Medicaid Prior Auth (PA) Code Matrix

Effective Q4, 2019

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).
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.
No PA Required for Emergency Services for PAR or NON PAR Providers.
No PA required for office visits or office-based procedures at Participating Network Providers.
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 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
PA required for Non-Par Office Visits, Surgical Procedures, Labs, Diagnostic Studies, In-patient stays, except for:

- **Emergency Department Services**
- **Professional fees associated with an Emergency Department visit and approved Ambulatory Surgery Center (ASC) or in-patient stay**
- **Local Health Department (LHD) services**
- **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, 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	
	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	
	H0017	BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC	
	H2012	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. (Refer to Dx Codes Tab for related ICD's)
	H2013	MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC	
	H2014	MENTAL HEALTH PARTIAL HOSP TX UNDER 24 HOURS	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	NY	PA required for all plans only when submitted with Autism Dx. (Refer to Dx Codes Tab for related ICD's)
	H2015	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC	
	H2016	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC	
	H2017	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC/NY	PA required for all plans only when submitted with Autism Dx. (Refer to Dx Codes Tab for related ICD's)
	H2018	SKILLS TRAINING AND DEVELOPMENT PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC	
	H2019	COMP COMMUNITY SUPPORT 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. (Refer to Dx Codes Tab for related ICD's)
	H2020	COMP COMMUNITY SUPPORT SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC	
	H0031	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. (Refer to Dx Codes Tab for related ICD's)
	H0032	PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC	PA required for all plans only when submitted with Autism Dx. (Refer to Dx Codes Tab for related ICD's)
	H0035	THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC/WI	
	H0046	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	
	S5150	HOME CARE TRAINING FAMILY; PER SESSION	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A		
	S5111	UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Y	N/A	N/A	SC	

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	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. (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. (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. (Refer to Dx Codes Tab for related ICD's)
	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. (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. (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. (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. (Refer to Dx Codes Tab for related ICD's)
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]

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	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]
	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		
	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	
	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		

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	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	
	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		

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
	E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT	Durable Medical Equipment (DME)	Y	N/A	N/A		
	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	
	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	

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
	E2612	GEN WC BACK CUSHN WDTH 22 IN GT HT MOUNT HARDWRE	Durable Medical Equipment (DME)	Y	N/A	N/A	SC	
	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		

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
	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		
	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		
	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	
	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	
	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	
	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		

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
	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		
	0205T	IV CATH CORONARY VESSEL GRAFT SPECTROSCPY EA VSL	Experimental/Investigational	Y	N/A	N/A		
	0206T	CPTR DBS ALYS MLT CYCLS CAR ELEC DTA 2 OR GRT ECG LDS	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		
	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		
	0253T	INSERT ANT SGM DRAINAGE DEV W O RESERVR INT APPR	Experimental/Investigational	Y	N/A	N/A		
	0254T	EVASC RPR ILAC ART BIFUR ENDGRFT CATHJ RS AND I UNI	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		

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
	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		
	0295T	EXT ECG OVER 48HR TO 21 DAY RCRD SCAN ANLYS REP R AND I	Experimental/Investigational	Y	N/A	N/A		
	0296T	EXT ECG OVER 48HR TO 21 DAY RCRD W CONECT INTL RCRD	Experimental/Investigational	Y	N/A	N/A		
	0297T	EXT ECG OVER 48HR TO 21 DAY SCAN ANALYSIS W REPORT	Experimental/Investigational	Y	N/A	N/A		
	0298T	EXT ECG OVER 48HR TO 21 DAY REVIEW AND INTERPRETATN	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		
	0357T	CRYOPRESERVATION IMMATURE OOCYTE(S)	Experimental/Investigational	Y	N/A	N/A		
	0358T	BIA WHOLE BODY COMPOSITION ASSESSMENT W I AND R	Experimental/Investigational	Y	N/A	N/A		
	0362T	BEHAVIOR ID SUPPORT ASSMT EA 15 MIN TECH TIME	Experimental/Investigational	Y	N/A	N/A	NM	
	0373T	ADAPT BHV TX PRTCL MODIFICAJ EA 15 MIN TECH TIME	Experimental/Investigational	Y	N/A	N/A	NM/WA/WI	Refer to NM tab/page for modifier exceptions on this code.
	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		
	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		

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
	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	
	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	

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
	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	
	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	
	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	
	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	
	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	
	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	
	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	
	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.	0004M	SCOLIOSIS 53 SNPS SALIVA PROGNOSTIC RISK SCORE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MY/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0005U	ONCO PRST8 GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MY/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0008U	HPYLORI DETECTION AND ANTIBIOTIC RESISTANCE DNA	Genetic Counseling & Testing	Y	N/A	N/A	NY/WI	
	0009M	FETAL ANEUPLOIDY 21 18 SEQ ANALY TRISOM RISK	Genetic Counseling & Testing	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
	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	
	0011U	RX MNTR DRUGS PRESENT LC-MS MS ORAL FLUID PR DOS	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	0012U	GERMLN DO GENE REARGMT DETCJ DNA WHOLE BLOOD	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0013U	ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN TISS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0014U	HEM HMTLMF NEO GENE REARGMT DNA WHL BLD MARROW	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0026U	ONC THYR DNA AND MRNA 112 GENES FNA NDUL ALG ALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0030U	RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/NY/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0031U	CYP1A2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0032U	COMT GENE ANALYSIS C.472G OVER A VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0033U	HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0034U	TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0055U	CARD HRT TRNSPL 96 TARGET DNA SEQUENCES PLASMA	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/IL/MI/NY/WA/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0056U	HEM AML DNA GENE REARRANGEMENT BLOOD BONE MARROW	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/IL/MI/NY/WA/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0057U	ONC SLD ORG NEO MRNA 51 GENES ALG NML PCT RANK	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/IL/MI/NY/OH/WA/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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		

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	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*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81166	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81167	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WA/NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81174	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81186	CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81190	CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81203	APC GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81204	AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	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*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81215	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81222	CFTR GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81223	CFTR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020

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	81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81229	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81232	DYPD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81258	HBA1 HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81259	HBA1 HBA2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81271	HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	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	
	81283	IFNL3 GENE ANALYSIS RS12979860 VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI//NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81287	MGMT GENE PROMOTER METHYLATION ANALYSIS	Genetic Counseling & Testing	Y	N/A	N/A		
	81289	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81291	MTHFR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81294	MLH1 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81297	MSH2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020

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	81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81300	MSH6 GENE ANALYSIS DUPLICATION DELETION VARIA	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81319	PMS2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81323	PTEN GENE ANALYSIS DUPLICATION DELETION VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81328	SLCO1B1 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81336	SMN1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81337	SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	Molecular and Genomic Testing	Y*	NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81355	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81361	HBB COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81362	HBB KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81363	HBB DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81364	HBB FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020

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
	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WA	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81410	AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81411	AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81414	CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81415	EXOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81417	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81425	GENOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81431	HEARING LOSS DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81433	HEREDITARY BRST CA-RELATED DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81436	HEREDITARY COLON CA DSRDRS DUP DEL ANALYS 5 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81438	HEREDTRY NURONDCRN TUM DSRDRS DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81442	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020

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	81455	GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81460	WHOLE MITOCHONDRIAL GENOME	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81471	X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81528	ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81535	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP 1ST	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81536	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP ADD	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/MI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81545	ONCOLOGY THYROID GENE EXPRESSION 142 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI//NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81596	NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	All plans: Including Oncotype Diagnosis *FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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		
	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		
	G9143	WARFARIN RSPN TEST GEN TECH ANY METH ANY # SPEC	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	S3722	DOSE OPTIMIZ AUC ANALY INFUSIONAL 5-FLUOROURACIL	Genetic Counseling & Testing	Y	N/A	N/A		
	S3800	GENETIC TESTING AMYOTROPHIC LATERAL SCLEROSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/NY/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020

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	S3840	DNA ANALYSIS GERMLINE MUTATS RET PROTO-ONCOGENE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	S3841	GENETIC TESTING FOR RETINOBLASTOMA	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/NY/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	S3842	GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	S3852	DNA ANALY APOE EPSILON 4 ALLELE SUSECPT ALZS DZ	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	S3854	GENE EXPRESSION PROFILING PANL MGMT BREAST CA TX	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	S3861	GENETIC TESTING SCN5A AND VARIANTS FOR SUSPCTED BS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	S3865	COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	S3866	GENETIC ANALY GENE MUTAT HCM INDIV KNOWN HCM FAM	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	S3870	CGH MICROARRAY TEST DD ASD AND OR INTELL DISABILTY	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
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 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.	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		
	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		
	B4105	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Healthcare Administered Drugs	Y	N/A	N/A	WI	
	C9035	INJECTION ARIPIPRAZOLE LAUROXIL 1 MG	Healthcare Administered Drugs	Y	N/A	*N/A*		Code ineffective 10.1.19 - use J1943
	C9036	INJECTION PATISIRAN 0.1 MG	Healthcare Administered Drugs	Y	N/A	*N/A*		Code ineffective 10.1.19 - use J0222
	C9037	INJECTION RISPERIDONE 0.5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	C9038	INJECTION MOGAMULIZUMAB-KPKC 1 MG	Healthcare Administered Drugs	Y	N/A	*N/A*		Code inffective 10.1.19 - use J9204
	C9039	INJECTION PLAZOMICIN 5 MG	Healthcare Administered Drugs	Y	N/A	*N/A*		Code ineffective 10.1.19 - use J0291
	C9040	INJECTION FREMANEZUMAB-VFRM 1 MG	Healthcare Administered Drugs	Y	N/A	*N/A*		Code ineffective 10.1.19 - use J3031
	C9043	INJECTION LEVOLEUCOVORIN 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	C9044	INJECTION CEMIPLIMAB-RWLC 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	C9045	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	Healthcare Administered Drugs	Y	N/A	*N/A*		Code ineffective 10.1.19 - use J9313
	C9047	INJECTION CAPLACIZUMAB-YHDP 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	C9048	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	Healthcare Administered Drugs	Y	N/A	*N/A*		Code ineffective 10.1.19 - use J1096
	C9049	INJECTION TAGRAXOFUSP-ERZS 10 MCG	Healthcare Administered Drugs	Y	N/A	*N/A*		Code ineffective 10.1.19 - use J9269
	C9050	INJECTION EMAPALUMAB-LZSG 1 MG	Healthcare Administered Drugs	Y	N/A	*N/A*		Code ineffective 10.1.19 - use J9210
	C9051	INJECTION OMADACYCLINE 1 MG	Healthcare Administered Drugs	Y	N/A	*N/A*		Code ineffective 10.1.19 - use J0121
	C9052	INJECTION RAVULIZUMAB-CWVZ 10 MG	Healthcare Administered Drugs	Y	N/A	*N/A*		Code ineffective 10.1.19 - use J1303
	C9130	INJ IMMUNE GLOBULIN BIVIGAM 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		Medicaid only
	C9131	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		Medicaid only
	C9132	PROTHROMBIN CMPLX CONC KCENTRA I.U. FCT IX ACTV	Healthcare Administered Drugs	Y	N/A	N/A		Medicaid only
	C9141	INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU	Healthcare Administered Drugs	Y	N/A	N/A		
	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). When not indicated for ocular conditions, use C5257.
	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	
	C9407	IODINE I-131 IOBENGUANE DIAGNOSTIC 1 MCI	Healthcare Administered Drugs	Y	N/A	N/A		
	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		Previously reported under C9051
	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		
	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		Previously reported under C9036

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
	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		
	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		Previously reported under C9039
	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		
	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) Previously reported 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		
	J0695	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 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		Previously reported under C9048
	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		Previously reported under C9052
	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		

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
	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	
	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		Previously reported under C9035
	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/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		
	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		

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
	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		
	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		
	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) Previously reported under C9040
	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		Previously reported 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		

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
	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	
	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		Previously reported 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		
	J7340	CARBIDPA 5 MG LEVODPA 20 MG EN SUSP 100 ML	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	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		

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
	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 C5257.
	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		
	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		
	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		Previously reported under C9038
	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		Previously reported under C9050
	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		

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
	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	MI	
	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	
	J9310	INJECTION RITUXIMAB 100 MG	Healthcare Administered Drugs	Y	N/A	N/A	WI	
	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		Previously reported under C9045
	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		
	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		
	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		
	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		
	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR (kanjinti), 10 mg	Healthcare Administered Drugs	Y	N/A	N/A		Previously reported under J9999
	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		

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
	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 required 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		
	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		
	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		
	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		
	T1002	RN SERVICES UP TO 15 MINUTES	Home Health Care Services	Y	N/A	N/A		
	T1003	LPN LVN SERVICES UP TO 15 MINUTES	Home Health Care Services	Y	N/A	N/A		
	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	
	0042T	CEREBRAL PERFUSION ANALYS CT W BLOOD FLOW AND VOLUME	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0174T	CAD CHEST RADIOGRAPH CONCURRENT W INTERPRETATION	Imaging & Special Tests	Y	N/A	N/A	NY	
	0175T	CAD CHEST RADIOGRAPH REMOTE FROM PRIMARY INTERPJ	Imaging & Special Tests	Y	N/A	N/A	NY	
	0331T	MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	NY/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0332T	MYOCRD SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	NY/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0399T	MYOCARDIAL STRAIN IMAGING QUAN ASSMT	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	IL/MI/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0439T	MYOCARDIAL PERFUSION ECHO ISCHM VIABILITY ASSMT	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	IL/MI/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020

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	0482T	ABSOLUTE QUAN MYOCARD BLD FLO PET STRESS AND REST	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0501T	COR FFR DERIVED CTA DATA ASSESS COR ART DISEASE	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0502T	COR FFR DERIVED CTA DATA PREP AND TRANSMIS	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI/NY/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0503T	COR FFR CTA DATA ALYS AND GNRJ ESTIMATED FFR MODEL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	0504T	COR FFR CTA DATA REVIEW W INTERPJ AND FINAL REPORT	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70336	MRI TEMPOROMANDIBULAR JOINT	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70450	CT HEAD BRAIN W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70460	CT HEAD BRAIN W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70470	CT HEAD BRAIN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70480	CT ORBIT SELLA POST FOSSA EAR W O CONTRAST MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70481	CT ORBIT SELLA POST FOSSA EAR W CONTRAST MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70482	CT ORBIT SELLA POST FOSSA EAR W O AND W CONTR MATR	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70486	CT MAXILLOFACIAL W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70487	CT MAXILLOFACIAL W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70488	CT MAXILLOFACIAL W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70490	CT SOFT TISSUE NECK W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70491	CT SOFT TISSUE NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70492	CT SOFT TISSUE NECK W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70496	CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70498	CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70540	MRI ORBIT FACE AND NECK W O CONTRAST	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70542	MRI ORBIT FACE AND NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70543	MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70544	MRA HEAD W O CONTRST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70545	MRA HEAD W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70546	MRA HEAD W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70547	MRA NECK W O CONTRST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70548	MRA NECK W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70549	MRA NECK W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70551	MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70552	MRI BRAIN BRAIN STEM W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020

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	70553	MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70554	MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMNISTRATION	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	70555	MRI BRAIN FUNCTIONAL W PHYSICIAN ADMNISTRATION	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	71250	CT THORAX W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	71260	CT THORAX W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	71270	CT THORAX W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	71275	CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	71550	MRI CHEST W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	71551	MRI CHEST W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	71552	MRI CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	71555	MRA CHEST W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72125	CT CERVICAL SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72126	CT CERVICAL SPINE W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72127	CT CERVICAL SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72128	CT THORACIC SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72129	CT THORACIC SPINE W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72130	CT THORACIC SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72131	CT LUMBAR SPINE W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72132	CT LUMBAR SPINE W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72133	CT LUMBAR SPINE W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72141	MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72142	MRI SPINAL CANAL CERVICAL W CONTRAST MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72146	MRI SPINAL CANAL THORACIC W O CONTRAST MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72147	MRI SPINAL CANAL THORACIC W CONTRAST MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72148	MRI SPINAL CANAL LUMBAR W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72149	MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72156	MRI SPINAL CANAL CERVICAL W O AND W CONTR MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72157	MRI SPINAL CANAL THORACIC W O AND W CONTR MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72158	MRI SPINAL CANAL LUMBAR W O AND W CONTR MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72159	MRA SPINAL CANAL W WO CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72191	CT ANGIOGRAPHY PELVIS W CONTRAST NONCONTRAST	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020

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	72192	CT PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72193	CT PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72194	CT PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72195	MRI PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72196	MRI PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72197	MRI PELVIS W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	72198	MRA PELVIS W WO CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73200	CT UPPER EXTREMITY W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73201	CT UPPER EXTREMITY W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73202	CT UPPER EXTREMITY W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73206	CT ANGIOGRAPHY UPPER EXTREMITY	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73218	MRI UPPER EXTREMITY OTH THAN JT W O CONTR MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73219	MRI UPPER EXTREMITY OTH THAN JT W CONTR MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73220	MRI UPPER EXTREM OTHER THAN JT W O AND W CONTRAS	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73221	MRI ANY JT UPPER EXTREMITY W O CONTRAST MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73222	MRI ANY JT UPPER EXTREMITY W CONTRAST MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73223	MRI ANY JT UPPER EXTREMITY W O AND W CONTR MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73225	MRA UPPER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73700	CT LOWER EXTREMITY W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73701	CT LOWER EXTREMITY W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73702	CT LOWER EXTREMITY W O AND W CONTRAST MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73706	CT ANGIOGRAPHY LOWER EXTREMITY	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73718	MRI LOWER EXTREM OTH THN JT W O CONTR MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73719	MRI LOWER EXTREM OTH THN JT W CONTRAST MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73720	MRI LOWER EXTREM OTH THN JT W O AND W CONTR MATR	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73721	MRI ANY JT LOWER EXTREM W O CONTRAST MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73722	MRI ANY JT LOWER EXTREM W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73723	MRI ANY JT LOWER EXTREM W O AND W CONTRAST MATRL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	73725	MRA LOWER EXTREMITY W WO CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	74150	CT ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	74160	CT ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020

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
	74170	CT ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	74174	CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	74175	CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	74176	CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	74177	CT ABDOMEN AND PELVIS W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	74178	CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	74181	MRI ABDOMEN W O CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	74182	MRI ABDOMEN W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	74183	MRI ABDOMEN W O AND W CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	74185	MRA ABDOMEN W WO CONTRAST MATERIAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	74712	FETAL MRI W PLACNTL MATRNL PLVC IMG SING 1ST GES	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	74713	FETAL MRI W PLACNTL MATRNL PLVC IMG EA ADDL GES	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	75557	CARDIAC MRI MORPHOLOGY AND FUNCTION W O CONTRAST	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	75559	CARDIAC MRI W O CONTRAST W STRESS IMAGING	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	75561	CARDIAC MRI W WO CONTRAST AND FURTHER SEQ	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	75563	CARDIAC MRI W W O CONTRAST W STRESS	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	TX/NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020 E/I Except for TX
	75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	75573	CT HRT CONTRST CARDIAC STRUCT AND MORPH CONG HRT D	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	75574	CTA HRT CORNRY ART BYPASS GRFTS CONTRST 3D POST	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	75635	CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	76376	3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	76377	3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	76380	CT LIMITED LOCALIZED FOLLOW UP STUDY	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	76390	MRI SPECTROSCOPY	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	76391	MAGNETIC RESONANCE ELASTOGRAPHY	Imaging & Special Tests	Y	N/A	N/A	NY	
	76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020

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	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	76999	UNLISTED US PROCEDURE	Imaging & Special Tests	Y	N/A	N/A		
	77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	NY/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	77048	MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	IL/NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	77049	MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	IL	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	77084	BONE MARROW BLOOD SUPPLY	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78205	LIVER IMAGING SPECT	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78206	LIVER IMAGING SPECT W VASCULAR FLOW	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78320	BONE AND JOINT IMAGING TOMOGRAPHIC SPECT	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78452	MYOCARDIAL SPECT MULTIPLE STUDIES	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST STRESS	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL QUAN	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78468	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78469	MYOCRD INFARCT AVID PLNR TOMOG SPECT W WO QUANTJ	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST STRESS	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78491	MYOCRD IMAGE PET PERFUS SINGLE STUDY REST STRESS	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78492	MYOCRD IMAGE PET PERFUS MULTPL STUDY REST STRESS	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78496	CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78607	BRAIN IMAGING TOMOGRAPHIC SPECT	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78608	BRAIN IMAGING PET METABOLIC EVALUATION	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78609	BRAIN IMAGING PET PERFUSION EVALUATION	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78647	CEREBROSPINAL FLUID FLOW W O MATL TOMOG SPECT	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78710	KIDNEY IMAGING MORPHOLOGY TOMOGRAPHIC	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020

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	78811	PET IMAGING LIMITED AREA CHEST HEAD NECK	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78812	PET IMAGING SKULL BASE TO MID-THIGH	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78813	PET IMAGING WHOLE BODY	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8900	MR ANGIOGRAPHY WITH CONTRAST ABDOMEN	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8901	MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8902	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST ABD	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8903	MR IMAGING WITH CONTRAST BREAST; UNILATERAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8905	MR IMAG W O CONTRST FLWED W CONTRST BRST; UNI	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8908	MR IMAG W O CONTRST FLWED W CONTRST BRST; BIL	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8911	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST CHST	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8912	MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8913	MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8914	MR ANGIO W O CONTRST FLWED W CONTRST LOW EXTRM	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8918	MR ANGIOGRAPHY WITH CONTRAST PELVIS	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8919	MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8920	MRA WITHOUT CONTRAST FOLLOWED W CONTRAST PELVIS	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8931	MR ANGIOGRAPHY W CONTRAST SPINAL CANAL CONTENTS	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8932	MR ANGIOGRAPHY W O CONTRST SPINAL CANAL CONTENTS	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8933	MR ANGIO NO CONTRST FLW W CONTRST SP CANAL CNTN	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8934	MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8935	MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C8936	MR ANGIO W O CONTRST FOLLOWED W CONTRST UP EXT	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	MI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	G0219	PET IMAG WHOLE BODY; MELANOMA NON-COVR INDICATS	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	IL/MI/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	G0235	PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	IL/NY/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020

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
	G0252	PET IMAG INIT DX BREST CA AND SURG PLAN NOT COV MCR	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	IL/MI/OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	G0288	RECON CT ANGIO AORTA SURG PLANNING VASC SURG	Imaging & Special Tests	Y	N/A	N/A		
	G0297	LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Imaging & Special Tests	Y	Imaging and Special Tests	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	S8042	MAGNETIC RESONANCE IMAGING LOW-FIELD	Imaging & Special Tests	Y	Imaging and Special Tests	Y*	IL/MI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	S8080	SCINTIMAMMOGRAPHY UNI INCL SUPPLY RADIOPHARM	Imaging & Special Tests	Y	N/A	N/A		
In ANY setting	95950	MONITOR ID AND LATERALIZATION SEIZURE FOCUS EEG	Neuropsychological and Psychological Tests	Y	N/A	N/A	NM	
	95951	LOCALIZE CEREBRAL SEIZURE CABLE RADIO EEG VIDEO	Neuropsychological and Psychological Tests	Y	N/A	N/A	NM	
	95953	LOCALIZE CEREBRAL SEIZURE CPTR PORTABLE EEG	Neuropsychological and Psychological Tests	Y	N/A	N/A	NM	
	95956	MNTR SEIZURE CMPTR 16CHAN EEG ATND EA 24 HR	Neuropsychological and Psychological Tests	Y	N/A	N/A	NM	
	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	
	97151	BEHAVIOR ID ASSESSMENT BY PHYS QHP EA 15 MIN	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	97152	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS QHP EA 15 MIN	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	97156	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	97157	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	97158	GRP ADAPT BHV PRTCL MODIFCAJ PHYS QHP EA 15 MIN	Neuropsychological and Psychological Tests	Y	N/A	N/A		
Occupational 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	Occupational Therapy	Y	N/A	N/A	FL/IL/UT/MI/WI	FL: All OP therapies in a hospital setting require PA.
	97112	THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC REEDUCA	Occupational Therapy	Y	N/A	N/A	FL/MI/SC/UT/WI	
	97763	ORTHOTICS PROSTH MGMT AND TRAINJ SBSQ ENCTR 15 MIN	Occupational Therapy	Y	N/A	N/A	MI	
	10040	ACNE SURGERY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	15730	MIDFACE FLAP W PRESERVATION OF VASCULAR PEDICLES	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	MI/SC/WA	
	15733	MUSC MYOQ FSCQ FLAP HEAD AND NECK W NAMED VASC PEDCL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	MI/SC/WA	
	15786	ABRASION 1 LESION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	15787	ABRASION EACH ADDITIONAL 4 LESIONS OR LESS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	15819	CERVICOPLASTY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	17004	DESTRUCTION PREMALIGNANT LESION 15 OR GRT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	17360	CHEMICAL EXFOLIATION ACNE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	19294	PREP TUMOR CAVITY IORT W PARTIAL MASTECTOMY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	IL/OH	
	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	

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	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	MI/SC/WI	
	21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21120	GENIOPLASTY AUGMENTATION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21122	GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21123	GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21125	AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21127	AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21137	REDUCTION FOREHEAD CONTOURING ONLY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21138	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21139	RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21142	RCNSTJ MIDFACE LEFORT I 2 PIECES W O BONE GRAFT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21143	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21147	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21151	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21154	RCNSTJ MIDFACE LEFORT III W O LEFORT I	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21155	RCNSTJ MIDFACE LEFORT III W LEFORT I	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21159	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21160	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21240	ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21243	ARTHRP TMPRMAND JOINT W PROSTHETIC REPLACEMENT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21282	LATERAL CANTHOPEXY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		

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	21295	REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21296	REDUCTION MASSETER MUSCLE AND BONE INTRAORAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22103	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM EA	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22110	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22112	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22114	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22116	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM EA	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22208	OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22210	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22212	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22214	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22216	OSTEOT SPI PST PSTLAT APPR 1 VRT SGM EA VRT SGM	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22220	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22222	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22224	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22226	OSTEOT SPI W DSKC ANT APPR 1 VRT SGM EA VRT SGM	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22505	MANIPULATION SPINE REQUIRING ANESTHESIA	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22534	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC LMBR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22548	ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		

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	22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22585	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22586	ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22600	ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22610	ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22612	ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22614	ARTHRODESIS POSTERIOR POSTEROLATERAL EA ADDL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22632	ARTHRODESIS POSTERIOR INTERBODY EA ADDL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22633	ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22634	ARTHDSIS POST POSTERLATRL POSTINTRBDYADL SPC SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22819	KYPHECTOMY 3 OR MORE SEGMENTS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22830	EXPLORATION SPINAL FUSION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22841	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13 OR GRT VRT SE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22847	ANTERIOR INSTRUMENTATION 8 OR GRT VERTEBRAL SEGMENTS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		

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	22848	PELVIC FIXATION OTHER THAN SACRUM	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22849	REINSERTION SPINAL FIXATION DEVICE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22855	REMOVAL ANTERIOR INSTRUMENTATION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22862	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22867	INSJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22868	INSJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22869	INSJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22870	INSJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	PR	
	25447	ARTHRP INTERPOS INTERCARPAL METACARPAL JOINTS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	26499	CORRECTION CLAW FINGER OTHER METHODS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27120	ACETABULOPLASTY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27122	ACETABULOPLASTY RESECTION FEMORAL HEAD	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27125	HEMIARTHROPLASTY HIP PARTIAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27130	ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27132	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27134	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27137	REVJ TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27138	REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27438	ARTHROPLASTY PATELLA W PROSTHESIS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	PR	
	27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVCT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27442	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		

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

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	28120	PARTIAL EXCISION BONE TALUS CALCANEUS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28122	PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28124	PARTICAL EXCISION BONE PHALANX TOE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28126	RESECTION PARTIAL COMPLETE PHALANGEAL BASE EACH	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28130	TALECTOMY ASTRAGALECTOMY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28140	METATARSECTOMY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28150	PHALANGECTOMY TOE EACH TOE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28153	RESECTION CONDYLE DISTAL END PHALANX EACH TOE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28160	HEMIPHALANGECTOMY INTERPHALANGEAL JOINT EXC TOE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28171	RAD RESCJ TUMOR TARSAL EXCEPT TALUS CALCANEUS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28173	RADICAL RESECTION TUMOR METATARSAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28175	RADICAL RESECTION TUMOR PHALANX OR TOE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28200	RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28202	RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28208	REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28220	TENOLYSIS FLEXOR FOOT SINGLE TENDON	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28222	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28225	TENOLYSIS EXTENSOR FOOT SINGLE TENDON	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28226	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28230	TX OPN TENDON FLEXOR FOOT SINGLE MULT TENDON SPX	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28234	TENOTOMY OPEN EXTENSOR FOOT TOE EACH TENDON	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28238	RCNSTJ PST TIBL TDN W EXC ACCESSORY TARSL NAVCLR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28240	TENOTOMY LENGTHENING RLS ABDUCTOR HALLUCIS MUSC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28250	DIVISION PLANTAR FASCIA AND MUSCLE SPX	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28260	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28261	CAPSULOTOMY MIDFOOT W TENDON LENGTHENING	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28262	CAPSUL MIDFOOT W PST TALOTIBL CAPSUL AND TDN LNGTH	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28264	CAPSULOTOMY MIDTARSAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28270	CAPSUL MTTARPHLNGL JT W WO TENORRHAPHY EA JT SPX	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		

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	28272	CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28280	SYNDACTYLIZATION TOES	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28285	CORRECTION HAMMERTOE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28286	CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28288	OSTC PRTL EXOSTC CONDYLC METAR HEAD	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28289	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28291	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28292	CORRJ HALLUX VALGUS W SESMDC W RESCJ PROX PHAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28295	CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28296	CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28297	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28298	CORRJ HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28299	CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28300	OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28302	OSTEOTOMY TALUS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28304	OSTEOTOMY TARSAL BONES OTH THN CALCANEUS TALUS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28305	OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28306	OSTEOT W WO LNGTH SHRT CORRJ 1ST METAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28307	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28308	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST EA	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28309	OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28315	SESAMOIDECTOMY FIRST TOE SPX	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28320	REPAIR NONUNION MALUNION TARSAL BONES	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28322	RPR NON MALUNION METARSAL W WO BONE GRAFT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28340	RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28341	RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28344	RECONSTRUCTION TOE POLYDACTYLY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28345	RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		

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	28360	RECONSTRUCTION CLEFT FOOT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28705	ARTHRODESIS PANTALAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28715	ARTHRODESIS TRIPLE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28725	ARTHRODESIS SUBTALAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28730	ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28735	ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28737	ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR-CUNEIFOR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28760	ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28890	ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29826	ARTHROSCOPY SHOULDER W CORACOACRM LIGMNT RELEASE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29873	ARTHROSCOPY KNEE LATERAL RELEASE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29874	ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29876	ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29877	ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29879	ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29880	ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		

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	29881	ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29882	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29883	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29884	ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29889	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29892	ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29894	ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29899	ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29914	ARTHROSCOPY HIP W FEMOROPLASTY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29915	ARTHROSCOPY HIP W ACETABULOPLASTY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29916	ARTHROSCOPY HIP W LABRAL REPAIR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	30465	REPAIR NASAL VESTIBULAR STENOSIS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	30520	SEPTOPLASTY SUBMUCOUS RESECJ W WO CARTILAGE GRF	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	30540	REPAIR CHOANAL ATRESIA INTRANASAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	31253	NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	31257	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	31259	NASAL SINUS NDSC TOT W SPHENDT W SPHEN TISS RMVL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	31295	NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	31296	NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	31297	NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	31298	NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION	Out-Patient Hospital/Ambulatory 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
	31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	31661	BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	32491	RMVL LUNG OTH THN PNUMEC RESXN-PLCTJ EMPHY LUNG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	32994	ABLATION THER 1 PLUS PULM TUMORS PERQ CRYOABLATION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33206	INS NEW RPLCMT PRM PACEMAKR W TRANS ELTRD ATRIAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	33207	INS NEW RPLC PRM PACEMAKER W TRANSV ELTRD VENTR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	33208	INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL AND VENT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	33212	INS PM PLS GEN W EXIST SINGLE LEAD	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33213	INS PACEMAKER PULSE GEN ONLY W EXIST DUAL LEADS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33221	INS PACEMAKER PULSE GEN ONLY W EXIST MULT LEADS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM DFB PLS GEN	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB PM PLS GEN	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	33227	REMVL PERM PM PLSE GEN W REPL PLSE GEN SNGL LEAD	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33228	REMVL PERM PM PLS GEN W REPL PLSE GEN 2 LEAD SYS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33229	REMVL PERM PM PLS GEN W REPL PLSE GEN MULT LEAD	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33230	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33231	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST MULTILEADS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33240	INSJ IMPLNTBL DEFIB PULSE GEN W 1 EXISTING LD	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33249	INSJ RPLCMT PERM DFB W TRNSVNS LDS 1 DUAL CHMBR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33251	ABLATION ARRHYTHMOGENIC FOCI PATHWAY W BYPASS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33254	ABLATION AND RECONSTRUCTION ATRIA LIMITED	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W BYPASS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33262	RMVL IMPLTBL DFB PLSE GEN W REPL PLSE GEN 1 LEAD	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	33263	RMVL IMPLTBL DFB PLSE GEN W RPLCMT PLSE GEN 2 LD	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	33264	RMVL IMPLTBL DFB PLS GEN W RPLCMT PLS GEN MLT LD	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	33265	NDSC ABLATION AND RCNSTJ ATRIA LIMITED W O BYPAS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33266	NDSC ABLATION AND RCNSTJ ATRIA EXTEN W O BYPASS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33270	INS RPLCMNT PERM SUBQ IMPLTBL DFB W SUBQ ELTRD	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33274	TCAT INSJ RPL PERM LEADLESS PACEMAKER RV W IMG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	NY/WI	
	33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	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
	33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	34713	PERQ ACCESS AND CLOSURE FEM ART FOR DELIVERY NDGFT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	34714	OPN FEM ART EXPOS W CNDT CRTJ DLVR EVASC PROSTH	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	34715	OPN AX SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	34716	OPN AXILLARY SUBCLAVIAN ART EXPOS W CNDT CRTJ	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	36460	TRANSFUSION INTRAUTERINE FETAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	36514	THERAPEUTIC APHERESIS PLASMA PHERESIS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37191	INS INTRVAS VC FILTR W WO VAS ACS VSL SELXN RS AND I	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37243	VASCULAR EMBOLIZE OCCLUDE ORGAN TUMOR INFARCT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37700	LIG AND DIV LONG SAPH VEIN SAPHFEM JUNCT INTERRUPJ	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37718	LIGJ DIVJ AND STRIPPING SHORT SAPHENOUS VEIN	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37722	LIGJ DIVJ AND STRIP LONG SAPH SAPHFEM JUNCT KNE BELW	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37735	LIGJ AND DIVJ RADICAL STRIP LONG SHORT SAPHENOUS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37766	STAB PHLEBT VARICOSE VEINS 1 XTR OVER 20 INCS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37780	LIGJ AND DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37785	LIGJ DIVJ AND EXCJ VARICOSE VEIN CLUSTER 1 LEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		

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	38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38208	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38209	TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38573	LAPS W BI TOT PEL LMPHADEC AND OMNTC LYMPH BX	Out-Patient Hospital/Ambulatory 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	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43645	LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTJ	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43647	LAPS IMPLTJ RPLCMT GASTRIC NSTIM ELTRD ANTRUM	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43648	LAPS REVISION RMVL GASTRIC NSTIM ELTRD ANTRUM	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43653	LAPS SURG GASTROSTOMY W O CONSTJ GSTR TUBE SPX	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43773	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE AND PORT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43842	GASTRIC RSTCV W O BYP VERTICAL-BANDED GASTROPLY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43843	GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43845	GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43846	GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43847	GASTRIC RSTCV W BYP W SM INT RCNSTJ LIMIT ABSRPJ	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43881	IMPLTJ RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43882	REVISION RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	Out-Patient Hospital/Ambulatory 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
	43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43888	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47380	ABLTJ OPN 1 OR GRT LVR TUM RF	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47381	ABLTJ OPN 1 OR GRT LVR TUM CRYOSURG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47382	ABLTJ 1 OR GRT LVR TUM PRQ RF	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47605	CHOLECYSTECTOMY W CHOLANGIOGRAPHY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47610	CHOLECYSTECTOMY W EXPLORATION COMMON DUCT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47620	CHOLECSTC EXPL DUX SPHNCTROTOMY SPHNCTROP	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	49255	OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	49904	OMENTAL FLAP EXTRA-ABDOMINAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	49905	OMENTAL FLAP INTRA-ABDOMINAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	49906	FREE OMENTAL FLAP W MICROVASCULAR ANAST	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	50590	LITHOTRIPSY XTRCORP SHOCK WAVE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	OH/SC	
	52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	52442	CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	52649	LASER ENUCLEATION PROSTATE W MORCELLATION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	53854	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	NY/WI	
	54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1 MLT NJX	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WI	
	57288	SLING OPERATION STRESS INCONTINENCE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	57289	PEREYRA PX W ANTERIOR COLPORRHAPHY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58150	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58152	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58180	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58200	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	Out-Patient Hospital/Ambulatory 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
	58240	PEL EXNTJ GYNECOLOGIC MAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58262	VAG HYST 250 GM OR LESS W RMVL TUBE AND OVARY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58263	VAG HYST 250 GM OR LESS W RMVL TUBE OVARY W RPR NTRCL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58267	VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58270	VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58275	VAGINAL HYSTERECTOMY W TOT PRTL VAGINECTOMY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58280	VAG HYSTER W TOT PRTL VAGINECT W RPR ENTEROCELE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58290	VAGINAL HYSTERECTOMY UTERUS OVER 250 GM	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58291	VAG HYST OVER 250 GM RMVL TUBE AND OVARY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58292	VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58293	VAG HYST OVER 250 GM COLPOURTCSTOPEXY W WO NDSC CTR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58294	VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58323	SPERM WASHING ARTIFICIAL INSEMINATION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58345	TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58350	CHROMOTUBATION OVIDUCT W MATERIALS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58356	ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58540	HYSTEROPLASTY RPR UTERINE ANOMALY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58542	LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58543	LAPS SUPRACERVICAL HYSTERECTOMY OVER 250	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58544	LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58546	LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58548	LAPS W RAD HYST W BILAT LMPHADEC RMVL TUBE OVARY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58552	LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58553	LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS	Out-Patient Hospital/Ambulatory 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
	58554	LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LESS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58571	LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58573	LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58660	LAPAROSCOPY W LYSIS OF ADHESIONS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	58661	LAPAROSCOPY W RMVL ADNEXAL STRUCTURES	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	58662	LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	58672	LAPAROSCOPY FIMBRIOPLASTY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58673	LAPAROSCOPY SALPINGOSTOMY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58700	SALPINGECTOMY COMPLETE PARTIAL UNI BI SPX	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58720	SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58740	LYSIS OF ADHESIONS SALPINX OVARY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58750	TUBOTUBAL ANASTATOMOSIS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58752	TUBOUTERINE IMPLANTATION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58760	FIMBRIOPLASTY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58770	SALPINGOSTOMY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58940	OOPHORECTOMY PARTIAL TOTAL UNI BI	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58943	OOPHORECTOMY PRTL TOT UNI BI OVARIAN MALIGNANCY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58950	RESCJ OVARIAN TUBAL PERITONEAL MALIGNANCY W BSO	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58951	RESCJ PRIM PRTL MAL W BSO AND OMNTC TAH AND LMPHAD	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58952	RESCJ PRIM PRTL MAL W BSO AND OMNTC RAD DEBULKING	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58953	BSO W OMENTECTOMY TAH AND RAD DEBULKING DISSECTION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58954	BSO W OMENTECTOMY TAH DEBULKING W LMPHADECTOMY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58956	BSO W TOT OMENTECTOMY AND HYSTERECTOMY MALIGNANC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58957	RESECJ RECUR OVARIAN TUBAL PERITONEAL MALIGNANCY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58958	RESECTION RECRT MAL W OMENTECTOMY PEL LMPHADEC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58974	EMBRYO TRANSFER INTRAUTERINE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58976	GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METH	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	59070	TRANSABDOMINAL AMNIOINFUSION W ULTRSND GUIDANCE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		

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	59072	FETAL UMBILICAL CORD OCCLUSION W ULTRSND GUIDNCE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	59074	FETAL FLUID DRAINAGE W ULTRASOUND GUIDANCE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	59076	FETAL SHUNT PLACEMENT W ULTRASOUND GUIDANCE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	61863	STRTCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	61864	STRTCTC IMPLTJ NSTIM ELTRD W O RECORD EA ARRAY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	61867	STRTCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	61868	STRTCTC IMPLTJ NSTIM ELTRD W RECORD EA ARRAY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	61885	INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	61886	INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	62324	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	62325	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	62326	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	62327	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	62369	ELECT ANLYS IMPLT ITHCL EDRL PMP W REPRG AND REFIL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	62370	ELEC ANLYS IMPLT ITHCL EDRL PMP W REPR PHYS QHP	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	62380	NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63001	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63003	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63005	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63011	LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63012	LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63015	LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63016	LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63017	LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63020	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERVC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63030	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63035	LAMNOTMY W DCMPRSN NRV EACH ADDL CRVCL LMBR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63044	LAMOT W PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		

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	63045	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63046	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63047	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63048	LAM FACETECTOMY AND FORAMTOMY 1 SGM EA CRV THRC LMBR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63050	LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC LUMBAR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63066	COSTOVERTEBRAL DCMPRN SPINE CORD THORACIC EA SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63078	DISCECTOMY ANT DCMPRN CORD THORACIC EA NTRSPC	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63086	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC EA SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63087	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63088	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR EA SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63091	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC EA SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63101	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63102	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63103	VCRPEC LAT XTRCAVITARY DCMPRN THRC LMBR EA SEG	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64569	REVISION REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64570	REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64590	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		

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	64595	REVISION RMVL PERIPHERAL GASTRIC NPGR	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64912	NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WI	
	64913	NERVE REPAIR W NERVE ALLOGRAFT EA ADDL STRAND	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WI	
	65771	RADIAL KERATOTOMY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	65772	CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	67900	REPAIR BROW PTOSIS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	67909	REDUCTION OVERCORRECTION PTOSIS	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	NY	
	67950	CANTHOPLASTY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	69715	IMPLJ OSSEOINTEGRATED TEMPORAL BONE W O MASTOID	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	69717	RPLMCT OSSEOINTEGRATE IMPLNT W O MASTOIDECTOMY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	69718	RPLMCT OSSEOINTEGRATE IMPLNT W MASTOIDECTOMY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	93229	XTRNL MOBILE CV TELEMETRY W TECHNICAL SUPPORT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	95249	CONT GLUC MONITORING PATIENT PROVIDED EQUIPTMENT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	96567	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96570	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96571	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96573	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96902	MCRSCP XM HAIR PLUCK CLIP FOR CNTS STRUCT ABNORM	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96910	PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96912	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96920	LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		

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	96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96922	LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96931	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R 1ST	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96932	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQUISITION	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96933	RCM CELULR AND SUBCELULR SKN IMGNG I AND R 1ST LES	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96934	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R ADD	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96935	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ EA ADDL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96936	RCM CELULR AND SUBCELULR SKN IMGNG I AND R EA ADDL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	NY/OH	
	C9734	FOCUSED U S ABL TX INT OTH THAN UT LEIOMYOMATA	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	C9738	ADJUNCTIVE BLUE LIGHT CYSTOSCOPY FLUO IMAG AGT	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	C9739	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 1-3 IMPL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	C9740	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 4 OR GRT IMPL	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	C9746	TRANSPERINL IMPL PERM ADJ BALLOON CONT DEVICE	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	C9747	ABLATION PROSTATE TRANSRECTAL HIFU INCL I GUID	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A		
	C9748	TRANSURETHRAL DESTRUC PROS TISS;BY RF WV THRM TX	Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	S2095	TRNSCATH OCCL EMBOLIZ TUMR DESTRUC PERQ METH USI	Out-Patient Hospital/Ambulatory 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	
	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		

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
	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		
	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		
	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		
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	
	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		
	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		

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	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		
	77520	PROTON TX DELIVERY SIMPLE W O COMPENSATION	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	77522	PROTON TX DELIVERY SIMPLE W COMPENSATION	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	77523	PROTON TX DELIVERY INTERMEDIATE	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	77525	PROTON TX DELIVERY COMPLEX	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY/OH/WA/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	IL/NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*		*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	C9408	IODINE I-131 IOBENGUANE THERAPEUTIC 1 MCI	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	IL/NY	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY/OH/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	G6015	INTENSITY MODULATED TX DEL 1 MX FLDS PER TX SESS	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	G6016	COMP-BASED BEAM MOD TX DEL I PLND TX 3 OVER HR SESS	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	OH	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	G6017	INTRA-FRAC LOC AND TRACKING TARGET PT M EA FRAC TX	Radiation Therapy & Radio Surgery	Y	N/A	N/A	MI/OH/NY	
	Q9950	INJECTION SULFUR HEXAFLUORIDE LIPID MSS PER ML	Radiation Therapy & Radio Surgery	Y	N/A	N/A		
Sleep Studies: Home Sleep Studies (POS 12) Do Not Require PA	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/W	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020

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
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I AND R	Sleep Studies	Y	N/A	N/A	TX/WA/WI	
	95805	MLT SLEEP LATENCY MAINT OF WAKEFULNESS TSTG	Sleep Studies	Y	Sleep Covered Services and Related Equipment	Y*	TX	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	95807	SLEEP STD REC VNTJ RESPIR ECG HRT RATE AND O2 ATTN	Sleep Studies	Y	Sleep Covered Services and Related Equipment	Y*	PR/TX/WI	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Sleep Studies	Y	Sleep Covered Services and Related Equipment	Y*	TX	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
	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	*FUTURE USE ONLY - EVICORE APPLIES TO: IL/MI/OH/NY/WI EFFECTIVE 1/1/2020
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/UT/WA/WI	
	92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GRT INDIV	Speech Therapy	Y	N/A	N/A	FL/WA/WI	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplans Do Not Require PA.	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		
	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	
	38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	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		
	50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Transplants/Gene Therapy	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
	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		
	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		
	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		

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
	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		
	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		

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
	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		
	90999	UNLISTED DIALYSIS PROCEDURE INPATIENT OUTPATIENT	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		
	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		

CA CODE/BENEFIT EXCEPTIONS

- **Behavioral Health, Mental Health, Alcohol and Chemical Dependency Services:**

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

Code	MediCal	Mktplace	Notes
00170	Y	Y	
55970	N	Y	
55980	N	Y	
81161	N	Y	Genetic Counseling and Testing code, do not require PA for FFS MediCal (effective 2/1/2019)
81205	NC	Y	
81221	NC	Y	
81243	N	Y	Genetic Counseling and Testing code, do not require PA for FFS MediCal (effective 2/1/2019)
81244	N	Y	Genetic Counseling and Testing code, do not require PA for FFS MediCal (effective 2/1/2019)
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
97151	N	N	BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace
97152	N	N	BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace
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)
0057U	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	
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**	
G0235	**NC**	**Y**	
G0252	**NC**	**Y**	
J2916	**N**	**N**	
J9267	**N**	**N**	
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)
Q5108	**NC**	**Y**	Specialty Pharmacy code, NC for MediCal (effective 2/1/2019)
Q5110	**NC**	**Y**	Specialty Pharmacy code, NC for MediCal (effective 2/1/2019)
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			
Dx 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			
Dx 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			
Dx 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			
Dx 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				