TELEMETRY W TECHNICAL SUPPORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	95249	CONT GLUC MONITORING PATIENT PROVIDED EQUIPTMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	96567	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96570	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96571	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96573	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	96902	MCRSCP XM HAIR PLUCK CLIP FOR CNTS STRUCT ABNORM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96910	PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	96912	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	96920	LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	96922	LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	96931	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R 1ST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96932	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQUISITION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96933	RCM CELULR AND SUBCELULR SKN IMGNG I AND R 1ST LES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96934	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R ADD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96935	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96936	RCM CELULR AND SUBCELULR SKN IMGNG I AND R EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	NY/OH	
	C9734	FOCUSED U S ABL TX INT OTH THAN UT LEIOMYOMATA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	C9738	ADJUNCTIVE BLUE LIGHT CYSTOSCOPY FLUO IMAG AGT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	C9739	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 1-3 IMPL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	C9740	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 4 OR GRT IMPL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	C9747	ABLATION PROSTATE TRANSRECTAL HIFU INCL I GUID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	S2095	TRNSCATH OCCL EMBOLIZ TUMR DESTRUC PERQ METH USI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	IL/NY/OH	
	27096	INJECT SI JOINT ARTHRGRPHY AND ANES STEROID W IMA	Pain Management Procedures	Y	N/A	N/A		
	27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	Pain Management Procedures	Y	N/A	N/A		
	62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS	Pain Management Procedures	Y	N/A	N/A		
	62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	Pain Management Procedures	Y	N/A	N/A		
	62320	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	Pain Management Procedures	Y	N/A	N/A		
	62321	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	Pain Management Procedures	Y	N/A	N/A		
	62322	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Pain Management Procedures	Y	N/A	N/A		
	62323	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Pain Management Procedures	Y	N/A	N/A		
	62350	IMPLTJ REVJ RPSG ITHCL EDRL CATH PMP W O LAM	Pain Management Procedures	Y	N/A	N/A		
	62351	IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM	Pain Management Procedures	Y	N/A	N/A		
	62360	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR	Pain Management Procedures	Y	N/A	N/A		
	62361	IMPLTJ RPLCMT FS NON-PRGRBL PUMP	Pain Management Procedures	Y	N/A	N/A		
	62362	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP	Pain Management Procedures	Y	N/A	N/A		
	62367	ELECT ANLYS IMPLT ITHCL EDRL PMP W O REPRG REFIL	Pain Management Procedures	Y	N/A	N/A		
	62368	ELECT ANALYS IMPLT ITHCL EDRL PUMP W REPRGRMG	Pain Management Procedures	Y	N/A	N/A	OH	
	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Pain Management Procedures	Y	N/A	N/A		
	63655	LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL	Pain Management Procedures	Y	N/A	N/A		
	63661	RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	Pain Management Procedures	Y	N/A	N/A		
	63662	RMVL SPINAL NSTIM ELTRD PLATE PADDLE INCL FLUOR	Pain Management Procedures	Y	N/A	N/A		
	63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Pain Management Procedures	Y	N/A	N/A		
	63664	REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR	Pain Management Procedures	Y	N/A	N/A		
	63685	INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING	Pain Management Procedures	Y	N/A	N/A		
	63688	REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Pain Management Procedures	Y	N/A	N/A		
	64450	INJECTION ANES OTHER PERIPHERAL NERVE BRANCH	Pain Management Procedures	Y	N/A	N/A	WA/PR	
	64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Pain Management Procedures	Y	N/A	N/A	WA	
	64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Pain Management Procedures	Y	N/A	N/A	WA	
	64461	PVB THORACIC SINGLE INJECTION SITE W IMG GID	Pain Management Procedures	Y	N/A	N/A		
	64462	PVB THORACIC SECOND AND ADDL INJ SITE W IMG GID	Pain Management Procedures	Y	N/A	N/A		
	64463	PVB THORACIC CONT CATHETER INFUSION W IMG GID	Pain Management Procedures	Y	N/A	N/A		
	64479	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL	Pain Management Procedures	Y	N/A	N/A		
	64480	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC EA LV	Pain Management Procedures	Y	N/A	N/A		
	64483	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL	Pain Management Procedures	Y	N/A	N/A		
	64484	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV	Pain Management Procedures	Y	N/A	N/A		
	64486	TAP BLOCK UNILATERAL BY INJECTION(S)	Pain Management Procedures	Y	N/A	N/A		
	64487	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	Pain Management Procedures	Y	N/A	N/A		
	64488	TAP BLOCK BILATERAL BY INJECTION(S)	Pain Management Procedures	Y	N/A	N/A	SC	
	64489	TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)	Pain Management Procedures	Y	N/A	N/A		
	64490	NJX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL	Pain Management Procedures	Y	N/A	N/A		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	64491	NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL	Pain Management Procedures	Y	N/A	N/A		
	64492	NJX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL	Pain Management Procedures	Y	N/A	N/A		
	64493	NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL	Pain Management Procedures	Y	N/A	N/A		
	64494	NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL	Pain Management Procedures	Y	N/A	N/A		
	64495	NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL	Pain Management Procedures	Y	N/A	N/A		
	64600	DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	Pain Management Procedures	Y	N/A	N/A		
	64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Pain Management Procedures	Y	N/A	N/A	WA	
	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Pain Management Procedures	Y	N/A	N/A	WA	
	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA	Pain Management Procedures	Y	N/A	N/A		
	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA	Pain Management Procedures	Y	N/A	N/A		
	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL	Pain Management Procedures	Y	N/A	N/A		
	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL	Pain Management Procedures	Y	N/A	N/A		
	64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Pain Management Procedures	Y	N/A	N/A		
	77003	FLUOR NEEDLE CATH SPINE PARASPINAL DX THER ADDON	Pain Management Procedures	Y	N/A	N/A	MI	
	97810	ACUPUNCTURE 1 OR GRT NDLES W O ELEC STIMJ INIT 15 MIN	Pain Management Procedures	Y	N/A	N/A	IL/MI/NY/SC/WI	
	97811	ACUPUNCTURE 1 OR GRT NDLS W O ELEC STIMJ EA 15 MIN	Pain Management Procedures	Y	N/A	N/A		
	97813	ACUPUNCTURE 1 OR GRT NDLS W ELEC STIMJ 1ST 15 MIN	Pain Management Procedures	Y	N/A	N/A		
	97814	ACCUPUNTURE 1 OR GRT NDLS W ELEC STIM, EA 15 MINS, W REINSERTION	Pain Management Procedures	Y	N/A	N/A		
	G0260	INJ PROC SI JNT;ANES STEROID AND TX AGT AND ARTHROGRPH	Pain Management Procedures	Y	N/A	N/A		
Physical Therapy: PA required after initial evaluation plus twenty four (24) visits per calendar year, for office and OP settings.	97110	THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES	Physical Therapy	Y	N/A	N/A	IL/MI/UT/WI	
	97112	THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC REEDUCA	Physical Therapy	Y	N/A	N/A	FL/MI/SC/WI	
	97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	Physical Therapy	Y	N/A	N/A	MI/WA/WI	
	97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	Physical Therapy	Y	N/A	N/A	WA	
	97763	ORTHOTICS PROSTH MGMT AND TRAINJ SBSQ ENCTR 15 MIN	Physical Therapy	Y	N/A	N/A	MI	
	L0452	TLSO FLEXIBLE TRUNK SUPP UP THOR REGION CUSTOM	Prosthetics & Orthotics	Y	N/A	N/A		
	L0480	TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	Y	N/A	N/A		
	L0482	TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	Y	N/A	N/A		
	L0484	TLSO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM	Prosthetics & Orthotics	Y	N/A	N/A		
	L0486	TLSO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM	Prosthetics & Orthotics	Y	N/A	N/A		
	L0622	SACROILIAC ORTHOTIC FLEXIBLE CUSTOM FABRICATED	Prosthetics & Orthotics	Y	N/A	N/A		
	L0637	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L0640	LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L0650	LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS	Prosthetics & Orthotics	Y	N/A	N/A		
	L0700	CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	Prosthetics & Orthotics	Y	N/A	N/A		
	L0710	CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	Prosthetics & Orthotics	Y	N/A	N/A		
	L1000	CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	Prosthetics & Orthotics	Y	N/A	N/A		
	L1005	TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS	Prosthetics & Orthotics	Y	N/A	N/A		
	L1110	ADD CTLSO SCOLIOS RING FLNGE MOLD PT MDL	Prosthetics & Orthotics	Y	N/A	N/A		
	L1640	HIP ORTHOTIC-PELV BAND SPRDR BAR THI CUFFS FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L1680	HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L1685	HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM	Prosthetics & Orthotics	Y	N/A	N/A		
	L1700	LEGG PERTHES ORTHOTIC TORONTO CUSTOM FABRICATED	Prosthetics & Orthotics	Y	N/A	N/A		
	L1710	LEGG PERTHES ORTHOTIC NEWINGTON CUSTOM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L1720	LEGG PERTHES ORTHOTIC TRILAT TACHDIJAN CSTM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L1730	LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L1755	LEGG PERTHES ORTHOTIC PATTEN BOTTOM CSTM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L1834	KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED	Prosthetics & Orthotics	Y	N/A	N/A		
	L1840	KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L1844	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	Y	N/A	N/A		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	L1846	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM	Prosthetics & Orthotics	Y	N/A	N/A		
	L1860	KNEE ORTHOS MOD SUPRACONDYLR PROS SOCKT CSTM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L1900	AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L1904	ANKLE ORTH ANKLE GAUNTLET SIMILAR CUSTOM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L1907	ANKLE ORTHOSIS SUPRAMALLEOLAR WITH STRAPS CUSTOM	Prosthetics & Orthotics	Y	N/A	N/A		
	L1920	AFO SINGLE UPRT W STATIC ADJUSTBL STOP CSTM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L1940	ANK FT ORTHOTIC PLASTIC OTH MATERIAL CUSTOM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L1945	AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM	Prosthetics & Orthotics	Y	N/A	N/A		
	L1950	ANKLE FOOT ORTHOTIC SPIRAL PLASTIC CUSTOM-FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L1960	AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L1970	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	Prosthetics & Orthotics	Y	N/A	N/A		
	L1980	AFO 1 UPRT FREE PLANTR DORSIFLX SOLID STIRUP FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L1990	AFO DBL UPRT PLANTR DORSIFLX SOLID STIRUP CSTM	Prosthetics & Orthotics	Y	N/A	N/A		
	L2000	KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM	Prosthetics & Orthotics	Y	N/A	N/A		
	L2005	KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM	Prosthetics & Orthotics	Y	N/A	N/A		
	L2010	KAFO 1 UPRT SOLID STIRUP W O KNEE JNT CSTM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L2020	KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L2030	KAFO DBL UPRT SOLID STIRUP W O KNEE JNT CSTM	Prosthetics & Orthotics	Y	N/A	N/A		
	L2034	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L2037	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L2038	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L2050	HKAFO TORSION CNTRL BIL TORSION CABLES CSTM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L2060	HKAFO TORSION CNTRL BIL TORSION BALL BEAR CSTM	Prosthetics & Orthotics	Y	N/A	N/A		
	L2080	HKAFO TORSION CNTRL UNI TORSION CABLE CSTM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L2090	HKAFO UNI TORSION CABLE BALL BEAR CSTM	Prosthetics & Orthotics	Y	N/A	N/A		
	L2106	AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L2108	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L2126	KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L2128	KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	L2232	ADD LOW EXT ORTHOS ROCKR BOTTOM TOT CNTC CSTM	Prosthetics & Orthotics	Y	N/A	N/A		
	L2800	ADD LOW EXT ORTHOT KNEE CNTRL KNEE CAP CSTM ONLY	Prosthetics & Orthotics	Y	N/A	N/A		
	L4631	AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM	Prosthetics & Orthotics	Y	N/A	N/A		
	L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE	Prosthetics & Orthotics	Y	N/A	N/A		
	L6026	TRANSCARPAL MC PART HAND DISARTICULATION PROS	Prosthetics & Orthotics	Y	N/A	N/A		
	L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	Prosthetics & Orthotics	Y	N/A	N/A		
	L8614	COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS	Prosthetics & Orthotics	Y	N/A	N/A		
	L8692	AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN	Prosthetics & Orthotics	Y	N/A	N/A		
	S1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	Prosthetics & Orthotics	Y	N/A	N/A		
	77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77371	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77373	STEREOTACTIC BODY RADIATION DELIVERY		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE		*	Radiation Therapy	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX		*	Radiation Therapy	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR		*	Radiation Therapy	Y*	IL/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77401	RADIATION TX DELIVERY SUPERFICIAL AND ORTHO VOLTA		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77402	RADIATION TREATMENT DELIVERY 1 MEV PLUS SIMPLE		*	Radiation Therapy	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77412	RADIATION TREATMENT DELIVERY 1 MEV EQ OVER COMPLEX		*	Radiation Therapy	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77423	HIGH ENERGY NEUTRON RADJ TX DLVR 1 OR GRT ISOCENTER		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77424	INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX SESSION		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77425	INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77520	PROTON TX DELIVERY SIMPLE W O COMPENSATION	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI
	77522	PROTON TX DELIVERY SIMPLE W COMPENSATION	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI
	77523	PROTON TX DELIVERY INTERMEDIATE	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	77525	PROTON TX DELIVERY COMPLEX	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI
	77600	HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77605	HYPERTHERMIA EXTERNAL GENERATED DEEP		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77610	HYPERTHERMIA INTERSTITIAL PROBE 5 OR LESS APPLICATORS		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77615	HYPERTHERMIA INTERSTIAL PROBE 5 OR GRT APPLICATORS		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77620	HYPERTHERMIA INTRACAVITARY PROBES		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77750	NFS INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77761	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77762	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77763	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77767	HDR RDNCL SKN SURF BRACHYTX LES UNDER 2CM 1 CHAN		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77768	HDR RDNCL SK SRF BRCHYTX LES OVER 2CM AND 2CHAN MLT LES		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77770	HDR RDNCL NTRSTL INTRCAV BRACHYTX 1 CHANNEL		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77771	HDR RDNCL NTRSTL INTRCAV BRACHYTX 2-12 CHANNEL		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77772	HDR RDNCL NTRSTL INTRCAV BRACHYTX OVER 12 CHANNELS		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77778	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	79101	RP THERAPY INTRAVENOUS ADMINISTRATION		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	79403	RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY/OH/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	IL/NY	*APPLIES TO: IL/MI/OH/NY/WI
	A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	A9590	IODINE I-131 IBOBENGUANE, THERAPEUTIC, I MILLICURE	Radiation Therapy & Radio surgery	Y	Radiation Therapy	Y*	WA	*APPLIES TO: IL/MI/OH/NY/WI
	A9606	RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	G6001	ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS		*	Radiation Therapy	Y*	IL/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6002	STEREOSCOPIC X-RAY GUID LOCALIZ TRG VOL DEL RT		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6003	RAD TX DEL 2 TX AREA PORT PL OPP PORTS:TO 5 MEV		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6004	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 6-10 MEV		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6005	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 11-19 ME		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6006	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 20 ME OR GRT		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6007	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:TO 5 MEV		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6008	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:6-10 MEV		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6009	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:11-19 MEV		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6010	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:20 MEV OR GRT		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6011	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; TO 5 MEV		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	G6012	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; 6-10 MEV		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6013	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;11-19 MEV		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6014	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;20 MEV OR GRT		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6015	INTENSITY MODULATED TX DEL 1 MX FLDS PER TX SESS	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI
	G6016	COMP-BASED BEAM MOD TX DEL I PLND TX 3 OVER HR SESS	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI
Sleep Studies: Home Sleep Studies (POS 12) Do Not Require PA	95782	POLYSOM UNDER 6 YRS SLEEP STAGE 4 OR GRT ADDL PARAM ATTN		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	95783	POLYSOM UNDER 6 YRS SLEEP W CPAP BILVL VENT 4 OR GRT PAR		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	95800	SLP STDY UNATND W HRT RATE O2 SAT RESP SLP TIME	Sleep Studies	Y	Sleep Covered Services and Related Equipment	Y*	MI/NY/OH/PR/SC/TX/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	95801	SLP STDY UNATND W MIN HRT RATE O2 SAT RESP ANAL	Sleep Studies	Y	Sleep Covered Services and Related Equipment	Y*	NY/OH/PR/TX/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	95805	MLT SLEEP LATENCY MAINT OF WAKEFULNESS TSTG	Sleep Studies	Y	Sleep Covered Services and Related Equipment	Y*	TX/WA	*APPLIES TO: IL/MI/OH/NY/WI
	95806	SLEEP STD AIRFLOW HRT RATE AND O2 SAT EFFORT UNATT	Sleep Studies	Y	Sleep Covered Services and Related Equipment	Y*	MI/NY/OH/PR/TX/WA	*APPLIES TO: IL/MI/OH/NY/WI
	95807	SLEEP STD REC VNTJ RESPIR ECG HRT RATE AND O2 ATTN	Sleep Studies	Y	Sleep Covered Services and Related Equipment	Y*	PR/TX/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Sleep Studies	Y	Sleep Covered Services and Related Equipment	Y*	TX/WA	*APPLIES TO: IL/MI/OH/NY/WI
	95810	POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND	Sleep Studies	Y	Sleep Covered Services and Related Equipment	Y*	OH/TX/WA	*APPLIES TO: IL/MI/OH/NY/WI
	95811	POLYSOM 6 OR GRT YRS SLEEP W CPAP 4 OR GRT ADDL PARAM ATT	Sleep Studies	Y	Sleep Covered Services and Related Equipment	Y*	OH/TX/WA	*APPLIES TO: IL/MI/OH/NY/WI
	A4604	TUBING W INTGR HEAT ELEM W POS AIRWAY PRESS DEVC		*	Sleep Covered Services and Related Equipment	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7027	COMB ORAL NASAL MASK USED W CPAP DEVICE EACH		*	Sleep Covered Services and Related Equipment	Y*	NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7028	ORAL CUSHION COMB ORAL NASAL MASK REPL ONLY EACH		*	Sleep Covered Services and Related Equipment	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7029	NASAL PILLOWS COMB ORAL NASL MASK REPL ONLY PAIR		*	Sleep Covered Services and Related Equipment	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7030	FULL FACE MASK USED W POS ARWAY PRESS DEVICE EA		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7031	FACE MASK INTERFACE REPLCMT FULL FACE MASK EA		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7032	CUSHN NASAL MASK INTERFACE REPLACEMENT ONLY EACH		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7033	PILLW NASL CANNULA TYPE INTERFCE REPL ONLY PAIR		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7034	NASL INTRFCE POS ARWAY PRSS DEVC W WO HEAD STRAP		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7035	HEADGEAR USED W POSITIVE AIRWAY PRESSURE DEVICE		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7036	CHINSTRAP USED W POSITIVE AIRWAY PRESSURE DEVICE		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7038	FILTER DISPBL USED W POS ARWAY PRESSURE DEVICE		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7039	FILTER NON DISPBL USED W POS ARWAY PRESS DEVICE		*	Sleep Covered Services and Related Equipment	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7044	ORAL INTERFACE USED W POS ARWAY PRESS DEVICE EA		*	Sleep Covered Services and Related Equipment	Y*	OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7045	EXHALATION PORT W WO SWIVEL REPLACEMENT ONLY		*	Sleep Covered Services and Related Equipment	Y*	OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7046	WATR CHAMB HUMDIFIR USED W POS ARWAY PRSS DEVC R		*	Sleep Covered Services and Related Equipment	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	E0470	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W O BACKU		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	E0471	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W BACK-UP		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	E0561	HUMDIFIR NON-HEATED USED W POS AIRWAY PRESS DEVC		*	Sleep Covered Services and Related Equipment	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	E0562	HUMDIFIR HEATED USED W POS ARWAY PRESSURE DEVICE		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE		*	Sleep Covered Services and Related Equipment	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G0398	HST W TYPE II PRTBLE MON UNATTENDED MIN 7 CH		*	Sleep Covered Services and Related Equipment	Y*	FL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G0399	HST W TYPE III PRTBLE MON UNATTENDED MIN 4 CH		*	Sleep Covered Services and Related Equipment	Y*	FL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G0400	HST W TYPE IV PRTBLE MON UNATTENDED MIN 3 CH		*	Sleep Covered Services and Related Equipment	Y*	FL/MI/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
Speech Therapy: PA required after initial evaluation plus six (6) visits for office & OP settings.	92507	TX SPEECH LANG VOICE COMMJ AND AUDITORY PROC IND	Speech Therapy	Y	N/A	N/A	FL/PR/UT/WA/WI	
	92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GRT INDIV	Speech Therapy	Y	N/A	N/A	FL/PR/WA/WI	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require PA.	32552	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Transplants/Gene Therapy	Y	N/A	N/A		
	32850	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Transplants/Gene Therapy	Y	N/A	N/A		
	32851	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Transplants/Gene Therapy	Y	N/A	N/A		
	32854	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Transplants/Gene Therapy	Y	N/A	N/A		
	32855	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Transplants/Gene Therapy	Y	N/A	N/A		
	32856	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Transplants/Gene Therapy	Y	N/A	N/A		
	33929	Surgical Procedures on the Heart and Pericardium, Heart/Lung Transplantation Procedures	Transplants/Gene Therapy	Y	N/A	N/A		
	33930	DONOR CARDIECTOMY - PNEUMONECTOMY	Transplants/Gene Therapy	Y	N/A	N/A		
	33933	DONOR CARDIECTOMY - INCLUDING COLD PRESERVATION	Transplants/Gene Therapy	Y	N/A	N/A		
	33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	Transplants/Gene Therapy	Y	N/A	N/A		
	33940	OBTAINING DONOR CADAVER HEART	Transplants/Gene Therapy	Y	N/A	N/A		
	33944	PREP OF DONOR HEART FOR TRANSPLANT	Transplants/Gene Therapy	Y	N/A	N/A		
	33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Transplants/Gene Therapy	Y	N/A	N/A		
	38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	Transplants/Gene Therapy	Y	N/A	N/A		
	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Transplants/Gene Therapy	Y	N/A	N/A		
	38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy	Y	N/A	N/A		
	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	Y	N/A	N/A		
	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	Y	N/A	N/A		
	38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	Transplants/Gene Therapy	Y	N/A	N/A		
	38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	Transplants/Gene Therapy	Y	N/A	N/A		
	44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	Transplants/Gene Therapy	Y	N/A	N/A		
	44715	BKBENCH PREP CADAVER LIVING DONOR INTESTINE	Transplants/Gene Therapy	Y	N/A	N/A		
	44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	Transplants/Gene Therapy	Y	N/A	N/A		
	44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	Transplants/Gene Therapy	Y	N/A	N/A		
	47133	DONOR HEPATECTOMY CADAVER DONOR	Transplants/Gene Therapy	Y	N/A	N/A		
	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE	Transplants/Gene Therapy	Y	N/A	N/A		
	47140	DONOR HEPATECTOMY LIVING DONOR SEG II AND III	Transplants/Gene Therapy	Y	N/A	N/A		
	47141	DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV	Transplants/Gene Therapy	Y	N/A	N/A		
	47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI	Transplants/Gene Therapy	Y	N/A	N/A		
	47143	BKBENCH PREP CADAVER DONOR	Transplants/Gene Therapy	Y	N/A	N/A		
	47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I AND IV VII	Transplants/Gene Therapy	Y	N/A	N/A		
	47145	BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I AND V VI	Transplants/Gene Therapy	Y	N/A	N/A		
	47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	Transplants/Gene Therapy	Y	N/A	N/A		
	47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	Transplants/Gene Therapy	Y	N/A	N/A		
	48160	PANCREATECTOMY W TRNSPLJ PANCREAS ISLET CELLS	Transplants/Gene Therapy	Y	N/A	N/A		
	48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	Transplants/Gene Therapy	Y	N/A	N/A		
	48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	Transplants/Gene Therapy	Y	N/A	N/A		
	48552	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	Transplants/Gene Therapy	Y	N/A	N/A		
	48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	Y	N/A	N/A		
	48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	Transplants/Gene Therapy	Y	N/A	N/A		
	50300	DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL	Transplants/Gene Therapy	Y	N/A	N/A		
	50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	Transplants/Gene Therapy	Y	N/A	N/A		
	50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Transplants/Gene Therapy	Y	N/A	N/A		
	50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Transplants/Gene Therapy	Y	N/A	N/A		
	50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Transplants/Gene Therapy	Y	N/A	N/A		

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	50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Transplants/Gene Therapy	Y	N/A	N/A		
	50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Transplants/Gene Therapy	Y	N/A	N/A		
	50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Transplants/Gene Therapy	Y	N/A	N/A		
	50360	RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY	Transplants/Gene Therapy	Y	N/A	N/A		
	50365	RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY	Transplants/Gene Therapy	Y	N/A	N/A		
	50370	RMVL TRNSPLED RENAL ALLOGRAFT	Transplants/Gene Therapy	Y	N/A	N/A		
	50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Transplants/Gene Therapy	Y	N/A	N/A		
	0537T	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Transplants/Gene Therapy	Y	N/A	N/A	NY/WA/WI	
	0538T	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F TRNS	Transplants/Gene Therapy	Y	N/A	N/A	CA/NY/WA/WI	
	0539T	CAR-T THERAPY RECEIPT AND PREP CAR-T CELLS F ADMN	Transplants/Gene Therapy	Y	N/A	N/A	CA/IL/WA/WI	
	0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Transplants/Gene Therapy	Y	N/A	N/A	NY/WA	
	0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	Transplants/Gene Therapy	Y	N/A	N/A	WA	
	0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	Transplants/Gene Therapy	Y	N/A	N/A	WA	
	0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	Transplants/Gene Therapy	Y	N/A	N/A	WA	
	Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Transplants/Gene Therapy	Y	N/A	N/A		
	Q2042	TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD	Transplants/Gene Therapy	Y	N/A	N/A		
	S2053	TRANSPLANTATION SMALL INTESTINE AND LIVER ALLOGRAFTS	Transplants/Gene Therapy	Y	N/A	N/A		
	S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	Transplants/Gene Therapy	Y	N/A	N/A		
	S2055	HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR	Transplants/Gene Therapy	Y	N/A	N/A		
	S2060	LOBAR LUNG TRANSPLANTATION	Transplants/Gene Therapy	Y	N/A	N/A		
	S2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	Transplants/Gene Therapy	Y	N/A	N/A		
	S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	Transplants/Gene Therapy	Y	N/A	N/A		
	S2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	Transplants/Gene Therapy	Y	N/A	N/A		
	S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy	Y	N/A	N/A		
	S2142	CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC	Transplants/Gene Therapy	Y	N/A	N/A		
	S2150	BN MARROW BLD DERIVD STEM CELLS HARV TPLNT AND COMP;	Transplants/Gene Therapy	Y	N/A	N/A		
	S2152	SOLID ORGAN; TRANSPLANTATION AND RELATED COMP	Transplants/Gene Therapy	Y	N/A	N/A		
Transportation Services: PA required for Non-Emergent Air Ambulance transportation services. Emergency transport does not require PA.	A0430	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	Transportation Services	Y	N/A	N/A		
	A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	Transportation Services	Y	N/A	N/A		
	S9960	AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING	Transportation Services	Y	N/A	N/A		
	S9961	AMB SERVICE AIR NONEMERGENCY 1 WAY ROTARY WING	Transportation Services	Y	N/A	N/A		
Unlisted/Miscellaneous codes: Molina requires PA, as well as medical necessity documentation and rationale be submitted with the PA request for all Unlisted/Miscellaneous codes including those not listed herein.	01999	UNLISTED ANESTHESIA PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	15999	UNLISTED PROCEDURE EXCISION PRESSURE ULCER	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	17999	UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	19499	UNLISTED PROCEDURE BREAST	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	21499	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	21899	UNLISTED PROCEDURE NECK THORAX	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	22899	UNLISTED PROCEDURE SPINE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	23929	UNLISTED PROCEDURE SHOULDER	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	24999	UNLISTED PROCEDURE HUMERUS ELBOW	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	25999	UNLISTED PROCEDURE FOREARM WRIST	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	26989	UNLISTED PROCEDURE HANDS FINGERS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	27299	UNLISTED PROCEDURE PELVIS HIP JOINT	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	27599	UNLISTED PROCEDURE FEMUR KNEE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	27899	UNLISTED PROCEDURE LEG ANKLE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	28899	UNLISTED PROCEDURE FOOT TOES	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	29999	UNLISTED PROCEDURE ARTHROSCOPY	Unlisted/Miscellaneous codes	Y	N/A	N/A		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	30999	UNLISTED PROCEDURE NOSE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	31299	UNLISTED PROCEDURE ACCESSORY SINUSES	Unlisted/Miscellaneous codes	Y	N/A	N/A	WI	
	31599	UNLISTED PROCEDURE LARYNX	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	31899	UNLISTED PROCEDURE TRACHEA BRONCHI	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	32999	UNLISTED PROCEDURE LUNGS AND PLEURA	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	33999	UNLISTED CARDIAC SURGERY	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	36299	UNLISTED PROCEDURE VASCULAR INJECTION	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	37799	UNLISTED PROCEDURE VASCULAR SURGERY	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	39499	UNLISTED PROCEDURE MEDIASTINUM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	39599	UNLISTED PROCEDURE DIAPHRAGM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	40799	UNLISTED PROCEDURE LIPS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	40899	UNLISTED PROCEDURE VESTIBULE MOUTH	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	42299	UNLISTED PROCEDURE PALATE UVULA	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	42699	UNLISTED PX SALIVARY GLANDS DUCTS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	42999	UNLISTED PROCEDURE PHARYNX ADENOIDS TONSILS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	43289	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	43499	UNLISTED PROCEDURE ESOPHAGUS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	43999	UNLISTED PROCEDURE STOMACH	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	44799	UNLISTED PROCEDURE SMALL INTESTINE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	44899	UNLISTED PX MECKEL'S DIVERTICULUM AND MESENTERY	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	45399	UNLISTED PROCEDURE COLON	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	45499	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	45999	UNLISTED PROCEDURE RECTUM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	46999	UNLISTED PROCEDURE ANUS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	47379	UNLIS LAPAROSCOPIC PROCEDURE LIVER	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	47399	UNLISTED PROCEDURE LIVER	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	47999	UNLISTED PROCEDURE BILIARY TRACT	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	48999	UNLISTED PROCEDURE PANCREAS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	49329	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM AND OMENTUM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	49659	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM AND OMENTUM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	50949	UNLISTED LAPAROSCOPY PROCEDURE URETER	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	53899	UNLISTED PROCEDURE URINARY SYSTEM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	59897	UNLISTED FETAL INVASIVE PX W ULTRASOUND	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE AND DELIVERY	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	59899	UNLISTED PROCEDURE MATERNITY CARE AND DELIVERY	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	67599	UNLISTED PROCEDURE ORBIT	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	67999	UNLISTED PROCEDURE EYELIDS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	68399	UNLISTED PROCEDURE CONJUNCTIVA	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	69399	UNLISTED PROCEDURE EXTERNAL EAR	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	69799	UNLISTED PROCEDURE MIDDLE EAR	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	69949	UNLISTED PROCEDURE INNER EAR	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	Unlisted/Miscellaneous codes	Y	N/A	N/A		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	76496	UNLISTED FLUOROSCOPIC PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	77399	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	78099	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	78199	UNLIS HEMATOP RET ENDO AND LYMPHATIC DX NUC MED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	78299	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	78399	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	78599	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	78699	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	78799	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	78999	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	79999	RP THERAPY UNLISTED PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	80299	QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	81099	UNLISTED URINALYSIS PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	86486	SKIN TEST UNLISTED ANTIGEN EACH	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	86849	UNLISTED IMMUNOLOGY	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	87799	IADNA NOS QUANTIFICATION EACH ORGANISM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	87899	IAADIADOO NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	87999	UNLISTED MICROBIOLOGY	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	88099	UNLISTED NECROPSY PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	88199	UNLISTED CYTOPATHOLOGY PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	88299	UNLISTED CYTOGENETIC STUDY	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	88749	UNLISTED IN VIVO LABORTORY SERVICE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	89240	UNLIS MISC PATH	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	89398	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	90399	UNLISTED IMMUNE GLOBULIN	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	90749	UNLISTED VACCINE TOXOID	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	90899	UNLISTED PSYCHIATRIC SERVICE PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	92499	UNLISTED OPHTHALMOLOGICAL SERVICE PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	93799	UNLISTED CARDIOVASCULAR SERVICE PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	94799	UNLISTED PULMONARY SERVICE PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	95199	UNLISTED ALLERGY CLINICAL IMMUNOLOGIC SRVC PX	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	95999	UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	96379	UNLISTED THERAPEUTIC PROPH DX IV IA NJX NFS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	96549	UNLISTED CHEMOTHERAPY PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE PROCED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	97039	UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	Unlisted/Miscellaneous codes	Y	N/A	N/A	FL	
	97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Unlisted/Miscellaneous codes	Y	N/A	N/A	FL/WA/WI	
	97799	UNLISTED PHYSICAL MEDICINE REHAB SERVICE PROC	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	99199	UNLISTED SPECIAL SERVICE PROCEDURE REPORT	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	99429	UNLISTED PREVENTIVE MEDICINE SERVICE	Unlisted/Miscellaneous codes	Y	N/A	N/A	TX	
	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	99600	UNLISTED HOME VISIT SERVICE PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	A0999	UNLISTED AMBULANCE SERVICE	Unlisted/Miscellaneous codes	Y	N/A	N/A	NY	
	A4421	OSTOMY SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	A4641	RADIOPHARMACEUTICAL DIAGNOSTIC NOC	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	A4649	SURGICAL SUPPLY; MISCELLANEOUS	Unlisted/Miscellaneous codes	Y	N/A	N/A	WI	
	A4913	MISCELLANEOUS DIALYSIS SUPPLIES NOS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	A6261	WOUND FILLER GEL PASTE PER FL OZ NOS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	A6262	WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	A9698	NON-RADIOACTV CONTRST IMAG MATERIAL NOC PER STDY	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	A9900	DME SUP ACCESS SRV-COMPON OTH HCPCS	Unlisted/Miscellaneous codes	Y	N/A	N/A	TX	
	A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	B9998	NOC FOR ENTERAL SUPPLIES	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	B9999	NOC FOR PARENTERAL SUPPLIES	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	C2698	BRACHYTHERAPY SOURCE STRANDED NOS PER SOURCE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	C2699	BRACHYTHERAPY SOURCE NONSTRANDED NOS PER SOURCE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	E0769	ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	Unlisted/Miscellaneous codes	Y	N/A	N/A	MI/WI	
	E0770	FES TRANSQ STIM NERV AND MUSC GRP CMPL SYS NOS	Unlisted/Miscellaneous codes	Y	N/A	N/A		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	E1699	DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	G0501	RESOURCE-INT SRVC PT SPZ M-ASST TECH MED NEC	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	J7599	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	J7699	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	J7799	NOC RX OTH THAN INHALATION RX ADMINED THRU DME	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	J8498	ANTIEMETIC DRUG RECTAL SUPPOSITORY NOS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	K0899	PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT	Unlisted/Miscellaneous codes	Y	N/A	N/A	NY/WI	
	L0999	ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	L3649	ORTHOPED SHOE MODIFICATION ADDITION TRANSFER NOS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	L5999	LOWER EXTREMITY PROSTHESIS NOS	Unlisted/Miscellaneous codes	Y	N/A	N/A	NY/WI	
	L7499	UPPER EXTREMITY PROSTHESIS NOS	Unlisted/Miscellaneous codes	Y	N/A	N/A	NY/WI	
	L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	L8698	MISC COMP SPL ACCESS FOR USE WITH TOT AH SYSTEM	Unlisted/Miscellaneous codes	Y	N/A	N/A	CA/NY	
	L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	L8701	PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB	Unlisted/Miscellaneous codes	Y	N/A	N/A	CA/MI/NY/WI	
	L8702	PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS	Unlisted/Miscellaneous codes	Y	N/A	N/A	CA/MI/NY/WI	
	P9603	TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	P9604	TRAVEL 1 WAY MED NEC LAB SPEC; PRORATD TRIP CHRG	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	P9099	Blood component or product not otherwise classified	Unlisted/Miscellaneous codes	Y	N/A	N/A	MI/WA	
	Q0507	MISC SUPPLY OR ACCESSORY USE WITH EXTERNAL VAD	Unlisted/Miscellaneous codes	Y	N/A	N/A	MI/NY	
	Q0508	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD	Unlisted/Miscellaneous codes	Y	N/A	N/A	NY	
	Q0509	MISC SPL ACSS IMPL VAD NO PAYMENT MEDICARE PRT A	Unlisted/Miscellaneous codes	Y	N/A	N/A	MI/NY/WI	
	Q2039	INFLUENZA VIRUS VACCINE NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	Q4050	CAST SUPPLIES UNLISTED TYPES AND MATERIALS OF CASTS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	Q4051	SPLINT SUPPLIES MISCELLANEOUS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	Q4082	DRUG OR BIOLOGICAL NOC PART B DRUG CAP	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	S0590	INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	S8189	TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	S9110	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	T1999	MISC TX ITEMS AND SPL RETAIL PURCHASE NOC	Unlisted/Miscellaneous codes	Y	N/A	N/A	TX	
	T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	T5999	SUPPLY NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	V2797	VISN SPL ACSS AND SRVC CMPNT ANOTHER HCPCS CODE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	V2799	VISION ITEM OR SERVICE MISCELLANEOUS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	V5298	HEARING AID NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	V5299	HEARING SERVICE MISCELLANEOUS	Unlisted/Miscellaneous codes	Y	N/A	N/A		

CA CODE/BENEFIT EXCEPTIONS

Behavioral Health, Mental Health, Alcohol and Chemical Dependency Services: *Medicaid - Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABD) requires PA however autism Dx is no longer a requirement.*

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

Code	MediCal	MKPL	Notes
55970	N	Y	
55980	N	Y	
81205	NC	Y	
81221	NC	Y	
81333	NC	Y	
81443	NC	Y	
90867	NC	Y	Behavioral Health, Mental Health, Alcohol & Chemical Dependency code, NC for MediCal (effective 2/1/2019)
90868	NC	Y	Behavioral Health, Mental Health, Alcohol & Chemical Dependency code, NC for MediCal (effective 2/1/2019)
90869	NC	Y	Behavioral Health, Mental Health, Alcohol & Chemical Dependency code, NC for MediCal (effective 2/1/2019)
96125	NC	Y	New Neuropsyc code for 2019, not yet a valid MediCal billable code
97153	N	N	BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace
97154	N	N	BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace
97155	N	N	BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace
97156	N	N	BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace
97157	N	N	BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace
97158	N	N	BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace
0022U	NC	Y	
0037U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0045U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0046U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0047U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0048U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0049U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0050U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0053U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0055U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0056U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0058U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0059U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0060U	NC	Y	Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019)
0447T	NC	Y	
0448T	NC	Y	

CA CODE/BENEFIT EXCEPTIONS

Behavioral Health, Mental Health, Alcohol and Chemical Dependency Services: *Medicaid - Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABD) requires PA however autism Dx is no longer a requirement.*

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Code	MediCal	MKPL	Notes
0466T	NC	Y	
0525T	NC	Y	
0537T	NC	Y	
0538T	NC	Y	
0539T	NC	Y	
A4563	NC	Y	
A5514	NC	Y	
A6460	NC	N	
A6461	NC	N	
A9274	NC	Y	
A9276	NC	Y	DME Code, NC for MediCal (effective 2/1/2019)
A9277	NC	Y	DME Code, NC for MediCal (effective 2/1/2019)
A9278	NC	Y	DME Code, NC for MediCal (effective 2/1/2019)
C8937	NC	Y	
C9014	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J0567)
C9015	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J0599)
C9016	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J3316)
C9024	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J9153)
C9028	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J9229)
C9029	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J1628)
C9030	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J9057)
C9031	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code A9513)
C9032	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J3398)
C9463	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J0185)
C9492	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J9173)
C9493	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code J1301)
D9219	Y	Y	
E0447	NC	Y	
E0467	NC	Y	
E0652	NC	Y	
G0154	Y	Y	
G0219	NC	Y	

CA CODE/BENEFIT EXCEPTIONS

Behavioral Health, Mental Health, Alcohol and Chemical Dependency Services: *Medicaid - Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABD) requires PA however autism Dx is no longer a requirement.*

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Code	MediCal	MKPL	Notes
G0235	NC	Y	
G0252	NC	Y	
J7331	NC	Y	
J7332	NC	Y	
J7401	NC	Y	
K0553	NC	Y	DME Code, NC for MediCal (effective 2/1/2019)
K0554	NC	Y	DME Code, NC for MediCal (effective 2/1/2019)
L8698	NC	Y	
L8701	NC	Y	
L8702	NC	Y	
Q2040	Y	Y	deleted code 2019, have not appear on MediCal update list (replacement code Q2042)
Q5116	NC	Y	
Q5118	NC	Y	
Q9994	NC	Y	replacement code for Q9994 (deleted 1/1/2019) Specialty Pharmacy code, NC for MediCal (effective 2/1/2019)

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				PA Required when submitted with highlighted codes on Medicaid/Marketplace Matrix			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
C50.011	N	N	115.02	B39.4	N	N		F84.0	Y	Y
C50.012	N	N	115.12	B39.5	N	N		F84.2	Y	Y
C50.019	N	N	115.92	B39.9	N	N		F84.3	Y	Y
C50.021	N	N	360.21	E08.311	N	N		F84.5	Y	Y
C50.022	N	N	362.36	E08.319	N	N		F84.8	Y	Y
C50.029	N	N	362.30	E08.3211	N	N		F84.9	Y	Y
C50.111	N	N	362.35	E08.3212	N	N	299.00		Y	Y
C50.112	N	N	364.42	E08.3213	N	N	299.01		Y	Y
C50.119	N	N	362.52	E08.3219	N	N	299.10		Y	Y
C50.121	N	N	362.53	E08.3311	N	N	299.11		Y	Y
C50.122	N	N	362.15	E08.3312	N	N	299.80		Y	Y
C50.129	N	N	362.01-362.07	E08.3313	N	N	299.81		Y	Y
C50.211	N	N	362.16	E08.3319	N	N	299.90		Y	Y
C50.212	N	N	362.25-362.27	E08.3411	N	N	299.91		Y	Y
C50.219	N	N	362.29	E08.3412	N	N				
C50.221	N	N	362.83	E08.3413	N	N				
C50.222	N	N	362.84	E08.3419	N	N				
C50.229	N	N	363.43	E08.3491	N	N				
C50.311	N	N	365.63	E08.3492	N	N				
C50.312	N	N	365.89	E08.3493	N	N				
C50.319	N	N		E08.3499	N	N				
C50.321	N	N		E08.3511	N	N				
C50.322	N	N		E08.3512	N	N				
C50.329	N	N		E08.3513	N	N				
C50.411	N	N		E08.3519	N	N				
C50.412	N	N		E08.3521	N	N				
C50.419	N	N		E08.3522	N	N				
C50.421	N	N		E08.3523	N	N				
C50.422	N	N		E08.3529	N	N				
C50.429	N	N		E08.3531	N	N				
C50.511	N	N		E08.3532	N	N				
C50.512	N	N		E08.3533	N	N				
C50.519	N	N		E08.3539	N	N				
C50.521	N	N		E08.3541	N	N				
C50.522	N	N		E08.3542	N	N				
C50.529	N	N		E08.3543	N	N				
C50.611	N	N		E08.3549	N	N				
C50.612	N	N		E08.3551	N	N				
C50.619	N	N		E08.3552	N	N				
C50.621	N	N		E08.3553	N	N				
C50.622	N	N		E08.3559	N	N				
C50.629	N	N		E08.3591	N	N				
C50.811	N	N		E08.3592	N	N				
C50.812	N	N		E08.3593	N	N				
C50.819	N	N		E08.3599	N	N				
C50.821	N	N		E09.311	N	N				
C50.822	N	N		E09.319	N	N				
C50.829	N	N		E09.3211	N	N				
C50.911	N	N		E09.3212	N	N				
C50.912	N	N		E09.3213	N	N				
C50.919	N	N		E09.3219	N	N				
C50.921	N	N		E09.3311	N	N				
C50.922	N	N		E09.3312	N	N				
C50.929	N	N		E09.3313	N	N				
D05.01	N	N		E09.3319	N	N				
D05.02	N	N		E09.3411	N	N				
D05.10	N	N		E09.3412	N	N				
D05.11	N	N		E09.3413	N	N				

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				PA Required when submitted with highlighted codes on Medicaid/Marketplace Matrix			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
D05.12	N	N		E09.3419	N	N				
D05.80	N	N		E09.3491	N	N				
D05.81	N	N		E09.3492	N	N				
D05.90	N	N		E09.3493	N	N				
D05.91	N	N		E09.3499	N	N				
D05.92	N	N		E09.3511	N	N				
DO5.00	N	N		E09.3512	N	N				
DO5.82	N	N		E09.3513	N	N				
Z85.3	N	N		E09.3519	N	N				
				E09.3521	N	N				
				E09.3522	N	N				
				E09.3523	N	N				
				E09.3529	N	N				
				E09.3531	N	N				
				E09.3532	N	N				
				E09.3533	N	N				
				E09.3539	N	N				
				E09.3541	N	N				
				E09.3542	N	N				
				E09.3543	N	N				
				E09.3549	N	N				
				E09.3551	N	N				
				E09.3552	N	N				
				E09.3553	N	N				
				E09.3559	N	N				
				E09.3591	N	N				
				E09.3592	N	N				
				E09.3593	N	N				
				E09.3599	N	N				
				E10.311	N	N				
				E10.319	N	N				
				E10.3211	N	N				
				E10.3212	N	N				
				E10.3213	N	N				
				E10.3219	N	N				
				E10.3311	N	N				
				E10.3312	N	N				
				E10.3313	N	N				
				E10.3319	N	N				
				E10.3411	N	N				
				E10.3412	N	N				
				E10.3413	N	N				
				E10.3419	N	N				
				E10.3491	N	N				
				E10.3492	N	N				
				E10.3493	N	N				
				E10.3499	N	N				
				E10.3511	N	N				
				E10.3512	N	N				
				E10.3513	N	N				
				E10.3519	N	N				
				E10.3521	N	N				
				E10.3522	N	N				
				E10.3523	N	N				
				E10.3529	N	N				
				E10.3531	N	N				
				E10.3532	N	N				
				E10.3533	N	N				

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				PA Required when submitted with highlighted codes on Medicaid/Marketplace Matrix			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
				E10.3539	N	N				
				E10.3541	N	N				
				E10.3542	N	N				
				E10.3543	N	N				
				E10.3549	N	N				
				E10.3551	N	N				
				E10.3552	N	N				
				E10.3553	N	N				
				E10.3559	N	N				
				E10.3591	N	N				
				E10.3592	N	N				
				E10.3593	N	N				
				E10.3599	N	N				
				E11.311	N	N				
				E11.319	N	N				
				E11.3211	N	N				
				E11.3212	N	N				
				E11.3213	N	N				
				E11.3219	N	N				
				E11.3311	N	N				
				E11.3312	N	N				
				E11.3313	N	N				
				E11.3319	N	N				
				E11.3391	N	N				
				E11.3392	N	N				
				E11.3393	N	N				
				E11.3399	N	N				
				E11.3411	N	N				
				E11.3412	N	N				
				E11.3413	N	N				
				E11.3419	N	N				
				E11.3491	N	N				
				E11.3492	N	N				
				E11.3493	N	N				
				E11.3499	N	N				
				E11.3511	N	N				
				E11.3512	N	N				
				E11.3513	N	N				
				E11.3519	N	N				
				E11.3521	N	N				
				E11.3522	N	N				
				E11.3523	N	N				
				E11.3529	N	N				
				E11.3531	N	N				
				E11.3532	N	N				
				E11.3533	N	N				
				E11.3539	N	N				
				E11.3541	N	N				
				E11.3542	N	N				
				E11.3543	N	N				
				E11.3549	N	N				
				E11.3551	N	N				
				E11.3552	N	N				
				E11.3553	N	N				
				E11.3559	N	N				
				E11.3591	N	N				
				E11.3592	N	N				
				E11.3593	N	N				

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				PA Required when submitted with highlighted codes on Medicaid/Marketplace Matrix			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
				E11.3599	N	N				
				E13.311	N	N				
				E13.319	N	N				
				E13.3211	N	N				
				E13.3212	N	N				
				E13.3213	N	N				
				E13.3219	N	N				
				E13.3311	N	N				
				E13.3312	N	N				
				E13.3313	N	N				
				E13.3319	N	N				
				E13.3411	N	N				
				E13.3412	N	N				
				E13.3413	N	N				
				E13.3419	N	N				
				E13.3491	N	N				
				E13.3492	N	N				
				E13.3493	N	N				
				E13.3499	N	N				
				E13.3511	N	N				
				E13.3512	N	N				
				E13.3513	N	N				
				E13.3519	N	N				
				E13.3521	N	N				
				E13.3522	N	N				
				E13.3523	N	N				
				E13.3529	N	N				
				E13.3531	N	N				
				E13.3532	N	N				
				E13.3533	N	N				
				E13.3539	N	N				
				E13.3541	N	N				
				E13.3542	N	N				
				E13.3543	N	N				
				E13.3549	N	N				
				E13.3551	N	N				
				E13.3552	N	N				
				E13.3553	N	N				
				E13.3559	N	N				
				E13.3591	N	N				
				E13.3592	N	N				
				E13.3593	N	N				
				E13.3599	N	N				
				H21.1X1	N	N				
				H21.1X2	N	N				
				H21.1X3	N	N				
				H21.1X9	N	N				
				H32	N	N				
				H34.8110	N	N				
				H34.8111	N	N				
				H34.8112	N	N				
				H34.8120	N	N				
				H34.8121	N	N				
				H34.8122	N	N				
				H34.8130	N	N				
				H34.8131	N	N				
				H34.8132	N	N				
				H34.8190	N	N				

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				PA Required when submitted with highlighted codes on Medicaid/Marketplace Matrix			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
				H34.8191	N	N				
				H34.8192	N	N				
				H34.821	N	N				
				H34.822	N	N				
				H34.823	N	N				
				H34.829	N	N				
				H34.8310	N	N				
				H34.8311	N	N				
				H34.8312	N	N				
				H34.8320	N	N				
				H34.8321	N	N				
				H34.8322	N	N				
				H34.8330	N	N				
				H34.8331	N	N				
				H34.8332	N	N				
				H34.8390	N	N				
				H34.8391	N	N				
				H34.8392	N	N				
				H34.9	N	N				
				H35.00	N	N				
				H35.011	N	N				
				H35.012	N	N				
				H35.013	N	N				
				H35.019	N	N				
				H35.021	N	N				
				H35.022	N	N				
				H35.023	N	N				
				H35.029	N	N				
				H35.031	N	N				
				H35.032	N	N				
				H35.033	N	N				
				H35.039	N	N				
				H35.041	N	N				
				H35.042	N	N				
				H35.043	N	N				
				H35.049	N	N				
				H35.051	N	N				
				H35.052	N	N				
				H35.053	N	N				
				H35.059	N	N				
				H35.061	N	N				
				H35.062	N	N				
				H35.063	N	N				
				H35.069	N	N				
				H35.071	N	N				
				H35.072	N	N				
				H35.073	N	N				
				H35.079	N	N				
				H35.09	N	N				
				H35.141	N	N				
				H35.142	N	N				
				H35.143	N	N				
				H35.149	N	N				
				H35.151	N	N				
				H35.152	N	N				
				H35.153	N	N				
				H35.159	N	N				
				H35.161	N	N				

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				PA Required when submitted with highlighted codes on Medicaid/Marketplace Matrix			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
				H35.162	N	N				
				H35.163	N	N				
				H35.169	N	N				
				H35.20	N	N				
				H35.21	N	N				
				H35.22	N	N				
				H35.23	N	N				
				H35.3210	N	N				
				H35.3211	N	N				
				H35.3212	N	N				
				H35.3213	N	N				
				H35.3220	N	N				
				H35.3221	N	N				
				H35.3222	N	N				
				H35.3223	N	N				
				H35.3230	N	N				
				H35.3231	N	N				
				H35.3232	N	N				
				H35.3233	N	N				
				H35.3290	N	N				
				H35.3291	N	N				
				H35.3292	N	N				
				H35.3293	N	N				
				H35.33	N	N				
				H35.351	N	N				
				H35.352	N	N				
				H35.353	N	N				
				H35.359	N	N				
				H35.81	N	N				
				H35.82	N	N				
				H40.50X0	N	N				
				H40.50X1	N	N				
				H40.50X2	N	N				
				H40.50X3	N	N				
				H40.50X4	N	N				
				H40.51X0	N	N				
				H40.51X1	N	N				
				H40.51X2	N	N				
				H40.51X3	N	N				
				H40.51X4	N	N				
				H40.52X0	N	N				
				H40.52X1	N	N				
				H40.52X2	N	N				
				H40.52X3	N	N				
				H40.52X4	N	N				
				H40.53X0	N	N				
				H40.53X1	N	N				
				H40.53X2	N	N				
				H40.53X3	N	N				
				H40.53X4	N	N				
				H40.89	N	N				
				H44.20	N	N				
				H44.21	N	N				
				H44.22	N	N				
				H44.23	N	N				