



Medicaid Prior Auth (PA) Code Matrix

Effective Q1, 2020

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/SC	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 HOSPITALIZATION 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		
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)	

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	T1025	INTEN MXDISCIPLIN SRVC CHILD W CMLPX 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 MXDISCIPLIN SRVC CHILD W CMLPX 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]
	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]

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	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 LNPTH TIP ONLY	Cosmetic, Plastic & Reconstructive Procedures	Y	N/A	N/A		
	30462	RHINP DFRM COLUM LNPTH TIP SEPTUM OSTEO	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 INSRD 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		
	E0302	HOS BED XTRA HEVY DUTY WT CAP OVER 600 PDS W O MATTRSS	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 WPTH	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	

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
	E0481	INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACCSORIES	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		
	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 WDTN 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		

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
	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 CNTRLER AND ONE PWR	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLER 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 CONTROLLER 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 NOPRRTNL	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2330	PWR WC ACSS 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 BATTERY EA	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2366	PWR WC ACSS BATTERY CHRGR 1 MODE W ONLY 1 BATTERY	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 BATTERY EA	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	E2500	SPEECH GEN DEVC DIGITIZD UNDER EQ 8 MINS REC TIME	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2502	SPCH GEN DEVC DIGITIZD OVER 8 MINS LESS THN EQ 20 MINS REC	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2504	SPCH GEN DEVC DIGITIZD 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 SYNTHSIZD MX METH MESS AND DEVC ACSS	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 WDTN UNDER 22 IN DEPTH	Durable Medical Equipment (DME)	Y	N/A	N/A	SC	
	E2608	SKN PROTCT AND PSTN WC SEAT CUSHN WDTN 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 WDTN UNDER 22 IN HT MOUNT HARDWARE	Durable Medical Equipment (DME)	Y	N/A	N/A	SC	
	E2612	GEN WC BACK CUSHN WDTN 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 WDTN UNDER 22 IN	Durable Medical Equipment (DME)	Y	N/A	N/A	SC	
	E2621	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTN 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		

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
	E2630	WC ACCESS SHLDR ELB MOBIL MONOSUSP ARM HAND SUPP	Durable Medical Equipment (DME)	Y	N/A	N/A		
	E2631	WC ACCESS ADD MOBILE ARM SUPPORT ELEV PROX ARM	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0008	CUSTOM MANUAL WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	K0009	OTHER MANUAL WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0010	STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	K0011	STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	K0108	OTHER ACCESSORIES	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0553	SUPPLY ALLOW FOR TX CGM1 MO SPL EQ 1 U OF SERVICE	Durable Medical Equipment (DME)	Y	N/A	N/A	CA/MI/SC/WI	
	K0554	RECEIVER DEDICATED FOR USE W THERAPEUTIC GCM SYS	Durable Medical Equipment (DME)	Y	N/A	N/A	CA/MI/SC/WI	
	K0606	AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0800	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0806	PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0813	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0814	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0815	PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0816	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0820	PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0821	PWR WC GRP 2 STD PORT CAPT CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0822	PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0824	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0826	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0827	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0828	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB OR GRT	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0829	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0830	PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	K0831	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	Durable Medical Equipment (DME)	Y	N/A	N/A	NY	
	K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0848	PWR WC GRP 3 STD SLING SEAT PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT	Durable Medical Equipment (DME)	Y	N/A	N/A		
	K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT	Durable Medical Equipment (DME)	Y	N/A	N/A		
	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		

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
	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		
	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	EXTRCORPL 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		

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	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 PARAVERT FCT JT W US CER THOR 1 LVL	Experimental/Investigational	Y	N/A	N/A		
	0214T	NJX DX THER PARAVERT 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 PARAVERT FCT JT W US LUMB SAC 1 LVL	Experimental/Investigational	Y	N/A	N/A		
	0217T	NJX DX THER PARAVERT 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 STERIOD 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 STERIOD TFRML EDRL W US LUM SAC 1 LVL	Experimental/Investigational	Y	N/A	N/A		
	0231T	NJX ANES STERIOD TFRML EDRL W US LUM SAC EA ADDL	Experimental/Investigational	Y	N/A	N/A		
	0234T	TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	Experimental/Investigational	Y	N/A	N/A		
	0235T	TRLUML PERIPHERAL ATHERECTOMY VISCERAL ARTERY EA	Experimental/Investigational	Y	N/A	N/A		
	0236T	TRLUML PERIPH ATHRC W RS AND I ABDOM AORTA	Experimental/Investigational	Y	N/A	N/A		
	0237T	TRLUML PERIPH ATHRC W RS AND I BRCHIOCPHL EA VSL	Experimental/Investigational	Y	N/A	N/A		
	0238T	TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	Experimental/Investigational	Y	N/A	N/A		
	0249T	LIGATION HEMORRHOID BUNDLE W US	Experimental/Investigational	Y	N/A	N/A		
	0253T	INSERT ANT SGM DRAINAGE DEV W O RESERV 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	INTROGATION DEV EVAL CARTD SINS BARREFLX W I AND R	Experimental/Investigational	Y	N/A	N/A		
	0273T	INTROGATION DEV EVAL CARTD SINS BARREFLX W PRGRM	Experimental/Investigational	Y	N/A	N/A		
	0274T	PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC	Experimental/Investigational	Y	N/A	N/A		
	0275T	PERC LAMINO- LAMINECTOMY INDIR IMAG GUIDE LUMBAR	Experimental/Investigational	Y	N/A	N/A		
	0278T	TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS	Experimental/Investigational	Y	N/A	N/A		
	0290T	CORNEA INCISNS RECIPIENT CORNEA W LASR KERTPLSTY	Experimental/Investigational	Y	N/A	N/A		
	0312T	LAPS IMPLTJ NSTIM ELTRD ARRAY AND PLS GEN VAGUS NRV	Experimental/Investigational	Y	N/A	N/A		
	0313T	LAPS REVJ REPLCMT NSTIM ELTRD ARRAY VAGUS NRV	Experimental/Investigational	Y	N/A	N/A		
	0314T	LAPS RMVL NSTIM ELTRD ARRAY AND PLS GEN VAGUS NRV	Experimental/Investigational	Y	N/A	N/A		
	0315T	REMOVAL PULSE GENERATOR VAGUS NERVE	Experimental/Investigational	Y	N/A	N/A		
	0316T	REPLACEMENT PULSE GENERATOR VAGUS NERVE	Experimental/Investigational	Y	N/A	N/A		
	0317T	ELEC ALYS NSTIM PLS GEN VAGUS NRV W REPRGRMG	Experimental/Investigational	Y	N/A	N/A		
	0329T	MNTR INTRAOOCULAR 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		

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	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		
	0373T	ADAPT BHV TX PRCL MODIFICA EA 15 MIN TECH TIME	Experimental/Investigational	Y	N/A	N/A	NM 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		
	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	ABL TJ PERC CRYOABL TJ IMG GDN UXTR PERPH NERVE	Experimental/Investigational	Y	N/A	N/A		
	0441T	ABL TJ PERC CRYOABL TJ IMG GDN LXTR PERPH NERVE	Experimental/Investigational	Y	N/A	N/A		
	0442T	ABL TJ PERC CRYOABL TJ 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		
	0470T	OCT SKN IMG ACQUIS I AND R 1ST LES	Experimental/Investigational	Y	N/A	N/A	PR/WI	
	0471T	OCT SKN IMG ACQUIS 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		

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
	0480T	FRACTIONAL ABL LSR FENESTRATION EA ADDL 100 SQCM	Experimental/Investigational	Y	N/A	N/A		
	0481T	NIX 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 SPECTROSCOPY 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 PGM 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 TARSII IMPLANT	Experimental/Investigational	Y	N/A	N/A		
	0511T	REMOVAL AND REINSERTION OF SINUS TARSII 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	
	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 QUANTITATIVE 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		
	95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I AND R	Experimental/Investigational	Y	N/A	N/A	OH/WI	
	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	

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
	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-CONNKT 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.	0001U	RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL		*	Molecular and Genomic Testing	Y*	MI//NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0002M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W ASH		*	Molecular and Genomic Testing	Y*	MI/NY/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0003M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W NASH		*	Molecular and Genomic Testing	Y*	MI/NY/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0004M	SCOLIOSIS 53 SNPS SALIVA PROGNOSTIC RISK SCORE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MY/OH	*APPLIES TO: IL/MI/OH/NY/WI
	0005U	ONCO PRST8 GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MY/OH	*APPLIES TO: IL/MI/OH/NY/WI
	0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH	*APPLIES TO: IL/MI/OH/NY/WI
	0008U	HPYLORI DETECTION AND ANTIBIOTIC RESISTANCE DNA	Genetic Counseling & Testing	Y	N/A	N/A	NY/WI	
	0009M	FETAL ANEUPLOIDY 21 18 SEQ ANALY TRISOM RISK	Genetic Counseling & Testing	Y	N/A	N/A	WA	
	0009U	ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP	Genetic Counseling & Testing	Y	N/A	N/A		
	0010U	NFCT D5 STRN TYP WHL GENOME SEQUENCING PR ISOL	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	0011M	ONC PRST8 CA MRNA 12 GENES BLD PLSM AND UR ALG		*	Molecular and Genomic Testing	Y*	MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0011U	RX MNTR DRUGS PRESENT LC-MS MS ORAL FLUID PR DOS	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	0012M	ONC MRNA 5 GENES UR ALG RISK UROTHELIAL CANCER			Molecular and Genomic Testing	Y*	MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0012U	GERMLN DO GENE REARGMT DETCJ DNA WHOLE BLOOD	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0013M	ONC MRNA 5 GENES UR ALG RISK RECR UROTHELIAL CA		*	Molecular and Genomic Testing	Y*	MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0013U	ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN TISS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0014U	HEM HMTLMF NEO GENE REARGMT DNA WHL BLD MARROW	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0016U	ONC HMTLMF NEO RNA BCR ABL1 BLD BNE MARROW	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	0017U	ONC HMTLMF NEO JAK2 MUTATION DNA BLD BNE MARROW	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	0018U	ONC THYR 10 MICRORNA SEQ PLUS - RSLT MOD HI RSK MAL		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0019U	ONC RNA WHL TRANSCRIPTOME SEQ TISS PREDCT ALG		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/IL/MI/OH/WA	*APPLIES TO: IL/MI/OH/NY/WI
	0026U	ONC THYR DNA AND MRNA 112 GENES FNA NDUL ALG ALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH	*APPLIES TO: IL/MI/OH/NY/WI
	0027U	JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	Genetic Counseling & Testing	Y	N/A	N/A	IL/MI/NY/OH	
	0029U	RX METAB ADVRS RX RXN AND RSPSE TRGT SEQ ALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0030U	RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI
	0031U	CYP1A2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0032U	COMT GENE ANALYSIS C.472G OVER A VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0033U	HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0034U	TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0036U	EXOME TUMOR TISSUE AND NORMAL SPECIMEN SEQ ALYS		*	Molecular and Genomic Testing	Y*	MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/MI/NY/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
0045U	ONC BRST DUX CARC IS MRNA 12 GENES ALG RSK SCOR	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/MI/NY/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI	
0046U	FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE	Genetic Counseling & Testing	Y	N/A	N/A	CA/MI/NY/WA/WI		
0047U	ONC PRST8 MRNA GEN XPRS PRFL 17 GEN ALG RSK SCOR	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/MI/NY/OH/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI	
0048U	ONC SLD ORGN NEO DNA 468 CANCER ASSOCIATED GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/IL/MI/NY/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI	
0049U	NPM1 GENE ANALYSIS QUANTITATIVE	Genetic Counseling & Testing	Y	N/A	N/A	CA/MI/NY/WA/WI		

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
	0050U	TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/IL/MI/NY/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0053U	ONC PRST8 CA FISH ALYS 4 GENES NDL BX SPEC ALG	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/IL/MI/NY/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0055U	CARD HRT TRNSPL 96 TARGET DNA SEQUENCES PLASMA	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/IL/MI/NY/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0056U	HEM AML DNA GENE REARRANGEMENT BLOOD BONE MARROW	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/IL/MI/NY/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	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	*APPLIES TO: IL/MI/OH/NY/WI
	0058U	ONC MERKEL CELL CARC DETCJ ANTB SERUM QUAN	Genetic Counseling & Testing	Y	N/A	N/A	CA/MI/NY/WA/WI	
	0059U	ONC MERKEL CELL CARC DETCJ ANTB SERUM REPRTD PLUS -	Genetic Counseling & Testing	Y	N/A	N/A	MI/NY/WA/WI	
	0060U	TWN ZYG GEN TRGT SEQ ALYS CHRMS2 FTL DNA MAT BLD	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/MI/NY/OH/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	0067U	ONC BRST IMHCHEM PRTN XPRS PRFL 4 BMRK CA PRTN		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0069U	ONC CLRCT MICRORNA XPRS PRFL MIR-31-3P ALG		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0070U	CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0071U	CYP2D6 GENE ANALYSIS FULL GENE SEQUENCE		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0072U	CYP2D6 GENE TRGT SEQ ALYS CYP2D6-2D7 HYBRID GENE		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0073U	CYP2D6 GENE TRGT SEQ ALYS CYP2D7-2D6 HYBRID GENE		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0074U	CYP2D6 TRGT SEQ ALYS NONDUP GENE DUPL MLT TRANS		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0075U	CYP2D6 GENE TRGT SEQ ALYS 5' GENE DUPL MLT		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0076U	CYP2D6 GENE TRGT SEQ ALYS 3' GENE DUPL MLT		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0078U	PAIN MGT OPIOID USE DO GNOTYP PNL 16 CMN VRNTS		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0079U	CMPRTV DNA ALYS MLT SNPS UR AND BUCCAL SPEC ID VERIF		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0153U	ONC BREAST MRNA 101 GENES		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0156U	COPY NUMBER SEQUENCE ALYS		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0157U	APC MRNA SEQ ALYS		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0158U	MLH1 MRNA SEQ ALYS		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0159U	MSH2 MRNA SEQ ALYS		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0160U	MSH6 MRNA SEQ ALYS		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0161U	PMS2 MRNA SEQ ALYS		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	0162U	HERED COLON CA TRGT MRNA PN		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81105	HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	81106	HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	81107	HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	81108	HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	81109	HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	81110	HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	81111	HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	81112	HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	Genetic Counseling & Testing	Y	N/A	N/A	WI	
	81120	IDH1 COMMON VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A		
	81121	IDH2 COMMON VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A		
	81161	DMD DUPLICATION DELETION ANALYSIS	Genetic Counseling & Testing	Y	N/A	N/A	CA/WA	
	81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81166	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81167	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WA/NY	*APPLIES TO: IL/MI/OH/NY/WI
	81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY/WI	
	81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY/WI	
	81173	AR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI

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
	81174	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	N/A	N/A		
	81176	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	Genetic Counseling & Testing	Y	N/A	N/A		
	81177	ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81178	ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81179	ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81180	ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81181	ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81182	ATXN805 GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81183	ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81184	CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	YN	
	81185	CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81186	CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81187	CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81188	CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81189	CSTB GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81190	CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81202	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81203	APC GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81204	AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81205	BCKDHB GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A	OH	
	81210	BRAF GENE ANALYSIS V600 VARIANT(S)	Genetic Counseling & Testing	Y	N/A	N/A		
	81212	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81215	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	N/A	N/A		
	81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Genetic Counseling & Testing	Y	N/A	N/A		
	81221	CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	CA/MI/WA	*APPLIES TO: IL/MI/OH/NY/WI
	81222	CFTR GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81223	CFTR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI
	81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81229	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81232	DYPD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI
	81233	BTK GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81234	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81235	EGFR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A		
	81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	N/A	N/A	NY/WI	
	81237	EZH2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A	NY/WI	
	81238	F9 FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	CA/IL/WA	
	81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	CA/IL/WA	
	81246	FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A		
	81247	G6PD GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A	MI	
	81248	G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI
	81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI
	81252	GJB2 GENE ANALYSIS FULL GENE SEQUENCE		*	Molecular and Genomic Testing	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81253	GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS		*	Molecular and Genomic Testing	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81257	HBA1 HBA2 GENE ANALYSIS COMMON DELETIONS VARIANT		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81258	HBA1 HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI
	81259	HBA1 HBA2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81265	COMPARATIVE ANAL STR MARKERS PATIENT AND COMP SPEC	Genetic Counseling & Testing	Y	N/A	N/A		
	81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	Genetic Counseling & Testing	Y	N/A	N/A		
	81269	HBA1 HBA2 GENE ANALYSIS DUP DEL VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI
	81271	HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	N/A	N/A		
	81273	KIT GENE ANALYSIS D816 VARIANT(S)	Genetic Counseling & Testing	Y	N/A	N/A		

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
	81274	HTT GENE ANALYSIS CHARACTERIZATION ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81283	IFNL3 GENE ANALYSIS RS12979860 VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI//NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81284	FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81285	FXN GENE ANALYSIS CHARACTERIZATION ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81286	FXN GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81289	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81291	MTHFR GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81293	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81294	MLH1 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81296	MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81297	MSH2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81299	MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81300	MSH6 GENE ANALYSIS DUPLICATION DELETION VARIA	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81302	MECP2 GENE ANALYSIS FULL SEQUENCE		*	Molecular and Genomic Testing	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81303	MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT		*	Molecular and Genomic Testing	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81304	MECP2 GENE ANALYSIS DUPLICATION DELETION VARIANT		*	Molecular and Genomic Testing	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81305	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81306	NUDT15 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81307	PALB2 GENE ANALYSIS (FULL GENE SEQ)	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81308	PALB2 GENE ANALYSIS (KNOWN FAMILIAL VARIANT)	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2 AND 3	Genetic Counseling & Testing	Y	N/A	N/A		
	81312	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81313	PCA3 KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	Genetic Counseling & Testing	Y	Genetic Counseling & Testing	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI
	81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Genetic Counseling & Testing	Y	N/A	N/A		
	81317	PMS2 GENE ANALYSIS FULL SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81318	PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81319	PMS2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81320	PLCG2 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A	NY/WI	
	81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81322	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT		*	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81323	PTEN GENE ANALYSIS DUPLICATION DELETION VARIANT	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81324	PMP22 GENE ANAL DUPLICATION DELETION ANALYSIS	Genetic Counseling & Testing	Y	N/A	N/A		
	81325	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI
	81326	PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT		*	Molecular and Genomic Testing	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81327	SEPT9 GENE PROMOTER METHYLATION ANALYSIS		*	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81328	SLCO1B1 GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81329	SMN1 GENE ANALYSIS DOSAGE DELET ALYS W SMN2 ALYS	Genetic Counseling & Testing	Y	N/A	N/A	NY	
	81333	TGFBI GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	N/A	N/A	CA/NY/WI	
	81334	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	N/A	N/A	MI	
	81335	TPMT GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI
	81336	SMN1 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81337	SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81343	PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A	NY/WI	
	81344	TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Genetic Counseling & Testing	Y	N/A	N/A		
	81345	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	N/A	N/A	NY/WI	
	81346	TYMS GENE ANALYSIS COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI
	81350	UGT1A1 GENE ANALYSIS COMMON VARIANTS		*	Molecular and Genomic Testing	Y*	MI/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81355	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81361	HBB COMMON VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI
	81362	HBB KNOWN FAMILIAL VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI
	81363	HBB DUPLICATION DELETION VARIANTS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI
	81364	HBB FULL GENE SEQUENCE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI

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
	81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	WA	*APPLIES TO: IL/MI/OH/NY/WI
	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81410	AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI
	81411	AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI
	81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81414	CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81415	EXOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81417	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y	N/A	N/A	WA	
	81422	FETAL CHROMOSOMAL MICRODELTY GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81425	GENOME SEQUENCE ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI
	81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81431	HEARING LOSS DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81433	HEREDITARY BRST CA-RELATED DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81436	HEREDITARY COLON CA DSRDRS DUP DEL ANALYS 5 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81438	HEREDTRY NURONDCRN TUM DSRDRS DUP DEL ANALYSIS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81442	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81450	GEN SEQ ANALYS HEMATO LYMPHOID NEO 5-50 GENE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81455	GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81460	WHOLE MITOCHONDRIAL GENOME	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81471	X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81490	AUTOIMMUNE RHEUMATOID ARTHRITS ANALYS 12 BIOMRKS		*	Molecular and Genomic Testing	Y*	MI/NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81500	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS		*	Molecular and Genomic Testing	Y*	MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH	*APPLIES TO: IL/MI/OH/NY/WI
	81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	Genetic Counseling & Testing	Y	N/A	N/A		
	81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI
	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81522	BREAST ONCOLOGY, MRNA, GENE EXPRESSION PROFILING	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81528	ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81535	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP 1ST	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH	*APPLIES TO: IL/MI/OH/NY/WI
	81536	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP ADD	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH	*APPLIES TO: IL/MI/OH/NY/WI
	81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81539	ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS		*	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/MI	*APPLIES TO: IL/MI/OH/NY/WI
	81542	PROSTATE ONCOLOGY, MRNA, MICORARRAY GENE EXPRESSION PROFILING	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81545	ONCOLOGY THYROID GENE EXPRESSION 142 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/OH	*APPLIES TO: IL/MI/OH/NY/WI
	81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	MI/NY/WI	*APPLIES TO: IL/MI/OH/NY/WI

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
	81552	UVEAL MELANOMA, MRNA, GENE EXPRESSION PROFILING	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI
	81596	NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	NY/WI	*APPLIES TO: IL/MI/OH/NY/WI
	83006	GROWTH STIMULATION EXPRESSED GENE 2	Genetic Counseling & Testing	Y	N/A	N/A		
	84999	UNLISTED CHEMISTRY PROCEDURE	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL	*APPLIES TO: IL/MI/OH/NY/WI All plans: Including Oncotype Diagnosis
	86152	CELL ENUMERATION IMMUNE SELECTJ AND ID FLUID SPEC	Genetic Counseling & Testing	Y	N/A	N/A		
	86153	CELL ENUMERATION IMMUNE SELECTJ AND ID PHYS INTERP	Genetic Counseling & Testing	Y	N/A	N/A		
	88261	CHRMMSM 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	*APPLIES TO: IL/MI/OH/NY/WI
	S3800	GENETIC TESTING AMYOTROPHIC LATERAL SCLEROSIS		*	Molecular and Genomic Testing	Y*	IL/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3840	DNA ANALYSIS GERMLINE MUTATS RET PROTO-ONCOGENE		*	Molecular and Genomic Testing	Y*	IL/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3841	GENETIC TESTING FOR RETINOBLASTOMA		*	Molecular and Genomic Testing	Y*	IL/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3842	GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE		*	Molecular and Genomic Testing	Y*	IL/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3844	DNA ANALY CONNEXIN 26 GENE CONGN PFND DEAFNESS		*	Molecular and Genomic Testing	Y*	IL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3845	GENETIC TESTING FOR ALPHA-THALASSEMIA		*	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3846	GENETIC TESTING HEMOGLOBIN E BETA-THALASSEMIA		*	Molecular and Genomic Testing	Y*	IL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3850	GENETIC TESTING FOR SICKLE CELL ANEMIA		*	Molecular and Genomic Testing	Y*	IL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S3852	DNA ANALY APOE EPSILON 4 ALLELE SUSECPT ALZS DZ	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/OH	*APPLIES TO: IL/MI/OH/NY/WI
	S3854	GENE EXPRESSION PROFILING PANL MGMT BREAST CA TX	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY	*APPLIES TO: IL/MI/OH/NY/WI
	S3861	GENETIC TESTING SCN5A AND VARIANTS FOR SUSPECTED BS	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/OH	*APPLIES TO: IL/MI/OH/NY/WI
	S3865	COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI
	S3866	GENETIC ANALY GENE MUTAT HCM INDIV KNOWN HCM FAM	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI
	S3870	CGH MICROARRAY TEST DD ASD AND OR INTELL DISABILTY	Genetic Counseling & Testing	Y	Molecular and Genomic Testing	Y*	IL/MI/NY/OH	*APPLIES TO: IL/MI/OH/NY/WI
Pharmacy Drug Coverage:	90281	IMMUNE GLOBULIN IG HUMAN IM USE	Healthcare Administered Drugs	Y	N/A	N/A		
Newly FDA approved	90283	IMMUNE GLOBULIN IGIV HUMAN IV USE	Healthcare Administered Drugs	Y	N/A	N/A		
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.	90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	Healthcare Administered Drugs	Y	N/A	N/A		
"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.	90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	Healthcare Administered Drugs	Y	N/A	N/A		
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	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 ineffective 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 CEMIPILUMAB-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	INI IMMUNE GLOBULIN BIVIGAM 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		Medicaid only
	C9131	INI ADO-TRASTUZUMAB EMTANSINE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		Medicaid only
	C9132	PROTHROMBIN CMLPX CONC KCENTRA I.U. FCT IX ACTV	Healthcare Administered Drugs	Y	N/A	N/A		Medicaid only
	C9257	INJECTION BEVACIZUMAB 0.25 MG	Healthcare Administered Drugs	Y	N/A	N/A		No PA required when associated with ocular Dx's. (See Dx Codes tab for related ICD9 & ICD10 Codes)
	C9293	INJECTION GLUCARPIDASE 10 UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Healthcare Administered Drugs	Y	N/A	N/A	WI	
	C9407	IODINE I-131 IOBENGUANE DIAGNOSTIC 1 MCI	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
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.	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		
	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		
	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		
	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). Code Previously under C9399
	J0594	INJECTION BUSULFAN 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0596	INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J0597	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J0598	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J0599	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J0604	CINACALCET ORAL 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0606	INJECTION ETELCALCETIDE 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0637	INJECTION CASPOFUNGIN ACETATE 5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0638	INJECTION CANAKINUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0640	INJECTION LEUCOVORIN CALCIUM PER 50 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0641	INJECTION LEVOLEUCOVORIN CALCIUM 0.5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J0695	INJECTION CEFTOZOZANE 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		
	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 ECUZUMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1301	INJECTION EDARAVONE 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
	J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1322	INJECTION ELOSULFASE ALFA 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1324	INJECTION ENFUVIRTIDE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1325	INJECTION EPOPROSTENOL 0.5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1428	INJECTION ETEPLIRSEN 10 MG	Healthcare Administered Drugs	Y	N/A	N/A	WI	
	J1438	INJECTION ETANERCEPT 25 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1439	INJECTION FERRIC CARBOXYMALTOSSE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1442	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC	Healthcare Administered Drugs	Y	N/A	N/A		
	J1447	INJECTION TBO-FILGRASTIM 1 MICROGRAM	Healthcare Administered Drugs	Y	N/A	N/A		
	J1453	INJECTION FOSAPREPITANT 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1454	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1458	INJECTION GALSULFASE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1459	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1460	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J1555	INJECTION IMMUNE GLOBULIN 100 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1556	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J1557	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1559	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J1560	INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J1561	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J1562	INJECTION IMMUNE GLOBULIN VIVAGLBIN 100 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1566	INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1569	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J1570	INJECTION GANCICLOVIR SODIUM 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1571	INJ HEPATITIS B IG HEPAGAM B IM 0.5 ML	Healthcare Administered Drugs	Y	N/A	N/A		
	J1572	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1573	INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML	Healthcare Administered Drugs	Y	N/A	N/A		
	J1575	INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	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		
	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 ARIPIRAZOLE LAUROXIL 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1950	INJECTION LEUPROLIDE ACETATE PER 3.75 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J1955	INJECTION LEVOCARNITINE PER 1 G	Healthcare Administered Drugs	Y	N/A	N/A		
	J2020	INJECTION LINEZOLID 200 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2062	LOXAPINE FOR INHALATION 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2170	INJECTION MECASERMIN 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2182	INJECTION MEPOLIZUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2186	INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2248	INJECTION MICAFUNGIN SODIUM 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J2315	INJECTION NALTREXONE DEPOT FORM 1 MG	Healthcare Administered Drugs	Y	N/A	N/A	OH/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		

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
	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		
	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	INI SODIM FERRIC GLUCONATE CMLPX 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.
	J3060	INJECTION TALIGLUCERASE ALFA 10 UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J3095	INJECTION TELAVANCIN 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J3110	INJECTION TERIPARATIDE 10 MCG	Healthcare Administered Drugs	Y	N/A	N/A		
	J3111	INJECTION, ROMOSOZUMAB-AQQG, 1 mg	Healthcare Administered Drugs	Y	N/A	N/A		Code previously under C9399
	J3145	INJECTION TESTOSTERONE UNDECANOATE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J3240	INI 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	INI 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	INI AHF VWF CMLPX PER FACTOR VIII IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J7187	INI VONWILLEBRND FACTOR CMLPX 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 VIII 1 MICROGRAM	Healthcare Administered Drugs	Y	N/A	N/A		
	J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU	Healthcare Administered Drugs	Y	N/A	N/A		

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
	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	INI 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 GLYCOPEGLATED 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 PEGLATED 1 I.U.	Healthcare Administered Drugs	Y	N/A	N/A		
	J7208	INJECTION FACTOR VIII PEGLATED-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		Code previously 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 DERIVATIVE GENVISIC 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 EUFLEXA IA INJ PER DOSE	Healthcare Administered Drugs	Y	N/A	N/A		
	J7324	HYALURONAN DERIV ORTHOVIS IA INJ PER DOSE	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J7325	HYALURONAN DERIV SYNVISIC SYNVISIC-ONE IA INJ 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7326	HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J7327	HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE	Healthcare Administered Drugs	Y	N/A	N/A		
	J7328	HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J7329	HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7330	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	Healthcare Administered Drugs	Y	N/A	N/A		
	J7331	HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR INJECTION, 1 mg	Healthcare Administered Drugs	Y	N/A	N/A		
	J7332	HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJECTION, 1 mg	Healthcare Administered Drugs	Y	N/A	N/A		
	J7340	CARBIDPA 5 MG LEVODPA 20 MG EN SUSP 100 ML	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J7401	MOMETASONE FUROATE SINUS IMPLANT, 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7504	LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7511	LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7527	EVEROLIMUS ORAL 0. 25 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7639	DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7677	REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J7686	TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J8499	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J8520	CAPECITABINE ORAL 150 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J8521	CAPECITABINE ORAL 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL	Healthcare Administered Drugs	Y	N/A	N/A		
	J8670	ROLAPITANT ORAL 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J8700	TEMOZOLOMIDE ORAL 5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J8999	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Y	N/A	N/A		
	J9000	INJECTION DOXORUBICIN HCL 10 MG	Healthcare Administered Drugs	Y	N/A	N/A	WA	
	J9015	INJECTION ALDESLEUKIN PER SINGLE USE VIAL	Healthcare Administered Drugs	Y	N/A	N/A		
	J9017	INJECTION ARSENIC TRIOXIDE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9019	INJECTION ASPARAGINASE ERWINAZE 1000 IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J9022	INJECTION ATEZOLIZUMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9023	INJECTION AVELUMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9025	INJECTION AZACITIDINE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9027	INJECTION CLOFARABINE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		

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
	J9030	BCG LIVE INTRAVESICAL INSTILLATION 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9032	INJECTION BELINOSTAT 10 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J9033	INJECTION BENDAMUSTINE HCL TREANDA 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9035	INJECTION BEVACIZUMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		No PA required when associated with ocular Diagnoses. (See Dx Codes tab for related ICD9 & ICD10 Codes). When not indicated for ocular conditions, use C9257
	J9036	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J9040	INJECTION BLEOMYCIN SULFATE 15 UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J9041	INJECTION BORTEZOMIB 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9043	INJECTION CABAZITAXEL 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9044	INJECTION BORTEZOMIB NOS 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9045	INJECTION CARBOPLATIN 50 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9047	INJECTION CARFILZOMIB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9050	INJECTION CARMUSTINE 100 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9055	INJECTION CETUXIMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9057	INJECTION COPANLISIB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A	IL/MI/WA/WI	
	J9065	INJECTION CLADRIBINE PER 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9070	CYCLOPHOSPHAMIDE 100 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9098	INJECTION CYTARABINE LIPOSOME 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	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		
	J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9206	INJECTION IRINOTECAN 20 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9207	INJECTION IXABEPILONE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9208	INJECTION IFOSFAMIDE 1 G	Healthcare Administered Drugs	Y	N/A	N/A		
	J9210	INJECTION EMAPALUMAB-LZSG 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9211	INJECTION IDARUBICIN HCL 5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9214	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U	Healthcare Administered Drugs	Y	N/A	N/A		
	J9215	INJECTION INTERFERON ALFA-N3 250,000 IU	Healthcare Administered Drugs	Y	N/A	N/A		
	J9216	INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS	Healthcare Administered Drugs	Y	N/A	N/A		
	J9217	LEUPROLIDE ACETATE 7.5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9218	LEUPROLIDE ACETATE PER 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9219	LEUPROLIDE ACETATE IMPLANT 65 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9225	HISTRELIN IMPLANT VANTAS 50 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9226	HISTRELIN IMPLANT SUPPRELIN LA 50 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9228	INJECTION IPILIMUMAB 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9229	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9230	INJECTION MECHLORETHAMINE HCL 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9245	INJECTION MELINJECTION MELPHALAN HCL 50 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9261	INJECTION NELARABINE 50 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9262	INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9263	INJECTION OXALIPLATIN 0.5 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	Healthcare Administered Drugs	Y	N/A	N/A		
	J9267	INJECTION PACLITAXEL 1 MG	Healthcare Administered Drugs	Y	N/A	N/A	CA/MI/WA	
	J9268	INJECTION PENTOSTATIN 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9269	INJECTION TAGRAXOFUSP-ERZS 10 MCG	Healthcare Administered Drugs	Y	N/A	N/A		

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
	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	
	J9311	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	Healthcare Administered Drugs	Y	N/A	N/A		
	J9312	INJECTION RITUXIMAB 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9313	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9315	INJECTION ROMIDEPSIN 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9325	INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U	Healthcare Administered Drugs	Y	N/A	N/A		
	J9328	INJECTION TEMOZOLOMIDE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9330	INJECTION TEMSIROLIMUS 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9340	INJECTION THIOTEPA 15 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9351	INJECTION TOPOTECAN 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9352	INJECTION TRABECTEDIN 0.1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	Healthcare Administered Drugs	Y	N/A	N/A		
	J9357	INJECTION VALRUBICIN INTRAVESICAL 200 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9360	INJECTION VINBLASTINE SULFATE 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9371	INJECTION VINCRISTINE SULFATE LIPOSOME 1 MG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	J9390	INJECTION VINORELBINE TARTRATE 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9395	INJECTION FULVESTRANT 25 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9600	INJECTION PORFIMER SODIUM 75 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	Healthcare Administered Drugs	Y	N/A	N/A		
	Q0138	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD	Healthcare Administered Drugs	Y	N/A	N/A		
	Q0139	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD	Healthcare Administered Drugs	Y	N/A	N/A		
	Q2043	SIPULEUCEL-T AUTO CD54 PLUS	Healthcare Administered Drugs	Y	N/A	N/A		
	Q2050	INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	Q3027	INJECTION INTERFERON BETA-1A 1 MCG IM USE	Healthcare Administered Drugs	Y	N/A	N/A		
	Q3028	INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	Q4074	ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG	Healthcare Administered Drugs	Y	N/A	N/A	MI	
	Q5101	INJECTION FILGRASTIM BIOSIMILAR 1 MCG	Healthcare Administered Drugs	Y	N/A	N/A		
	Q5103	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	Q5104	INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	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-OBTX 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		Code previously under J9999
	Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 mg	Healthcare Administered Drugs	Y	N/A	N/A		
	Q9991	INJECTION BUPRENORPHINE EXT-RLSE UNDER EQ TO 100 MG	Healthcare Administered Drugs	Y	N/A	N/A	OH	
	Q9992	INJECTION BUPRENORPHINE EXTENDED-RELEASE OVER 100 MG	Healthcare Administered Drugs	Y	N/A	N/A	OH/NY	
	S0073	INJECTION AZTREONAM 500 MG	Healthcare Administered Drugs	Y	N/A	N/A		
	S0122	INJECTION MENOTROPINS 75 IU	Healthcare Administered Drugs	Y	N/A	N/A		
	S0126	INJECTION FOLLITROPIN ALFA 75 IU	Healthcare Administered Drugs	Y	N/A	N/A		
	S0128	INJECTION FOLLITROPIN BETA 75 IU	Healthcare Administered Drugs	Y	N/A	N/A		
	S0132	INJECTION GANIRELIX ACETATE 250 MCG	Healthcare Administered Drugs	Y	N/A	N/A		
	S0157	BECAPLERMIN GEL 0.01PCT 0.5 GM	Healthcare Administered Drugs	Y	N/A	N/A		
All Home Health Care Services:	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		

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	
PA after initial evaluation plus six (6) visits per calendar year, including home-based OT/PT & ST.	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	TX		
	T1002	RN SERVICES UP TO 15 MINUTES	Home Health Care Services	Y	N/A	N/A	TX		
	T1003	LPN LVN SERVICES UP TO 15 MINUTES	Home Health Care Services	Y	N/A	N/A	TX		
	T1005	RESPITE CARE SERVICES UP TO 15 MINUTES	Home Health Care Services	Y	N/A	N/A			
	T1019	PERSONAL CARE SERVICES PER 15 MINUTES	Home Health Care Services	Y	N/A	N/A	FL		
	T1022	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	Home Health Care Services	Y	N/A	N/A			
	T1030	NURSING CARE THE HOME REGISTERED NURSE PER DIEM	Home Health Care Services	Y	N/A	N/A			
	T1031	NURSING CARE IN THE HOME BY LPN PER DIEM	Home Health Care Services	Y	N/A	N/A			
		99183	PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION	Hyperbaric Therapy	Y	N/A	N/A		
		G0277	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	Hyperbaric Therapy	Y	N/A	N/A		
		Q4176	NEOPATCH PER SQUARE CM	Hyperbaric Therapy	Y	N/A	N/A	MI/WI	
		Q4177	FLOWERAMNIOFLO, 0.1 cc	Hyperbaric Therapy	Y	N/A	N/A	MI/WI	
		Q4178	FLOWERAMNIOPATCH PER SQUARE CM	Hyperbaric Therapy	Y	N/A	N/A	MI/WI	
		Q4179	FLOWERDERM PER SQUARE CM	Hyperbaric Therapy	Y	N/A	N/A	MI/WI	
		Q4180	REVITA PER SQUARE CM	Hyperbaric Therapy	Y	N/A	N/A	MI/WI	
		Q4181	AMNIO WOUND PER SQUARE CM	Hyperbaric Therapy	Y	N/A	N/A	MI/WI	
		Q4182	TRANSCTYE PER SQUARE CM	Hyperbaric Therapy	Y	N/A	N/A	MI/WI	
			0042T	CEREBRAL PERFUSION ANALYS CT W BLOOD FLOW AND VOLUME	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI/WI
	0295T		EXT ECG OVER 48HR TO 21 DAY RCRD SCAN ANLYS REP R AND I	Imaging and Special Tests	Y	N/A	N/A		
	0296T		EXT ECG OVER 48HR TO 21 DAY RCRD W CONNECT INTL RCRD	Imaging and Special Tests	Y	N/A	N/A		
	0297T		EXT ECG OVER 48HR TO 21 DAY SCAN ANALYSIS W REPORT	Imaging and Special Tests	Y	N/A	N/A		
	0298T		EXT ECG OVER 48HR TO 21 DAY REVIEW AND INTERPRETATN	Imaging and Special Tests	Y	N/A	N/A		
	0331T		MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	NY/OH	*APPLIES TO IL/MI/OH/NY/WI
0332T	MYOCRD SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT		Imaging and Special Tests	Y	Imaging and Special Tests	Y*	NY/OH	*APPLIES TO IL/MI/OH/NY/WI	
0439T	MYOCARDIAL PERFUSION ECHO ISCHM VIABILITY ASSMT		Imaging and Special Tests	Y	Imaging and Special Tests	Y*	IL/MI/OH/WI	*APPLIES TO IL/MI/OH/NY/WI	
0501T	COR FFR DERIVED CTA DATA ASSESS COR ART DISEASE			*	Imaging and Special Tests	Y*	MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE	
0502T	COR FFR DERIVED CTA DATA PREP AND TRANSMIS			*	Imaging and Special Tests	Y*	MI/NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE	
0503T	COR FFR CTA DATA ALYS AND GNRJ ESTIMATED FFR MODEL			*	Imaging and Special Tests	Y*	MI/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE	
0504T	COR FFR CTA DATA REVIEW W INTERPJ AND FINAL REPORT			*	Imaging and Special Tests	Y*	MI/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE	
70336	MRI TEMPOROMANDIBULAR JOINT		Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI	
70450	CT HEAD BRAIN W O CONTRAST MATERIAL		Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI	
70460	CT HEAD BRAIN W CONTRAST MATERIAL		Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI	
70470	CT HEAD BRAIN W O AND W CONTRAST MATERIAL		Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI	
70480	CT ORBIT SELLA POST FOSSA EAR W O CONTRAST MATRL		Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI	
70481	CT ORBIT SELLA POST FOSSA EAR W CONTRAST MATRL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI		
70482	CT ORBIT SELLA POST FOSSA EAR W O AND W CONTR MATR	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI		
70486	CT MAXILLOFACIAL W O CONTRAST MATERIAL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	73701	CT LOWER EXTREMITY W CONTRAST MATERIAL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73702	CT LOWER EXTREMITY W O AND W CONTRAST MATRL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73706	CT ANGIOGRAPHY LOWER EXTREMITY	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73718	MRI LOWER EXTREM OTH THN JT W O CONTR MATRL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73719	MRI LOWER EXTREM OTH THN JT W CONTRAST MATRL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73720	MRI LOWER EXTREM OTH THN JT W O AND W CONTR MATR	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73721	MRI ANY JT LOWER EXTREM W O CONTRAST MATRL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73722	MRI ANY JT LOWER EXTREM W CONTRAST MATERIAL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73723	MRI ANY JT LOWER EXTREM W O AND W CONTRAST MATRL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	73725	MRA LOWER EXTREMITY W WO CONTRAST MATERIAL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74150	CT ABDOMEN W O CONTRAST MATERIAL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74160	CT ABDOMEN W CONTRAST MATERIAL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74170	CT ABDOMEN W O AND W CONTRAST MATERIAL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74174	CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74175	CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74176	CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74177	CT ABDOMEN AND PELVIS W CONTRAST MATERIAL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74178	CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74181	MRI ABDOMEN W O CONTRAST MATERIAL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74182	MRI ABDOMEN W CONTRAST MATERIAL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74183	MRI ABDOMEN W O AND W CONTRAST MATERIAL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74185	MRA ABDOMEN W WO CONTRAST MATERIAL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74712	FETAL MRI W PLACNTL MATRNL PLVC IMG SING 1ST GES	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	74713	FETAL MRI W PLACNTL MATRNL PLVC IMG EA ADDL GES	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	75557	CARDIAC MRI MORPHOLOGY AND FUNCTION W O CONTRAST	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	75559	CARDIAC MRI W O CONTRAST W STRESS IMAGING	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	75561	CARDIAC MRI W WO CONTRAST AND FURTHER SEQ	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	75563	CARDIAC MRI W W O CONTRAST W STRESS	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	TX/NY	*APPLIES TO IL/MI/OH/NY/WI E/I Except for TX
	75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	NY	*APPLIES TO IL/MI/OH/NY/WI
	75573	CT HRT CONTRST CARDIAC STRUCT AND MORPH CONG HRT D	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	NY	*APPLIES TO IL/MI/OH/NY/WI
	75574	CTA HRT CORNRY ART BYPASS GRFTS CONTRST 3D POST	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	75635	CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	76376	3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	76377	3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	76380	CT LIMITED LOCALIZED FOLLOW UP STUDY	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	76390	MRI SPECTROSCOPY		*	Imaging and Special Tests	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	76506	ECHOENCEPHALOGRAPHY REAL TIME IMAGING		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76536	US SOFT TISSUE HEAD AND NECK REAL TIME IMG DOCM		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76604	US CHEST REAL TIME W IMAGE DOCUMENTATION		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76641	US BREAST UNI REAL TIME WITH IMAGE COMPLETE		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76642	US BREAST UNI REAL TIME WITH IMAGE LIMITED		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76700	US ABDOMINAL REAL TIME W IMAGE DOCUMENTATION		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76705	US ABDOMINAL REAL TIME W IMAGE LIMITED		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76706	US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76770	US RETROPERITONEAL REAL TIME W IMAGE COMPLETE		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76775	US RETROPERITONEAL REAL TIME W IMAGE LIMITED		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76776	US TRNSPLNT KIDNEY REAL TIME W IMAGE DOCMTN		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	76800	ULTRASOUND SPINAL CANAL AND CONTENTS		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76830	US TRANSVAGINAL		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76831	SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76857	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED F U		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76870	US SCROTUM AND CONTENTS		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76872	US TRANSRECTAL		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76881	US COMPL JOINT R-T W IMAGE DOCUMENTATION		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76882	US LMTD JOINT OTH NONVASC XTR STRUX R-T W IMG		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76885	US INFT HIPS R-T IMG DYNAMIC REQ PHYS QHP MANJ		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76886	US INFT HIPS R-T IMG LMTD STATIC PHYS QHP MANJ		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76970	US STUDY FOLLOW UP		*	Imaging and Special Tests	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76975	GI ENDOSCOPIC US S AND I		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	76999	UNLISTED US PROCEDURE	Imaging and Special Tests	Y	N/A	N/A		
	77021	MRI GUIDANCE NEEDLE PLACEMENT RS AND I		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77022	MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	NY/OH/WI	*APPLIES TO IL/MI/OH/NY/WI
	77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI/OH/WI	*APPLIES TO IL/MI/OH/NY/WI
	77048	MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	IL/NY	*APPLIES TO IL/MI/OH/NY/WI
	77049	MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	IL	*APPLIES TO IL/MI/OH/NY/WI
	77078	CT BONE MINERL DENSITY STUDY 1 OR GRT SITS AXIAL SKE		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77084	BONE MARROW BLOOD SUPPLY	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78012	THYROID UPTAKE SINGLE MULTIPLE QUANT MEASUREMENT		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78013	THYROID IMAGING WITH VASCULAR FLOW		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78014	THYROID UPTAKE W BLOOD FLOW SNGLE MULT QUAN MEAS		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78015	THYROID CARCINOMA METASTASES IMG LMTD AREA		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78016	THYROID CARCINOMA METASTASES IMG ADDL STUDY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78018	THYROID CARCINOMA METASTASES IMG WHOLE BODY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78020	THYROID CARCINOMA METASTASES UPTAKE		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78070	PARATHYROID PLANAR IMAGING		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78071	PARATHYROID PLANAR IMAGING W WO SUBTRACTION		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78072	PARATHYROID IMAGING W TOMOGRAPHIC SPECT AND CT		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78075	ADRENAL IMAGING CORTEX AND MEDULLA		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78102	BONE MARROW IMAGING LIMITED AREA		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78103	BONE MARROW IMAGING MULTIPLE AREAS		*	Imaging and Special Tests	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78104	BONE MARROW IMAGING WHOLE BODY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	78140	LABELED RBC SEQUESTRATION DIFFERNTL ORGAN TISSUE		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78185	SPLEEN IMAGING ONLY W WO VASCULAR FLOW		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78195	LYMPHATICS AND LYMPH NODES IMAGING		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78201	LIVER IMAGING STATIC ONLY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78202	LIVER IMAGING W VASCULAR FLOW		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78215	LIVER AND SPLEEN IMAGING STATIC ONLY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78216	LIVER AND SPLEEN IMAGING W VASCULAR FLOW		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78226	HEPATOBIILIARY SYST IMAGING INCLUDING GALLBLADDER		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78227	HEPATOBI SYST IMAG INC GB W PHARMA INTERVENJ		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78230	SALIVARY GLAND IMAGING		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78231	SALIVARY GLAND IMAGING SERIAL IMAGES		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78232	SALIVARY GLAND FUNCTION STUDY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78258	ESOPHAGEAL MOTILITY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78261	Gastric mucosa imaging		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78262	GASTROESOPHAGEAL REFLUX STUDY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78264	GASTRIC EMPTYING IMAGING STUDY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78265	GASTRIC EMPTYNG IMAG STD W SM BWL TRANSIT		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78266	GSTRC EMPTNG IMAG STD W SM BWL COL TRNST MLT DAY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78290	INTESTINE IMAGING		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78291	PERITONEAL-VENOUS SHUNT PATENCY TEST		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78300	BONE AND JOINT IMAGING LIMITED AREA		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78305	BONE AND JOINT IMAGING MULTIPLE AREAS		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78306	BONE AND JOINT IMAGING WHOLE BODY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78315	BONE AND JOINT IMAGING 3 PHASE STUDY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78414	CARD-VASC HEMODYNAM W WO PHARM EXER 1 MLT DETERM		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78428	CARDIAC SHUNT DETECTION		*	Imaging and Special Tests	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78434	ABSOLUTE QUAN MYOCARD BLD FLO PET STRESS AND REST		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78445	NONCARDIAC VASCULAR FLOW IMAGING		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78452	MYOCARDIAL SPECT MULTIPLE STUDIES	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST STRES	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78456	ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78457	VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78458	VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL QUAN	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78468	MYOCDR IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78469	MYOCDR INFARCT AVID PLNR TOMOG SPECT W WO QUANTJ	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST STRESS	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78491	MYOCDR IMAGE PET PERFUS SINGLE STUDY REST STRESS	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78492	MYOCDR IMAGE PET PERFUS MULTPL STUDY REST STRESS	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78496	CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78579	PULMONARY VENTILATION IMAGING		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78580	PULMONARY PERFUSION IMAGING PARTICULATE		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78582	PULMONARY VENTILATION AND PERFUSION IMAGING		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78597	QUANT DIFFERENTIAL PULM PERFUSION W WO IMAGING		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78598	QUANT DIFF PULM PRFUSION AND VENTLJ W WO IMAGIN		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78600	BRAIN IMAGING UNDER 4 STATIC VIEWS		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78601	BRAIN IMAGING UNDER 4 STATIC VIEWS W VASCULAR FLOW		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78605	BRAIN IMAGING MINIMUM 4 STATIC VIEWS		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78606	BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78607	BRAIN IMAGING TOMOGRAPHIC SPECT	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78608	BRAIN IMAGING PET METABOLIC EVALUATION	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78609	BRAIN IMAGING PET PERFUSION EVALUATION	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78610	BRAIN IMAGING VASCULAR FLOW ONLY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78630	CEREBROSPINAL FLUID FLOW W O MATL CISTERNOGRAPHY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78635	CEREBROSPINAL FLUID FLOW W O MATL VENTRICLEGRAPHY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78645	CEREBROSPINAL FLUID FLOW W O MATL SHUNT EVALTJ		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78650	CEREBROSPINAL FLUID LEAK DETECTION AND LOCALIZATIO		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78700	KIDNEY IMAGING MORPHOLOGY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78701	KIDNEY IMAGING MORPHOOGY W VASCULAR FLOW		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78707	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W O RX		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78708	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W RX		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78709	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78725	KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78730	URINARY BLADDER RESIDUAL STUDY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78740	URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78761	TESTICULAR IMAGING WITH VASCULAR FLOW		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78800	RP LOCLZJ TUMOR DSTRBJ AGENT LIMITED AREA		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78801	RP LOCLZJ TUMOR DSTRBJ AGENT MULTIPLE AREAS		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	78802	RP LOCLZJ TUMOR DSTRBJ AGENT WHOLE BDY 1 DAY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78803	RP LOCLZJ TUMOR DSTRBJ AGENT TOMOG SPECT	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78804	RP LOCLZJ TUMOR DSTRBJ AGT WHOL BDY REQ 2 OR GRT DAY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	78811	PET IMAGING LIMITED AREA CHEST HEAD NECK	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78812	PET IMAGING SKULL BASE TO MID-THIGH	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78813	PET IMAGING WHOLE BODY	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	78830	SPECT SINGLE AREA SINGLE DAY WITH CONCURRENT CT		*	Imaging and Special Tests	Y*		
	78831	SPECT MULTI AREAS SINGLE DAY or SINGLE AREA MULTI DAYS		*	Imaging and Special Tests	Y*		
	78832	CONCURRENT CT (WITH SPECT 78831)		*	Imaging and Special Tests	Y*		
	93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93304	F-UP LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93306	ECHO TTHRC R-T 2D W WOM-MODE COMPL SPEC AND COLR D		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93307	ECHO TRANSTHORAC R-T 2D W WO M-MODE REC COMP		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93308	ECHO TRANSTHORC R-T 2D W WO M-MODE REC F-UP LMTD		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93312	ECHO TRANSESOPHAG R-T 2D W PRB IMG ACQUIS I AND R		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93313	ECHO R-T 2D W PROBE PLACEMENT ONLY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93314	ECHO TRANSESOPHAG R-T 2D IMG ACQUIS I AND R ONLY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93315	ECHO TRANSESOPHAG CONGEN PROBE PLMT IMGNG I AND R		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93316	ECHO TRANSESOPHAG CONGEN PROBE PLMT ONLY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93317	ECHO TRANSESOPHAG IMAGE ACQUIS INTERP AND REPORT		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93320	DOPPLER ECHOCARD PULSE WAVE W SPECTRAL DISPLAY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93321	DOP ECHOCARD PULSE WAVE W SPECTRAL F-UP LMTD STD		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93350	ECHO TTHRC R-T 2D W WO M-MODE COMPLETE REST AND ST		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93351	ECHO TTHRC R-T 2D W WO M-MODE REST AND STRS CONT ECG		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93352	USE OF ECHO CONTRAST AGENT DURING STRESS ECHO		*	Imaging and Special Tests	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93356	MYOCARDIAL STRAIN IMAGING QUAN ASSMT	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	93451	RIGHT HEART CATH O2 SATURATION AND CARDIAC OUTPUT		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93452	L HRT CATH W NJX L VENTRICULOGRAPHY IMG S AND I		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93453	R AND L HRT CATH W NJX L VENTRICULOG IMG S AND I		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93454	CATH PLACEMENT AND NJX CORONARY ART ANGIO IMG S AND I		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93455	CATH PLMT AND NJX CORONARY ART GRFT ANGIO IMG S AND I		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93456	CATH PLMT R HRT AND ARTS W NJX AND ANGIO IMG S AND I		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93457	CATH PLMT R HRT ARTS GRFTS W NJX AND ANGIO IMG S AND I		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93458	CATH PLMT L HRT AND ARTS W NJX AND ANGIO IMG S AND I		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	93459	CATH PLMT L HRT ARTS GRFTS WNIJX AND ANGIO IMG S AND I		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93460	R AND L HRT CATH WNIJX HRT ART AND L VENTR IMG		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93461	R AND L HRT CATH W INJEC HRT ART GRFT AND L VENT I		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93462	LEFT HEART CATH BY TRANSEPTAL PUNCTURE		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93530	R HRT CATHETERIZATION CONGENITAL CARDIAC ANOMALY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93531	CMBN R HRT AND RETROGRADE L HRT CATHJ CGEN ANOMA		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93532	CMBN R HRT T-SEPTAL L HRT CATHJ NTC SEPTUM CGEN		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93533	CMBN R HRT T-SEPTAL L HRT CATHJ SEPTAL OPNG CGEN		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93882	DUPLEX SCAN EXTRACRANIAL ART UNI LMTD STUDY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93886	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93888	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93890	TRANSCRANIAL DOPPLER INTRACRAN ART VASOREAC STDY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93892	TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93893	TRANSCRAN DOPPLER INTRACRAN ART MICROBUBBLE INJ		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVELS		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93924	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93925	DUP-SCAN LXTR ART ARTL BPGS COMPL BI STUDY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93926	DUP-SCAN LXTR ART ARTL BPGS UNI LMTD STUDY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93930	DUP-SCAN UXTR ART ARTL BPGS COMPL BI STUDY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93931	DUP-SCAN UXTR ART ARTL BPGS UNI LMTD STUDY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93971	DUP-SCAN XTR VEINS UNILATERAL LIMITED STUDY		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93975	DUP-SCAN ARTL FLO ABDL PEL SCROT AND RPR ORGN COM		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93976	DUP-SCAN ARTL FLO ABDL PEL SCROT AND RPR ORGN LMT		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93978	DUP-SCAN AORTA IVC ILIAC VASCL BPGS COMPLETE		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93979	DUP-SCAN AORTA IVC ILIAC VASCL BPGS UNI LMTD		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93980	DUP-SCAN ARTL INFL AND VEN O F PEN VSL COMPL		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93981	DUP-SCAN ARTL INFL AND VEN O F PEN VSL F-UP LMTD STD		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93990	DUPLEX SCAN HEMODIALYSIS ACCESS		*	Imaging and Special Tests	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	C8900	MR ANGIOGRAPHY WITH CONTRAST ABDOMEN	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8901	MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8902	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST ABD	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8903	MR IMAGING WITH CONTRAST BREAST; UNILATERAL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI	*APPLIES TO IL/MI/OH/NY/WI
	C8905	MR IMAG W O CONTRST FLWED W CONTRST BRST; UNI	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI

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	C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI	*APPLIES TO IL/MI/OH/NY/WI
	C8908	MR IMAG W O CONTRST FLWED W CONTRST BRST; BIL	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8911	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST CHST	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8912	MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8913	MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI	*APPLIES TO IL/MI/OH/NY/WI
	C8914	MR ANGIO W O CONTRST FLWED W CONTRST LOW EXTRM	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8918	MR ANGIOGRAPHY WITH CONTRAST PELVIS	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI	*APPLIES TO IL/MI/OH/NY/WI
	C8919	MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8920	MRA WITHOUT CONTRAST FOLLOWED W CONTRAST PELVIS	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI/WI	*APPLIES TO IL/MI/OH/NY/WI
	C8921	TTE W CONTRAST OR W O FLW W CONTRAST; COMPLETE		*	Imaging and Special Tests	Y*	IL//MI/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C8922	TTE W CONTRAST OR W O FLW W CONTRAST; F U OR LTD		*	Imaging and Special Tests	Y*	IL//MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C8923	TTE FLW W CNTRST R-T DOC 2D INCL M-MODE REC CMPL		*	Imaging and Special Tests	Y*	IL//MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C8924	TTE FLW W CNTRST R-T 2D INCL M-MODE REC FU LTD		*	Imaging and Special Tests	Y*	IL//MI/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C8925	TEE W OR W O FLW W CNTRST REAL TIME 2D; ACQ I AND R		*	Imaging and Special Tests	Y*	IL//MI/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C8926	TEE W OR W O FLW W CNTRST; PROBE PLCMT ACQ I AND R		*	Imaging and Special Tests	Y*	IL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C8928	TTE W CNTRST INCL M-MODE REC REST AND CV ST W I AND R		*	Imaging and Special Tests	Y*	IL//MI/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C8929	TTE CMPL SPEC DOPPLER AND COLOR FLOW DOPPLER ECHO		*	Imaging and Special Tests	Y*	IL//MI/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C8930	TTE CMPL DUR REST AND CVST W I AND R W PHYS SUP		*	Imaging and Special Tests	Y*	IL//MI/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C8931	MR ANGIOGRAPHY W CONTRAST SPINAL CANAL CONTENTS	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	C8932	MR ANGIOGRAPHY W O CONTRST SPINAL CANAL CONTENTS	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI	*APPLIES TO IL/MI/OH/NY/WI
	C8933	MR ANGIO NO CONTRST FLW W CONTRST SP CANAL CNTN	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI	*APPLIES TO IL/MI/OH/NY/WI
	C8934	MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI	*APPLIES TO IL/MI/OH/NY/WI
	C8935	MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI	*APPLIES TO IL/MI/OH/NY/WI
	C8936	MR ANGIO W O CONTRST FOLLOWED W CONTRST UP EXT	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	MI	*APPLIES TO IL/MI/OH/NY/WI
	G0219	PET IMAG WHOLE BODY; MELANOMA NON-COVR INDICATS	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	IL/MI/OH	*APPLIES TO IL/MI/OH/NY/WI
	G0235	PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	IL/NY/OH	*APPLIES TO IL/MI/OH/NY/WI
	G0252	PET IMAG INIT DX BREST CA AND SURG PLAN NOT COV MCR	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	IL/MI/OH	*APPLIES TO IL/MI/OH/NY/WI
	G0297	LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Imaging and Special Tests	Y	Imaging and Special Tests	Y*		*APPLIES TO IL/MI/OH/NY/WI
	S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY			Imaging and Special Tests	Y*	IL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S8042	MAGNETIC RESONANCE IMAGING LOW-FIELD	Imaging and Special Tests	Y	Imaging and Special Tests	Y*	IL/MI	*APPLIES TO IL/MI/OH/NY/WI
	S8085	F-18 FDG IMAG USING 2-HEAD COINCIDENCE DETCT SYS		*	Imaging and Special Tests	Y*	IL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY		*	Imaging and Special Tests	Y*	IL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
In ANY Setting	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 MIIN	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		

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	97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Neuropsychological and Psychological Tests	Y	N/A	N/A		
	97155	ADAPT BHV TX PRCL MODIFCAJ 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 PRCL 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	IL/UT/MI/WI	
	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	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	15730	MIDFACE FLAP W PRESERVATION OF VASCULAR PEDICLES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	MI/SC/WA	
	15733	MUSC MYOQ FSCQ FLAP HEAD AND NECK W NAMED VASC PEDCL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	MI/SC/WA	
	15786	ABRASION 1 LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	15787	ABRASION EACH ADDITIONAL 4 LESIONS OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	15819	CERVICOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	17004	DESTRUCTION PREMALIGNANT LESION 15 OR GRT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	17360	CHEMICAL EXFOLIATION ACNE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	19294	PREP TUMOR CAVITY IORT W PARTIAL MASTECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	IL/OH	
	20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	MI/SC/WI	
	21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21120	GENIOPLASTY AUGMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21122	GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21123	GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21125	AGMNTJ MINDBLR BODY ANGLE PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21127	AGMNTJ MINDBLR BDY ANGL W GRF ONLAY INTERPOSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21137	REDUCTION FOREHEAD CONTOURING ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21138	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21139	RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21142	RCNSTJ MIDFACE LEFORT I 2 PIECES W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21143	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21147	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21151	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21154	RCNSTJ MIDFACE LEFORT III W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21155	RCNSTJ MIDFACE LEFORT III W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21159	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21160	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21240	ARTHHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21243	ARTHHRP TMRMAND JOINT W PROSTHETIC REPLACEMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21282	LATERAL CANTHOPEXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21295	REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	21296	REDUCTION MASSETER MUSCLE AND BONE INTRAORAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22103	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22110	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22112	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22114	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22116	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22208	OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22210	OSTEOTOMY SPINE PST PLATL APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		

Service Category Notes	Code	Definition	MHI Matrix Service Category	MHI PA Required	eviCore Service Category	eviCore PA Required	State Exceptions (Refer to State Tab)	Notes
	22212	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22214	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22216	OSTEOT SPI PST PSTLAT APPR 1 VRT SGM EA VRT SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22220	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22222	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22224	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22226	OSTEOT SPI W DSKC ANT APPR 1 VRT SGM EA VRT SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22505	MANIPULATION SPINE REQUIRING ANESTHESIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22534	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22548	ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22585	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22586	ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT LS-S1	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22600	ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22610	ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22612	ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22614	ARTHRODESIS POSTERIOR POSTEROLATERAL EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22632	ARTHRODESIS POSTERIOR INTERBODY EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22633	ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22634	ARTHDSIS POST POSTERLATRL POSTINTRBDYADL SPC SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22819	KYPHECTOMY 3 OR MORE SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22830	EXPLORATION SPINAL FUSION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22841	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13 OR GRT VRT SE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22847	ANTERIOR INSTRUMENTATION 8 OR GRT VERTEBRAL SEGMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22848	PELVIC FIXATION OTHER THAN SACRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22849	REINSERTION SPINAL FIXATION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22855	REMOVAL ANTERIOR INSTRUMENTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22862	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22867	INSJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22868	INSJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22869	INSJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	22870	INSJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	PR	
	25447	ARTHRP INTERPOS INTERCARPAL METACARPAL JOINTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	26499	CORRECTION CLAW FINGER OTHER METHODS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27120	ACETABULOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		

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
	27122	ACETABULOPLASTY RESECTION FEMORAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27125	HEMIARTHROPLASTY HIP PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27130	ARTHHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27132	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27134	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27137	REVJ TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27138	REVJ TOT HIP ARTHRP FEM ONLY W WO AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27438	ARTHROPLASTY PATELLA W PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	PR	
	27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27441	ARTHHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVTCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27442	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27443	ARTHHRP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27446	ARTHHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27447	ARTHHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27486	REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	27487	REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28005	INCISION BONE CORTEX FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28008	FASCIOTOMY FOOT AND TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28035	RELEASE TARSAAL TUNNEL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28060	FASCIOTOMY PLANTAR FASCIA PARTIAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28090	EXC LESION TENDON SHEATH CAPSULE W SYNVTCT FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28092	EXC LESION TENDON SHEATH CAPSULE W SYNVTCT TOE EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28100	EXCISION CURETTAGE CYST TUMOR TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28102	EXC CURTGT CST B9 TUM TALUS CLCNS W ILIAC AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28103	EXC CURETTAGE CYST TUMOR TALUS CALCANEUS ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28104	EXC CURTGT BONE CYST B9 TUMORTARSAL METATARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28106	EXC CURTGT CST B9 TUM TARSAL METAR W ILIAC AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28107	EXC CURTGT CST B9 TUM TARSAL METAR W ALGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28108	EXC CURTGT CST B9 TUM PHALANGES FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28114	OSTC COMPL ALL METAR HEADS W PRTL PROX PHALANGC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28116	OSTECTOMY TARSAAL COALITION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28118	OSTECTOMY CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28119	OSTECTOMY CALCANEUS SPUR W WO PLNTR FASCIAL RLS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28120	PARTIAL EXCISION BONE TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28122	PRTL EXC B1 TARSAAL METAR B1 XCP TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28124	PARTIAL EXCISION BONE PHALANX TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28126	RESECTION PARTIAL COMPLETE PHALANGEAL BASE EACH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28130	TALECTOMY ASTRAGALECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28140	METATARSECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28150	PHALANGECTOMY TOE EACH TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28153	RESECTION CONDYLE DISTAL END PHALANX EACH TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28160	HEMIPHALANGECTOMY INTERPHALANGEAL JOINT EXC TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28171	RAD RESCJ TUMOR TARSAAL EXCEPT TALUS CALCANEUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28173	RADICAL RESECTION TUMOR METATARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28175	RADICAL RESECTION TUMOR PHALANX OR TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28200	RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28202	RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28208	REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28220	TENOLYSIS FLEXOR FOOT SINGLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28222	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28225	TENOLYSIS EXTENSOR FOOT SINGLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28226	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28230	TX OPN TENDON FLEXOR FOOT SINGLE MULT TENDON SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28234	TENOTOMY OPEN EXTENSOR FOOT TOE EACH TENDON	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28238	RCNSTJ PST TIBL TDN W EXC ACCESSORY TARSL NAVCLR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28240	TENOTOMY LENGTHENING RLS ABDUCTOR HALLUCIS MUSC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		

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
	28250	DIVISION PLANTAR FASCIA AND MUSCLE SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28260	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28261	CAPSULOTOMY MIDFOOT W TENDON LENGTHENING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28262	CAPSUL MIDFOOT W PST TALOTIBL CAPSUL AND TDN LNPTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28264	CAPSULOTOMY MIDTARSAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28270	CAPSUL MITTARPHLNGL JT W WO TENORRHAPHY EA JT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28272	CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28280	SYNDACTYLIZATION TOES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28285	CORRECTION HAMMERTOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28286	CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28288	OSTC PRTL EXOSTC CONDYLC METAR HEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28289	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28291	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28292	CORRJ HALLUX VALGUS W SESMDC W RESCJ PROX PHAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28295	CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28296	CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28297	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28298	CORRJ HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28299	CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28300	OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28302	OSTEOTOMY TALUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28304	OSTEOTOMY TARSAL BONES OTH THN CALCANEUS TALUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28305	OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28306	OSTEOT W WO LNPTH SHRT CORRJ 1ST METAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28307	OSTEOT W WO LNPTH SHRT CORRJ METAR XCP 1ST TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28308	OSTEOT W WO LNPTH SHRT CORRJ METAR XCP 1ST EA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28309	OSTEOT W WO LNPTH SHRT ANGULAR CORRJ METAR MLT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28315	SESAMOIDECTOMY FIRST TOE SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28320	REPAIR NONUNION MALUNION TARSAL BONES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28322	RPR NON MALUNION METARSAL W WO BONE GRAFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28340	RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28341	RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28344	RECONSTRUCTION TOE POLYDACTYLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28345	RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28360	RECONSTRUCTION CLEFT FOOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28705	ARTHRODESIS PANTALAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28715	ARTHRODESIS TRIPLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28725	ARTHRODESIS SUBTALAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28730	ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRs	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28735	ARTHRD MIDTARSL TARS MLT TRANSVRs W OSTEOT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28737	ARTHRD W TDN LNPTH AND ADVMNT TARSL NVCLR-CUNEIFOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28760	ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	28890	ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29826	ARTHROSCOPY SHOULDER W CORACOACRM LIGMNT RELEASE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29873	ARTHROSCOPY KNEE LATERAL RELEASE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29874	ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29876	ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29877	ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29879	ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29880	ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		

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	29881	ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29882	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29883	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29884	ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29889	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29892	ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29894	ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29899	ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29914	ARTHROSCOPY HIP W FEMOROPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29915	ARTHROSCOPY HIP W ACETABULOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	29916	ARTHROSCOPY HIP W LABRAL REPAIR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	30465	REPAIR NASAL VESTIBULAR STENOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	30520	SEPTOPLASTY SUBMUCOUS RESECI W WO CARTILAGE GRF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	30540	REPAIR CHOANAL ATRESIA INTRANASAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	31253	NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	31257	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	31259	NASAL SINUS NDSC TOT W SPHENDT W SPHEN TISS RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	31295	NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	31296	NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	31297	NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	31298	NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	31661	BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	32491	RMVL LUNG OTH THN PNUMEC RESXN-PLCTJ EMPHY LUNG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	32994	ABLATION THER 1 PLUS PULM TUMORS PERQ CRYOABLATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33206	INS NEW RPLCMT PRM PACEMAKR W TRANS ELTRD ATRIAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	33207	INS NEW RPLC PRM PACEMAKR W TRANSV ELTRD VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	33208	INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL AND VENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	33212	INS PM PLS GEN W EXIST SINGLE LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33213	INS PACEMAKER PULSE GEN ONLY W EXIST DUAL LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33221	INS PACEMAKER PULSE GEN ONLY W EXIST MULT LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33224	INSJ ELTRD CAR VEN SYS ATTCR PREV PM DFB PLS GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB PM PLS GEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	33227	REMLV PERM PM PLSE GEN W REPL PLSE GEN SNGL LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33228	REMLV PERM PM PLS GEN W REPL PLSE GEN 2 LEAD SYS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33229	REMLV PERM PM PLS GEN W REPL PLSE GEN MULT LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	33230	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33231	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST MULTILEADS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33240	INSJ IMPLNTBL DEFIB PULSE GEN W 1 EXISTING LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33249	INSJ RPLCMT PERM DFB W TRNSVNS LDS 1 DUAL CHMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33251	ABLATION ARRHYTHMOGENIC FOCI PATHWAY W BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33254	ABLATION AND RECONSTRUCTION ATRIA LIMITED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33262	RMVL IMPLTBL DFB PLSE GEN W REPL PLSE GEN 1 LEAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	33263	RMVL IMPLTBL DFB PLSE GEN W RPLCMT PLSE GEN 2 LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	33264	RMVL IMPLTBL DFB PLS GEN W RPLCMT PLS GEN MLT LD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	33265	NDSC ABLATION AND RCNSTJ ATRIA LIMITED W O BYPAS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33266	NDSC ABLATION AND RCNSTJ ATRIA EXTEN W O BYPASS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33270	INS RPLCMNT PERM SUBQ IMPLTBL DFB W SUBQ ELTRD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	33274	TCAT INSJ RPL PERM LEADLESS PACEMAKER RV W IMG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	NY/WI	
	33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	NY	
	33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	34713	PERO ACCESS AND CLOSURE FEM ART FOR DELIVERY NDGFT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	34714	OPN FEM ART EXPOS W CNDT CRTJ DLVR EVASC PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	34715	OPN AX SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	
	34716	OPN AXILLARY SUBCLAVIAN ART EXPOS W CNDT CRTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WA	

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	36460	TRANSFUSION INTRAUTERINE FETAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36465	NIX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	36466	NIX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	36514	THERAPEUTIC APHERESIS PLASMA PHERESIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37191	INS INTRVAS VC FILTR W WO VAS ACS VSL SELXN RS AND I	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37243	VASCULAR EMBOLIZE OCCLUDE ORGAN TUMOR INFARCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37700	LIG AND DIV LONG SAPH VEIN SAPHFEM JUNCT INTERRUPJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37718	LIGJ DIVJ AND STRIPPING SHORT SAPHENOUS VEIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37722	LIGJ DIVJ AND STRIP LONG SAPH SAPHFEM JUNCT KNE BELW	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37735	LIGJ AND DIVJ RADICAL STRIP LONG SHORT SAPHENOUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37766	STAB PHLEBT VARICOSE VEINS 1 XTR OVER 20 INCS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37780	LIGJ AND DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	37785	LIGJ DIVJ AND EXCJ VARICOSE VEIN CLUSTER 1 LEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38208	TRNSPL PREPJ HEMATOP PROGEN THAW PREV HRV PER DNR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38209	TRNSP PREPJ HEMATOP PROG THAW PREV HRV WSH PER DNR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	38573	LAPS W BI TOT PEL LMPHADEC AND OMNTC LYMPH BX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WI	
	43644	LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43645	LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43647	LAPS IMPLTJ RPLCMT GASTRIC NSTIM ELTRD ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43648	LAPS REVISION RMVL GASTRIC NSTIM ELTRD ANTRUM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43653	LAPS SURG GASTROSTOMY W O CONSTJ GSTR TUBE SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43773	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE AND PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43842	GASTRIC RSTCV W O BYP VERTICAL-BANDED GASTROPLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43843	GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43845	GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43846	GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43847	GASTRIC RSTCV W BYP W SM INT RCNSTJ LIMIT ABSRPJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43881	JMPLTJ RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43882	REVISION RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	43888	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47380	ABLTI OPN 1 OR GRT LVR TUM RF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47381	ABLTI OPN 1 OR GRT LVR TUM CRYOSURG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47382	ABLTI 1 OR GRT LVR TUM PRQ RF	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47605	CHOLECYSTECTOMY W CHOLANGIOGRAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47610	CHOLECYSTECTOMY W EXPLORATION COMMON DUCT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHENTEROSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	47620	CHOLECSTC EXPL DUX SPHNCTROTOMY SPHNCTROP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	49255	OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	49904	OMENTAL FLAP EXTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		

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
	49905	OMENTAL FLAP INTRA-ABDOMINAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	49906	FREE OMENTAL FLAP W MICROVASCULAR ANAST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	50590	LITHOTRIPSY XTRCORP SHOCK WAVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	OH/SC	
	52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	52442	CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	52649	LASER ENUCLEATION PROSTATE W MORCELLATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	53854	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	NY/WI	
	54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1 MLT NJX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WI	
	57288	SLING OPERATION STRESS INCONTINENCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	57289	PEREYRA PX W ANTERIOR COLPORRHAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58150	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58152	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58180	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58200	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58240	PEL EXNTJ GYNECOLOGIC MAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58262	VAG HYST 250 GM OR LESS W RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58263	VAG HYST 250 GM OR LESS W RMVL TUBE OVARY W RPR NTRCL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58267	VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58270	VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58275	VAGINAL HYSTERECTOMY W TOT PRTL VAGINECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58280	VAG HYSTER W TOT PRTL VAGINECT W RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58290	VAGINAL HYSTERECTOMY UTERUS OVER 250 GM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58291	VAG HYST OVER 250 GM RMVL TUBE AND OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58292	VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58293	VAG HYST OVER 250 GM COLPOURTCSTOPEXY W WO NDSC CTR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58294	VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58323	SPERM WASHING ARTIFICIAL INSEMINATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58345	TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58350	CHROMOTUBATION OVIDUCT W MATERIALS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58356	ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58540	HYSTEROPLASTY RPR UTERINE ANOMALY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58542	LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58543	LAPS SUPRACERVICAL HYSTERECTOMY OVER 250	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58544	LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58546	LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58548	LAPS W RAD HYST W BILAT LMPHADEC RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58552	LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58553	LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58554	LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LESS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58571	LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58573	LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58660	LAPAROSCOPY W LYSIS OF ADHESIONS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	58661	LAPAROSCOPY W RMVL ADNEXAL STRUCTURES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	58662	LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WA	
	58672	LAPAROSCOPY FIMBRIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58673	LAPAROSCOPY SALPINGOSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58700	SALPINGECTOMY COMPLETE PARTIAL UNI BI SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58720	SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58740	LYSIS OF ADHESIONS SALPINX OVARY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58750	TUBOTUBAL ANASTATOMOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58752	TUBOUTERINE IMPLANTATION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58760	FIMBRIOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		

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
	58770	SALPINGOSTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58940	OOPHORECTOMY PARTIAL TOTAL UNI BI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58943	OOPHORECTOMY PRTL TOT UNI BI OVARIAN MALIGNANCY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58950	RESCI OVARIAN TUBAL PERITONEAL MALIGNANCY W BSO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58951	RESCI PRIM PRTL MAL W BSO AND OMNTC TAH AND LMPHAD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58952	RESCI PRIM PRTL MAL W BSO AND OMNTC RAD DEBULKING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58953	BSO W OMENECTOMY TAH AND RAD DEBULKING DISSECTION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58954	BSO W OMENECTOMY TAH DEBULKING W LMPHADECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58956	BSO W TOT OMENECTOMY AND HYSTERECTOMY MALIGNANC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58957	RESEJ RECUR OVARIAN TUBAL PERITONEAL MALIGNANCY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58958	RESECTION RECT MAL W OMENECTOMY PEL LMPHADEC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58974	EMBRYO TRANSFER INTRAUTERINE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	58976	GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METH	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	59070	TRANSABDOMINAL AMNIOINFUSION W ULTRSDND GUIDANCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	59072	FETAL UMBILICAL CORD OCCLUSION W ULTRSDND GUIDNCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	59074	FETAL FLUID DRAINAGE W ULTRASOUND GUIDANCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	59076	FETAL SHUNT PLACEMENT W ULTRASOUND GUIDANCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	61863	STRCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	61864	STRCTC IMPLTJ NSTIM ELTRD W O RECORD EA ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	61867	STRCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	61868	STRCTC IMPLTJ NSTIM ELTRD W RECORD EA ARRAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	61885	INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	61886	INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	62324	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	62325	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	62326	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	62327	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	62369	ELECT ANLYS IMPLT ITHCL EDRL PMP W REPRG AND REFIL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	62370	ELEC ANLYS IMPLT ITHCL EDRL PMP W REPR PHYS QHP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	OH	
	62380	NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63001	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63003	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63005	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63011	LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63012	LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63015	LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63016	LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63017	LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63020	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63030	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63035	LAMNOTMY W DCMPRSN NRV EACH ADDL CRVCL LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63044	LAMOT W PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63045	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63046	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63047	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63048	LAM FACETECTOMY AND FORAMOTOMY 1 SGM EA CRV THRC LMBR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63050	LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC LUMBAR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63066	COSTOVERTEBRAL DCMPRN SPINE CORD THORACIC EA SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63078	DISCECTOMY ANT DCMPRN CORD THORACIC EA NTRSPC	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63086	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC EA SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63087	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63088	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR EA SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		

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
	63091	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC EA SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63101	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63102	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	63103	VCRPEC LAT XTRCAVITARY DCMPRN THRC LMBR EA SEG	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64569	REVISION REPLMT NEUROSTIMULATOR ELTRD CRANIAL NRV	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64570	REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64590	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64595	REVISION RMVL PERIPHERAL GASTRIC NPGR	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	64912	NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WI	
	64913	NERVE REPAIR W NERVE ALLOGRAFT EA ADDL STRAND	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC/WI	
	65771	RADIAL KERATOTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	65772	CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	67900	REPAIR BROW PTOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	67909	REDUCTION OVERCORRECTION PTOSIS	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	NY	
	67950	CANTHOPLASTY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	69715	IMPLI OSSEOINTEGRATED TEMPORAL BONE W O MASTOID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	69717	RPLMCT OSSEOINTEGRATE IMPLNT W O MASTOIDECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	69718	RPLMCT OSSEOINTEGRATE IMPLNT W MASTOIDECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	93229	XTRNL MOBILE CV TELEMETRY W TECHNICAL SUPPORT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	95249	CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	96567	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96570	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96571	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96573	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	WI	
	96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96902	MCRSCP XM HAIR PLUCK CLIP FOR CNTS STRUCT ABNORM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96910	PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96912	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96920	LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96922	LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96931	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R 1ST	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96932	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQUISITION	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96933	RCM CELULR AND SUBCELULR SKN IMGNG I AND R 1ST LES	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96934	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R ADD	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96935	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	96936	RCM CELULR AND SUBCELULR SKN IMGNG I AND R EA ADDL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	NY/OH	
	C9734	FOCUSED U S ABL TX INT OTH THAN UT LEIOMYOMATA	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	C9738	ADJUNCTIVE BLUE LIGHT CYSTOSCOPY FLUO IMAG AGT	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	C9739	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 1-3 IMPL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	C9740	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 4 OR GRT IMPL	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	C9746	TRANSPERINL IMPL PERM ADJ BALLOON CONT DEVICE	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	C9747	ABLATION PROSTATE TRANSRECTAL HIFU INCL I GUID	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A		
	C9748	TRANSURETHRAL DESTRUC PROS TISS;BY RF WV THRM TX	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	SC	
	S2095	TRNSCATH OCCL EMBOLIZ TUMR DESTRUC PERQ METH USI	OP Hosp/Amb Surgery Center (ASC) Procedures	Y	N/A	N/A	IL/NY/OH	
	27096	INJECT SI JOINT ARTHRGRPHY AND ANES STEROID W IMA	Pain Management Procedures	Y	N/A	N/A		
	27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	Pain Management Procedures	Y	N/A	N/A		
	62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS	Pain Management Procedures	Y	N/A	N/A		
	62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	Pain Management Procedures	Y	N/A	N/A		
	62320	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	Pain Management Procedures	Y	N/A	N/A		
	62321	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	Pain Management Procedures	Y	N/A	N/A		
	62322	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Pain Management Procedures	Y	N/A	N/A		
	62323	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Pain Management Procedures	Y	N/A	N/A		
	62350	IMPLTJ REVJ RPSG ITHCL EDRL CATH PMP W O LAM	Pain Management Procedures	Y	N/A	N/A		
	62351	IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM	Pain Management Procedures	Y	N/A	N/A		
	62360	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBO RSVR	Pain Management Procedures	Y	N/A	N/A		

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	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 ANALYS 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	REJV INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Pain Management Procedures	Y	N/A	N/A		
	63664	REJV 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	REJV 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		
	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		
	97812	ACUPUNCTURE 1 OR GRT NDLS W ELEC STIMJ 1ST 15 MIN	Pain Management Procedures	Y	N/A	N/A		
	97814	ACUPUNCTURE 1 OR GRT NDLS W ELEC STIM, EA 15 MINS, W REINSERTION	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 CNTRL RIGD ANT POST PANELS	Prosthetics & Orthotics	Y	N/A	N/A		
	L0700	CTLISO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	Prosthetics & Orthotics	Y	N/A	N/A		
	L0710	CTLISO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	Prosthetics & Orthotics	Y	N/A	N/A		
	L1000	CTLISO 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 CTLISO 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		

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

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
	77424	INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX SESSION		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77425	INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77520	PROTON TX DELIVERY SIMPLE W O COMPENSATION	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI
	77522	PROTON TX DELIVERY SIMPLE W COMPENSATION	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI
	77523	PROTON TX DELIVERY INTERMEDIATE	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI
	77525	PROTON TX DELIVERY COMPLEX	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY	*APPLIES TO: IL/MI/OH/NY/WI
	77600	HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77605	HYPERTHERMIA EXTERNAL GENERATED DEEP		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77610	HYPERTHERMIA INTERSTITIAL PROBE 5 OR LESS APPLICATORS		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77615	HYPERTHERMIA INTERSTITIAL PROBE 5 OR GRT APPLICATORS		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77620	HYPERTHERMIA INTRACAVITARY PROBES		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77750	NFS INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77761	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77762	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77763	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77767	HDR RDNCL SKN SURF BRCHYTX LES UNDER 2CM 1 CHAN		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77768	HDR RDNCL SK SRF BRCHYTX LES OVER 2CM AND 2CHAN MLT LES		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77770	HDR RDNCL NTRSTL INTRCAV BRACHYTX 1 CHANNEL		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77771	HDR RDNCL NTRSTL INTRCAV BRACHYTX 2-12 CHANNEL		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77772	HDR RDNCL NTRSTL INTRCAV BRACHYTX OVER 12 CHANNELS		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	77778	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	79101	RP THERAPY INTRAVENOUS ADMINISTRATION		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	79403	RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS		*	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY/OH/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	IL/NY	*APPLIES TO: IL/MI/OH/NY/WI
	A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*		*APPLIES TO: IL/MI/OH/NY/WI
	A9606	RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI		*	Radiation Therapy	Y*	OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	C9408	IODINE I-131 IOBENGUANE THERAPEUTIC 1 MCI	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	IL/NY	*APPLIES TO: IL/MI/OH/NY/WI
	G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS Cmpl TX 1 SESS	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	MI/NY/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI
	G6001	ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS		*	Radiation Therapy	Y*	IL/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6002	STEREOSCOPIC X-RAY GUID LOCALIZ TRG VOL DEL RT		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6003	RAD TX DEL 2 TX AREA PORT PL OPP PORTS:TO 5 MEV		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6004	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 6-10 MEV		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6005	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 11-19 ME		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6006	RAD TX DEL 1 TX AREA PORT PL OPP PORTS: 20 ME OR GRT		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE

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	G6007	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:TO 5 MEV		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6008	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:6-10 MEV		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6009	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:11-19 MEV		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6010	RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:20 MEV OR GRT		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6011	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; TO 5 MEV		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6012	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; 6-10 MEV		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6013	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;11-19 MEV		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6014	RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;20 MEV OR GRT		*	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G6015	INTENSITY MODULATED TX DEL 1 MX FLDS PER TX SESS	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI
	G6016	COMP-BASED BEAM MOD TX DEL I PLND TX 3 OVER HR SESS	Radiation Therapy & Radio Surgery	Y	Radiation Therapy	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI
Sleep Studies: Home Sleep Studies (POS 12) Do Not Require PA	95782	POLYSOM UNDER 6 YRS SLEEP STAGE 4 OR GRT ADDL PARAM ATTN		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	95783	POLYSOM UNDER 6 YRS SLEEP W CPAP BILVL VENT 4 OR GRT PAR		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	95800	SLP STDY UNATND W HRT RATE O2 SAT RESP SLP TIME	Sleep Studies	Y	Sleep Covered Services and Related Equipment	Y*	MI/NY/OH/PR/SC/TX/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	95801	SLP STDY UNATND W MIN HRT RATE O2 SAT RESP ANAL	Sleep Studies	Y	Sleep Covered Services and Related Equipment	Y*	NY/OH/PR/TX/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	95805	MLT SLEEP LATENCY MAINT OF WAKEFULNESS TSTG	Sleep Studies	Y	Sleep Covered Services and Related Equipment	Y*	TX/WA	*APPLIES TO: IL/MI/OH/NY/WI
	95806	SLEEP STD AIRFLOW HRT RATE AND O2 SAT EFFORT UNATT	Sleep Studies	Y	Sleep Covered Services and Related Equipment	Y*	MI/NY/OH/PR/TX/WA	*APPLIES TO: IL/MI/OH/NY/WI
	95807	SLEEP STD REC VNTJ RESPIR ECG HRT RATE AND O2 ATTN	Sleep Studies	Y	Sleep Covered Services and Related Equipment	Y*	PR/TX/WA/WI	*APPLIES TO: IL/MI/OH/NY/WI
	95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Sleep Studies	Y	Sleep Covered Services and Related Equipment	Y*	TX/WA	*APPLIES TO: IL/MI/OH/NY/WI
	95810	POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND	Sleep Studies	Y	Sleep Covered Services and Related Equipment	Y*	OH/TX/WA	*APPLIES TO: IL/MI/OH/NY/WI
	95811	POLYSOM 6 OR GRT YRS SLEEP W CPAP 4 OR GRT ADDL PARAM ATT	Sleep Studies	Y	Sleep Covered Services and Related Equipment	Y*	OH/TX/WA	*APPLIES TO: IL/MI/OH/NY/WI
	A4604	TUBING W INTGR HEAT ELEM W POS AIRWAY PRESS DEVC		*	Sleep Covered Services and Related Equipment	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7027	COMB ORAL NASAL MASK USED W CPAP DEVICE EACH		*	Sleep Covered Services and Related Equipment	Y*	NY/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7028	ORAL CUSHION COMB ORAL NASAL MASK REPL ONLY EACH		*	Sleep Covered Services and Related Equipment	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7029	NASAL PILLOWS COMB ORAL NASL MASK REPL ONLY PAIR		*	Sleep Covered Services and Related Equipment	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7030	FULL FACE MASK USED W POS ARWAY PRESS DEVICE EA		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7031	FACE MASK INTERFACE REPLCMT FULL FACE MASK EA		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7032	CUSHN NASAL MASK INTERFACE REPLACEMENT ONLY EACH		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7033	PILLW NASL CANNULA TYPE INTERFCE REPL ONLY PAIR		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7034	NASL INTRFCE POS ARWAY PRSS DEVC W WO HEAD STRAP		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7035	HEADGEAR USED W POSITIVE AIRWAY PRESSURE DEVICE		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
A7036	CHINSTRAP USED W POSITIVE AIRWAY PRESSURE DEVICE		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE	
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE	
A7038	FILTER DISPBL USED W POS ARWAY PRESSURE DEVICE		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE	
A7039	FILTER NON DISPBL USED W POS ARWAY PRESS DEVICE		*	Sleep Covered Services and Related Equipment	Y*	MI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE	
A7044	ORAL INTERFACE USED W POS ARWAY PRESS DEVICE EA		*	Sleep Covered Services and Related Equipment	Y*	OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE	

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
	A7045	EXHALATION PORT W WO SWIVEL REPLACEMENT ONLY		*	Sleep Covered Services and Related Equipment	Y*	OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	A7046	WATR CHAMB HUMDIFIR USED W POS ARWAY PRSS DEVC R		*	Sleep Covered Services and Related Equipment	Y*	OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	E0470	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W O BACKU		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	E0471	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W BACK-UP		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	E0561	HUMDIFIR NON-HEATED USED W POS AIRWAY PRESS DEVC		*	Sleep Covered Services and Related Equipment	Y*	NY	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	E0562	HUMDIFIR HEATED USED W POS ARWAY PRESSURE DEVICE		*	Sleep Covered Services and Related Equipment	Y*		*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE		*	Sleep Covered Services and Related Equipment	Y*	WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G0398	HST W TYPE II PRTBLE MON UNATTENDED MIN 7 CH		*	Sleep Covered Services and Related Equipment	Y*	FL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G0399	HST W TYPE III PRTBLE MON UNATTENDED MIN 4 CH		*	Sleep Covered Services and Related Equipment	Y*	FL/MI/OH	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
	G0400	HST W TYPE IV PRTBLE MON UNATTENDED MIN 3 CH		*	Sleep Covered Services and Related Equipment	Y*	FL/MI/OH/WI	*APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
Speech Therapy: PA required after initial evaluation plus six (6) visits for office & OP settings.	92507	TX SPEECH LANG VOICE COMMJ AND AUDITORY PROC IND	Speech Therapy	Y	N/A	N/A	FL/PR/UT/WA/WI	
	92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GRT INDIV	Speech Therapy	Y	N/A	N/A	FL/PR/WA/WI	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require PA.	32552	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Transplants/Gene Therapy	Y	N/A	N/A		
	32850	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Transplants/Gene Therapy	Y	N/A	N/A		
	32851	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Transplants/Gene Therapy	Y	N/A	N/A		
	32854	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Transplants/Gene Therapy	Y	N/A	N/A		
	32855	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Transplants/Gene Therapy	Y	N/A	N/A		
	32856	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Transplants/Gene Therapy	Y	N/A	N/A		
	33929	Surgical Procedures on the Heart and Pericardium, Heart/Lung Transplantation Procedures	Transplants/Gene Therapy	Y	N/A	N/A		
	33930	DONOR CARDIECTOMY - PNEUMONECTOMY	Transplants/Gene Therapy	Y	N/A	N/A		
	33933	DONOR CARDIECTOMY - INCLUDING COLD PRESERVATION	Transplants/Gene Therapy	Y	N/A	N/A		
	33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	Transplants/Gene Therapy	Y	N/A	N/A		
	33940	OBTAINING DONOR CADAVER HEART	Transplants/Gene Therapy	Y	N/A	N/A		
	33944	PREP OF DONOR HEART FOR TRANSPLANT	Transplants/Gene Therapy	Y	N/A	N/A		
	33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Transplants/Gene Therapy	Y	N/A	N/A		
	38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	Transplants/Gene Therapy	Y	N/A	N/A		
	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	Transplants/Gene Therapy	Y	N/A	N/A		
	38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Transplants/Gene Therapy	Y	N/A	N/A		
	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	Y	N/A	N/A		
	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Transplants/Gene Therapy	Y	N/A	N/A		
	38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	Transplants/Gene Therapy	Y	N/A	N/A		
	38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	Transplants/Gene Therapy	Y	N/A	N/A		
	44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	Transplants/Gene Therapy	Y	N/A	N/A		
	44715	BKBENCH PREP CADAVER LIVING DONOR INTESTINE	Transplants/Gene Therapy	Y	N/A	N/A		
	44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	Transplants/Gene Therapy	Y	N/A	N/A		
	44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	Transplants/Gene Therapy	Y	N/A	N/A		
	47133	DONOR HEPATECTOMY CADAVER DONOR	Transplants/Gene Therapy	Y	N/A	N/A		
	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE	Transplants/Gene Therapy	Y	N/A	N/A		
	47140	DONOR HEPATECTOMY LIVING DONOR SEG II AND III	Transplants/Gene Therapy	Y	N/A	N/A		
	47141	DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV	Transplants/Gene Therapy	Y	N/A	N/A		
	47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI	Transplants/Gene Therapy	Y	N/A	N/A		
	47143	BKBENCH PREP CADAVER DONOR	Transplants/Gene Therapy	Y	N/A	N/A		
	47144	BKBENCH PREP CADAVER WHOLE LIVER GRF I AND IV VII	Transplants/Gene Therapy	Y	N/A	N/A		
	47145	BKBENCH PREP 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		

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
	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		
	50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Transplants/Gene Therapy	Y	N/A	N/A		
	50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Transplants/Gene Therapy	Y	N/A	N/A		
	50360	RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY	Transplants/Gene Therapy	Y	N/A	N/A		
	50365	RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY	Transplants/Gene Therapy	Y	N/A	N/A		
	50370	RMVL TRNSPLED RENAL ALLOGRAFT	Transplants/Gene Therapy	Y	N/A	N/A		
	50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Transplants/Gene Therapy	Y	N/A	N/A		
	0537T	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Transplants/Gene Therapy	Y	N/A	N/A	NY/WA/WI	
	0538T	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F TRNS	Transplants/Gene Therapy	Y	N/A	N/A	CA/NY/WA/WI	
	0539T	CAR-T THERAPY RECEIPT AND PREP CAR-T CELLS F ADMN	Transplants/Gene Therapy	Y	N/A	N/A	CA/IL/WA/WI	
	0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Transplants/Gene Therapy	Y	N/A	N/A	NY/WA	
	Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Transplants/Gene Therapy	Y	N/A	N/A		
	Q2042	TISAGENLEUCEL 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 MUSCLESKELETAL 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		

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
	31599	UNLISTED PROCEDURE LARYNX	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	31899	UNLISTED PROCEDURE TRACHEA BRONCHI	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	32999	UNLISTED PROCEDURE LUNGS AND PLEURA	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	33999	UNLISTED CARDIAC SURGERY	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	36299	UNLISTED PROCEDURE VASCULAR INJECTION	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	37799	UNLISTED PROCEDURE VASCULAR SURGERY	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	39499	UNLISTED PROCEDURE MEDIASTINUM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	39599	UNLISTED PROCEDURE DIAPHRAGM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	40799	UNLISTED PROCEDURE LIPS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	40899	UNLISTED PROCEDURE VESTIBULE MOUTH	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	42299	UNLISTED PROCEDURE PALATE UVULA	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	42699	UNLISTED PX SALIVARY GLANDS DUCTS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	42999	UNLISTED PROCEDURE PHARYNX ADENOIDS TONSILS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	43289	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	43499	UNLISTED PROCEDURE ESOPHAGUS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	43999	UNLISTED PROCEDURE STOMACH	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	44799	UNLISTED PROCEDURE SMALL INTESTINE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	44899	UNLISTED PX MECKEL'S DIVERTICULUM AND MESENTERY	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	45399	UNLISTED PROCEDURE COLON	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	45499	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	45999	UNLISTED PROCEDURE RECTUM	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	46999	UNLISTED PROCEDURE ANUS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	47379	UNLISTED 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	UNLISTED 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		

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

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
	G0501	RESOURCE-INT SRVC PT SP2 M-ASST TECH MED NEC	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	J7599	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	J7699	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	J7799	NOC RX OTH THAN INHALATION RX ADMINED THRU DME	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	J8498	ANTIEMETIC DRUG RECTAL SUPPOSITORY NOS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	K0899	PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT	Unlisted/Miscellaneous codes	Y	N/A	N/A	NY/WI	
	L0999	ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	L3649	ORTHOPED SHOE MODIFICATION ADDITION TRANSFER NOS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	L5999	LOWER EXTREMITY PROSTHESIS NOS	Unlisted/Miscellaneous codes	Y	N/A	N/A	NY/WI	
	L7499	UPPER EXTREMITY PROSTHESIS NOS	Unlisted/Miscellaneous codes	Y	N/A	N/A	NY/WI	
	L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	L8698	MISC COMP SPL ACCESS FOR USE WITH TOT AH SYSTEM	Unlisted/Miscellaneous codes	Y	N/A	N/A	CA/NY	
	L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	L8701	PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB	Unlisted/Miscellaneous codes	Y	N/A	N/A	CA/MI/NY/WI	
	L8702	PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS	Unlisted/Miscellaneous codes	Y	N/A	N/A	CA/MI/NY/WI	
	P9603	TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	P9604	TRAVEL 1 WAY MED NEC LAB SPEC; PRORATD TRIP CHRNG	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	Q0507	MISC SUPPLY OR ACCESSORY USE WITH EXTERNAL VAD	Unlisted/Miscellaneous codes	Y	N/A	N/A	MI/NY	
	Q0508	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD	Unlisted/Miscellaneous codes	Y	N/A	N/A	NY	
	Q0509	MISC SPL ACSS IMPL VAD NO PAYMENT MEDICARE PRT A	Unlisted/Miscellaneous codes	Y	N/A	N/A	MI/NY/WI	
	Q2039	INFLUENZA VIRUS VACCINE NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	Q4050	CAST SUPPLIES UNLISTED TYPES AND MATERIALS OF CASTS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	Q4051	SPLINT SUPPLIES MISCELLANEOUS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	Q4082	DRUG OR BIOLOGICAL NOC PART B DRUG CAP	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	S0590	INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	S8189	TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	S9110	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	T1999	MISC TX ITEMS AND SPL RETAIL PURCHASE NOC	Unlisted/Miscellaneous codes	Y	N/A	N/A	TX	
	T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	T5999	SUPPLY NOT OTHERWISE SPECIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	V2797	VISN SPL ACSS AND SRVC CMPNT ANOTHER HCPCS CODE	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	V2799	VISION ITEM OR SERVICE MISCELLANEOUS	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	V5298	HEARING AID NOT OTHERWISE CLASSIFIED	Unlisted/Miscellaneous codes	Y	N/A	N/A		
	V5299	HEARING SERVICE MISCELLANEOUS	Unlisted/Miscellaneous codes	Y	N/A	N/A		

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

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				PA Required when submitted with highlighted codes on Medicaid/Marketplace Matrix			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
D05.11	N	N		E09.3413	N	N				
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				

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				PA Required when submitted with highlighted codes on Medicaid/Marketplace Matrix			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
				E10.3532	N	N				
				E10.3533	N	N				
				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				

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
				E11.3591	N	N				
				E11.3592	N	N				
				E11.3593	N	N				
				E11.3599	N	N				
				E13.311	N	N				
				E13.319	N	N				
				E13.3211	N	N				
				E13.3212	N	N				
				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				

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
				H34.8130	N	N				
				H34.8131	N	N				
				H34.8132	N	N				
				H34.8190	N	N				
				H34.8191	N	N				
				H34.8192	N	N				
				H34.821	N	N				
				H34.822	N	N				
				H34.823	N	N				
				H34.829	N	N				
				H34.8310	N	N				
				H34.8311	N	N				
				H34.8312	N	N				
				H34.8320	N	N				
				H34.8321	N	N				
				H34.8322	N	N				
				H34.8330	N	N				
				H34.8331	N	N				
				H34.8332	N	N				
				H34.8390	N	N				
				H34.8391	N	N				
				H34.8392	N	N				
				H34.9	N	N				
				H35.00	N	N				
				H35.011	N	N				
				H35.012	N	N				
				H35.013	N	N				
				H35.019	N	N				
				H35.021	N	N				
				H35.022	N	N				
				H35.023	N	N				
				H35.029	N	N				
				H35.031	N	N				
				H35.032	N	N				
				H35.033	N	N				
				H35.039	N	N				
				H35.041	N	N				
				H35.042	N	N				
				H35.043	N	N				
				H35.049	N	N				
				H35.051	N	N				
				H35.052	N	N				
				H35.053	N	N				
				H35.059	N	N				
				H35.061	N	N				
				H35.062	N	N				
				H35.063	N	N				
				H35.069	N	N				
				H35.071	N	N				
				H35.072	N	N				
				H35.073	N	N				
				H35.079	N	N				
				H35.09	N	N				
				H35.141	N	N				
				H35.142	N	N				
				H35.143	N	N				
				H35.149	N	N				

Cosmetic/Reconstructive Procedures			C9257 & J9035 Dx Related Codes				Autism Dx Related Codes			
No PA required when associated with Breast CA Dx codes listed below			No PA Required when associated with Ocular Dx's codes listed below				PA Required when submitted with highlighted codes on Medicaid/Marketplace Matrix			
ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace	ICD-9	ICD-10	Medicaid	Marketplace
				H35.151	N	N				
				H35.152	N	N				
				H35.153	N	N				
				H35.159	N	N				
				H35.161	N	N				
				H35.162	N	N				
				H35.163	N	N				
				H35.169	N	N				
				H35.20	N	N				
				H35.21	N	N				
				H35.22	N	N				
				H35.23	N	N				
				H35.3210	N	N				
				H35.3211	N	N				
				H35.3212	N	N				
				H35.3213	N	N				
				H35.3220	N	N				
				H35.3221	N	N				
				H35.3222	N	N				
				H35.3223	N	N				
				H35.3230	N	N				
				H35.3231	N	N				
				H35.3232	N	N				
				H35.3233	N	N				
				H35.3290	N	N				
				H35.3291	N	N				
				H35.3292	N	N				
				H35.3293	N	N				
				H35.33	N	N				
				H35.351	N	N				
				H35.352	N	N				
				H35.353	N	N				
				H35.359	N	N				
				H35.81	N	N				
				H35.82	N	N				
				H40.50X0	N	N				
				H40.50X1	N	N				
				H40.50X2	N	N				
				H40.50X3	N	N				
				H40.50X4	N	N				
				H40.51X0	N	N				
				H40.51X1	N	N				
				H40.51X2	N	N				
				H40.51X3	N	N				
				H40.51X4	N	N				
				H40.52X0	N	N				
				H40.52X1	N	N				
				H40.52X2	N	N				
				H40.52X3	N	N				
				H40.52X4	N	N				
				H40.53X0	N	N				
				H40.53X1	N	N				
				H40.53X2	N	N				
				H40.53X3	N	N				
				H40.53X4	N	N				
				H40.89	N	N				
				H44.20	N	N				

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

WISCONSIN CODE/BENEFIT EXCEPTIONS

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

Code	Medicaid	MKPL	Notes
0900	Y	Y	
0912	N	Y	
0913	N	Y	
20939	NC	Y	
31237	NC	Y	Replacement code for 0406T & 0407T deleted 1/1/2019, NC benefit by WI Medicaid
31299	NC	Y	Replacement code for 0406T & 0407T deleted 1/1/2019, NC benefit by WI Medicaid
33274	NC	Y	
33285	NC	Y	
33289	NC	Y	Replacement code for C9741 (deleted 1/1/2019) DME - Non coverage by state Medicaid
36465	NC	Y	
36466	NC	Y	
36482	NC	Y	
36483	NC	Y	
38573	N	Y	
53854	NC	Y	
55874	NC	Y	
55970	N	Y	
55980	N	Y	
64912	NC	Y	
64913	NC	Y	
72159	Y	Y	NC BY MEDICARE
73225	Y	Y	NC BY MEDICARE
73484	NC	Y	
76390	Y	Y	NC BY MEDICARE
77046	NC	Y	
77047	NC	Y	
77385	NC	Y	NC BY MEDICARE
77386	NC	Y	NC BY MEDICARE
77387	NC	Y	NC BY MEDICARE
77401	Y	Y	NC BY MEDICARE
77402	NC	Y	NC BY MEDICARE
77412	NC	Y	NC BY MEDICARE
77610	Y	Y	NC BY MEDICARE

WISCONSIN CODE/BENEFIT EXCEPTIONS

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

Code	Medicaid	MKPL	Notes
81105	N	Y	
81106	N	Y	
81107	N	Y	
81108	N	Y	
81109	N	Y	
81110	N	Y	
81111	N	Y	
81112	N	Y	
81171	NC	Y	
81172	NC	Y	
81225	NC	Y	
81226	NC	Y	
81227	NC	Y	
81230	NC	Y	
81231	NC	Y	
81232	NC	Y	
81236	NC	Y	
81237	NC	Y	
81258	N	Y	
81269	N	Y	
81283	NC	Y	
81291	NC	Y	
81320	NC	Y	
81327	NC	Y	
81328	NC	Y	
81333	NC	Y	
81343	NC	Y	
81345	NC	Y	
81346	NC	Y	
81350	NC	Y	
81355	NC	Y	
81361	N	Y	
81362	N	Y	

WISCONSIN CODE/BENEFIT EXCEPTIONS

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

Code	Medicaid	MKPL	Notes
81363	N	Y	
81364	N	Y	
81412	NC	Y	
81415	NC	Y	
81416	NC	Y	
81422	NC	Y	
81432	NC	Y	
81433	NC	Y	
81435	NC	Y	
81443	NC	Y	
81445	NC	Y	
81448	NC	Y	
81450	NC	Y	
81455	NC	Y	
81470	NC	Y	
81490	NC	Y	
81493	NC	Y	
81500	Y	Y	NC BY MEDICARE
81503	NC	Y	Non-covered benefit for WI Medicaid, not requiring PA for all LOBs
81520	NC	Y	
81521	NC	Y	
81525	NC	Y	
81538	NC	Y	
81539	NC	Y	
81540	NC	Y	
81551	NC	Y	
81596	NC	Y	
90867	NC	Y	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Codes - None covered for Medicaid
90868	NC	Y	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Codes - None covered for Medicaid
90869	NC	Y	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Codes - None covered for Medicaid
90901	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
92507	Y	Y	Medicaid: PA required ONLY when used in conjunction with Home Health. ST PA restriction Removed for birth to three. These services billed on a CMS-1500 are to be allowable when being billed with ONLY POS (place of service) 04, 12, 99.

WISCONSIN CODE/BENEFIT EXCEPTIONS

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

Code	Medicaid	MKPL	Notes
92508	Y	Y	Medicaid only: Birth-3 programs do not require PA for ST, but all others require PA under all circumstances.
92511	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
92512	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
92520	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
92521	Y	Y	Medicaid only: Birth-3 programs do not require PA for ST, but all others require PA under all circumstances.
92522	Y	Y	Medicaid only: Birth-3 programs do not require PA for ST, but all others require PA under all circumstances.
92523	Y	Y	Medicaid only: Birth-3 programs do not require PA for ST, but all others require PA under all circumstances.
92524	Y	Y	Medicaid only: Birth-3 programs do not require PA for ST, but all others require PA under all circumstances.
92526	Y	Y	Medicaid only: Birth-3 programs do not require PA for ST, but all others require PA under all circumstances.
92597	Y	Y	Medicaid only: Birth-3 programs do not require PA for ST, but all others require PA under all circumstances.
92607	Y	Y	Medicaid only: Birth-3 programs do not require PA for ST, but all others require PA under all circumstances.
92608	Y	Y	Medicaid only: Birth-3 programs do not require PA for ST, but all others require PA under all circumstances.
92609	Y	Y	Medicaid only: Birth-3 programs do not require PA for ST, but all others require PA under all circumstances.
92610	Y	Y	Medicaid only: Birth-3 programs do not require PA for ST, but all others require PA under all circumstances.
92611	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
92612	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
92614	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
92626	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
92627	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
92700	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
93998	NC	Y	replacement code for 0337T deleted 1/1/2019. 93998 NC benefit for Medicaid
95249	N	Y	
95800	NC	Y	
95801	NC	Y	
95803	NC	Y	
96105	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
96573	NC	Y	
96574	NC	Y	
97012	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97016	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97018	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97022	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97024	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.

WISCONSIN CODE/BENEFIT EXCEPTIONS

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

Code	Medicaid	MKPL	Notes
97026	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97028	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97032	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97033	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97034	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97035	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97036	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97039	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97110	Y	Y	Medicaid only: Birth-3 programs do not require PA for OT& PT, but all others require PA under all circumstances.
97112	Y	Y	Medicaid only: Birth-3 programs do not require PA for OT& PT, but all others require PA under all circumstances.
97113	Y	Y	Medicaid only: Birth-3 programs do not require PA for OT& PT, but all others require PA under all circumstances.
97116	Y	Y	Medicaid only: Birth-3 programs do not require PA for OT& PT, but all others require PA under all circumstances.
97124	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97127	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97139	Y	Y	PA required ONLY when used in conjunction with Home Health
97140	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97150	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97153	NC	Y	replacement code for 0363T, 0371T, 0372T deleted 1/1/2019, NC benefit for WI Medicaid
97154	NC	Y	replacement code for 0363T, 0371T, 0372T deleted 1/1/2019, NC benefit for WI Medicaid
97155	NC	Y	replacement code for 0363T, 0371T, 0372T deleted 1/1/2019, NC benefit for WI Medicaid
97156	NC	Y	replacement code for 0363T, 0371T, 0372T deleted 1/1/2019, NC benefit for WI Medicaid
97157	NC	Y	replacement code for 0363T, 0371T, 0372T deleted 1/1/2019, NC benefit for WI Medicaid
97158	NC	Y	replacement code for 0363T, 0371T, 0372T deleted 1/1/2019, NC benefit for WI Medicaid
97161	Y	Y	Medicaid only: Birth-3 programs do not require PA for OT& PT, but all others require PA under all circumstances.
97162	Y	Y	Medicaid only: Birth-3 programs do not require PA for OT& PT, but all others require PA under all circumstances.
97163	Y	Y	Medicaid only: Birth-3 programs do not require PA for OT& PT, but all others require PA under all circumstances.
97164	Y	Y	Medicaid only: Birth-3 programs do not require PA for OT& PT, but all others require PA under all circumstances.
97165	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97166	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97167	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97168	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97410	Y	Y	Medicaid only: Birth-3 programs do not require PA for OT& PT, but all others require PA under all circumstances.
97530	Y	Y	Medicaid only: Birth-3 programs do not require PA for OT& PT, but all others require PA under all circumstances.

WISCONSIN CODE/BENEFIT EXCEPTIONS

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

Code	Medicaid	MKPL	Notes
97533	Y	Y	Medicaid only: Birth-3 programs do not require PA for OT& PT, but all others require PA under all circumstances.
97535	Y	Y	Medicaid only: Birth-3 programs do not require PA for OT& PT, but all others require PA under all circumstances.
97542	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97597	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97598	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97760	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97761	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others require PA under all circumstances.
97799	Y	Y	PA required ONLY when used in conjunction with Home Health
97810	NC	Y	Pain Management - Non coverage by state Medicaid
97811	NC	Y	Pain Management - Non coverage by state Medicaid
97813	NC	Y	Pain Management - Non coverage by state Medicaid
97814	NC	Y	Pain Management - Non coverage by state Medicaid
99483	NC	Y	
99484	NC	Y	
99492	NC	Y	
99494	NC	Y	
99600	Y	Y	Medicaid: to be classified under home health category related to personal care services for PA requirement (eval +6 visits)
0002M	NC	Y	
0003M	NC	Y	
0004M	Y	Y	NC BY MEDICARE
0005U	NC	Y	
0006M	Y	Y	NC BY MEDICARE
0007M	Y	Y	NC BY MEDICARE
0008U	NC	Y	
0009U	NC	Y	
0010U	NC	Y	
0011M	Y	Y	NC BY MEDICARE
0011U	NC	Y	
0012M	Y	Y	NC BY MEDICARE
0012U	NC	Y	
0013M	Y	Y	NC BY MEDICARE
0013U	NC	Y	
0014U	NC	Y	

WISCONSIN CODE/BENEFIT EXCEPTIONS

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

Code	Medicaid	MKPL	Notes
0016U	NC	Y	
0017U	NC	Y	
0027U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0028U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0029U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0031U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0032U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0033U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0034U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0037U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0042T	NC	Y	NC BY MEDICARE
0045U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0046U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0047U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0048U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0049U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0050U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0053U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0055U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0056U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0057U	NC	Y	NC BY MEDICARE
0058U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0059U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0060U	NC	Y	Genetic Counseling & Testing - Non coverage by state Medicaid
0373T	NC	Y	replacement code for 0363T, 0371T, 0372T, 0374T deleted 1/1/2019, NC benefit for WI Medicaid
0394T	Y	NC	
0395T	Y	NC	
0439T	NC	Y	NC BY MEDICARE
0446T	NC	Y	
0447T	NC	Y	
0448T	NC	Y	
0469T	NC	Y	
0470T	NC	Y	

WISCONSIN CODE/BENEFIT EXCEPTIONS

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

Code	Medicaid	MKPL	Notes
0471T	NC	Y	
0473T	NC	Y	
0474T	NC	Y	
0475T	NC	Y	
0476T	NC	Y	
0477T	NC	Y	
0478T	NC	Y	
0502T	NC	Y	
0503T	NC	Y	
0504T	NC	Y	
0525T	NC	Y	
0537T	NC	Y	
0538T	NC	Y	
0539T	NC	Y	
A4563	NC	Y	
A4649	NC	Y	Unlisted/Miscellaneous Codes - Non coverage by state Medicaid
A6460	NC	Y	
A6461	NC	Y	
A7044	NC	Y	
A7045	NC	Y	
A9274	NC	Y	
A9276	Y	N/A	DME (MHI recommending PA for Medicaid only)
A9277	Y	N/A	DME (MHI recommending PA for Medicaid only)
A9278	Y	N/A	DME (MHI recommending PA for Medicaid only)
A9606	NC	N	
B4105	*	Y	*replacement code for Q9994 (deleted 1/1/2019) Specialty Pharmacy codes - carved out for Medicaid
C1823	NC	Y	
C2624	NC	Y	DME - Non coverage by state Medicaid
C8900	NC	Y	
C8901	NC	Y	
C8902	NC	Y	
C8905	NC	Y	
C8908	NC	Y	

WISCONSIN CODE/BENEFIT EXCEPTIONS

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

Code	Medicaid	MKPL	Notes
C8909	NC	Y	
C8910	NC	Y	
C8911	NC	Y	
C8912	NC	Y	
C8914	NC	Y	
C8918	NC	Y	
C8920	NC	Y	
C8921	Y	Y	NC BY MEDICARE
C8923	Y	Y	NC BY MEDICARE
C8924	Y	Y	NC BY MEDICARE
C8925	Y	Y	NC BY MEDICARE
C8926	Y	Y	NC BY MEDICARE
C8927	Y	Y	NC BY MEDICARE
C8928	Y	Y	NC BY MEDICARE
C8937	NC	Y	
C9024	NC	Y	
C9028	NC	Y	
C9399	NC	Y	
C9463	NC	Y	
C9467	NC	Y	
C9485	NC	N	
C9486	NC	N	
C9488	NC	Y	
C9492	NC	Y	
C9751	NC	Y	
C9752	NC	Y	
C9753	NC	Y	
C9754	NC	Y	
C9755	NC	Y	
E0467	NC	Y	
E0769	NC	Y	Unlisted/Miscellaneous Codes - Non coverage by state Medicaid
E0770	NC	Y	Unlisted/Miscellaneous Codes - Non coverage by state Medicaid
G0219	Y	Y	NC BY MEDICARE

WISCONSIN CODE/BENEFIT EXCEPTIONS

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

Code	Medicaid	MKPL	Notes
G0235	NC	Y	NC BY MEDICARE
G0252	Y	Y	NC BY MEDICARE
G0281	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others do require PA under all circumstances.
G0282	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others do require PA under all circumstances.
G0283	Y	Y	Medicaid only: Birth-3 programs do not require PA, but all others do require PA under all circumstances.
G0297	Y	Y	NC BY MEDICARE
G0339	NC	Y	
G0340	NC	Y	
G0400	NC	Y	
G0511	NC	Y	
G0512	NC	Y	
G0513	NC	Y	
G0514	NC	Y	
G0515	NC	Y	
G0516	NC	Y	
G0517	NC	Y	
G0518	NC	Y	
G9890	NC	Y	
G9891	NC	Y	
G9892	NC	Y	
G9893	NC	Y	
G9894	NC	Y	
G9895	NC	Y	
G9896	NC	Y	
G9897	NC	Y	
G9898	NC	Y	
G9899	NC	Y	
G9900	NC	Y	
G9901	NC	Y	
G9902	NC	Y	
G9903	NC	Y	
G9904	NC	Y	
G9905	NC	Y	

WISCONSIN CODE/BENEFIT EXCEPTIONS

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

Code	Medicaid	MKPL	Notes
G9906	NC	Y	
G9907	NC	Y	
G9908	NC	Y	
G9909	NC	Y	
G9910	NC	Y	
G9911	NC	Y	
G9912	NC	Y	
G9913	NC	Y	
G9914	NC	Y	
G9915	NC	Y	
G9916	NC	Y	
G9917	NC	Y	
G9918	NC	Y	
G9919	NC	Y	
G9920	NC	Y	
G9921	NC	Y	
G9922	NC	Y	
G9923	NC	Y	
G9924	NC	Y	
G9925	NC	Y	
G9926	NC	Y	
G9927	NC	Y	
G9928	NC	Y	
G9929	NC	Y	
G9930	NC	Y	
G9931	NC	Y	
G9932	NC	Y	
G9933	NC	Y	
G9934	NC	Y	
G9935	NC	Y	
G9936	NC	Y	
G9937	NC	Y	
G9938	NC	Y	

WISCONSIN CODE/BENEFIT EXCEPTIONS

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

Code	Medicaid	MKPL	Notes
G9939	NC	Y	
G9940	NC	Y	
G9941	NC	Y	
G9942	NC	Y	
G9943	NC	Y	
G9944	NC	Y	
G9945	NC	Y	
G9946	NC	Y	
G9947	NC	Y	
G9948	NC	Y	
G9949	NC	Y	
G9954	NC	Y	
G9955	NC	Y	
G9956	NC	Y	
G9957	NC	Y	
G9958	NC	Y	
G9959	NC	Y	
G9960	NC	Y	
G9961	NC	Y	
G9962	NC	Y	
G9963	NC	Y	
G9964	NC	Y	
G9965	NC	Y	
G9966	NC	Y	
G9967	NC	Y	
G9968	NC	Y	
G9969	NC	Y	
G9970	NC	Y	
G9974	NC	Y	
G9975	NC	Y	
G9976	NC	Y	
G9977	NC	Y	
H0012	NC	Y	Applies to Marketplace Residential Transitional Care

WISCONSIN CODE/BENEFIT EXCEPTIONS

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

Code	Medicaid	MKPL	Notes
H0018	Y	Y	Only covered for SSI population
H0035	NC	Y	
H2012	Y	Y	PA required regardless of Dx
J0565	NC	Y	
J1428	NC	Y	
J2326	NC	Y	
J9057	*	Y	replacement code for C9030 (deleted 1/1/2019) Specialty Pharmacy codes (MHI recommending PA to Medicaid Only) - carved out for Medicaid
K0553	NC	Y	DME (MHI recommending PA for Medicaid only) - Non coverage by state Medicaid
K0554	NC	Y	DME (MHI recommending PA for Medicaid only) - Non coverage by state Medicaid
K0899	NC	Y	Unlisted/Miscellaneous Codes - Non coverage by state Medicaid
L3761	N	Y	
L5999	NC	Y	Unlisted/Miscellaneous Codes - Non coverage by state Medicaid
L7499	NC	Y	Unlisted/Miscellaneous Codes - Non coverage by state Medicaid
L7700	N	Y	
L8608	NC	Y	
L8625	N	Y	
L8694	N	Y	
L8701	NC	Y	
L8702	NC	Y	
Q0477	NC	Y	
Q0509	NC	Y	Unlisted/Miscellaneous Codes - Non coverage by state Medicaid
Q4176	NC	Y	
Q4177	NC	Y	
Q4178	NC	Y	
Q4179	NC	Y	
Q4180	NC	Y	
Q4181	NC	Y	
Q4182	NC	Y	
Q4183	NC	Y	
Q4184	NC	Y	
Q4185	NC	Y	
Q4188	NC	Y	
Q4189	NC	Y	

WISCONSIN CODE/BENEFIT EXCEPTIONS

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

Code	Medicaid	MKPL	Notes
Q4190	NC	Y	
Q4191	NC	Y	
Q4192	NC	Y	
Q4193	NC	Y	
Q4194	NC	Y	
Q4195	NC	Y	
Q4196	NC	Y	
Q4197	NC	Y	
Q4198	NC	Y	
Q4200	NC	Y	
Q4201	NC	Y	
Q4202	NC	Y	
Q4203	NC	Y	
Q4204	NC	Y	
Q5108	*	Y	Specialty Pharmacy codes - carved out for Medicaid
Q5110	*	Y	Specialty Pharmacy codes - carved out for Medicaid
S5150	NC	Y	
S8930	NC	Y	Pain Management - Non coverage by state Medicaid
T1019	Y	NC	
V5214	NC	Y	
V5215	NC	Y	

2020 MHI PA Matrix Updates Log

2020 Q1 Updates

RECEIPT	RECEIVED	EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	HEALTH PLANS	LOB(S)	NOTES
MHI Q1	N/A	1/1/2020	Imaging and Special Tests	Addition of Codes/PA required	76506, 76536, 76604, 76641, 76642, 76700, 76705, 76706, 76770, 76775, 76776, 76800, 76830, 76831, 76856, 76857, 76870, 76872, 76881, 76882, 76885, 76886, 76970*, 76975, 77021", 77022", 77078, 78012, 78013, 78014, 78015, 78016, 78018, 78020, 78070*, 78071, 78072, 78075*, 78102, 78103, 78104, 78140*, 78185, 78195, 78201, 78202, 78215, 78216, 78226, 78227, 78230, 78231, 78232, 78258, 78261, 78262, 78264, 78265, 78266, 78278, 78290, 78291, 78300, 78305, 78306, 78315, 78414, 78428*, 78445, 78456, 78457, 78458, 78579, 78580, 78582, 78597, 78598, 78600, 78601, 78605, 78606, 78610, 78630, 78635, 78645, 78650, 78660, 78700, 78701, 78708, 78709, 78725, 78730, 78740, 78761, 78800, 78801, 78802, 78803, 78804, 78807, 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, 93320, 93321, 93325, 93350, 93351, 93352*, 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93462, 93530, 93531, 93532, 93533, 93880, 93882, 93886, 93888, 93890, 93892, 93893, 93922, 93923, 93924, 93925, 93926, 93930, 93931, 93970, 93971, 93975, 93976, 93978, 93979, 93980, 93981, 93990, 0501T^", 0502T^", 0503T^", 0504T^", C8921^", C8922^", C8923^", C8924^", C8925^", C8926^", C8928^", C8929^", C8930^", G0219^", G0252^", S8037^", S8085^", S8092^"	IL, MI, NY, OH, WI	Medicaid, Marketplace, MMP Medicaid	Additional codes delegated to eviCore (A1-3) *NY: NC by Medicaid ^MI: NC by Medicaid "OH: NC by Medicaid Fee Schedule #WI: NC by Medicaid
MHI Q1	N/A	1/1/2020	Imaging and Special Tests	Addition of Codes/PA required	76380, 76390*, 76506, 76536, 76604, 76641, 76642, 76700, 76705, 76706, 76770, 76775, 76776, 76800, 76830, 76831, 76856, 76857, 76870, 76872, 76881, 76882, 76885, 76886, 76970, 76975, 77021", 77022", 77078, 78012, 78013, 78014, 78015, 78016, 78018, 78020, 78070, 78071, 78072, 78075, 78102, 78103, 78104, 78140, 78185, 78195, 78201, 78202, 78215, 78216, 78226, 78227, 78230, 78231, 78232, 78258, 78261, 78262, 78264, 78265, 78266, 78278, 78290, 78291, 78300, 78305, 78306, 78315, 78414, 78428, 78445, 78456, 78457, 78458, 78579, 78580, 78582, 78597, 78598, 78600, 78601, 78605, 78606, 78610, 78630, 78635, 78645, 78650, 78660, 78700, 78701, 78707, 78708, 78709, 78725, 78730, 78740, 78761, 78800, 78801, 78802, 78803, 78804, 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, 93320, 93321, 93325, 93350, 93351, 93352, 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93462, 93530, 93531, 93532, 93533, 93880, 93882, 93886, 93888, 93890, 93892, 93893, 93922, 93923, 93924, 93925, 93926, 93930, 93931, 93970, 93971, 93975, 93976, 93978, 93979, 93980, 93981, 93990, 0042T~*#", 0331T, 0332T, 0501T^", 0502T^", 0503T^", 0504T^", 0504T^"~C8921^", C8922^", C8923^", C8924^", C8925^", C8926^", C8928^", C8929^", C8930^"	IL, MI, NY, OH, WI	Medicare, MMP Medicare, MMOP, MMCP	Additional codes delegated to eviCore (A1-3) ~IL: NC by Medicare *NY: NC by Medicaid ^MI: NC by Medicaid & Medicare "OH: NC by Medicaid Fee Schedule #WI: NC by Medicaid & Medicare
MHI Q1	N/A	1/1/2020	Molecular and Genomic Testing (AKA Genetic Counseling & Testing)	Addition of Codes/PA required	81221^, 81202, 81252, 81253, 81257, 81293, 81296, 81299, 81302^, 81303^, 81304^, 81318, 81322, 81326^, 81327#, 81350^#, 81490#^", 81500^", 81528, 81539#, 0001U^, 0002M^#, 0003M^#, 0011M^, 0012M^, 0013M^, 0018U~^, 0019U~^, 0022U~^, 0036U^, 0067U~^, 0069U~^, 0070U~^, 0071U~^, 0072U~^, 0073U~^, 0074U~^, 0075U~^, 0076U~^, 0078U~^, 0079U~^ S3800^, S3840^, S3841^, S3842~^, S3844~^, S3845~^, S3846~^, S3850~^, S3852~^, S3854~^, S3861~^, S3865~^, S3866~^, S3870~^"	IL, MI, NY, OH, WI	Medicaid, Marketplace, MMP Medicaid	Additional codes delegated to eviCore (A6) ~IL: NC by Medicaid *NY: NC by Medicaid ^MI: NC by Medicaid "OH: NC by Medicaid #WI: NC by Medicaid
MHI Q1	N/A	1/1/2020	Molecular and Genomic Testing (AKA Genetic Counseling & Testing)	Addition of Codes/PA required	81221^, 81202, 81252, 81253, 81257, 81293, 81296, 81299, 81302^, 81303^, 81304^, 81318, 81322, 81326^, 81327#, 81350^#, 81490#^", 81500^", 81528, 81539#, 0001U^, 0002M^#, 0003M^#, 0011M^, 0012M^, 0013M^, 0018U~^, 0019U~^, 0022U~^, 0036U^, 0067U~^, 0069U~^, 0070U~^, 0071U~^, 0072U~^, 0073U~^, 0074U~^, 0075U~^, 0076U~^, 0078U~^, 0079U~^"	IL, MI, NY, OH, WI	Medicare, MMP Medicare, MMOP, MMCP	Additional codes delegated to eviCore (A6) ~IL: NC by Medicaid *NY: NC by Medicaid ^MI: NC by Medicaid "OH: NC by Medicaid #WI: NC by Medicaid
MHI Q1	N/A	1/1/2020	Radiation Therapy (AKA Radiation Therapy & Radio Surgery)	Addition of Codes/PA required	77014, 77371, 77372, 77373, 77385#, 77386#, 77387#, 77401, 77402#, 77412#, 77423, 77424~, 77425~, 77600, 77605, 77610, 77615, 77620, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 79101, 79403, A9606#, C9408^", G6001^", G6002^", G6003^", G6004^", G6005^", G6006^", G6007^", G6008^", G6009^", G6010^", G6011^", G6012^", G6013^", G6014^"	IL, MI, NY, OH, WI	Medicaid, Marketplace, MMP Medicaid	Additional codes delegated to eviCore (A6) *NY: NC by Medicaid ^MI: NC by Medicaid "OH: NC by Medicaid #WI: NC by Medicaid
MHI Q1	N/A	1/1/2020	Radiation Therapy (AKA Radiation Therapy & Radio Surgery)	Addition of Codes/PA required	77014, 77371, 77372, 77373, 77385#, 77386#, 77387#, 77401, 77402#, 77412#, 77423, 77424~, 77425~, 77600, 77605, 77610, 77615, 77620, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 79101, 79403, A9606#, C9408^", G6001^", G6002^", G6003^", G6004^", G6005^", G6006^", G6007^", G6008^", G6009^", G6010^", G6011^", G6012^", G6013^", G6014^"	IL, MI, NY, OH, WI	Medicare, MMP Medicare, MMOP, MMCP	Additional codes delegated to eviCore (A6) *NY: NC by Medicaid ^MI: NC by Medicaid "OH: NC by Medicaid #WI: NC by Medicaid

RECEIPT	RECEIVED	EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	HEALTH PLANS	LOB(S)	NOTES
MHI Q1	N/A	1/1/2020	Sleep Covered Services and Related Equipment (AKA Sleep Studies)	Addition of Codes/PA required	95782, 95783, A4604#, A7027", A7028", A7029", A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039^, A7044"#, A7045", A7046", E0470, E0471, E0561, E0562, E0601#, G0398^", G0399^", G0400^"#	IL, MI, NY,OH,WI	All LOBs	Additional codes delegated to eviCore (A4) ^MI: NC by Medicaid "OH: NC by Medicaid Fee Schedule #WI: NC by Medicaid
MHI Q1	N/A	1/1/2020	Imaging and Special Tests	PA Update	0399T, 0482T	ALL	All LOBs	Invalid codes [Replaced by 93356, 78434]
MHI Q1	N/A	1/1/2020	Imaging and Special Tests	PA Update	78205, 78320, 78607, 78647, 78710	ALL	All LOBs	Invalid codes [Replaced by 78803]
MHI Q1	N/A	1/2/2020	Imaging and Special Tests	PA Update	78805, 78806, 78807	IL, MI, NY,OH,WI PR	All LOBs	Invalid codes [Replaced by 78830*, 77831*, 78832*] *Added to PR exception tab
MHI Q1	N/A	1/1/2020	Radiation Therapy (AKA Radiation Therapy & Radio Surgery)	Removal of Codes/No PA required	Q9950	ALL	All LOBs	MI: NC Code WA: Medicaid NC, MKPL PA required
MHI Q1	N/A	1/1/2020	Healthcare Administered Drugs	Addition of Codes/PA required	J7331*^~, J7332*^~, J7401", Q5116*, Q5118	ALL	All LOBs	CA: All NC by Medicaid *MI: NC by Medicaid ^NY: NC by Medicaid ~WA: NC by Medicaid "WA: No PA required by Medicaid/MKPL
MHI Q1	N/A	1/1/2020	Imaging and Special Tests	PA Update	0174T, 0175T	ALL	All LOBs	NC Codes
MHI Q1	N/A	1/1/2020	Molecular and Genomic Testing	Addition of codes/PA required	0153U, 0156U ,0157U, 0158U ,0159U, 0160U, 0161U, 0162U	IL, MI, NY,OH,WI	All LOBs	Under eviCore scope only. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE
MHI Q1	N/A	1/2/2020	Molecular and Genomic Testing	Addition of codes/PA required	81277, 81307, 81308, 81522, 81542, 81552	ALL	All LOBs	Also under eviCore scope
331	9/3/2019	1/1/2020	Healthcare Administered Drugs	Addition of Codes/PA required	90675, 90717, 90691	WA	Medicaid	
332	9/3/2019	1/1/2020	Durable Medical Equipment	Addition of Codes/PA required	A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6545, A6549	WA	Medicaid	
340	9/16/2019	1/1/2020	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Addition of Codes/PA required	0907	WA	Marketplace	Rev code
345	9/24/2019	1/1/2020	Imaging and Special Tests	PA Update	77048, 77049, 0042T, 72159, 73225, 76390, G0219, G0252, G0297	IL	MMP, Medicaid	Removal of codes from Plan exception tab
345	9/24/2019	1/1/2020	Healthcare Administered Drugs	PA Update	Q5108, Q5110	IL	MMP, Medicaid	Removal of codes from Plan exception tab
345	9/24/2019	1/1/2020	Unlisted/Miscellaneous	PA Update	A4649, K0899, L5999, L7499	IL	MMP, Medicaid	Removal of codes from Plan exception tab
348	10/1/2019	7/1/2019	Home Health Services	Addition of Codes/PA required	G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299 G0300, G0490, G0493, G0494, G0495, G0496, S5130, S5135, S5151, S9122, S9123, S9124, S9128, S9129, S9131, S9470, S9977, T1000, T1002, T1003, T1005, T1022, T1030, T1031	MS	Medicaid	PA required for all HH visits after initial evaluation.
363	10/23/2019	1/1/2020	Healthcare Administered Drugs	PA Update	J9310	ALL	Medicaid, Marketplace	Inactive code
363	10/23/2019	1/1/2020	Healthcare Administered Drugs	PA Update	C9141	ALL	Medicaid, Marketplace	Inactive code
363	10/23/2019	1/1/2020	Healthcare Administered Drugs	Addition of Codes/PA required	J9351	ALL	Medicaid	
368	10/31/2019	1/1/2020	Unlisted/Miscellaneous	Removal of Codes/No PA required	T5999	SC	Medicaid	
N/A	10/31/2019	1/1/2020	Unlisted/Miscellaneous	PA Update	T5999	ALL	Medicare	Invalid code
N/A	11/22/2019	1/1/2020	Imaging and Special Tests	PA Update	78206	ALL	All LOBs	Inactive code
N/A	11/22/2019	1/1/2020	Imaging and Special Tests	Removal of Codes/No PA required	76391	ALL	All LOBs	Under eviCore scope, no PA Required NY NC code
N/A	11/22/2019	1/1/2020	Imaging and Special Tests	Removal of Codes/No PA required	G0288	ALL	All LOBs	Professional component for 76376 & 76377 which will reviewed by eviCore
N/A	11/22/2019	1/1/2020	Imaging and Special Tests	Removal of Codes/No PA required	S8080	ALL	Medicaid & Marketplace	Under eviCore scope, no PA Required

RECEIPT	RECEIVED	EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	HEALTH PLANS	LOB(S)	NOTES
N/A	11/22/2019	1/1/2020	Genetic Counseling & Testing	Removal of Codes/No PA required	81287	ALL	All LOBs	Removed 7/14/15 - Matrix correction
N/A	11/22/2019	1/1/2020	Genetic Counseling & Testing	Removal of Codes/No PA required	S3722	ALL	Medicaid & Marketplace	Moving from Genetic counseling & Testing category to Radiation Therapy & Radio surgery Bundled under eviCore scope for Radiation Therapy
N/A	11/22/2019	1/1/2020	Genetic Counseling & Testing	Removal of Codes/No PA required	G6017	ALL	All LOBs	Bundled under eviCore scope for Radiation Therapy
N/A	11/22/2019	1/1/2020	Sleep Studies	PA Update	95803	ALL	All LOBs	Moving from Sleep Studies to Experimental/ Investigational - not under eviCore scope
371	11/8/2019	1/1/2020	Durable Medical Equipment	Addition of Codes/PA Required	T4525, T4531, T4537, T4526, T4532, T4541, T4521, T4527, T4533, T4543, T4522, T4528, T4534, T4544, T4523, T4529, T4535, T4524, T4530, T4536	WA	Medicaid	

2019 MHI PA Matrix Updates Log

2019 Q4 Updates									
RECEIPT	RECEIVED	EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	HEALTH PLANS	LOB(S)	NOTES	
MHI Q4	N/A	10/1/2019	N/A	PA Update	N/A	All Plans	All LOBs	Moved "Non-PAR Offices/Providers/Facilities" stipulations to top disclaimer section.	
MHI Q4	N/A	10/1/2019	N/A	PA Update	N/A	All Plans	Medicaid/Marketplace	Moved "All Long Term Services and Support Codes Require PA regardless of the code(s)" to top disclaimer section.	
MHI Q4	N/A	10/1/2019	Speech Therapy	PA Update	97110	All Plans	All LOBs	Removed from Speech Therapy as code is not related to ST	
MHI Q4	N/A	10/1/2019	Durable Medical Equipment	Addition of Codes/PA required	K0553, K0554	All Plans	Medicare/Marketplace	CA: NC under MediCal SC/WI: NC under Medicaid	
MHI Q4	N/A	10/1/2019	Durable Medical Equipment	Addition of Codes/PA required	E0652, E1028, E2300	All Plans	All LOBs	CA: E0652 NC under MediCal WA: E0652 NC Benefit under Medicaid/MP no PA needed, requires 60-day notification. E1028, requires 60 day notification. E2300 Eff 11.1.19	
MHI Q4	N/A	10/1/2019	Durable Medical Equipment	Addition of Codes/PA required	A9274	All Plans	Medicaid/Marketplace	CA: NC under MediCal MI: NC under Medicaid WI: NC under Medicaid WA: NC Benefit under Medicaid/MP no PA needed, requires 60-day notification.	
MHI Q4	N/A	10/1/2019	Genetic Counseling & Testing	Addition of Codes/PA required	0022U, 81205, 81221	All Plans	All LOBs	In scope for eviCore that will require PA for all LOBs (NY, OH, IL, WI, MI - disregard this line for review) CA: All codes NC under MediCal MI: 0022U/81221 NC under Medicaid OH: 81205 No PA required under Medicaid/MKPL IL/NY/WI: 0022U NC under Medicaid WA: 81221-Medicaid/MKPL no PA needed-requires 60-day notification; 0022U-NC Benefit under Medicaid/MKPL no PA needed-requires 60-day notification; 81205- No PA needed, requires 60 day notification	
MHI Q4	N/A	10/1/2019	Home Health	Addition of Codes/PA required	T1019	All Plans	All LOBs	FL: No PA required for MKPL MI: NC under Medicaid WI: NC for MKPL OH: No PA required for Medicaid/MKPL PR: NC Under Medicaid SC: Covered by State/not payable by MSC WA: NC under Medicaid/MKPL	
MHI Q4	N/A	10/1/2019	Imaging and Specialty Tests	Addition of Codes/PA required	G0219, G0235, G0252	All Plans	Medicaid/Marketplace	In scope for eviCore that will require PA for all LOBs (NY, OH, IL, WI, MI - disregard this line for review) NC for Medicare. CA: All codes NC by MediCal MI: NC under Medicaid NY: All codes NC by Medicaid NY/WI: G0235 NC under Medicaid WA: G0219/G0252 NC by Medicaid/MKPL no PA needed requires 60-day notification. G0235 NC by Medicaid. PR/WA: No PA required	
MHI Q4	N/A	10/1/2019	Pain Management	Addition of Codes/PA required	64450	All Plans	All LOBs	CA/NY: A6460, A6461 NC by Medicaid PR: All codes require PA WA: A6460/A6461 NC by Medicaid. 33285/33286 PA required WI: A6460, A6461, 33285 NC by Medicaid	
MHI Q4	N/A	10/1/2019	Durable Medical Equipment	Removal of Codes/no PA required	A6460, A6461, 33285, 33286	All Plans	All LOBs	WA: PA Required WI: NC code by Medicaid	
MHI Q4	N/A	10/1/2019	Experimental/Investigational	Removal of Codes/no PA required	31237	All Plans	All LOBs	FL: Services managed by Beacon SC: PA Required WA: NC by Medicaid. MKPL PA required	
MHI Q4	N/A	10/1/2019	Neuropsychological & Psychological Tests (in any setting)	Removal of Codes/no PA required	96105	All Plans	All LOBs		
307	6/5/2019	10/1/2019	Healthcare Administered Drugs	Removal of Codes/no PA required	J1726	OH	Medicaid; Marketplace; MMP Medicare; MMP Medicaid		
319	7/15/2019	10/1/2019	Healthcare Administered Drugs	Addition of Codes/PA required	A9604	WA	Medicaid, Marketplace	Code to be placed under Pharmacy designation	
N/A	7/23/2019	10/1/2019	Healthcare Administered Drugs	Addition of Codes/PA required	J8999	MI	All LOBs	To conform with MHI standard	
323	7/24/2019	10/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Addition of Codes/PA required	90832, 96152, 97124, 99342, 99347, H2015, S5150, S5151, S5165, T1025, T2020, T2028, T2039	NY	Medicaid	Children's HCBS Carve-In Eff 10/1/19, MMC only, <21 years old	

RECEIPT	RECEIVED	EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	HEALTH PLANS	LOB(S)	NOTES
324	7/31/2019	10/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Addition of Codes/PA required	80305, 80306, 80307	WA	Medicaid	MKPL No PA required
325	7/31/2019	10/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Addition of Codes/PA required	G0480, G0481, G0482, G0483	WA	Medicaid	MKPL No PA required
327	8/9/2019	10/1/2019	Physical Therapy	PA Update	97110	UT	Medicaid	Refer to UT Tab for specific changes
327	8/9/2019	10/1/2019	Speech Therapy	PA Update	92507	UT	Medicaid	Refer to UT Tab for specific changes
329	8/12/2019	10/1/2019	Physical & Occupational Therapy	Addition of Codes/PA required	90901, 97012, 97016, 97018, 97022, 97024, 97026, 97028, 97032/33/34/35/36, 97039, 97124, 97127, 97140, 97150, 97165/66/67/68, 97542, 97597/98, 97760/61, G0281/82/83	WI	Medicaid; Marketplace	Medicaid only: No PA required for Birth-3 programs, all others require PA under all circumstances.
330	8/12/2019	10/1/2019	Speech Therapy	Addition of Codes/PA required	92511,92512, 92520/25/26,92597, 92611/12/14, 92626/27, 92700, 96105	WI	Medicaid; Marketplace	Medicaid only: No PA required for Birth-3 programs, all others require PA under all circumstances.
MHI Q4	8/15/2019	10/1/2019	Healthcare Administered Drugs	PA Update	J0121 (C9051), J0222 (C9036^), J0291 (C9039^), J0593 (C9399*), J1303 (C9052), J1943 (C9035^), J1096 (C9048), J3111 (C9399*), J3031 (C9040), J7314 (C9399*), J9204 (C9038^), J9210 (C9050), J9269 (C9049), J9313 (C9045), Q5117 (J9999*)	All Plans	All LOBs	Codes replacing ineffective codes (in parenthesis) 10.01.19. *Codes remain as other services continue under those. Reviewed by MHI Pharmacy staff and recommended ^NC by Medicare
MHI Q4	8/21/2019	10/1/2019	Experimental/Investigational	PA Update	0085T, 0469T	All Plans	Medicare	Codes Not Covered by Medicare
MHI Q4	8/21/2019	10/1/2019	Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures	PA Update	22526, 22527, 43842, 65771 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215	All Plans	Medicare	Codes Not Covered for Medicare Codes Invalid for Medicare
MHI Q4	8/21/2019	10/1/2019	Imaging and Special Tests	PA Update	74263, 78609	All Plans	Medicare	Codes Not Covered by Medicare
MHI Q4	8/21/2019	10/1/2019	Unlisted/Miscellaneous	PA Update	88099, 99429*, V5298 90399	All Plans	Medicare	Codes Not Covered for Medicare Codes Invalid for Medicare
MHI Q4	8/21/2019	10/1/2019	Healthcare Administered Drugs	PA Update	J8499 90281, 90283	All Plans	Medicare	Codes Not Covered for Medicare Codes Invalid for Medicare
MHI Q4	8/21/2019	10/1/2019	Radiation Therapy	PA Update	77385, 77386, 77387	All Plans	Medicare	Codes Invalid for Medicare
MHI Q4	8/27/2019	10/1/2019	Transplants/Gene Therapy	PA Update	N/A	All Plans	All LOBs	Update service category title from Transplans to Transplants/Gene Therapy
MHI Q4	8/27/2019	10/1/2019	Experimental/Investigational	PA Update	0537T, 0538T, 0539T, 0540T	All Plans	All LOBs	Moved from Experimental/Investigational to Transplants/Gene Therapy
N/A	9/17/2019	10/1/2019	Healthcare Administered Drugs	Removal of Codes/no PA required	J1729	OH	Medicaid	
333 & 354	9/6/2019	10/15/2019	Occupational and Physical Therapy	Addition of Codes/PA required	29799, 92521, 92522, 92523, 92524, 92597, 92610, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97542	FL	Medicaid	All OP therapies in a hospital setting require PA
333 & 354	9/6/2019	10/15/2019	Occupational and Physical Therapy	Addition of Codes/PA required	29799, 92521, 92522, 92523, 92524, 92597, 92610, 97542	FL	Marketplace	All OP therapies in a hospital setting require PA, except for evaluations
335	9/11/2019	10/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Addition of Codes/PA required	80305, 80306, 80307, 80320 thru 80377, 83992	OH	Medicaid	Presumptive UDS Codes include CPT Codes 80305 through 80307 – Up thru 30 tests with no prior authorization Definitive UDS Codes include CPT Codes 80320 through 80377 and 83992 – Up thru 12 tests with no prior authorization
342	9/17/2019	10/1/2019	Healthcare Administered Drugs	Removal of Codes/no PA required	J1726, J1729	OH	Medicaid	
343	9/23/2019	10/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Addition of Codes/PA required	H0039, H2030, T2048	MS	Medicaid	Addition of codes to Plan exception Tab
344	9/23/2019	10/1/2019	Pain Management	PA Update	97810, 97811, 97813, L8698, L8701, L8702	MS	Medicaid	Addition of NC codes to Plan exception Tab
MHI Q4	10/14/2019	10/14/2019	Experimental/Investigational	PA Update	0295T, 0296T, 0297T, 0298T	All Plans	All LOBs	Moved codes from E/I to Imaging and Special Tests
351	10/2/2019	10/1/2019	Transplants/Gene Therapy	Addition of Codes/PA required	32850, 32851, 32852, 32854, 32855, 32856, 33929, 33930, 33933, 33935, 33940, 33944, 33945, 44137	All Plans	All LOBs	44132/33/34/35/36 NC by Medicare
353	10/2/2019	7/1/2019	Unlisted/Miscellaneous	PA Update	N/A	IL	All LOBs	Effective 7/1/19 - PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting
357	10/1/2019	11/1/2019	Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures	Code Removal	S1090, 32285, 32286	WA	Medicaid, Marketplace	Invalid Codes
358	10/15/2019	11/1/2019	Various Specialties	PA Update	64450, 81205,81221, 0047U, 0022U, A6531-A6545, , A9549, E0652, E1028, G0219, G0252	WA	Medicaid, Marketplace	Plan exception tab clean-up
359	10/17/2019	10/1/2019	Durable Medical Equipment	Addition of Codes/PA required	E0486	WA	Medicaid	
361	10/21/2019	7/1/2019	Speech Therapy	Removal of Codes/no PA required	92507, 92508	PR	Medicaid	
369	10/31/2019	11/8/2019	Radiation Therapy	Addition of Codes/PA required	77301*, 77338*, 77385, 77386, 77387	CA	All LOBs	*Medicare only (rest of codes are invalid for medicare billing)

2019 Q3 Updates

RECEIPT	RECEIVED	EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	HEALTH PLANS	LOB(S)	NOTES
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RECEIPT	RECEIVED	EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	HEALTH PLANS	LOB(S)	NOTES
Ad Hoc	3/25/2019	7/1/2019	Genetic Counseling & Testing	Removal of Codes/no PA required	86008	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	SC, WI previously removed
Ad Hoc (287)	3/27/2019	7/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	PA Update	H0012, S5150	All Plans	Medicaid, Marketplace	Remove autism diagnosis, PA required regardless of diagnosis PR - both codes no fee rate, no PA for both codes for Medicaid IL - both codes not covered benefit, no PA for Medicaid and MMP Medicaid NY - H0012 not covered benefit, no PA for Medicaid OH - H0012 no PA for Marketplace and Medicaid WI - both codes not covered no PA for Medicaid
Ad Hoc (287)	3/27/2019	7/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	PA Update	ICD 9: 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91 ICD 10: F84.0, F84.2, F84.3, F84.5, F84.8, F84.9	All Plans	Medicaid, Marketplace	Update autism diagnosis list
Claims	4/22/2019	7/1/2019	N/A	PA Update	N/A	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Update PA Matrix top disclaimers to clarify requirements for Par and Non Par Providers: "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 (for any exceptions, refer to Non Par section below)."
Claims	4/22/2019	7/1/2019	N/A	PA Update	N/A	All Plans	Medicaid, MMP Medicaid, Marketplace	Update PA Matrix top disclaimers to clarify requirements for Par and Non Par Providers: "No PA Required for Emergency Room Services for Par or Non Par providers."
Claims	4/22/2019	7/1/2019	N/A	PA Update	N/A	All Plans	MMP Medicare, MMOP, MMCP	Update PA Matrix top disclaimers to clarify requirements for Par and Non Par Providers: "No PA Required for Emergency Services for Par or Non Par providers."
N/A	6/3/2019	7/1/2019	Imaging - Advanced & Specialty	PA Update	N/A	All Plans	All LOBs	Renaming "Imaging - Advanced & Specialty" to "Imaging and Special Tests"
MHI Q3 list	3/16/2019	7/1/2019	Durable Medical Equipment	Addition of Codes/PA required	A5514, A6460, A6461, E0447, V5171^, V5172^, V5181^, V5211^, V5212^, V5213^, V5214^, V5215^, V5221^	All Plans	Medicaid, MMP Medicaid, Marketplace	New code OH - A6460, A6461 no PA for Medicaid and Marketplace, all other codes accept PA (#284) NY - all codes not covered benefit, no PA required SC - ^age <21 require PA and age >21 is not a covered service no PA for Medicaid TX and NM - only accept A5514 for Medicaid, MMP Medicaid, Marketplace, all other codes no PA for Medicaid, MMP Medicaid, Marketplace WI - A6460, A6461, V5214, V5215 exception as not covered/no PA for Medicaid CA - A5514, A6460, A6461, E0447 not covered/no PA for Medicaid
MHI Q3 list	3/16/2019	7/1/2019	Neuropsychological & Psychological Tests	Addition of Codes/PA required	96112, 96113, 96121 (previously reviewed MHI wide. No Additional HP exceptions received Q3. No updates needed.)	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	New code
MHI Q3 list	3/16/2019	7/1/2019	Durable Medical Equipment	Addition of Codes/PA required	E0467", Q4183", Q4184", Q4185", Q4186, Q4187, Q4188", Q4190", Q4191", Q4193", Q4194", Q4198", Q4200", Q4201", Q4202", Q4203", Q4204"	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	New code NY - all codes not covered benefit, no PA required WI - "exception as not covered/no PA for Medicaid CA - E0467 not covered/no PA for Medicaid
MHI Q3 list	3/16/2019	7/1/2019	Experimental/Investigational	Addition of Codes/PA required	0446T, 0447T, 0448T	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	PR - all ccodes to configure as Non-Covered benefits but still requires PA for Medicaid NY - all codes not covered/no PA for Medicaid WI - all codes not covered/no PA for Medicaid CA - all codes not covered/noPA for Medicaid
MHI Q3 list	3/16/2019	7/1/2019	Experimental/Investigational	Addition of Codes/PA required	0537T, 0538T, 0539T	All Plans	Marketplace, (Medicaid - see comments)	NY - all codes not covered, no PA for Medicaid WI - all codes not covered/no PA for Medicaid CA - all codes not covered/no PA for Medicaid (Codes previously listed on Q2 2019 update log, all previous exceptions continue to apply)
MHI Q3 list	3/16/2019	7/1/2019	Experimental/Investigational	Addition of Codes/PA required	33440, 33866, 93264, 95836, 95976, 95977, 95983, 0525T", A4563", C1823", C8937", C9751", C9752", C9753", C9754", C9755", L8608", Q4189", Q4192", Q4195", Q4196", Q4197"	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	New code PR - all ccodes to configure as Non-Covered benefits but still requires PA for Medicaid NY - all codes not covered benefit, no PA required WI - "not covered/no PA for Medicaid MI - A4563, Q4189, Q4192, Q4195, Q4196, Q4197 not covered/no PA for Medicaid & Marketplace CA - 0525T, A4563, C8937 not covered/no PA for Medicaid

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MHI Q3 list	3/16/2019	7/1/2019	Genetic Counseling & Testing	Addition of Codes/PA required	81167, 81171", 81172", 81173, 81174, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81204, 81233, 81234, 81236", 81237", 81239, 81271, 81274, 81284, 81285, 81286, 81289, 81305, 81306", 81312, 81320", 81329, 81333", 81336, 81337, 81343", 81344", 81345", 81443", 81518, 81596"	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	New code NY - all codes not covered benefit, no PA required WA - 81167 previously configured effective 1/1/19 WI - " not covered/no PA for Medicaid MI - 81443 not covered/no PA for Medicaid & Marketplace CA - 81333, 81443 not covered/no PA for Medicaid
MHI Q3 list	3/16/2019	7/1/2019	Imaging and Specialty Tests	Addition of Codes/PA required	76391	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	New code NY - all codes not covered benefit, no PA required
MHI Q3 list	3/16/2019	7/1/2019	Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures	Addition of Codes/PA required	33979	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	
MHI Q3 list	3/16/2019	7/1/2019	Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures	Addition of Codes/PA required	33274, 33275, 33285, 33286, 53854	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	New code OH - 33285, 33286 no PA in ambulatory center setting for Medicaid and Marketplace, all other codes accept PA (#284) NY - 33274, 33275, 53854 not covered benefit, no PA required SC - 33275, 33286 no PA for Medicaid and MMP WI - 33274, 33285, 53854 not covered/no PA for Medicaid
MHI Q3 list	3/16/2019	7/1/2019	Unlisted/Miscellaneous Codes	Addition of Codes/PA required	L8698, L8701, L8702	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	New code NY - all codes not covered benefit, no PA required WI - L8701, L8702 not covered/no PA for Medicaid MI - L8701, L8702 not covered/no PA for Medicaid & Marketplace CA - all codes not covered/no PA for Medicaid
MHI Q3 list	3/16/2019	7/1/2019	Neuropsychological & Psychological Tests (in any setting)	Removal of Codes/no PA required	96127	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	MI previously removed 1/1/19; OH, IL, WA previously removed 4/1/19
MHI Q3 list	3/16/2019	7/1/2019	Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures	Removal of Codes/no PA required	95911, 95912, 95913	All Plans	Medicare, MMP Medicare, MMOP, MMCP	Codes historically removed from Medicaid and Marketplace lines. MI - removed 4/1/19 (#275) PR - require PA due to contractual obligation for Medicaid
MHI Q3 list (292)	3/16/2019	7/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Removal of Codes/no PA required	96110	All Plans	Medicaid; Marketplace	MI, WA, NY previously removed 1/1/19; IL, TX, OH previously removed 4/1/19
N/A	4/1/2019	7/1/2019	Neuropsychological and Psychological testing	PA Update	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	97151-97158 will be re-categorized under "Neuropsychological and Psychological testing" and removed from "Experimental Investigational" and "Behavior Health, Mental Health, Alcohol and Chemical Dependency" categories. (WA updated 4/30/2019 per OIC)
N/A	5/1/2019	7/1/2019	Healthcare Administered Drug	Addition of Codes/PA required	Q5112, Q5113, J7208, Q5114, J7677, Q5115, J9036, J9030, J9356, C9040, C9043, C9044, C9045, C9141, C9047, C9048, C9049, C9050, C9051, C9052	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	C9141 will be J7208 effective 7/1/2019
290	3/29/2019	7/1/2019	Durable Medical Equipment	Addition of Codes/PA required	V5010, V5014, V5050, V5060, V5090, V5130, V5140, V5160, V5180, V5264	FL	Medicaid	
298	4/29/2019	7/1/2019	Durable Medical Equipment	Removal of Codes/no PA required	B4160	FL	Medicaid	
274	2/14/2019	7/1/2019	Pain Management	Addition of Codes/PA required	64450	IL	Medicaid; MMP Medicare; MMP Medicaid	
285	3/27/2019	7/1/2019	Genetic Counseling & Testing	Addition of Codes/PA required	81221	IL	Medicaid; MMP Medicare; MMP Medicaid	
283	3/24/2019	7/1/2019	Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures	Addition of Codes/PA required	T1019, 29805	NY	Medicaid	
288	3/28/2019	7/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	PA Update	H0038	NY	Medicaid	Add disclaimer to this code "Effective 7/1/2019, implementation of Family Peer Support Services (FPSS) are carved into managed care. MMCPs are restricted from conducting utilization management on FPSS for 180 days (from 7/1/2019 to 12/31/2019) for all MMCP enrolled members receiving these services"
284	3/26/2019	7/1/2019	Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures	Removal of Codes/no PA required	A6460, A6461, 33285, 33286	OH	Medicaid; Marketplace	
300	4/29/2019	7/1/2019	Sleep Studies	Addition of Codes/PA required	95800, 98511, 95810	OH	Medicaid; Marketplace	* Home Sleep Studies are not covered. (Config team - refer to comment for process)
301	4/29/2019	7/1/2019	Home Healthcare Services	Addition of Codes/PA required	G0155, G0299	OH	Medicaid	* Hospice does not require PA. (Config team - refer to comment for process).
Q3 Review	3/20/2019	7/1/2019	Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures	Addition of Codes/PA required	95905, 95909	PR	Medicaid	require PA due to contractual obligation for Medicaid

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291	4/2/2019	7/1/2019	Genetic Counseling & Testing	Addition of Codes/PA required	81205	TX, NM	Medicaid, Marketplace	
N/A	6/3/2019	7/1/2019	Unlisted/miscellaneous	PA Update	22899, 31299, 67299, 99499	All Plans	All LOBs	continue with PA Required under "Unlisted/Miscellaneous" section, remove duplication from "Experimental/Investigational" section
N/A	6/3/2019	7/1/2019	Imaging and Specialty Tests	PA Update	76497, 76498	All Plans	All LOBs	continue with PA Required under "Imaging and Specialty Tests" section, remove duplication from "Unlisted/Miscellaneous" section
N/A	6/3/2019	7/1/2019	Genetics Counseling and Testings	PA Update	84999	All Plans	All LOBs	continue with PA Required under "Genetics Counseling & Testing" section, remove duplication from "Unlisted/Miscellaneous" section
N/A	6/3/2019	7/1/2019	Unlisted/miscellaneous	PA Update	A0999	All Plans	All LOBs	continue with PA Required under "Unlisted/Miscellaneous" section, remove duplication from "Transportation" section
N/A	6/3/2019	7/1/2019	Unlisted/miscellaneous	PA Update	A9900, E1399	All Plans	All LOBs	continue with PA Required under "Unlisted/Miscellaneous" section, remove duplication from "DME" section
N/A	6/3/2019	7/1/2019	Experimental/Investigational	PA Update	0505T, 0506T, 0507T, 0508T	All Plans	Medicare, MMP Medicare, MMOP, MMCP	continue with PA Required under "Experimental/Investigational", remove duplication from "Genetic Counseling & Testing" section
N/A	6/3/2019	7/1/2019	Behavioral Health, Mental Health, Chemical and Alcohol Dependency	PA Update	90867, 90868, 90869	All Plans	Medicaid, Marketplace	continue with PA required under "Behavioral Health, Mental Health, Chemical & Alcohol Dependency" section, remove duplication from "Outpatient Hospital/ASC Setting" section
N/A	6/3/2019	7/1/2019	Genetic Counseling and Testing	PA Update	S3870	All Plans	Medicaid, Marketplace	continue with PA required under "Genetic Counseling & Testing", remove duplication from "Unlisted/Miscellaneous" section
N/A	6/3/2019	7/1/2019	Behavioral Health, Mental Health, Chemical and Alcohol Dependency	PA Update	H0046	All Plans	Medicaid, Marketplace	continue with PA Required under "Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services" section, remove duplication from "Unlisted/Miscellaneous" section
N/A	6/3/2019	7/1/2019	Healthcare Administered Drug	PA Update	J9999	All Plans	All LOBs	continue with PA Required under "Healthcare Administered Drug" section, remove duplication from "Unlisted/Miscellaneous" section
N/A	6/3/2019	7/1/2019	Imaging and Specialty Tests	PA Update	76999, 78499, G0235	All Plans	All LOBs	recategorize from "Unlisted/Miscellaneous" to "Imaging and Specialty Tests"
N/A	6/3/2019	7/1/2019	Radiation Therapy and Radiosurgery	PA Update	81599, 81479	All Plans	All LOBs	recategorize from "Unlisted/Miscellaneous" to "Radiation Therapy and Radiosurgery"
N/A	6/3/2019	7/1/2019	Imaging and Specialty Tests	PA Update	93998, 0174T, 0175T, 0399T, 0439T	All Plans	All LOBs	recategorize from "Experimental/Investigational" to "Imaging and Special Tests"
N/A	6/3/2019	7/1/2019	Imaging and Specialty Tests	PA Update	0042T, 0331T, 0332T	All Plans	Medicaid, Marketplace	recategorize from "Experimental/Investigational" to "Imaging and Special Tests"
N/A	6/3/2019	7/1/2019	Radiation Therapy and Radiosurgery	PA Update	A9543, A9513	All Plans	All LOBs	recategorize from "Healthcare Administered Drug" to "Radiation Therapy and Radiosurgery"
N/A	6/3/2019	7/1/2019	Radiation Therapy and Radiosurgery	PA Update	C9408	All Plans	Medicaid, Marketplace	recategorize from "Healthcare Administered Drug" to "Radiation Therapy and Radiosurgery"
N/A	6/3/2019	7/1/2019	Healthcare Administered Drug	PA Update	J8499, J8999	All Plans	All LOBs	recategorize from "Unlisted/Miscellaneous" to "Healthcare Administered Drug"
N/A	6/3/2019	7/1/2019	Radiation Therapy and Radiosurgery	PA Update	81503	All Plans	All LOBs	recategorize from "Experimental/Investigational" to "Radiation Therapy and Radiosurgery"
N/A	5/14/2019	6/30/2019	Behavioral Health, Mental Health, Chemical and Alcohol Dependency	PA Update	99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99342, 99343, 99344, 99345, 99348, 99349, 99350, 0900, 0901, 0905, 0912, 0913	PR	Medicaid	PA required APPLIES TO BH PHP, BH IOP, ECT, BH Home bound visits. Also add above statement to MHPR disclaimer with new ASES regulation.
N/A	5/14/2019	6/30/2019	Sleep Studies	PA Update	see comment	PR	Medicaid	Add disclaimer "NC benefit, every home care services require PA including sleep studies" with new ASES regulation
N/A	5/14/2019	6/30/2019	Multiple categories	PA Update	see comment	PR	Medicaid	Add disclaimer "Pathological & Clinical labs processed outside of Puerto Rico : Prior authorization required" and "Cardiovascular Procedures with any instrumental or artificial device : Prior authorization required" with new ASES regulation

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N/A	5/14/2019	6/30/2019	Multiple categories	Addition of Codes/PA required	11951, 11952, 19105, 19303, 19304, 19305, 19306, 19307, 22853, 22854, 22859, 29799, 31241, 33282, 33284, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 37220, 37221, 37222, 37223, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37232, 37233, 37234, 37235, 37246, 37247, 37248, 37249, 43286, 43287, 43288, 47562, 47600, 52356, 54400, 54406, 54408, 54410, 54415, 54416, 54417, 59050, 59051, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866, 61798, 64550, 70557, 77065, 77066, 77067, 77301, 77338, 77385, 77435, 78012, 78014, 78070, 78071, 78072, 78102, 78103, 78104, 78110, 78111, 78120, 78121, 78122, 78130, 78135, 78140, 78185, 78191, 78201, 78202, 78215, 78216, 78230, 78231, 78232, 78258, 78261, 78262, 78278, 78414, 78579, 78580, 78582, 78597, 78598, 78606, 78630, 78635, 78645, 78650, 78660, 78701, 78725, 78740, 78761, 78800, 78803, 78804, 78807, 78808, 81109, 81110, 81111, 81112, 81120, 81121, 81162, 81163, 81164, 81211, 81213, 81214, 86008, 91110, 91112, 93451, 93453, 93456, 93457, 93460, 93461, 93462, 94005, 95864, 95865, 95866, 95867, 95868, 95869, 95921, 95922, 95923, 95924, 95965, 95970, 95971, 95972, 95974, 96101, 96102, 96103, 96118, 96119, 96120, 97028, 97033, 97034, 97035, 97036, 97113, 97116, 97124, 97140, 99503, 99504, 99505, 99506, 99507, 99509, 99510, 99511, 99512, 99601, 99602, 0406T, 0407T, 0501F, 0502F, 9001F, A0021, A0080, A0090, A0100, A0110, A0120, A0130, A0160, A0170, A0180, A0190, A0200, A0210, A0380, A0390, A0420, A0425, A4206, A4207, A4208, A4209, A4210, A4211, A4212, A4213, A4215, A4216, A4217, A4218, A4220, A4221, A4222, A4223, A4224, A4225, A4230, A4231, A4232, A4233, A4234, A4235, A4236, A4245, A4246, A4247, A4248, A4250, A4252, A4253, A4255, A4256, A4257, A4258, A4259, A4262, A4263, A4265, A4270, A4280, A4281, A4282, A4283, A4284, A4285, A4286, A4290, A4300, A4301, A4305, A4306, A4310, A4311, A4312, A4313, A4314, A4315, A4316, A4320, A4321, A4322, A4326, A4327, A4328, A4330, A4331, A4332, A4333, A4334, A4336, A4338, A4340, A4344, A4346, A4349, A4351, A4352, A4353, A4354, A4355, A4356, A4357, A4358, A4360, A4361, A4362, A4363, A4364, A4366, A4367, A4368, A4369, A4371, A4372, A4373, A4375, A4376, A4377, A4378, A4379, A4380, A4381, A4382, A4383, A4384, A4385, A4387, A4388, A4389, A4390, A4391, A4392, A4393, A4394, A4395, A4396, A4397, A4398, A4399, A4400, A4401, A4402, A4403, A4404, A4405	PR	Medicaid	Benefit PA maintenance activity includes 5144 codes. CIM please refer to comment. Update accordign to new ASES regulation.
303	5/22/2019	7/1/2019	Neuropsychological & Psychological Tests (in any setting)	Removal of Codes/no PA required	97151	SC	Medicaid	
303	5/22/2019	7/1/2019	Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures	Removal of Codes/no PA required	50590	SC	Medicaid, MMP	
303	5/22/2019	7/1/2019	Pain Management	Removal of Codes/no PA required	64488	SC	Medicaid, MMP	
N/A	6/7/2019	2/1/2019	Miscellaneous/Unlisted	Removal of Codes/no PA required	93224	PR	Medicaid	CIM see comment
302	5/20/2019	7/1/2019	Sleep Studies	Addition of Codes/PA required	E0601, E0470, E0471	MI	All LOBs	
310	6/11/2019	7/1/2019	Miscellaneous/Unlisted	Removal of Codes/no PA required	G9005, T2022, G0506	NY	Medicaid	
312	6/21/2019	7/1/2019	Durable Medical Equipment	Addition of Codes/PA required	V5011, V5200, V5220, V5240	FL	Medicaid	
314	6/21/2019	7/1/2019	Neuropsychological & Psychological Tests (in any setting)	NC Codes	96118, 96119, 96120	NY	Medicaid	
314	6/21/2019	7/1/2019	Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services	NC Codes	H0004, H0036, H0038	NY	Medicaid	
316	6/24/2019	8/1/2019	Sleep Studies	NC Codes	95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811,	PR	Medicaid	
320	7/10/2019	8/1/2019	Durable Medical Equipment	NC Codes	E0652, A9274, 0022U, T1019, G0219, G0235, G0252, A6460, A6461, 96105	WA	Medicaid	NC under Medicaid

2019 Q2 Updates

RECEIPT	RECEIVED	EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	HEALTH PLANS	LOB(S)	NOTES
N/A	12/13/2018	4/1/2019	Durable Medical Equipment	Added/PA Required	K0013	All Plans	Medicare, MMP/Medicare, MMOP, MMCP	

RECEIPT	RECEIVED	EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	HEALTH PLANS	LOB(S)	NOTES
267 / Ad Hoc	1/15/2019	4/1/2019	Experimental Investigational	Added/PA Required	81503	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Originally requested by MI IL - effective 7/1/2019 MI - non-covered benefit for Medicaid; accepts for Marketplace and Medicare NY - non-covered benefit for Medicaid WA - non-covered benefit for Medicaid; accepts Marketplace and Medicare effective 7/1/2019 WI - non-covered benefit for Medicaid and no PA for all LOBs
MHI Q2	9/7/2018	4/1/2019	Experimental Investigational	Added/PA Required	0509T, 0510T, 0511T, 0512T, 0513T, 0514T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T, 0524T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0537T, 0538T, 0539T, 0540T, 0541T, 0542T	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	New Codes IL - 0539T, 0540T, 0541T, 0542T effective 7/1/2019, all other codes effective 4/1/2019 NY - all codes not accept per state fee schedule WA - 0537T, 0538T, 0539T PA exception for Medicaid, effective 2/1/2019 to require PA for Marketplace (request #271); 0540T, 0541T PA exception for Medicaid and Marketplace; all others accept effective 1/1/2019 for all lines
MHI Pharmacy	3/11/2019	4/1/2019	Healthcare Administered Drug	Added/PA Required	J3591	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	New codes IL - effective 7/1/2019 for all lines MI - Medicaid and Marketplace effective 7/1/2019
266	1/11/2019	4/1/2019	Durable Medical Equipment	Removal/No PA Required	K0903	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Termed code (12/31/18)
MHI Pharmacy	3/11/2019	4/1/2019	Healthcare Administered Drug	Removal/No PA Required	J2430, J9060, J9100, J9181, J9209, J9370, J9351*	All Plans	Medicaid, Marketplace	*J9351 removed from Medicaid only
266	1/11/2019	4/1/2019	Outpatient Hospital/Ambulatory Surgery Center Procedures	Removal/No PA Required	97762	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Termed code (12/31/17)
MHI Pharmacy	2/6/2019	4/1/2019	Healthcare Administered Drug	Update PA	N/A	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	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 MHC 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.
MHI Pharmacy	12/17/2018	4/1/2019	Healthcare Administered Drug	Update PA	N/A	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Rename "Specialty Pharmacy Drug" service category into "Healthcare Administered Drug"
MHI Marketplace	2/27/2019	4/1/2019	N/A	Update PA	N/A	All Plans	Marketplace	Adding disclaimer to the top red general statement section "Marketplace: Most gene therapy is not covered. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization"
N/A	1/18/2019	4/1/2019	Pain Management Procedures	Update PA	N/A	All Plans	Medicare, MMP Medicare, MMOP, MMCP	Remove "Acupuncture is not a Medicare covered benefit" under Pain Management Procedures
273	2/6/2019	4/1/2019	Transplant Services	Update PA	Q2041, Q2042	All Plans	Medicaid; Marketplace; MMP Medicare; MMP Medicaid; MMO; MMOP; MMCP	Relocate the CAR T codes from "Healthcare Administered Drugs" category to "Transplant Services" category
MHI Pharmacy	3/11/2019	4/1/2019	Healthcare Administered Drug	Removal/No PA Required	J2916	CA, MI, NM, TX, WA	Medicaid, Marketplace	

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MHI Pharmacy	3/11/2019	4/1/2019	Healthcare Administered Drug	Removal/No PA Required	J9267	CA, MI, SC, WA	Medicaid, Marketplace	
279	3/8/2019	4/1/2019	Neuropsychological & Psychological Tests (in any setting)	Removal/No PA Required	96127	IL	Medicaid; MMP Medicaid	
N/A	3/20/2019	4/1/2019	Neuropsychological & Psychological Tests	Removal/No PA Required	96110	IL	Medicaid; MMP Medicaid	
265	1/10/2019	4/1/2019	Durable Medical Equipment	Added/PA Required	E0652	MI	Medicaid; Marketplace	
N/A	2/21/2019	1/1/2019	Healthcare Administered Drug	Added/PA Required	J3245, Q5107, Q5109	MI	Medicaid, Marketplace	Covered benefit as of 1/1/2019
N/A	2/21/2019	1/1/2019	Neuropsychological & Psychological Tests (in any setting)	Removal/No PA Required	96110, 96127	MI	Medicaid, Marketplace	Covered benefit as of 1/1/2019
276	2/21/2019	4/1/2019	Outpatient Hospital/Ambulatory Surgery Center Procedures	Added/PA Required	33979	MI	Medicaid; Marketplace; MMP Medicare; MMP Medicaid; MMO; MMOP	
275	2/21/2019	4/1/2019	Office visit and office-based procedure	Removal/No PA Required	95911, 95912, 95913	MI	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	
258	12/14/2018	4/1/2019	Radiation Therapy and Radiosurgery	Removal/No PA Required	77334	MI	Medicaid, Marketplace	
268	1/23/2019	1/1/2019	Occupational Therapy	Update PA	92526, 92610, 95851, 97016, 97018, 97022, 97032, 97034, 97035, 97110, 97112, 97116, 97124, 97139, 97140, 97530, 97533, 97535, 97542, 97760 , S9129^	MI	Medicaid, Marketplace	Per state regulation/requirement - PT and OT benefit is 36 visits per calendar year (no PA for the first 36 visits), after which PA is required (codes in bold blue listed for both PT & OT). S9129^ = Medicaid Only
268	1/23/2019	1/1/2019	Physical Therapy	Update PA	97012, 97014, 97016, 97018, 97022 , 97024, 97026, 97028, 97032 , 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97116, 97124, 97139, 97140, 97530, 97535, 97542, 97760	MI	Medicaid, Marketplace	Per state regulation/requirement - PT and OT benefit is 36 visits per calendar year (no PA for the first 36 visits), after which PA is required (codes in bold blue listed for both PT & OT).
282	3/14/2019	4/1/2019	Durable Medical Equipment	Added/PA Required	A9277, A9278, K0553, K0554	MI	Medicaid	newly covered benefits effective 4/1/19
MHI Pharmacy	3/11/2019	4/1/2019	Healthcare Administered Drug	Removal/No PA Required	J9000	MI, SC, WA	Medicaid, Marketplace	
256	12/12/2018	1/1/2019	Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services	Added/PA Required	0901, 0912, 0913, 1001, 1002, 90867, 90868, 90869, 90870, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, H0012^, H0017, H0031^, H0032^, H0035, H0046, H2012^, H2013, H2014^, H2015, H2016, H2017^, H2018, H2019^, H2020^ , S0201, S5111, S5150^, T1023^, T1025^, T1026^, T1027^, T1028^, T2013^, T2040^	NM	Marketplace	^PA required for all plans only when submitted with Autism Dx. [IDC9: 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91 and ICD10: F84.0, F84.5, F84.8, F84.9]
256	12/12/2018	1/1/2019	Neuropsychological & Psychological Tests	Added/PA Required	95956, 95957, 96105, 96110, 96112, 96113, 96116, 96121, 96125, 96127, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146	NM	Marketplace	
270	1/25/2019	1/1/2019	Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services	Removal/No PA Required	90791, H0004, H0036, H2017, H0038	NY	Medicaid	The Medicaid Managed Care Organization Children's System Transformation Requirements and Standards currently restricts Medicaid Managed Care Plans from applying utilization management review criteria for a period of 90 days from the implementation date of children's specialty benefits for all services newly carved into managed care . The State is extending the utilization management prohibition for Other Licensed Practitioner (OLP), Community Psychiatric Support and Treatment (CPST), and Psychosocial Rehabilitation (PSR) from 90 to 180 days . MMCPs are restricted from conducting utilization management on OLP, CPST, and PSR from January 1, 2019 through June 30, 2019 for all MMCP enrolled children receiving these three services . Please see NY tab for modifiers associated with these codes
277	2/22/2019	4/1/2019	Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services	Added/PA Required	S9485, H0010, H0011, H0018, H0019	WA	Medicaid, Marketplace	
269	1/23/2019	1/1/2019	Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services	Removal/No PA Required	96110	WA	Medicaid, Marketplace	ROI analysis
280	3/8/2019	4/1/2019	Neuropsychological & Psychological Tests (in any setting)	Removal/No PA Required	96127	WA	Medicaid, Marketplace	
278	2/28/2019	4/1/2019	Speech Therapy	Update PA	92507, 92508	WA	Medicaid	Medicaid LOB, Speech Therapy for Children < 21 y.o. - update PA requirement to no authorization required for 12 ST visits per calendar year (currently listed no auth needed for 6 ST visits)
257	12/13/2018	4/1/2019	Home Healthcare Services	Added/PA Required	99600	WI	Medicaid	The state of Wisconsin uses this code for Home health services related to Personal care services. All Personal care services requires an authorization

RECEIPT	RECEIVED	EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	HEALTH PLANS	LOB(S)	NOTES
N/A	2/1/2019	4/1/2019	Neuropsychological & Psychological Tests (in any setting)	Added/PA Required	96105, 96110, 96112, 96113, 96121, 96125, 96127, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146	WI	Medicaid, Marketplace	WI - previously accepted for 2/1/2019, updated effective date to 4/1/2019
292 & 294	4/10/2019	4/1/2019	Neuropsychological & Psychological Tests (in any setting)	Removal/No PA Required	96105, 96110, 96112, 96113	TX	Medicaid	No PA required for Medicaid/CHIP members age 6 and younger
281 & 286	3/27/2019	4/1/2019	Neuropsychological & Psychological Tests	Update PA	96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139	WA	Medicaid	To require NO PA if they meet the criteria of 0-20 yrs old and autism dx and for a COE center" and require PA for all other diagnoses/providers.
N/A	4/1/2019	4/1/2019	Experimental Investigational <u>AND</u> Behavior Health, Mental Health, Alcohol and Chemical Dependency Services categorie	Update PA	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158	WA	Medicaid, Marketplace,MMOP, MMO	97151-97158 will be re-categorized under Neuropsychological and Psychological testing per WA OIC guidance
297	4/24/2019	4/1/2019	Office visit and office-based procedure	Update PA	95165	WA	Medicaid	No auth needed for up to 80 units per year. PA required after 80 units
296	4/15/2019	4/1/2019	Healthcare Administered Drug	Removal/No PA Required	J1726	OH/MS	Medicaid	
289	3/28/2019	4/1/2019	Physical Therapy, Occupational Therapy	Added/PA Required	97761	SC	Medicaid	
289	3/28/2019	4/1/2019	Experimental Investigational	Added/PA Required	0308T	SC	Medicaid	
289	3/28/2019	4/1/2019	Durable Medical Equipment	Added/PA Required	A9274	SC	Medicaid	
289	3/28/2019	4/1/2019	Durable Medical Equipment	Added/PA Required	E1028, E2300	SC	Medicaid, MMP Medicaid, MMP Medicare	
289	3/28/2019	4/1/2019	Home Healthcare Services	Removal/No PA Required	G0281, G0283, G0329	SC	MMP Medicaid, MMP Medicare	
289	3/28/2019	4/1/2019	Dental	Update PA	N/A	SC	Medicaid	Add disclaimer "Prior authorization is required for any dental procedure that is performed in an Outpatient or Ambulatory Surgical Center (POS 22, 24). DentaQuest provides review of all dental procedures and evidence of this approval (via DentaQuest letter or fax) must be submitted with such requests. Molina Healthcare of South Carolina will review all Outpatient/ASC Dental Procedures to determine medical necessity for the place of setting ONLY."
295	4/11/2019	4/1/2019	Neuropsychological & Psychological Tests (in any setting)	Removal/No PA Required	96127, 96105	OH	Marketplace, MMP	
295	4/11/2019	4/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Removal/No PA Required	96110	OH	Marketplace, MMP	
300	4/29/2019	4/1/2019	Sleep Studies	Removal/No PA Required	95800, 98511, 95810	OH	Medicaid; Marketplace	Codes will not require PA from 4-1-19 to 5-31-19 but return to MHO codified list on 6-1-19 with the notation that * Home Sleep Studies are not covered. Provider notified on 4-30-19. (Config team - refer to comment for process)
301	4/29/2019	4/1/2019	Home Healthcare Services	Removal/No PA Required	G0155, G0299	OH	Medicaid	Codes will not require PA from 4-1-19 to 5-31-19 but return to MHO codified list on 6-1-19 with the notation that * Hospice does not require PA. Provider notified on 4-30-19. (Config team - refer to comment for process).
299	4/29/2019	1/1/2019	Neuropsychological & Psychological Tests (in any setting)	Removal/No PA Required	96127, 96105	OH	Medicaid	
299	4/29/2019	1/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services	Removal/No PA Required	96110	OH	Medicaid	

2019 Q1 Updates

RECEIPT	RECEIVED	EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	HEALTH PLANS	LOB(S)	NOTES
N/A	11/12/2018	1/1/2019	Non-PAR Offices/Providers/Facilities	Update PA	N/A	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting SC - accept for MMP, not to accept for Medicaid MS - effective 7/1/2019

RECEIPT	RECEIVED	EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	HEALTH PLANS	LOB(S)	NOTES
N/A	10/4/2018	1/1/2019	Genetic Counseling and Testing	Added/PA Required	0037U, 0045U, 0046U, 0047U, 0048U, 0049U, 0050U, 0053U, 0055U, 0056U, 0057U, 0058U, 0059U, 0060U	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	New Codes IL - all codes effective 4/1/2019 WI - all codes non-covered for Medicaid, accepts all codes for Marketplace and Medicare CA - all codes not to accept for MediCal, NC benefits. Other LOBs effective 2/1/2019 WA - all codes not to accept for Medicaid, non-covered benefits MI - all codes not accept for Medicaid and Marketplace as not covered benefit NY - all codes not to accept for Medicaid as not on NYS fee schedule/not reimbursable MS - effective 7/1/2019
207	7/12/2018	1/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Added/PA Required	90867, 90868, 90869	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Codes currently listed under OP Procedures; will be also adding to BH section TX - all codes Marketplace and Medicaid was effective in Q4 2018 WI - all codes non-covered for Medicaid, accepts all codes for Marketplace and Medicare CA - all codes not to accept for MediCal, NC benefits. Other LOBs effective 2/1/2019 MI - all codes not to accept for Medicaid and Marketplace as not covered benefit MS - effective 7/1/2019 PR - all codes not to accept, 90867 and 90869 NC benefits
N/A	7/18/2018	1/1/2019	Cosmetic, Plastic & Reconstructive	Added/PA Required	30400, 30410, 30420, 30430, 30435, 30450	All Plans	Medicare	Medicare covers with certain diagnosis codes outlined in Local Coverage Determinations (LCDs), limit coverage to the LCD diagnosis codes, add to require PA for Molina Medicare. (already on Medicaid/Marketplace) CA - effective 2/1/2019 MS - effective 7/1/2019
228	8/15/2018	1/1/2019	Durable Medical Equipment (DME)	Added/PA Required	A9276, A9277, A9278, K0553, K0554	All Plans	Medicaid	NY - all codes Medicaid was effective in Q4 2018 IL - all codes effective 4/1/2019 WI - all codes non-covered for Medicaid CA - all codes not to accept for MediCal, NC benefits. Other LOBs effective 2/1/2019 MI - all codes not to accept for Medicaid and Marketplace as MDHHS has not confirmed this is covered benefit MS - effective 7/1/2019 SC - exception Medicaid K0553
222	8/3/2018	1/1/2019	Genetic Counseling and Testing	Added/PA Required	81161, 81243, 81244	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	TX - all codes Marketplace and Medicaid was effective in Q4 2018 IL - excludes 81243 and 81244 for Q1 2019, accepts 81161 effective 4/1/2019 CA - all codes not to accept for Medical - currently do not require PA for FFS MediCal. Other LOBs effective 2/1/2019 WA - all codes not to accept for Medicaid and Marketplace (tests done as parental tests and claims already configured not require PA for parental use) MS - effective 2/1/2019
N/A	8/23/2018	1/1/2019	Non-PAR Offices/Providers/Facilities	Update PA	N/A	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	PA is waived for all radiology, anesthesiology, and pathology services when billed in POS 19, 21, 22, 23 or 24 CA - effective 2/1/2019 SC - accept for MMP, not to accept for Medicaid TX - CPT code 00170 Medicaid STAR contract require PA on dental anesthesia for member 0-6 years old at all POS (effective since 6/1/2017) MS - effective 7/1/2019
N/A	9/7/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	Q5108, Q5110	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	New Codes IL - all codes effective 4/1/2019 WI - Pharmacy is carved out for Medicaid and not adding PA requirement; accepting PA requirement all codes for Marketplace and Medicare CA - all codes not to accept for MediCal, NC benefits. Other LOBs effective 2/1/2019 WA - accepts for Marketplace, all codes not to accept for Medicaid as non-covered benefit MS - Q5110 "No PA required" on MS DOM fee schedule, Q5108 effective 7/1/2019

RECEIPT	RECEIVED	EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	HEALTH PLANS	LOB(S)	NOTES
204/205	6/29/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	C9030*, C9031*, C9032*	All Plans	Medicaid	<p>WA – Q4 Matrix Log - all codes retro to 7/1/18; MI – Q4 Matrix Log - all codes effective 10/1/18 (Medicaid and Marketplace) IL - all codes effective 4/1/2019 WI - Pharmacy is carved out for Medicaid, not adding PA requirement CA, MS - effective 2/1/2019 Encoder Pro update: *C9030 deleted, replaced with J9057 *C9031 deleted, replaced with A9513 *C9032 deleted, replaced with J3398</p>
233	9/12/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	Q9994*	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	<p>Pharmacy MCP developed and approved in March 2018; drug been out since 2015, received own billing codes as of 7/1/2018. WA - Q4 2018 Matrix Log IL - all codes effective 4/1/2019 WI - Pharmacy is carved out for Medicaid and not adding PA requirement; accepting PA requirement for Marketplace and Medicare CA - not to accept for MediCal, NC benefits. Other LOBs effective 2/1/2019 MS - effective 7/1/2019 Encoder Pro update: *Q9994 deleted, replaced with B4105</p>
N/A	9/28/2018	1/1/2019	Physical and Occupational Therapy	Update PA	N/A	All Plans	Medicare	<p>Keep on PA Guide. Configure to benefit cap. PA required beyond benefit cap. CA - effective 2/1/2019</p>
N/A	9/28/2018	1/1/2019	Physical and Occupational Therapy	Update PA	N/A	All Plans	Medicaid	<p>Require PA after initial eval +24 treatment visits IL - keep at initial eval + 12 visits CA - effective 2/1/2019 SC - continue with eval +6 visits (PA required for <18 after eval plus six (6) visits per calendar year for outpatient settings no PA required for >19.) TX - continue with PA required after eval for all therapies PR - per ASE5, PT: eval + 15 visits; OT: unlimited visits MS - effective 2/1/2019 PT and OT PA after initial eval + 24 visits; Q2-Q4 2018 PA required after initial evaluation plus six (6) visits per calendar year, for office and out-patient settings.</p>
N/A	9/28/2018	1/1/2019	Physical and Occupational Therapy	Removed/No PA Required	N/A	All Plans	Marketplace	<p>Remove from PA guide. Configure to benefit cap CA - effective 2/1/2019 TX - continue with PA required after eval for all therapies OH - eval +24 visits in 2019 (eval +20 visits in 2018)</p>
N/A	9/28/2018	1/1/2019	Outpatient Hospital/Ambulatory Surgery Center Procedures	Added/PA Required	33206, 33207, 33208, 33212*, 33213*, 33214*, 33221*, 33224, 33225, 33227*, 33228*, 33229*, 33230, 33231, 33240, 33249, 33262*, 33263*, 33264*, 33270	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	<p>Annual Review approved by Code Governance Committee to be effective all plans all LOB for Cardiac Services CA effective 2/1/2019 SC - all codes exception for Medicaid and MMP not to require PA WA - *exception applies to Medicaid and Marketplace MS - Effective 7/1/19</p>
N/A	9/28/2018	1/1/2019	Outpatient Hospital/Ambulatory Surgery Center Procedures	Added/PA Required	23470, 27438	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	<p>Annual Review approved by Code Governance Committee to be effective all plans all LOB for Musculoskeletal CA, effective 2/1/2019 PR - low utilization in Puerto Rico, not to accept PA requirement MS - Effective 7/1/19</p>
N/A	12/5/2018	1/1/2019	Unlisted & Miscellaneous	PA Update	J7999, J8499	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	<p>codes listed under both Specialty Pharmacy and Unlisted & Miscellaneous, removing from Specialty Pharmacy.</p>
N/A	12/11/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	A9513, B4105, C9038, J0185, J0517, J0567, J0584, J0599, J1301, J1454, J1628, J1746, J2797, J3245^, J3316, J3398, J7170, J7177, J7203, J7318, J7329, J9044, J9057, J9153, J9173, J9229, J9311, J9312, Q2042, Q5107^, Q5109^, Q5111	All Plans	Medicaid, Marketplace	<p>IL - all codes effective 4/1/2019 MI - ^none covered codes, exception for Medicaid and Marketplace MS - effective 7/1/2019</p>
N/A	12/11/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	A9513, B4105, J0185, J0567, J0599, J1301, J1628, J3316, J3398, J7170, J9153, J9229, J9057, J9173	All Plans	Medicare, MMP Medicare, MMOP, MMCP	<p>replacement codes of deleted codes identified below</p>
N/A	12/11/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	C9035, C9036, C9037, C9039, C9407, C9408, J0841, J1095, J2062, J2186, J2787, J3304, J3397	All Plans	Medicaid, Marketplace	
N/A	12/18/2018	1/1/2019	Multiple Service Categories	Removal of Deleted Codes	10022, 20005, 43760, 46762, 50395, 61332, 61480, 64508, 66220, 76001, 78270, 78271, 78272, 92275, 99090, 0001M, 0387T, 0388T, 0389T, 0390T, 0391T, J0833", 0346T, 11101, 27370, 31595, 41500, 61610, 61612, 63615, 11100, 95974, 95975, 95978, 95979	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	<p>Deleted codes to be removed CA - "exception, not on MediCal update list; remainder of the codes effective 2/1/2019</p>

RECEIPT	RECEIVED	EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	HEALTH PLANS	LOB(S)	NOTES
N/A	12/18/2018	1/1/2019	Multiple Service Categories	Removal of Deleted Codes	33284, 33282, 64550, 96111	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	33284, 33282 to be removed and replaced with 33285, 33286 64550 to be removed and replaced with 64550 96111 to be removed and replaced with 96112, 96113
N/A	12/18/2018	1/1/2019	Experimental/Investigational	Removal of Deleted Codes	0159T	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted code
N/A	12/18/2018	1/1/2019	Experimental/Investigational	Removal of Deleted Codes	0188T, 0189T	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with 99499
N/A	12/18/2018	1/1/2019	Experimental/Investigational	Removal of Deleted Codes	0190T	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with 67299
N/A	12/18/2018	1/1/2019	Experimental/Investigational	Removal of Deleted Codes	0195T, 0196T	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with 22899
N/A	12/18/2018	1/1/2019	Experimental/Investigational	Removal of Deleted Codes	0337T	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with 93998
N/A	12/18/2018	1/1/2019	Experimental/Investigational	Removal of Deleted Codes	0359T, 0360T, 0361T	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with 97151, 97152 to require PA for same LOBs (BH codes). Exception identified below under Neuropsychological & Psychological Tests (in any setting) or BH Applied Behavioral Analysis.
N/A	12/18/2018	1/1/2019	Experimental/Investigational	Removal of Deleted Codes	0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with 97153, 97154, 97155, 97156, 97157, 97158, 0373T to require PA for same LOBs. Exception identified below under Neuropsychological & Psychological Tests (in any setting) or BH Applied Behavioral Analysis.
N/A	12/18/2018	1/1/2019	Experimental/Investigational	Removal of Deleted Codes	0374T	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with 0373T to require PA for same LOBs
N/A	12/18/2018	1/1/2019	Experimental/Investigational	Removal of Deleted Codes	0406T, 0407T	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with 31237, 31299 to require PA for same LOBs
N/A	12/18/2018	1/1/2019	Genetic Counseling & Testing	Removal of Deleted Codes	81211, 81213, 81214	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with 81162-81164 to require PA for same LOBs
N/A	12/18/2018	1/1/2019	Imaging - Advanced & Specialty	Removal of Deleted Codes	77058	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with 77046, 77048 to require PA for same LOBs
N/A	12/18/2018	1/1/2019	Imaging - Advanced & Specialty	Removal of Deleted Codes	77059	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with 77047, 77049 to require PA for same LOBs
N/A	12/18/2018	1/1/2019	Imaging - Advanced & Specialty	Removal of Deleted Codes	C8904	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with 77046 to require PA for same LOBs
N/A	12/18/2018	1/1/2019	Imaging - Advanced & Specialty	Removal of Deleted Codes	C8907	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with 77047 to require PA for same LOBs
N/A	12/18/2018	1/1/2019	Neuropsychological & Psychological Tests (in any setting)	Removal of Deleted Codes	96101, 96102, 96103, 96118, 96119, 96120	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with 96130-96131, 96136-96139, 96146 to require PA for same LOBs
N/A	12/18/2018	1/1/2019	Outpatient Hospital/Ambulatory Surgery Center Procedures	Removal of Deleted Codes	C9741	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with 33289 to require PA for same LOBs (Medicare line was previously listed under DME, will relocate to Outpatient Hospital/Ambulatory Surgery Center Procedures)

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N/A	12/18/2018	1/1/2019	Specialty Pharmacy	Removal of Deleted Codes	C9014"	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with J0567 to require PA for same LOBs. CA - "exception, not on MediCal update list; remainder of the codes effective 2/1/2019
N/A	12/18/2018	1/1/2019	Specialty Pharmacy	Removal of Deleted Codes	C9015"	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with J0599 to require PA for same LOBs. CA - "exception, not on MediCal update list; remainder of the codes effective 2/1/2019
N/A	12/18/2018	1/1/2019	Specialty Pharmacy	Removal of Deleted Codes	C9016"	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with J3316 to require PA for same LOBs. CA - "exception, not on MediCal update list; remainder of the codes effective 2/1/2019
N/A	12/18/2018	1/1/2019	Specialty Pharmacy	Removal of Deleted Codes	C9024"	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with J9153 to require PA for same LOBs. CA - "exception, not on MediCal update list; remainder of the codes effective 2/1/2019
N/A	12/18/2018	1/1/2019	Specialty Pharmacy	Removal of Deleted Codes	C9028"	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with J9229 to require PA for same LOBs. CA - "exception, not on MediCal update list; remainder of the codes effective 2/1/2019
N/A	12/18/2018	1/1/2019	Specialty Pharmacy	Removal of Deleted Codes	C9029"	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with J1628 to require PA for same LOBs. CA - "exception, not on MediCal update list; remainder of the codes effective 2/1/2019
N/A	12/18/2018	1/1/2019	Specialty Pharmacy	Removal of Deleted Codes	C9030"	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with J9057 to require PA for same LOBs. CA - "exception, not on MediCal update list; remainder of the codes effective 2/1/2019
N/A	12/18/2018	1/1/2019	Specialty Pharmacy	Removal of Deleted Codes	C9031"	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with A9513 to require PA for same LOBs. CA - "exception, not on MediCal update list; remainder of the codes effective 2/1/2019
N/A	12/18/2018	1/1/2019	Specialty Pharmacy	Removal of Deleted Codes	C9032"	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with J3398 to require PA for same LOBs. CA - "exception, not on MediCal update list; remainder of the codes effective 2/1/2019
N/A	12/18/2018	1/1/2019	Specialty Pharmacy	Removal of Deleted Codes	C9463"	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with J0185 to require PA for same LOBs. CA - "exception, not on MediCal update list; remainder of the codes effective 2/1/2019
N/A	12/18/2018	1/1/2019	Specialty Pharmacy	Removal of Deleted Codes	C9492"	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with J9173 to require PA for same LOBs. CA - "exception, not on MediCal update list; remainder of the codes effective 2/1/2019
N/A	12/18/2018	1/1/2019	Specialty Pharmacy	Removal of Deleted Codes	C9493"	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with J1301 to require PA for same LOBs. CA - "exception, not on MediCal update list; remainder of the codes effective 2/1/2019
N/A	12/18/2018	1/1/2019	Specialty Pharmacy	Removal of Deleted Codes	Q2040"	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with Q2042 to require PA for same LOBs. CA - "exception, not on MediCal update list; remainder of the codes effective 2/1/2019
N/A	12/18/2018	1/1/2019	Specialty Pharmacy	Removal of Deleted Codes	Q9994	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with B4105 to require PA for same LOBs.
N/A	12/18/2018	1/1/2019	Specialty Pharmacy	Removal of Deleted Codes	Q9995	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Deleted codes to be removed and replaced with J7170 to require PA for same LOBs.
N/A	12/18/2018	1/1/2019	Multiple Service Categories	Added/PA Required	33289*, 77046, 77047, 77048, 77049, 81163, 81164, 81165, 81166, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, 97151", 97152", 97153^", 97154^", 97155^", 97156^", 97157^", 97158^"	All Plans	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	Replacement codes of deleted codes 33289* - configure under Outpatient Hospital/ASC service category for all LOBs IL - all codes 4/1/2019 WA - excepts ABA codes in green, and add 81167 to require PA effective 1/1/2019 (exception does not apply to Medicare) WI - ^none covered code for Medicaid - replacement codes for 0363T, 0371T, 0372T CA - "exception for Medicaid and marketplace (not MediCal billable codes); remainder of the codes effective 2/1/2019

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N/A	12/11/2018	1/1/2019	Neuropsychological & Psychological Tests (in any setting)	Added/PA Required	96112, 96113, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146	All Plans	Medicare, MMP Medicare, MMOP, MMCP	New Codes (purple - all LOBs), Replacement codes of deleted codes (black - all LOBs) UT, ID, IL - all codes effective 4/1/2019 CA - all codes effective 2/1/2019
N/A	12/11/2018	1/1/2019	BH - Applied Behavioral Analysis	Added/PA Required	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158	All Plans	Medicare, MMP Medicare, MMOP, MMCP	Replacement codes of deleted codes UT, ID, IL - all codes effective 4/1/2019 CA - all codes effective 2/1/2019
N/A	12/11/2018	1/1/2019	Neuropsychological & Psychological Tests (in any setting)	Added/PA Required	96105, 96110^, 96112*, 96113*, 96121*, 96125^, 96127, 96130*, 96131*, 96132*, 96133*, 96136*, 96137*, 96138, 96139, 96146	All Plans	Medicaid, Marketplace	New Codes (purple - all LOBs), Replacement codes of deleted codes (black - all LOBs), New codes (red - Marketplace & Medicaid Only) OH - Medicaid 96112*, 96113*, 96121*, 96130*, 96131*, 96132*, 96133*, 96136*, 96137* + existing code 96116 effective 1/1/2019 PA not required by CBHC agencies certified by Ohio MHAS for up to 20 hours per calendar year, additional visits/hours and all other provider types PA required. <u>96138, 96139, 96146</u> NC Medicaid Benefit NY - accepts 96105 only per NYS Medicaid fee schedule effective 1/1/2019 UT, IL - all codes effective 4/1/2019 WI - all codes effective 2/1/2019 CA - except 96125, not valid MediCal billable code MI - ^not covered, exception for Medicaid and Marketplace; all other codes effective 1/1/2019
N/A	11/1/2018	10/1/2018	Speech Therapy	Added/PA Required	92507, 92508	FL	Medicaid; Marketplace	per health plan Speech therapy DOES require an authorization after the initial eval/vist
232	9/7/2018	1/1/2019	Durable Medical Equipment (DME)	Added/PA Required	E2402	IL	Medicaid, MMP Medicaid, MMP Medicare	
238	9/20/2018	1/1/2019	Durable Medical Equipment (DME)	Added/PA Required	E0601	IL	Medicaid; MMP Medicare; MMP Medicaid	
Q4 '18 Review	9/7/2018	1/1/2019	Durable Medical Equipment (DME)	Added/PA Required	C2624, K0903	IL	Medicaid	K0903 : covered benefit, add to require PA for 1/1/19 C2624 : HFS non covered benefits but require PA (1/1/19)
Q4 '18 Review	9/7/2018	1/1/2019	Out Patient Hospital/ASC Procedures	Added/PA Required	C9741	IL	Medicaid	HFS non covered benefit but require PA (1/1/19)
Q4 '18 Review	9/7/2018	1/1/2019	Pain Management	Added/PA Required	97810, 97811, 97813, 97814, S8930	IL	Medicaid	All non covered benefit but still require PA 1/1/19
N/A	11/6/2018	1/1/2019	Specialty Pharmacy	Removed/No PA Required	C9136, J7205, C9441, Q9970, C9461, A9515	MI	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	update PA code matrix - C codes are no longer valid and replacement codes not require PA for MI plan C9136 no longer valid (MI remove PA 1/1/2017), replaced by J7205 (MI remove PA 4/1/2016), C9441 no longer valid (MI remove PA 1/1/2017), replaced by Q9970 (MHI remove PA 4/1/2017), C9461 no longer valid (MI remove PA 1/1/2017), replaced by A9515 (MHI not requiring PA since code replacement)
N/A	12/10/2018	2/1/2019	Home Health	Update PA	N/A	MS	Medicaid	Update PA requirement to PA Eval +6 treatment visits (MHI Standard) effective 2/1/2019 (Q2 to 1/31/2019: All home health services require PA after initial evaluation)
N/A	12/19/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	90281, 90283, 90284, 90378, A9542, A9543, C9014, C9015, C9016, C9024, C9028, J0129, J0135, J0178, J0180, J0202, J0207, J0220, J0256, J0257, J0287, J0289, J0364, J0480, J0485, J0490, J0585, J0586, J0587, J0588, J0594, J0597, J0598, J0637, J0638, J0640, J0641, J0714, J0717, J0725, J0775, J0800, J0850, J0875, J0878, J0881, J0885, J0888, J0894, J0895, J0897, J1230, J1290, J1300, J1322, J1324, J1325, J1438, J1439, J1442, J1447, J1453, J1458, J1459, J1460, J1556, J1557, J1559, J1560, J1561, J1566, J1568, J1569, J1570, J1571, J1572, J1573, J1575, J1595, J1599, J1645, J1650, J1652, J1675, J1740, J1743, J1744, J1745, J1750, J1756, J1786, J1826, J1830, J1930, J1950, J1955, J2020, J2170, J2182, J2248, J2315, J2323, J2353, J2357, J2425, J2430, J2469, J2503, J2505, J2507, J2562, J2597, J2724, J2778, J2783, J2786, J2793, J2820, J2840, J2916, J3060, J3090, J3095, J3110, J3145, J3240, J3262, J3285, J3315, J3357, J3380, J3385, J3396, J3489, J3490, J3590, J7175, J7178, J7179, J7180, J7181, J7183, J7186, J7187, J7188, J7189, J7190, J7192, J7194, J7196, J7197, J7198, J7199, J7200, J7201, J7202, J7205, J7207, J7209, J7312, J7313, J7316, J7320, J7321, J7323, J7324, J7325, J7326, J7327, J7328, J7340, J7504, J7511, J7527, J8670, J9000, J9015, J9017, J9019, J9025, J9027, J9032, J9033, J9035*, J9040, J9041, J9042, J9043, J9045, J9047, J9050, J9055, J9060, J9065, J9070, J9100, J9120, J9130, J9150, J9155, J9160, J9171, J9178, J9179, J9181, J9185, J9190, J9200, J9201, J9202, J9205, J9206, J9207, J9208, J9209, J9211, J9214, J9215, J9216, J9217, J9218, J9225, J9226, J9228, J9230, J9245, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9271, J9280, J9293, J9295, J9299, J9301, J9302, J9303, J9305, J9306, J9307, J9308, J9310, J9315, J9325, J9328, J9330, J9340, J9351, J9352, J9354, J9355, J9360, J9370, J9371, J9390, J9395, J9400, J9999, Q0138, Q0139, Q2050, Q3027, Q3028	MS	Medicaid	267 Pharmacy codes to be added back to MS Matrix (please double click codes tab to reveal complete list)

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Q4 2018	9/21/2018	1/1/2019	Specialty Pharmacy	Removed/No PA Required	J9276	NM	All	Notes from Q4 2018: Invalid code reviewed by Tim Crum to be removed
Q4 2018	4/25/2018	1/1/2019	Cosmetic, Plastic & Reconstructive procedures	Added/PA Required	11900, 11901	NM	Marketplace	Notes from Q4 2018: PA required regardless of diagnosis
Q4 2018	6/26/2018	1/1/2019	Durable Medical Equipment (DME)	Added/PA Required	C2624, K0903	NM	Marketplace	
Q4 2018	5/31/2018	1/1/2019	Experimental/Investigational	Added/PA Required	0505T, 0506T, 0507T, 0508T	NM	All	Notes from Q4 2018: New Codes
Q4 2018	3/20/2018	1/1/2019	Genetic Counseling & Testing	Added/PA Required	0026U, 0027U, 0028U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 81407	NM	All	
Q4 2018	10/1/2018	1/1/2019	Genetic Counseling & Testing	Removed/No PA Required	0028U	NM	All	Notes from Q4 2018: code terminated on 9/30/2018
Q4 2018	6/26/2018	1/1/2019	Out Patient Hospital/ASC Procedures	Added/PA Required	C9741	NM	Marketplace	
Q4 2018	6/12/2018	1/1/2019	Pain Management	Added/PA Required	97810, 97811, 97813, 97814, S8930	NM	Marketplace	Notes from Q4 2018: Invalid code reviewed by Tim Crum to be removed
Q4 2018	5/22/2018	1/1/2019	Sleep Studies	PA Update	No PA required for POS12 services (home sleep studies).	NM	All	Notes from Q4 2018: No PA required for POS12 services (home sleep studies).
Q4 2018	4/5/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	C9463, J7322, Q5103, Q5104, Q2041, Q9991, Q9992, Q9995	NM	All	Notes from Q4 2018: New Codes
Q4 2018	6/11/2018	1/1/2019	Unlisted & Miscellaneous	Added/PA Required	A4649, E0769, E0770, K0899, L5999, L7499, Q0507, Q0508, Q0509	NM	All	
Q3 2018	3/20/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	Q5103, Q5104, Q2041	NM	All	
Q3 2018	4/5/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	J7322	NM	Marketplace	
Q3 2018	4/9/2018	1/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	PA Update	F84.2, F84.3	NM	Marketplace	Notes from Q3 2018: No PA required when associated with Autism Dx.
Q3 2018	3/28/2018	1/1/2019	Specialty Pharmacy	Removal of Deleted Codes	C9494, J1725, J9265, Q5102	NM	All	
Q3 2018	4/18/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	J1726, J1729	NM	All	Notes from Q3 2018: Replacement codes, retro to 4/1/18.
Q3 2018	5/9/2018	1/1/2019	Unlisted/Miscellaneous Codes	Matrix Update	Refer to Unlisted/Misc section for specific codes	NM	All	Notes from Q3 2018: Adding codes back to matrix
249	11/7/2018	1/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Update PA	H2017	NY	Medicaid	H2017 requires an auth for Adult HCBS (went live 7/1/18) H2017 does NOT require an auth for Children's MMC < 21 years of age.
251	11/15/2018	1/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Update PA	90791, H0004, H0036, H2017	NY	Medicaid	Children's Carve-In benefits; auth requirements impacts mainstream members < 21 years of age and younger ONLY.
236	9/19/2018	1/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Removed/No PA Required	90870	OH	Medicaid; Marketplace; MMP Medicare; MMP Medicaid	
234	9/19/2018	1/1/2019	Durable Medical Equipment (DME)	Added/PA Required	E2402	OH	Medicaid; Marketplace; MMP Medicare; MMP Medicaid	
235	9/19/2018	1/1/2019	Outpatient Hospital/Ambulatory Surgery Center Procedures	Removed/No PA Required	20930, 22552, 22614, 22634, 22842, 22845	OH	Medicaid; Marketplace; MMP Medicare; MMP Medicaid	
237	9/19/2018	1/1/2019	Outpatient Hospital/Ambulatory Surgery Center Procedures	Removed/No PA Required	62368, 62369, 62370	OH	Medicaid; Marketplace; MMP Medicare; MMP Medicaid	
239	9/24/2018	1/1/2019	Unlisted & Miscellaneous	Removed/No PA Required	T2042, G0299, G0155, T2043, T2044, T2045, T2046	OH	Medicaid, MMP Medicaid	Non-Par Hospice will no longer require Prior Auth. (Hospice is not covered by Molina, Medicaid system set up for denial already)
N/A	11/20/2018	1/1/2019	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Added/PA Required	0900, 0901, 0905, 0912, 0913, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99342, 99343, 99344, 99345, 99348, 99349, 99350	PR	Medicaid	
N/A	11/20/2018	1/1/2019	Outpatient Hospital/Ambulatory Surgery Center Procedures	Added/PA Required	33210, 33211, 33233, 33236, 33237, 33241, 33243, 33244	PR	Medicaid	
262	12/20/2018	1/1/2019	PT OT ST (Home Health and Home Health Services)	Update PA	N/A	SC	Medicaid	PA is required after the initial eval including home based PT/OT/ST, this is an exception from MHI's PA requirement (which is PA required after the eval plus first 6 visits, including home based PT/OT/ST)
Q4 '18 Review	8/3/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	Q9995	SC	Medicaid, MMP Medicaid, MMP Medicare	Encoder Pro update: Q9995 deleted, replaced with J7170
252	11/16/2018	1/1/2019	Home Health	Update PA	N/A	SC	MMP Medicare	Update PA requirement to PA required after initial visit (MHI Standard)
245	10/19/2018	10/1/2018	Specialty Pharmacy	Removed/No PA Required	L0648, L0649, L0651, J7296	SC	Medicaid	
245	10/19/2018	1/1/2019	Specialty Pharmacy	Removed/No PA Required	L0648, L0649, L0651, J7296	SC	Medicaid	
244	10/19/2018	1/1/2019	Specialty Pharmacy	Added/PA Required	J0592, J0740, J3030	SC	MMP Medicare	
244	10/19/2018	1/1/2019	Durable Medical Equipment	Added/PA Required	E0470, E0471, E0472, E0601, E2402, K0013, K0606	SC	MMP Medicare	
244	10/19/2018	1/1/2019	Home Health Care	Added/PA Required	G0281, G0283, G0329	SC	MMP Medicare	
244	10/19/2018	1/1/2019	Prosthetics and Orthotics	Added/PA Required	L0624, L0627, L0629, L0630, L0631, L0632, L0634, L0636	SC	MMP Medicare	
254	11/30/2018	1/1/2019	All categories	PA Update	All codes on SC exception tab	SC	MMP Medicare, MMP Medicaid, Medicaid	Updating PA requirement on all codes for all LOB

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206	7/11/2018	1/1/2019	Out Patient Hospital/ASC Procedures	Added/PA Required	0762	TX	Marketplace	update PA Code Matrix and PA Guide for Marketplace to state "PA Required for Observation stays longer than 48 hours"
243	10/12/2018	1/1/2019	Genetic Counseling and Testing	Added/PA Required	81240, 81241	TX	Medicaid; Marketplace; MMP Medicaid	
261	12/18/2018	1/1/2019	PT OT ST	Update PA	92526, 92609, 92521, 92522, 92523, 92524, 591529, 70129, 7014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97113, 97116, 97124, 97139, 97140, 97150, 97530, 97533, 97535, 97537, 97542, 97750, 97760, 97761, 97762, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168	WA	Medicaid	adding codes with updated PT OT benefit limits (see notes for each code listed on WA exception tab) OT/PT >21 years: PA required after initial evaluation plus twenty-four (24) visits per calendar year for office, and outpatient settings. OT/PT <21 years: No PA – No limits Speech (all ages): PA required after initial evaluation plus six (6) visits for office, and outpatient setting
N/A	10/2/2018	10/2/2018	Home Health	Update PA	N/A	WA	Medicare	Update PA requirement to PA Eval +6 treatment visits (effective 10/2/2018)
259	12/17/2018	1/1/2019	Office visit and office based procedure	Update PA	95165	WA	Medicaid	Per WA HCA guidelines this code is allowed up to 50 units per client per year. PA is required after 50 units.
260	12/18/2018	3/1/2019	Specialty Pharmacy	Added/PA Required	S1090	WA	Medicaid	Effective 3/1/2019
N/A	12/20/2018	1/1/2019	Experimental Investigational	Added/PA Required	0509T, 0510T, 0511T, 0512T, 0513T, 0514T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T, 0524T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0542T	WA	Medicaid, Medicare, MMP Medicaid, MMP Medicare, MMOP, MMCP, Marketplace	WA accepts code for earlier implementation 1/1/2019 (MHI wide effective 4/1/2019)
N/A	12/26/2018	1/1/2019	Experimental Investigational	Update PA	93998, 0373T, 31237, 31299	WI	Medicaid	93998 removed MHI wide and replaced with 0337T 8/1/2015. Effective 1/1/2019 0337T replaced with 93998 NC benefit for WI Medicaid [deleted (replaced with)] Replacement code for 0337T (93998), 0363T, 0371T, 0372T (0373T), 0374T (0373T), 0406T & 0407T (31237, 31299) Replacement codes for C9032, Q2040, Q9994, Q9995 - NC benefit for WI Medicaid
N/A	12/26/2018	1/1/2019	Specialty Pharmacy	Update PA	J3398, Q2042, B4105, J7170	WI	Medicaid	Replacement codes for C9032, Q2040, Q9994, Q9995 - NC benefit for WI Medicaid

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2018 Q4 Updates								
RECEIVED	EFFECTIVE	SERVICE	UPDATE	CODES	APPLIES TO	LOB(S)	NOTES	Receipt #
9/14/2018	10/1/2018	All categories	PA Update	All proposed codes	NM	Medicare & Medicaid	NM exempted from all Q4 PA Matrix upgrade and additional code changes for 2019	
10/1/2018	1/1/2019	All categories	PA Update	All proposed Q4 2018 codes	NM	Marketplace	codes applied to all plans Q4 2018 will be evaluated and effective for NM Marketplace 1/1/2019	
9/21/2018	10/1/2018	Specialty Pharmacy	Removed/No PA Required	J9276	All Plans	All	Invalid code reviewed by Tim Crum to be removed	N/A
8/15/2018	7/1/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	PA Update	H0031, H0032, H2019, H0046, S5111, H2014, 90791, 96101, 96102, 96103, 96111, 96116, 96118, 96119, 96120	CA	Medicaid	Diagnosis of autism is no longer required for CA Medicaid. The services still need PA, but the dx requirement needs to be removed.	225
2/16/2018	10/1/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Added/PA Required	H2022	MS	Medicaid		144
7/12/2018	10/1/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Added/PA Required	90867, 90868, 90869	TX	Medicaid, Marketplace	Codes currently listed under OP Procedures; will be also adding to BH section	207
9/25/2018	9/23/2016	Experimental/Investigational	Removed/No PA Required	0359T, 0360T, 0361T, 0362T, 0363T	NM	Medicaid & Marketplace	ABA codes. Stage 1 & 2 no longer require an auth per state supplement (9/23/2016).	231/240
4/25/2018	10/1/2018	Cosmetic, Plastic & Reconstructive procedures	Added/PA Required	11900, 11901	All Plans	Medicaid & Marketplace	PA required regardless of diagnosis Exception - ID, UT, WA, NY not require PA PR - not covered benefits, accept require PA for review	
6/26/2018	10/1/2018	Durable Medical Equipment (DME)	Added/PA Required	C2624, K0903	All Plans	Medicaid & Marketplace	K0903: -WA effective 10/15/2018 -SC, MI, NY exception -IL - covered benefit, add for 1/1/19 C2624: -WI, NY Medicaid exception -IL - HFS non covered benefits but require PA (1/1/19) **moved C9741 to OP Hospital ASC procedure category	
5/21/2018	10/1/2018	Durable Medical Equipment (DME)	Added/PA Required	E0470, E0471, E0472, E0561, E0562, E0601	FL	Medicaid & Marketplace		189
8/1/2018	12/1/2018	Durable Medical Equipment (DME)	Added/PA Required	A4217, A4221, A4222, A4246, A4256, A4314, A4340, A4565, A4570, A6196, A6197, A6209, A6210, A6212, A6216, A6222, A6223, A6242, A6248, A6251, A6252, A6253, A6258, A6266, A6402, A6443, A6446, A6449, A6454, A6456, A9276, B4035, B4160, B9002, B9004	FL	Medicaid	NEW Codes for new AHCA Agreement	220
8/30/2018	10/1/2018	Durable Medical Equipment (DME)	Added/PA Required	Q0477	MI	Medicaid & Marketplace	covered benefit, higher cost and recommended to add PA by MI Governance Committee	
8/15/2018	9/1/2018	Durable Medical Equipment (DME)	Removed/No PA Required	A9901, E0194, E0255, E0260, E0265, E0292, E0293, E0294, E0295, E0296, E0297, E0300, E0303, E0304, E0329, E0373, E0462, E0691, E0692, E0693, E0694, E0749, E0762, E0764, E0766, E0782, E0783, E0785, E0786, E0983, E0984, E0988, E1029, E1030, E1035, E1036, E1227, E1230, E1232, E1235, E1237, E1238, E1296, E1310, E1700, E2227, E2228, E2293, E2294, E2295, E2321, E2322, E2351, E2397, E2609, K0008, K0010, K0011, K0012, K0014, K0830, K0831, S1034, S1035, S1036, S1037, V2530, V2531, 95806	NY	Medicaid	The codes are not on the NYS Medicaid Fee Schedule for DME and are not reimbursable by Medicaid. The codes are denying in Claims for "Not a Covered Benefit" and need to remove the codes from the PA Matrix so not authorizing an item/service not reimbursable by Medicaid	226
8/15/2018	10/1/2018	Durable Medical Equipment (DME)	Added/PA Required	A9276, A9277, A9278, K0553, K0554	NY	Medicaid	Effective 11/1/17, New York State Medicaid began covering Continuous Glucose Monitors for members who have a diagnosis of Type 1 Diabetes and meet the coverage criteria in the attached policy.	228

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5/31/2018	10/1/2018	Experimental/Investigational	Added/PA Required	0505T, 0506T, 0507T, 0508T	All Plans	All	New Codes See MI, NY Exception (all codes) IL - all non covered but require PA 10/1/18	194
3/20/2018	10/1/2018	Genetic Counseling & Testing	Added/PA Required	0026U, 0027U, 0028U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 81407	All Plans	All	WI, MI, OH, NY Exception - only add 81407. (0026U, 0027U, 0028U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U are non covered) IL - 0 code exceptions already exist (but still require PA), 81407 covered benefit already exist	
10/1/22018	10/1/2018	Genetic Counseling & Testing	Removed/No PA Required	0028U	All Plans	All	code terminated on 9/30/2018	
8/3/2018	10/1/2018	Genetic Counseling & Testing	Added/PA Required	81161, 81243, 81244	TX	Medicaid, Marketplace	approve TX adding these codes for PA required. Additionally please add to the parking lot to add these codes for all plans next cycle.	222
8/1/2018	12/1/2018	Home Health	Added/PA Required	T1019, T1020, T1021	FL	Medicaid	NEW Codes for new AHCA Agreement	212
7/31/2018	8/1/2018	Long Term Services & Support (LTSS)	Added/PA Required	99509	WI	Medicaid		208
9/4/2018	10/1/2018	Neuropsychological & Psychological Tests	PA Update	96101, 96111, 96116, 96118	OH	Medicaid, MMP Medicaid	Remove existing language for provider type 84/95. Replace clarification by adding asterisk to the codes and add statement: "**PA not required by providers certified by Ohio MHAS. All other provider types, PA required."	230
6/26/2018	10/1/2018	Out Patient Hospital/ASC Procedures	Added/PA Required	C9741	All Plans	Medicaid & Marketplace	NY, WI exception IL - HFS non covered benefit but require PA (1/1/19)	
8/1/2018	12/1/2018	Out Patient Hospital/ASC Procedures	Added/PA Required	90732, G0009, 90715	FL	Medicaid	NEW Codes for new AHCA Agreement	221
4/25/2018	10/1/2018	Out Patient Hospital/ASC Procedures	Added/PA Required	59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866, S2260, S2265, S2266, S2267	MS	Medicaid		127
6/12/2018	10/1/2018	Pain Management	Added/PA Required	97810, 97811, 97813, 97814, S8930	All Plans	Medicaid & Marketplace	OH exception (see OH request #218 & #219) - S8930 is non covered per ODM for <u>Medicaid and MMP Medicaid</u> ; not require PA until >30 visits for 97810, 97811, 97813, 97814 per ODM for <u>Medicaid and MMP Medicaid</u> . - <u>Marketplace</u> member manual/coverage: Acupuncture is not covered (97810, 97811, 97813, 97814) FL exception (see FL request #209) Medicaid effective 12/1/18 for 97810, 97811, 97813 WA exception - Marketplace has a limit of 12 without PA per contract. WI, MI, NY, SC (request #223) exception all codes IL - all non covered benefit but still require PA 1/1/19	201



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8/1/2018	12/1/2018	Physical Therapy	Added/PA Required	97140, 97010, 97112	FL	Medicaid	NEW Codes for new AHCA Agreement	216
8/15/2018	7/1/2018	OT, PT, ST	PA Update	therapies extension to 40 limites and effective 7/1/2018	NY	Medicaid	per NY Code Benefit/Exceptions Section	226
5/22/2018	10/1/2018	Sleep Studies	PA Update	No PA required for POS12 services (home sleep studies).	All Plans	All	No PA required for POS12 services (home sleep studies). - MI (Medicaid Marketplace) continue require PA for POS12 - OH (POS12 non covered by Medicaid and MMP Medicaid and needs PA) (#217), - PR (all home care services require PA)	
4/5/2018	10/1/2018	Specialty Pharmacy	Added/PA Required	C9463, J7322, Q5103, Q5104, Q2041, Q9991, Q9992, Q9995	All Plans	All	New Codes - OH exception (request #213) - Q9991 & Q9992 PA for ASC setting APPLIES TO Medicaid - NM exception (request #227) - Q9991 & Q9992 covered benefit, no PA for medicaid - NY exception (codes not on NYS Medicaid fee schedule yet - C9463, J7322, Q9991, Q9992, Q9995) - WA - Q9995 retro to 7/1/18 (#204/205) - SC - Q9995 add to require PA 1/1/19	
8/30/2018	10/1/2018	Specialty Pharmacy	Added/PA Required	C9030, C9031, C9032	MI	Medicaid & Marketplace	codes reviewed and approved by Melanie Belcher	
5/2/2018	10/1/2018	Specialty Pharmacy	Added/PA Required	A9600, A9699, A9700	MS	Medicaid		186
5/3/2018	10/1/2018	Specialty Pharmacy	Removed/No PA Required	J0129, J0135, J0178, J0180, J0202, J0207, J0220, J0256, J0257, J0287, J0289, J0364, J0480, J0485, J0490, J0585, J0586, J0587, J0588, J0594, J0597, J0598, J0637, J0638, J0640, J0641, J0714, J0717, J0725, J0775, J0800, J0850, J0875, J0878, J0881, J0885, J0888, J0894, J0895, J0897, J1230, J1290, J1300, J1322, J1324, J1325, J1438, J1439, J1442, J1447, J1453, J1458, J1459, J1460, J1556, J1557, J1559, J1560, J1561, J1566, J1568, J1569, J1570, J1571, J1572, J1573, J1575, J1595, J1599, J1645, J1650, J1652, J1675, J1740, J1743, J1744, J1745, J1750, J1756, J1786, J1826, J1830, J1930, J1931, J1950, J1955, J2020, J2170, J2182, J2248, J2315, J2323, J2353, J2357, J2425, J2430, J2469, J2503, J2505, J2507, J2562, J2597, J2724, J2778, J2783, J2786, J2793, J2820, J2840, J2916, J3060, J3090, J3095, J3110, J3145, J3240, J3262, J3285, J3315, J3357, J3380, J3385, J3396, J3489, J3490, J3590, J7175, J7178, J7179, J7180, J7181, J7183, J7186, J7187, J7188, J7189, J7190, J7192, J7194, J7196, J7197, J7198, J7199, J7200, J7201, J7202, J7205, J7207, J7209, J7312, J7313, J7316, J7320, J7321, J7323, J7324, J7325, J7326, J7327, J7328, J7340, J7504, J7511, J7527, J8670, J9000, J9015, J9017, J9019, J9025, J9027, J9032, J9033, J9035, J9040, J9041, J9042, J9043, J9045, J9047, J9050, J9055, J9060, J9065, J9070, J9100, J9120, J9130, J9150, J9155, J9160, J9171, J9178, J9179, J9181, J9185, J9190, J9200, J9201, J9202, J9205, J9206, J9207, J9208, J9209, J9211, J9214, J9215, J9216, J9217, J9218, J9225, J9226, J9228, J9230, J9245, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9271, J9280, J9293, J9295, J9299, J9301, J9302, J9303, J9305, J9306, J9307.	MS	Medicaid		187
6/29/2018	7/1/2018	Specialty Pharmacy	Added/PA Required	C9030, C9031, C9032, Q9995	WA	Medicaid	WA - retro to 7/1/18	204/205
9/12/2018	10/1/2018	Specialty Pharmacy	Added/PA Required	Q9994	WA	Medicaid	Pharmacy MCP developed and approved in March 2018; drug been out since 2015 but received own billing codes as of 7/1/2018.	233
6/11/2018	10/1/2018	Unlisted & Miscellaneous	Added/PA Required	A4649^, E0769^*, E0770^*, K0899^*, L5999^, L7499^, Q0507^*, Q0508^*, Q0509^*	All Plans	All	See WI^, MI^ exception NY all codes exception IL - E0769, E0770, Q0507, Q0509 non covered but require PA, rest of codes covered add to PA 10/1/18	199



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8/1/2018	12/1/2018	Unlisted & Miscellaneous	Added/PA Required	S5170, S9977, H0044, A0190, A0210, G0176	FL	Medicaid	NEW Codes for new AHCA Agreement	210
8/1/2018	12/1/2018	Unlisted & Miscellaneous	Added/PA Required	S9452, 97802, 97803, 97804, G0270, G0271	FL	Medicaid	NEW Codes for new AHCA Agreement	214

2018 Q3 Updates								
RECEIVED	EFFECTIVE	SERVICE	UPDATE	CODES	APPLIES	LOB(S)	NOTES	
4/2/2018	7/1/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Added/PA Required	90791, 90792, G0396, G0397, H0001, H0036, H2034, H2036	MOH	Medicaid/MMP	MMP retro to 1/1/18	
4/2/2018	7/1/2018	Neuropsychological and Psychological Testing	PA Update	96101, 96111, 96116, 96118	MOH	Medicaid/MMP	MMP Effective 6/1/18. Refer to OH tab for specifics	
4/2/2018	7/1/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	PA Update	H0015	MOH	Medicaid/MMP	MMP Effective 6/1/18. Refer to OH tab for specifics	
3/20/2018	7/1/2018	Durable Medical Equipment (DME)	Added/PA Required	K0903	All Plans	All	MOH effective 8/1/18	
3/20/2018	7/1/2018	Specialty Pharmacy	Added/PA Required	Q5103, Q5104, Q2041	All Plans	All	MOH effective 8/1/18	
3/20/2018	7/1/2018	Sleep Studies	Removed/No PA Required	G0398, G0399	MWI	Medicaid		
3/20/2018	7/1/2018	Genetic Counseling & Testing	Added/PA Required	0026U, 0027U, 0028U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 81407	All Plans	All	MOH effective 8/1/18	
4/5/2018	7/1/2018	Specialty Pharmacy	Added/PA Required	J7322	All Plans	Medicaid & Marketplace	MOH effective 8/1/18	
4/9/2018	7/1/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	PA Update	F84.2, F84.3	All Plans	Medicaid & Marketplace	No PA required when associated with Autism Dx.	
3/28/2018	7/1/2018	Specialty Pharmacy	Removal of Deleted Codes	C9494, J1725, J9265, Q5102	All Plans	All		
4/17/2018	7/1/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Removed/No PA Required	T1002, T1003	MOH	Medicaid/MMP	MMP retro to 1/1/18	
4/18/2018	4/1/2018	Specialty Pharmacy	Added/PA Required	J1726, J1729	All Plans	All	Replacement codes, retro to 4/1/18. MOH effective 8/1/18	
4/25/2018	7/1/2018	LTSS	Added/PA Required	T1019	MWI	Medicaid		
5/9/2018	7/1/2018	Unlisted/Miscellaneous Codes	Matrix Update	Refer to Unlisted/Misc section for specific codes	All Plans	All	Adding codes back to matrix	
5/10/2018	7/1/2018	Durable Medical Equipment (DME)	Added/PA Required	A9276, A9277, A9278, K0554, E2100	MSC	Medicaid		
5/21/2018	10/1/2018	Durable Medical Equipment (DME)	Added/PA Required	E0470, E0471, E0472, E0561, E0562, E0601	MFL	Medicaid & Marketplace		
5/22/2018	1/8/2018	Habilitative Therapy	Added/PA Required	97127	MTX	All	Replaces code 97532, retro to 1/1/18	
5/22/2018	7/1/2018	Specialty Pharmacy	Added/PA Required	C9463	MNM	Medicaid & Marketplace		
5/29/2018	7/1/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Added/PA Required	H2023, H2025, T2015, T2017, T2019	MNY	Medicaid		
5/29/2018	7/1/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	PA Update	H2014, H2017, T2013	MNY	Medicaid	PA required regardless of diagnosis	
5/31/2018	7/1/2018	Experimental & Investigational	Added/PA Required	0505T, 0506T, 0507T, 0508T	MWA	All	New Codes	
6/11/2018	7/1/2018	Unlisted/Miscellaneous Codes	Added/PA Required	A4649, E0769, E0770, K0899, L5999, L7499, Q0507, Q0508, Q0509	MTX	All		
6/18/2018	7/1/2018	Durable Medical Equipment (DME)	Added/PA Required	C2624, C9741	MWA	All		
6/28/2018	7/1/2018	Neuropsychological and Psychological Testing	PA Update	96125	MWA	Medicaid	PA required APPLIES TO those 21 y/o and older.	
6/29/2018	7/1/2018	Specialty Pharmacy	Added/PA Required	C9030, C9031, C9032, Q9995	MWA	Medicaid & Marketplace		



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2018 Q2 Updates								
RECEIVED	EFFECTIVE	SERVICE	UPDATE	CODES	APPLIES TO	LOB(S)	NOTES	
12/28/2017	4/1/2018	Specialty Pharmacy	Removed/No PA Required	C9140, C9483, C9485, C9486, C9490, C9491, J0401, J0571, J0572, J0573, J0574, J0575, J0592, J1942, J2426, J9213, J9250, J9260,	All Plans	All		
12/28/2017	4/1/2018	Specialty Pharmacy	Added/PA Required	C9014, C9015, C9016, C9024, C9028, C9029, J0565, J0604, J0606, J1428, J1555, J1627, J2326, J2350, J3358, J7210, J7211, J9022, J9023, J9203, J9285	All Plans	All	Refer to MWI/MMI & MWA tabs for exceptions MOH: Effective 6/1/18	
1/2/2018	4/1/2018	Specialty Pharmacy	Added/PA Required	Q2040	All Plans	All	MWA Medicaid: NC MOH: Effective 6/1/18	
1/12/2018	4/1/2018	Transplant	Added/PA Required	S2107	All Plans	Medicaid & Marketplace	MOH: Effective 6/1/18	
2/13/2018	4/1/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Added/PA Required	F84.2, F84.3, F84.4	All Plans	Medicaid & Marketplace	Codes do not apply to current Autism Dx exception MOH: Effective 6/1/18	
2/15/2018	4/1/2018	Sleep Studies	Added/PA Required	See sleep studies section	MIL	Medicaid	Adopting MHI PA standard	
2/22/2018	8/1/2017	Out Patient Hospital/ASC Procedures	Removed/No PA Required	95004, 95017, 95018, 95024, 95027, 95028, 95044, 95052, 95056, 95060, 95065, 95070, 95071	MFL	All	Retro to 8/1/17. Applies to Otolaryngology/ Pulmonology/Allergy/Immunology specialties.	
2/16/2018	4/1/2018	Experimental & Investigational	Added/PA Required	0479T, 0480T 0481T, 0482T 0483T 0484T 0485T, 0486T, 0487T, 0488T, 0489T, 0490T 0491T, 0492T, 0493T, 0494T, 0495T, 0496T 0497T 0498T 0499T, 0500T, 0501T, 0502T, 0503T, 0504T	All Plans	All	MMI & MWA: All NC MOH: Effective 6/1/18	
2/16/2018	4/1/2018	Out Patient Hospital/ASC Procedures	Added/PA Required	C9738, C9748, 15730, 15733, 19294, 20939, 31253, 31257, 31259, 31298, 32994, 34713, 34714, 34715, 34716, 36465, 36466, 36482, 36483, 38573, 55874, 64912, 64913, 95249, 96573, 96574	All Plans	All	Refer to MWI/MMI/MSC & MWA tabs for exceptions MOH: Effective 6/1/18	
2/16/2018	4/1/2018	Genetic Counseling & Testing	Added/PA Required	81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81175, 81176, 81230, 81231, 81232, 81238, 81247, 81248, 81249, 81258, 81259, 81269, 81283, 81328, 81334, 81335, 81346, 81361, 81362, 81363, 81364, 81448, 81520, 81521, 81541, 81551, 86008	All Plans	All	Refer to MWI/MMI/MNY & MWA tabs for exceptions MOH: Effective 6/1/18	
2/16/2018	4/1/2018	Physical & Occupational Therapy	Added/PA Required	97763	All Plans	All	MMI: No PA required MOH: Effective 6/1/18	
2/16/2018	4/1/2018	Durable Medical Equipment	Added/PA Required	L3761, L7700, L8625, L8694	All Plans	All	Refer to MWI/MMI & MWA tabs for exceptions MOH: Effective 6/1/18	
2/16/2018	4/1/2018	Hyperbaric/Wound Therapy	Added/PA Required	Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182	All Plans	All	MWI & MMI: All NC MOH: Effective 6/1/18	
2/16/2018	4/1/2018	Genetic Counseling & Testing	Removal of Deleted Codes	0004U, 0008M, 0015U, 0051T, 0052T, 0053T	All Plans	All		
2/16/2018	4/1/2018	Experimental & Investigational	Removal of Deleted Codes	0178T, 0179T, 0180T, 0255T, 0293T, 0294T, 0299T, 0300T, 0301T, 0302T, 0303T, 0304T, 0305T, 0306T, 0307T, 0309T, 0310T, 0340T, 0438T	All Plans	All		
2/16/2018	4/1/2018	Specialty Pharmacy	Removal of Deleted Codes	Q9985, Q9986, Q9989	All Plans	All		
3/1/2018	4/1/2018	Experimental & Investigational	Added/PA Required	93895	MWA	Marketplace	MWA Medicaid: NC	
3/2/2018	4/1/2018	Experimental & Investigational	Added/PA Required	S9988, S9990, S9991	MWA	Marketplace	Clinical trials	
3/6/2018	4/1/2018	Physical & Occupational Therapy	Added/PA Required	G0515	MSC	Medicaid & Marketplace		
3/12/2018	4/1/2018	Observation Stays	Added/PA Required	REV 762 when billed w/REV 450-459 (excludes 456)	MFL	Medicaid & Marketplace	PA Required for non par hospitals/facilities	
3/19/2018	1/1/2018	Genetic Counseling & Testing	Removed/No PA Required	81528	All Plans	Medicare	Retro to 1/1/18	
3/26/2018	1/1/2018	Long Term Care Services & Support	Added/PA Required	H0038, T1017	MID	Medicaid	Retro to 1/1/18	
3/21/2018	6/1/2018	Speech Therapy	PA Update	92507, 92508	MOH	Medicare & Medicaid	Refer to OH tab for specifics	
3/26/2018	4/1/2018	Health Home	Added/PA Required	T2022 +modifiers U1, U2 & U3, G0506, G9005	MNY	Medicaid		
3/29/2018	5/1/2018	Specialty Pharmacy	Removed/No PA Required	J1324, J3485	MNM	Medicaid		

2018 MHI PA Matrix Updates Log

5/30/2018	7/1/2017	Specialty Pharmacy	Added/PA Required	J1745, J2505, J2357, J0178, J0585, J9305, J9354, J0881, J2323, J9310, J9035, J9299, J0490, J9355, J1569, J0129, J7198, J1950, J9308, J9055, J1572, J9306, J9217, J9264, J1602, J0641, J9070, J1561, J9226, J2796, J3380, J9033, J9271, J0897, J9041, J2353, J7192, J2778, J9263, J1459, J0587, J3262, J9155, J7189, J3396, J9171, J0740	MNY	Medicaid	MNY requires PA on these 47 Jcodes APPLIES TO DOS 7/1/17 through 6/30/18.
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2018 MHI PA Matrix Updates Log

I8 Q1 Updates

RECEIVED	EFFECTIVE	SERVICE	UPDATE	CODES	APPLIES TO	LOB(S)	NOTES
7/1/2017	1/1/2018	Occupational & Physical Therapy	PA Update	All	All Plans	Medicaid & Marketplace	PA required after initial evaluation plus 12 visits per calendar year for each specialty. Refer to Plan tabs for any exceptions. MMI Effective 3/1/18 MWA Effective 4/1/18
7/1/2017	1/1/2018	Home Health Care Services	PA Update	All	All Plans	Medicare	PA required for <u>all</u> home health services after initial visit/eval, including home OT/PT & ST. Refer to Plan Tabs for any exceptions. MOH (exceptions) effective 2/1/18 MMI & MWA Effective 3/1/18
7/1/2017	1/1/2018	Long Term Services & Support (LTSS)	PA Update	All	All Plans	Medicaid	Removed LTSS codes listed under this section. Added statement under specialty: All LTSS services require PA regardless of code(s). LTSS not covered by Medicare. MOH Effective 2/1/18 MMI Effective 3/1/18
8/1/2017	1/1/2018	Unlisted/Miscellaneous Codes	PA Update	All	All Plans	All	Removed codes listed under this section as Molina requires PA for <u>all</u> unlisted/ misc. codes. (see next line for exception). MOH Effective 2/1/18 MMI Effective 3/1/18
8/18/2017	1/1/2018	Unlisted/Miscellaneous Codes	Removed/No PA Required	90999	All Plans	All	MOH Effective 2/1/18 MMI Effective 3/1/18
8/31/2017	1/1/2018	All Services	PA Update		All Plans	Medicare	Office Visits to Network Specialists Require a Referral From A Participating Primary Care Provider ¹ MOH Effective 2/1/18 MMI Effective 3/1/18
9/22/2017	1/1/2018	Specialty Pharmacy	Added/PA Required	J3095, J3240	All Plans	All	MOH Effective 2/1/18 MMI Effective 3/1/18
9/26/2017	1/1/2018	Prosthetics & Orthotics	Added/PA Required	L0637, L0650, L8614, L5856	All Plans	All	MOH Effective 2/1/18 MMI Effective 3/1/18
9/26/2017	1/1/2018	Out Patient Hospital/ASC Procedures	Added/PA Required	50590	All Plans	All	MOH Effective 2/1/18 MMI Effective 3/1/18
10/6/2017	1/1/2018	Specialty Pharmacy	Removed/No PA Required	67028	All Plans	All	MOH Effective 2/1/18 MMI Effective 3/1/18
10/12/2017	1/1/2018	Pain Management Procedures	Added/PA Required	62320, 62321, 62322, 62323, 64479, 64480	All Plans	All	MOH Effective 2/1/18 MMI Effective 3/1/18
11/1/2017	1/1/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Removed/No PA Required	0364T, 0365T, 0366T, 0367T, 0370T, 0371T, H2020	MWA	Medicaid & Marketplace	
11/21/2017	1/1/2018	Specialty Pharmacy	Removed/No PA Required	J2315	MWA	Medicaid	
11/30/2017	1/1/2018	Experimental/Investigational	Added/PA Required	46601, 46607	MWA	Marketplace	Change from NC codes to PA required
12/5/2017	1/1/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Removed/No PA Required	T1026	MNM	Medicaid	
11/29/2017	2/1/2018	Habilitative Therapy	Added/PA Required	97124	MFL	Medicaid & Marketplace	
12/15/2017	2/1/2018	Cosmetic, Plastic & Reconstructive Procedures	PA Update	19300, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19396, 11900, 11901, 11920	All Plans	Medicaid	No PA Required with breast CA Dx (Z85.3) MOH Effective 3/1/18 *Does not apply to MFL, MPR & MSC
12/15/2017	2/1/2018	Sleep Studies (Home-based)	Removed/No PA Required	95800, 95801, 95806	MWA	Marketplace	
12/18/2017	2/1/2018	Specialty Pharmacy	Removed/No PA Required	J0571	MNM	Medicaid & Marketplace	
12/18/2017	2/1/2018	Experimental/Investigational	Removed/No PA Required	0373T, 0374T	MWA	Medicaid & Marketplace	
12/18/2018	2/1/2018	Home Health Care Services	PA Update	All codes	MIL	Medicare	PA required after eval and 6 visits.
12/19/2017	2/1/2018	Specialty Pharmacy	Removed/No PA Required	J0570, J0572, J0573, J0574, J0575	MNM	Medicaid & Marketplace	

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12/20/2017	2/1/2018	Occupational & Physical Therapy	PA Update	97110, 97112, 97140, 97150, 97165, 97166, 97167, 97168, 97530, 97532, 97533, 97535	MWI	Medicaid	OT & PT PA restriction Removed for birth to three. These services billed on a CMS-1500 are to be allowable when being billed with ONLY POS (place of service) 04, 12, 99.
12/20/2017	2/1/2018	Speech Therapy	PA Update	92507, 92508, 92521, 92522, 92523, 92524, 92526, 92597, 92607, 92608, 92609, 92610	MWI	Medicaid	ST PA restriction Removed for birth to three. These services billed on a CMS-1500 are to be allowable when being billed with ONLY POS (place of service) 04, 12, 99.
1/2/2018	2/1/2018	Prosthetics & Orthotics	Removed/No PA Required	L0637, L0650, L5856, L8614	MWA	Medicaid & Marketplace	
11/1/2017	3/1/2018	Pain Management Procedures	Added/PA Required	97810, 97811, 97813	MOH	Medicaid	PA at the 31st visit per calendar year per the OAC
1/18/2018	3/1/2018	Out Patient Hospital/ASC Procedures	Removed/No PA Required	11981	MNY	Medicaid	No PA required for IP/OP
1/30/2018	3/1/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	Removed/No PA Required	90791, 90792, G0396, G0397, H0001, H0036, H2034, H2036	MOH	Medicaid	
1/30/2018	3/1/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	PA Update	96101*, 96111*, 96116*, 96118^	MOH	Medicaid	*Up to 12 hours/ encounters per patient per calendar year w/no PA. ^Up to 8 hours/ encounters per patient per calendar year w/no PA.
2/1/2018	3/1/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	PA Update	H0015	MOH	Medicaid	H0015 + modifier TG or H0015 + Rev codes 912-913 & modifier HE require PA due to OAC rule for the Medicaid/MMP LOB
2/1/2018	3/1/2018	Occupational Therapy & Physical Therapy	PA Update	97110, 97112	MOH	Medicare/MMP	OT/PT for Medicaid/MMP line of business to reflect PA required after 24 dates of service
2/12/2018	3/1/2018	Dental Anesthesia	Added/PA Required	00170	MTX	Medicaid (Star)	
5/16/2019	1/1/2018	Behavioral Health, Mental Health, Alcohol & Chemical Dependency	PA Update	0359T, 0362T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T	MWA	Marketplace	no PA for these codes

¹ The requirement for Medicare that office visits to network specialists require referral from a participating primary care provider is a "soft" requirement. It will be in the member materials, and on the prior auth guide, but there will be no

2014 - 2017 MHI PA Matrix Updates Log History

2017 Q4 Updates						
Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
6/28/2017	10/1/2017	Specialty Pharmacy	Added/PA Required: J0571, 67028	All Plans	All	
6/28/2017	10/1/2017	Home Health Care Services	Added/PA Required: G0495, G0496	All Plans	All	
6/29/2017	10/1/2017	Genetic Counseling & Testing	Added/PA Required: 0004U, 0005U	All Plans	All	MWI: NC for Medicaid
6/29/2017	10/1/2017	Experimental & Investigational	Added/PA Required: 0469T, 0470T, 0471T, 0473T, 0474T, 0475T, 0476T, 0477T, 0478T	All Plans	All	MWI/MPR: NC for Medicaid
7/12/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Remove/No PA Required: 47600	All Plans	All	
7/13/2017	10/1/2017	DME	Added/PA Required: E0603, E0604	MFL	Medicaid/Marketplace	
7/17/2017	10/1/2017	Genetic Counseling & Testing	PA Update: 0009M, 81420, 81422, 81507, 84999: PA required regardless of Dx.	MWA	Medicaid/Marketplace	
7/27/2017	9/1/2017	OT, PT & ST	PA Update: PA Required for all therapy services after initial eval.	MTX	Medicaid/Marketplace	
7/24/2017	7/25/2017	Experimental & Investigational	Remove NC Code: 0042T	All Plans	Medicare	
7/31/2017	10/1/2017	DME	Added/PA Required: E2301	MWA	Medicaid/Marketplace	
8/3/2017	10/1/2017	Cosmetic, Plastic and Reconstructive Procedures	Added/PA Required: 11900, 11901, 11920	All Plans	Medicare	Codes already require PA for Medicaid/Marketplace
8/18/2017	10/1/2017	Sleep Studies	PA Update: IL allows one sleep study per year with NO PA; after that codes will require PA: 95803 (MMP Only), 95800,95801,95806, 95807,95805,95808, 95810, 95811	MIL	Medicaid	
9/1/2017	10/1/2017	Specialty Pharmacy	PA Update: J9035 - added Dx-related ICD Codes.	All Plans	Medicaid/Marketplace	See Dx Codes tab for list of related ICD's.
9/7/2017	10/1/2017	DME	Added/PA Required: E0766	All Plans	All	
9/12/2017	10/1/2017	Specialty Pharmacy	PA Update: C9484, C9489 NC Codes	All Plans	All	
9/13/2017	10/1/2017	Behavioral Health & Neuropsychological/ Psychological Testing	Added/PA Required: 0905, 0906, 96101, 96105, 96102, 96103, 96111, 96116, 96118, 96119, 96120, H0040, H0015, S9480	MNY	Medicaid	10/1/17: Non-HARP members managed by MNY. Beacon Health manages HARP members.
9/20/2017	10/1/2017	Specialty Pharmacy	Added/PA Required: C9491, C9492, C9493, C9494	All Plans	All	
9/25/2017	11/1/2017	Genetic Counseling & Testing	Added/PA Required: 0008U, 0009U 0010U 0011U, 0012U, 0013U, 0014U, 0015U, 0016U, 0017U	All Plans	All	Plans' effective date may be differ from MHI. Plans may follow their current provider notification standards. MWI: Not Covered
10/2/2017	11/1/2017	Out Patient Hospital/ASC Procedures	Removed/No PA Required: 95909, 95911, 95912, 95913	All Plans	Medicaid/Marketplace	
9/25/2017	11/1/2017	Specialty Pharmacy	PA Update: C9484 PA required for OP Facility only	MWA	Medicaid/Marketplace	
9/29/2017	11/1/2017	Prosthetics & Orthotics	Remove/No PA Required: L1907, L1940, L1960	MWA	Medicaid	

2017 Q3 Updates						
Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
3/20/2017	1/1/2017	Home Health Care Services	Remove Non Covered (NC) code: G0155	MMI	Medicaid	Retro to 1/1/17
3/28/2017	5/1/2017	Pain Management	Added/PA Required: 62320, 62321, 62322, 62323	MNM	Medicaid/Marketplace	
3/28/2017	5/1/2017	Sleep Studies	Added/PA Required: 95782, 95783	MNM	Medicaid/Marketplace	
3/22/2017	7/1/2017	Specialty Pharmacy	Added/PA Required: C9485*, C9486*, C9487*, C9488*, J1750, J1756, J2916, J3145, J7320	All Plans	All	*MWI Medicaid NC codes. MFL: Effective 08.01.17
3/22/2017	7/1/2017	Specialty Pharmacy	Added/PA Required: C9484	All Plans	Medicare	MFL: Effective 08.01.17
3/23/2017	7/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: C9739, C9740	All Plans	All	MFL: Effective 08.01.17
4/4/2017	7/1/2017	Out Patient Hospital/ASC Procedures	Removed/No PA Required: 22853, 22854, 22859	All Plans	All	MFL: Effective 08.01.17
4/20/2017	1/1/2017	OT & PT	PA update: PA Required after initial eval plus 12 visits	MIL	Medicaid	Retro to 1/1/17
5/12/2017	4/1/2017	OT, PT & ST	PA update: Medicaid and Standard Marketplace: Pediatric Membership: After initial evaluation plus six (6) visits for office, outpatient and home settings. Adult Membership: After initial evaluation plus twenty-four (24) visits per calendar year for office and outpatient settings. Consumer Choice/Marketplace Options Plan(s): 35 visit benefit limit per calendar year; no PA required for PT, OT, ST, Chiropractic and Habilitative	MTX	Medicaid/Marketplace	Retro to 4/1/17

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2017 Q4 Updates						
Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
4/20/2017	6/18/2017	OT & PT	PA update: PA required after twelve (12) visits per calendar year for Medicaid/Marketplace.	MNM	Medicaid/Marketplace	
3/25/2017	4/1/2017	OT & PT	PA update: Benefit limit of 20 visits per calendar year	MOH	Marketplace	Retro to 4/1/17
4/1/2017	1/1/2017	OT, PT & ST	PA update: PA required after initial visit/eval only	MPR	Medicaid	Retro to 1/1/17
5/1/2017	7/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	PA update: All BH members managed by Beacon Health until 09/30/17. On 10/01/17 Beacon Health will manage services for HARP Members only.	MNY	Medicaid	
5/1/2017	7/1/2017	Neuro Psych and Psychological Testing	PA update: All NP and P Testing services managed by Beacon Health.	MNY	Medicaid	
5/1/2017	7/1/2017	OT, PT & ST	PA update: PA Required for APPLIES TO Home OT, PT & ST. No PA required for OP Services, benefit limit of 20 visits per year for PT/OT or ST.	MNY	Medicaid	
5/11/2017	7/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	Remove/No PA Required: H0012, H2012, H2020	MOH	Medicaid/Marketplace	
5/3/2017	7/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	Remove Medicare NC Rev Codes: 0912, 0913	All Plans	Medicare	MFL: Effective 08.01.17
5/3/2017	7/1/2017	Cosmetic, Plastic and Reconstructive Procedures	Added/PA Required: 15823	All Plans	Medicare	Already requires PA for Medicaid/Marketplace. MFL: Effective 08.01.17
5/11/2017	7/1/2017	Specialty Pharmacy	Removed/No PA Required: J0401, J0592, J2426	MNY	Medicaid	
5/11/2017	7/1/2017	Specialty Pharmacy	Added/PA Required: J9070, J0740	MNY	Medicaid	
5/11/2017	7/1/2017	Home Health Care Services	Remove NC Service Codes: 0023, 027X, 029X, 032X, 033X, 034X, 060X, 062X	All Plans	Medicare	MFL: Effective 08.01.17
5/11/2017	7/1/2017	Home Health Care Services	Remove/No PA Required: G0490	All Plans	Medicare	MFL: Effective 08.01.17
5/11/2017	7/1/2017	Home Health Care Services	Remove NC Codes: T1000, T1002, T1003, T1005, T1022, T1030, T1031	All Plans	Medicare	MFL: Effective 08.01.17
5/10/2017	7/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	Added/PA Required: 90791, 90792, 96111, G0396, G0397, H0001, H0036, H0040, H2017, H2019, H2034, H2036	MOH	Medicaid	
5/11/2017	7/1/2017	Specialty Pharmacy	Remove/No PA Required: J2315, J2426	MOH	Medicaid	
5/17/2017	8/1/2017	Hospice	Added/PA Required: RV185, 0651, 0652, 0655, 0656, 0657, 0551, 0561, 0185	MFL	Medicaid	
5/17/2017	8/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 95004, 95017, 95018, 95024, 95027, 95028, 95044, 95052, 95056, 95060, 95065, 95070, 95071	MFL	Medicaid	Allergy Testing Codes
5/20/2017	7/1/2017	Durable Medical Equipment (DME)	NC Codes at plan level: E0300, E0692, E0693, E0694, E0782, E0783, E0785, E0786, E0983, E0984, E0988, E1030, E1035, E1036, E1227, E1230, E1232, E1235, E1236, E1237, E2227, E2228, E2293, E2294, E2295, E2321, E2322, E2351, E2397, K0900, S1034, S1035, S1036, S1037, V2530, V2531	MNY	Medicaid	Based on fee schedule.
5/20/2017	7/1/2017	Transportation Services	NC Codes at plan level: A0430, A0431, A0999, S9960, S9961	MNY	Medicaid	
5/20/2017	7/1/2017	Cosmetic, Plastic and Reconstructive Procedures	PA Update: No PA Required with breast CA Dx*: 19300, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19396, 11900, 11901, 11920	All Plans	Medicaid/Marketplace	See DX Codes tab for affected codes. MFL: Effective 08.01.17
5/20/2017	7/1/2017	Cosmetic, Plastic and Reconstructive Procedures	Added/PA Required: 17340, 67911, 67912, 56800, 56810, 67914, 67924, 67909, 40790, 40799, 43631	MNY	Medicaid	
5/26/2017	7/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	Removed/No PA Required: H2012, H2017, H2019	MOH	All	
5/24/2017	8/1/2017	OT & ST	Added/PA Required: 97530, 92609	MFL	Medicaid	
5/24/2017	8/1/2017	OT, PT & ST	PA Update: PA Required after initial eval.	MFL	Medicaid	
5/30/2017	7/1/2017	Cosmetic, Plastic and Reconstructive Procedures	Added/PA Required: 15780, 15781, 15782, 15783, 15793, 15820, 15821, 15822, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 19300, 19316, 19318, 19324, 19325, 19328, 19330, 19342, 19350, 19355, 19396, 30460, 30462, 67904, 67906, 67908	All Plans	Medicare	These codes already require PA for Medicaid/Marketplace. MFL: Effective 08.01.17
6/12/2017	7/1/2017	Out Patient Hospital/ASC Procedures	Added PA/Required: 43233, 95860, 95861, 95863, 95870, 95872, 95885, 95886, 95887, 95907, 95908, 95910	MPR	Medicaid	Q3 Plan updates
6/12/2017	7/1/2017	Radiation Therapy & Radio Surgery	Added PA/Required: 63621	MPR	Medicaid	Q3 Plan updates
6/12/2017	7/1/2017	Imaging, Advanced & Specialty	Removed/No PA required: 78015	MPR	Medicaid	Q3 Plan updates
6/12/2017	7/1/2017	Imaging, Advanced & Specialty	Added/PA Required: 78264, 78265, 78266	MPR	Medicaid	Q3 Plan updates



Your Extended Family.

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2017 Q4 Updates						
Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
6/13/2017	1/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	PA Update: Code H0018 covered APPLIES TO SSI Population	MWI	Medicaid	Per State contract. Retro to 1/1/17.
6/19/2017	7/1/2017	Home Health Care Services	Added/PA Required: G9006, however, NO PA required when billed with modifiers U1 or U2	MNM	Medicaid	
6/20/2017	7/1/2017	OT, PT & ST	PA Update: No PA Required. Benefit limit of 25 visits combined per calendar year with no PA.	MWA	Marketplace	
6/1/2017	12/1/2013	Long Term Services and Support	PA Update: All LTSS codes require PA	MFL	Medicaid	Documentation update only.
6/25/2017	7/1/2017	Specialty Pharmacy	PA Update: B4168, added "U" Modifiers	MNM	Medicaid	

2017 Q2 updates						
Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
12/14/2016	2/1/2017	Home Health Care Services	Removed/No PA Required: T1002, T1005, T1022	MWA	Medicaid/Marketplace	
12/21/2016	4/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	Removed/No PA Required: 0912, 0913	MWI	Medicaid/Marketplace	
12/21/2016	4/1/2007	BH, Mental Health, Alcohol & Chemical Dependency	Added/PA Required: 0900	MWI	Medicaid/Marketplace	
1/4/2017	4/1/2017	Specialty Pharmacy	Removed/No PA Required: L8605*, Q9970	All Plans	All	*MWA Code NC for Medicaid.
1/4/2017	4/1/2017	Specialty Pharmacy	Added/PA Required: C9140*, J0570, J0594, J1439, J2430, J2469, J9027, J9040, J9060, J9178, J9185, J9250, J9260, J9370, J9390	All Plans	All	MIL change effective 07/01/17. *MWA Code NC for Medicaid.
1/6/2017	4/1/1947	Unlisted/Miscellaneous	Added/PA Required: T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4536, T4537, T4539, T4540, T4541, T4542, T4543	MNM	Medicaid	
1/6/2017	4/1/2017	Experimental/Investigational	Added 'U' Modifiers: T1026, 0364T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T	MNM	Medicaid	
1/23/2017	4/1/2017	Experimental/Investigational Out-Patient Hospital/ASC Procedures Pain Management Specialty Pharmacy Home Health Care	Removed Termed Codes: 0019T, 0169T, 0171T, 0172T, 0281T, 0282T, 0283T, 0284T, 0285T, 0286T, 0287T, 0288T, 0289T, 0291T, 0292T, 0336T, 0392T, 0393T, 22851, 28290, 28293, 28294, 62310, 62311, C9137, C9138, C9139, C9470, C9471, C9472, C9473, C9474, C9475, C9476, C9477, C9478, C9480, C9481, G0163, G0164, Q9980, Q9981	All Plans	All	
1/23/2017	4/1/2017	Out-Patient Hospital/ASC Procedures	Added/PA Required: 22853, 22854, 22859, 22867, 22868, 22869, 22870, 28291^, 28295^, 62324, 62325, 62326, 62327, 62380	All Plans	All	MIL change effective 07/01/17. ^MWA codes NC.
1/23/2017	4/1/2017	Genetic Counseling & Testing	Added/PA Required: 81413, 81414, 81422, 81439	All Plans	All	MIL change effective 07/01/17. MMI All codes NC.
1/23/2017	4/1/2017	Unlisted/Miscellaneous	Added/PA Required: C1889	All Plans	All	MIL change effective 07/01/17. MWA Code NC for Medicaid.
1/23/2017	4/1/2017	Specialty Pharmacy	Added/PA Required: J1942, J2182, J2786, J2840, J7175, J7179, J7202, J7207*, J7209*, J8670, J9034, J9145, J9176, J9205, J9295, J9325, J9352	All Plans	All	MIL change effective 07/01/17. *MWA Codes NC for Medicaid.
1/23/2017	4/1/2017	Home Health Care Services	Added/PA Required: G0493, G0494	All Plans	All	MIL change effective 07/01/17. MWA Codes NC for Medicaid.
1/23/2017	4/1/2017	Pain Management	Added/PA Required: 62320, 62321, 62322, 62323	MWA	Medicaid/Marketplace	
1/26/2017	1/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	Assigned code as NC: H0035	MWI	Medicaid	Retro to 01.01.17
1/31/2017	4/1/2017	Home Health Care Services	Removed/No PA Required: G9679, G9680, G9681, G9682, G9683, G9684	All Plans	All	
1/31/2017	4/1/2017	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 30465	MWA	Medicaid/Marketplace	

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2017 Q4 Updates						
Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
2/2/2017	4/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	Removed/No PA Required: 0912, 0913, H2012	MNM	Medicaid	
2/9/2017	4/1/2017	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 29848	All Plans	All	Originally requested by MMI
3/6/2017	4/1/2017	Home Health Care Services	Added/PA Required: G0495, G0496	MWI	Medicaid/Marketplace	
3/13/2017	4/1/2017	Imaging, Advanced & Specialty	Added/PA Required: G0296	MOH	Medicaid/Marketplace	

2017 Q1 updates						
Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
11/8/2016	1/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	Code Clarification: H2012	MWI	All	Code requires auth regardless of Dx.
11/21/2016	1/1/2017	BH, Mental Health, Alcohol & Chemical Dependency	Removed/ Medicare NC Codes: 1001, 1002	All Plans	Medicare	WA/OH effective 02/01/17
10/4/2016	1/1/2017	Genetic Counseling & Testing	Added/PA Required: 0009M, 81235, 81420, 81507, 88261, 88271	All Plans	All	MWA & MOH: Change eff. 02/01/17
11/15/2016	1/1/2017	Genetic Counseling & testing	Removed/Termed Codes: 81280, 81281, 81282	All Plans	All	MWA & MOH: Change eff. 02/01/17
11/15/2016	1/1/2017	Genetic Counseling & testing	Removed/No PA Required: 0010M	All Plans	All	MWA & MOH: Change eff. 02/01/17
10/4/2016	1/1/2017	Home Health Care Services	Removed/No PA Required: G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0163, G0164, G0299, G0300, 95800*, 95801*, 95806*	MSC	Medicaid	*Apply to MSC/Medicaid & MMP
10/4/2016	1/1/2017	Home Health Care Services	Added/PA Required: G0490, G9679, G9680, G9681, G9682*, G9683*, G9684*	All Plans	All	MWA: All codes NC 10.01.16 *MWI: NC eff. 10.01.16 MOH: Change eff. 02/01/17
11/15/2016	1/1/2017	Home Health Care Services	Added/PA Required : S5130, S5135, S5151, S9470, T1000, T1002, T1003, T1005, T1022, T1030, T1031	All Plans	All	MWA & MOH: Change eff. 02/01/17
11/17/2016	1/1/2017	Home Health Care Services	Removed/No PA Required: S9977	All Plans	All	
10/4/2016	1/1/2017	Imaging, Advanced & Specialty	Removed/Termed Code: S8032	All Plans	All	Use code G0297 already in Matrix
10/4/2016	1/1/2017	Out-Patient Hospital/ASC Procedures	Added/PA Required: 55970, 55980	All Plans	Marketplace	MWA & MOH: Change eff. 02/01/17
10/20/2016	1/1/2017	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 30520	MWA	Medicaid/Marketplace	
11/8/2016	1/1/2017	Out-Patient Hospital/ASC Procedures	Added/PA Required: A9276, A9277, A9278	MWI	Medicaid	
11/14/2016	1/1/2017	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 29799, 96360, 96361, 96365, 96374, 97012, 97022, 97026, 97028, 97032, 97533, 97605, 99144, E0652, E0667, E0668, E2402	MMI	All	
11/15/2016	1/1/2017	Out-Patient Hospital/ASC Procedures	Added/PA Required: 43886, 43887, 43888	All Plans	All	MWA & MOH: Change eff. 02/01/17
11/21/2016	1/1/2017	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 29848	MWA	Medicaid/Marketplace	
11/14/2016	1/1/2017	Prosthetics & Orthotics	Removed/No PA Required: L0456, L0457, L0631, L0637, L0639, L0650, L1200, L1843, L1845, L5629, L5695, L5964, L6707, L8470	MMI	All	
10/4/2016	1/1/2017	Sleep Studies	Removed/NC Code: 95800	MOH	Medicaid	
11/14/2016	1/1/2017	Specialty Pharmacy	Removed/No PA Required: C9136, C9441, C9461, J0890, J2278, J2355, J2504, J2940, J3240, J7513, J0882, J2788, J2790, J2791, J2792, J8499, J8530, J8999	MMI	All	
10/4/2016	1/1/2017	Specialty Pharmacy	Added/PA Required: C9139, C9481, C9483, J0287, J2504, J9045, J9265, Q0138, Q0139, Q9970, S0073	All Plans	All	MWA & MOH: Change eff. 02/01/17
10/4/2016	1/1/2017	Specialty Pharmacy	Added/PA Required: J2469	MSC	Medicaid	
12/15/2016	1/1/2017	Specialty Pharmacy	Removed/No PA Required: J2790	All Plans	All	
12/7/2016	1/1/2007	Experimental/Investigational	Removed/No PA Required: 0346T	All Plans	All	MWA & MOH: Change eff. 02/01/17
12/14/2016	1/1/2017	Home Health Care Services	Moved Home Therapy codes from PT to HH: G0151, G0157, G0159	All Plans	All	

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2017 Q4 Updates						
Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
12/14/2016	1/1/2017	Home Health Care Services	Moved Home Therapy codes from OT to HH: G0152, G0158, G0160	All Plans	All	
12/14/2016	1/1/2017	Specialty Pharmacy	Removed/No PA Required: J0882, J2788, J2790, J2791, J2792, J8499, J8530, J8999	All Plans	All	Applies to All Plans/All LOBs

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Received Date	Effective Date	Specialty/Service	Change/Update Description	Applies to	LOB	Exceptions/Notes
1/1/2014	1/1/2014	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 10030, 19081, 19082, 19083, 19084, 19085, 19086, 19281, 19282, 19283, 19284, 19285, 19286, 19287, 19288, 23333, 37236, 37237, 37238, 37239, 37241, 37242, 37243, 37244, 43233, 43253, 43254, 43266, 43270, 43274, 43275, 43276, 43277, 43278, 49405, 49406, 49407, 52356, 66183	All Plans	All	
1/1/2014	1/21/2014	Experimental/Investigational	Removed Deleted Codes: 0078T, 0079T, 0080T, 0081T, 0124T, 0183T, 0185T, 0186T, 0192T, 0260T, 0261T, 0318T	All Plans	All	
4/1/2014	4/1/2014	Genetic Counseling & Testing	Added/PA Required: 81507	All Plans	All	
4/1/2014	4/1/2014	BH, Mental Health, Alcohol & Chemical Dependency	Removed/No PA Required: 90833, 90836, 90838	All Plans	All	
4/1/2014	4/1/2014	Out-Patient Hospital/ASC Procedures	Added/PA Required: 33225	All Plans	All	
4/1/2014	4/1/2014	Neuropsychological & Psychological testing	Removed/ No PA Required: 96111	All Plans	All	
4/1/2014	4/1/2014	Durable Medical Equipment (DME)	Removed/ No PA Required: E0431*, E0562, *K0739	All Plans	All	*Retro to 01/01/14
4/1/2014	4/1/2014	Pain Management Procedures	Removed/NC Codes: 62340, 64479, 64480	All Plans	All	
4/1/2014	4/1/2014	Imaging, Advanced & Specialty	Added/PA Required: 93740	All Plans	All	
4/1/2014	4/1/2014	Specialty Pharmacy	Added/PA Required: J0151, J9306, J9371, J9400, J1300, J8499	All Plans	All	
5/1/2014	5/15/2014	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 11100	All Plans	All	
6/1/2014	6/14/2014	Experimental/Investigational	Removed/No PA Required: 0346T	All Plans	All	
6/1/2014	6/20/2014	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 11055, 11056, 11057, 11719, 11720, 11721, G0127	All Plans	All	
5/28/2014	6/27/2014	Radiation Therapy & Radiosurgery	Removed/No PA Required: 37204	All Plans	All	Termed code
5/28/2014	6/27/2014	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 95860	All Plans	All	MPR: PA required
7/18/2014	7/1/2014	Specialty Pharmacy	Removed Termed Codes: C9441, J0152, J0718, J1440, J1441, Q0090, Q2027, Q2033, Q2051, Q3025	All Plans	All	
8/14/2014	7/1/2014	Specialty Pharmacy	Added/PA Required: J9035, J0882, J0886, Q4081	All Plans	All	
7/18/2014	7/1/2014	Experimental/Investigational	Added/PA Required: 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0355T, 0357T, 0358T, 0359T, 0360T, 0361T, 0362T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T, 0374T, 31660, 31661	All Plans	All	
8/1/2014	7/1/2014	Imaging, Advanced & Specialty	Added/PA Required: C8900, C8920	All Plans	All	Retro to 07/01/14
7/1/2014	7/10/2014	Out-Patient Hospital/ASC Procedures	Removed Termed Codes: 20976, 28236, 63750, 63780	All Plans	All	
7/1/2014	7/14/2014	Genetic Counseling & Testing	Added/PA Required: 81355, S3840, 0006M, 0007M, 0008M	All Plans	All	
5/15/2014	7/17/2014	Physical Therapy	Removed/No PA Required: 97002	All Plans	All	MHFL: PA required
7/1/2014	7/18/2014	Specialty Pharmacy	Added/PA Required: Q9970, C9022, C9134	All Plans	All	
7/1/2014	7/18/2014	Durable Medical Equipment (DME)	Added/PA Required: S1034, S1035, S1036, S1037	All Plans	All	
7/1/2014	7/25/2014	Prosthetics & Orthotics	Added/PA Required: L6950, L6965, L6970, L6975, L7180, L7181	All Plans	All	
7/1/2014	7/28/2014	Out-Patient Hospital/ASC Procedures	Added/PA Required: E0691, E0692, E0693, E0694	All Plans	All	
8/1/2014	8/12/2014	Speech Therapy	Removed/No PA Required: 92521, 92522, 92523, 92524	All Plans	All	

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2017 Q4 Updates						
Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
8/1/2014	8/17/2014	Out-Patient Hospital/ASC Procedures	Added/PA Required: 37243	All Plans	All	
8/1/2014	8/22/2014	Imaging, Advanced & Specialty	Added/PA Required: C8901, C8902, C8903, C8904, C8905, C8906, C8907, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8920, C8931, C8932, C8933, C8934, C8935, C8936	All Plans	All	
6/10/2014	10/28/2014	Genetic Counseling & Testing	Removed/No PA Required: 81504, 81507	All Plans	All	
6/10/2014	10/23/2014	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 95972	All Plans	All	
8/26/2014	10/28/2014	Podiatry	Removed/No PA Required all related codes. No auth needed when done in PAR office.	All Plans	All	
10/7/2014	11/26/2014	Genetic Counseling & Testing	Removed/No PA Required: 81506, 81503, 81500	All Plans	All	
9/15/2014	12/5/2014	Non Emergent Air/Ground Transportation services	Added/PA Required: A0426, A0428, A0430, A0431, S9960, S9961	All Plans	All	
12/15/2014	12/17/2014	Specialty Pharmacy	Removed/No PA Required: J1936	All Plans	All	
12/15/2014	12/17/2014	BH, Mental Health, Alcohol & Chemical Dependency	Added/PA Required: 96105	All Plans	All	
12/15/2014	12/17/2014	BH, Mental Health, Alcohol & Chemical Dependency	Removed/No PA Required: H2014	All Plans	All	MHNM: PA Required
12/15/2014	12/17/2014	BH, Mental Health, Alcohol & Chemical Dependency	Removed/No PA Required: 90880	All Plans	All	MHTX: NC code
11/9/2014	12/17/2014	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90846, 90847, 90848, 90849, 90853, 95950, 95953	All Plans	All	
11/14/2014	12/17/2014	Prosthetics & Orthotics	Added/PA Required: L0452	All Plans	All	
11/18/2014	12/17/2014	Specialty Pharmacy & T codes	Removed/No PA Required: J7301, J7302, 59899, 91911	All Plans	All	
12/14/2014	12/18/2014	BH, Mental Health, Alcohol & Chemical Dependency	PA Required: S0201	All Plans	All	MHTX: NC code
12/14/2014	12/18/2014	BH, Mental Health, Alcohol & Chemical Dependency	Removed/No PA Required: H0016, H0031	All Plans	All	
12/22/2014	12/22/2014	Physical Therapy	PA Required: 0420, 0421, 0422, 0423, 0424, 0429	All Plans	All	MHTX: NC codes
12/22/2014	12/22/2014	Occupational Therapy	PA Required: 0430, 0431, 0432, 0433, 0434, 0439	All Plans	All	
12/22/2014	12/22/2014	Speech Therapy	PA Required: 0440, 0441, 0442, 0443, 0444, 0449	All Plans	All	
11/14/2014	1/1/2015	Neuropsychological & Psychological testing	Removed/No PA Required: 96110	All Plans	All	
12/31/2014	1/1/2015	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 96150, 96151, 96152, 96153, 96154, 96155	All Plans	All	
12/31/2014	1/1/2015	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 90865, 90875, 90876, 90882, 90901, 90911	All Plans	All	
12/31/2014	1/1/2015	BH, Mental Health, Alcohol & Chemical Dependency	Removed/No PA Required: H2017, Q3014	All Plans	All	
1/12/2015	1/12/2015	Wound therapy (includes hyperbaric	Removed/No PA Required: G0456, G0457	All Plans	All	
1/14/2015	1/14/2015	Radiation Therapy & Radiosurgery	Removed/No PA Required: 77418	All Plans	All	
1/14/2015	1/14/2015	Radiation Therapy & Radiosurgery	Added/PA Required: 77385, 77306, 77307, 77316, 77317, 77318, 77402, 77407, 77412, 77387	All Plans	All	
1/14/2015	1/14/2015	Radiation Therapy & Radiosurgery	Removed Termed Codes: 0073T, 77305, 77310, 77315, 77326, 77327, 77328, 77403, 77404, 77406, 77408, 77409, 77411, 77413, 77414, 77416, 77421	All Plans	All	
1/22/2015	1/22/2015	Pain Management Procedures	Added/PA Required: 64492	All Plans	All	
1/22/2015	1/22/2015	Out-Patient Hospital/ASC Procedures	Added/PA Required: 33418, 33419	All Plans	All	
1/26/2015	1/26/2015	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 98925, 98926, 98927, 98928, 98929	All Plans	All	
2/6/2015	2/6/2015	Out-Patient Hospital/ASC Procedures	Added/PA Required: 20930	All Plans	All	Per MCG-218
2/6/2015	2/6/2015	Experimental/Investigational	Removed/No PA Required: 0232T	All Plans	All	
2/6/2015	2/6/2015	Wound therapy (includes hyperbaric	Removed/No PA Required: G0460	All Plans	All	
2/6/2015	2/6/2015	Radiation Therapy & Radiosurgery	Added/PA Required: G0339; G0340	All Plans	All	Per on MCG-224

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2017 Q4 Updates						
Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
2/23/2015	2/23/2015	Specialty Pharmacy	Added/PA Required (based on MCGs): J1725, J0598, J9035*, J2796, J7336, J2212, S0073, C9027	All Plans	All	*See 10.01.15 update below
3/3/2015	3/3/2015	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 11976	All Plans	All	
3/3/2015	3/3/2015	Durable Medical Equipment (DME)	Added/PA Required: C2624	All Plans	All	
3/3/2015	3/3/2015	Experimental/Investigational	Added/PA Required: 92145	All Plans	All	
3/3/2015	3/3/2015	Genetic Counseling & Testing	Added/PA Required: 81246, 81288, 81313, 81410, 81411, 81415, 81416, 81417, 81425, 81426, 81427, 81430, 81431, 81435, 81436, 81440, 81445, 81450, 81455, 81460, 81465, 81470, 81471, 81519, 83006, 88369, 88373, 88374, 88377	All Plans	All	
3/3/2015	3/3/2015	Wound therapy (includes hyperbaric	Added/PA Required: G0277, 97607, 97608	All Plans	All	
3/3/2015	3/3/2015	Out-Patient Hospital/ASC Procedures	Added/PA Required: 52441, 52442, 66179, 66184, G0276	All Plans	All	
3/3/2015	3/3/2015	Pain Management Procedures	Added/PA Required: 64486, 64487, 64488, 64489	All Plans	All	
3/3/2015	3/3/2015	Specialty Pharmacy	Added/PA Required: J0572, J0573, J0574, J0575, J0888, J1322, J7181, J7182, J7200, J7201, J7327, J7336, J9267, J9301, C9027, C9136, C9442, C9443, C9444, C9446	All Plans	All	
3/3/2015	3/3/2015	Prosthetics & Orthotics	Added/PA Required: L6026, L7259	All Plans	All	
3/3/2015	3/3/2015	Radiation Therapy & Radiosurgery	Added/PA Required: G6015, G6016, G6017	All Plans	All	
3/3/2015	3/3/2015	Unlisted/Miscellaneous Codes/T Codes	Added/PA Required: G6021	All Plans	All	
3/3/2015	3/31/2015	Multi-Specialties	Removed Termed Codes: 00452, 0059T, 00622, 00634, 0092T, 0181T, 0197T, 0199T, 0226T, 0227T, 0239T, 0245T, 0246T, 0247T, 0248T, 0319T, 0320T, 0321T, 0322T, 0323T, 0324T, 0325T, 0326T, 0327T, 0328T, 0334T, 0343T, 0344T 22520, 22521, 22522, 22523, 22524, 22525, 33332, 33472, 33960, 33961, 36469, 36822, 43350, 61542, 61609, C9022, C9133, C9134, C9135, J0151, J3140, J3150, L6025, L7260, L7261, Q9970, Q9973, Q9974, S0144, S3855	All Plans	All	
3/6/2015	3/6/2015	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 55970, 55980	All Plans	All	
3/11/2015	1/1/2015	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 58353	All Plans	All	Retro to 01/01/15.
3/13/2015	3/13/2015	Neuropsychological & Psychological testing	Added/PA Required: 95950, 95953, 95954, 95955, 95957, 95958, 95961, 95962	All Plans	All	
3/13/2015	3/13/2015	BH, Mental Health, Alcohol & Chemical Dependency	Removed/No PA Required: H0020	All Plans	All	
3/23/2015	1/1/2015	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 95990, 96409, 96417, 96440, 96401, 96411, 96420, 96450, 96402, 96413, 96422, 96542, 96405, 96415, 96423, 96549, 96406, 96416, 96425	All Plans	All	Retro to 01/01/15.
4/8/2015	4/1/2015	Specialty Pharmacy	Added/PA Required: C9445, C9448, C9449, C9450, C9451, C9452, Q9975, J9228	All Plans	All	Retro to 01/01/15.
5/1/2015	7/1/2015	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 36821, 96365**, 96366*, 96367*, 96368*	All Plans	All	*MHPR: PA Required. *MHMI: PA Required.
5/1/2015	7/1/2015	All	Changed name of this document from "Codification Document" to "Services & Codes Requiring PA"	All Plans	All	
5/20/2015	7/1/2015	Medicare NC Codes & Plan NC codes	Removed non covered codes from document.	All Plans	All	
6/18/2015	7/1/2015	Experimental/Investigational	No PA required for NM: 82016, 82017	MNMI	All	
6/18/2015	7/1/2015	Dopplers, Sedation, Dietitians, EMG/NCS	Removed/No PA required: 93922, 93923, 93924, 93925, 93926, 93930, 93931, 93965, 93970, 93971, 93975, 93976, 93978, 93979, 93980, 93981, 93990, 93880, 93882, 99143, 99144, 99145, 99148, 99149, 99150, 97802, 97803, 97804, 95861, 95863, 95864, 95865, 95866, 95907, 95908, 95909, 95910, 95911, 95912, 95913, 95885, 95886, 95887, 95937	MNMI	All	
7/1/2015	7/10/2015	Out-Patient Hospital/ASC Procedures; "T" Codes; Experimental/ Investigational	Removed/No PA Required: 33361, 33362, 33363, 33364, 33365, 33418, 33419, 0345T, G0276	All Plans	All	Applies to All Plans.

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2017 Q4 Updates						
Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
7/14/2015	7/14/2015	Genetic Counseling & Testing	Removed/No PA Required: 81200, 81202, 81205, 81206, 81207, 81208, 81209, 81210, 81225, 81235, 81240, 81241, 81242, 81243, 81244, 81245, 81250, 81251, 81252, 81253, 81254, 81255, 81257, 81260, 81261, 81262, 81264, 81267, 81268, 81270, 81275, 81281, 81287, 81290, 81293, 81296, 81299, 81301, 81302, 81303, 81304, 81310, 81315, 81316, 81318, 81322, 81324, 81326, 81330, 81331, 81332, 81340, 81341, 81342, 81350, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 86812, 86813, 86816, 86817, 88230, 88233, 88237, 88239, 88240, 88241, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88267, 88269, 88271, 88272, 88273, 88274, 88275, 88280, 88283, 88285, 88289, 88291, 88363, 80265, S3834, S3849, S3850, S3853	All Plans	All	
7/17/2015	7/1/2015	Specialty Pharmacy	Removed Termed Code: C9448	All Plans	All	
7/17/2015	7/1/2015	Specialty Pharmacy	Added/PA Required: Q5101, C9453, C9454, C9455, Q9977, Q9978	All Plans	All	Retro to 07/01/15
7/17/2015	7/1/2015	Experimental/Investigational	Added/PA Required: 0392T, 0393T	All Plans	All	Retro to 07/01/15
7/17/2015	7/1/2015	Genetic Counseling & Testing	Added/PA Required: 0010M	All Plans	All	Retro to 07/01/15
7/15/2015	7/1/2015	BH, Mental Health, Alcohol & Chemical Dependency	Added/PA Required when submitted with Diagnosis of Autism: H0031, H0032*, H2012, H2014, H2017, H2019, T1023, T1025, T1026, T1027, T1028, T2013, T2040, S5150, 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91	All Plans	All	*MHSC: No PA required for DAODAS providers only. Retro to 07/01/15
7/22/2015	8/1/2015	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 90935, 90953, 90959, 90965, 90997, 90937, 90954, 90960, 90966, G0365, 90945, 90955, 90961, 90967, J0882, 90947, 90956, 90962, 90968, J0886, 90951, 90957, 90963, 90969, Q4081, 90952, 90958, 90964, 90970	All Plans	All	Applies to All Plans.
7/22/2015	8/1/2015	Hospice	Removed/No PA Required: S0271, T2044, T2042, T2045, T2043, T2046	All Plans	All	MHPR: PA Required
7/22/2015	8/1/2015	Dental Anesthesia	Removed/No PA Required: D9219, 00170	All Plans	All	MHCA: PA Required
7/22/2015	8/1/2015	Durable Medical Equipment (DME)	Removed/No PA Required: A4639, A8000, A8001, A8002, A8003, A8004, E0184, E0186, E0193, E0196, E0197, E0198, E0217, E0225, E0239, E0445*, E0450, E0470, E0471, E0472, E0480, E0482, E0565, E0601, E0610, E0615, E0617, E0618, E0619, E0620, E0627, E0628, E0629, E0636, E0640, E0650, E0651^, E0652^, E0656, E0657, E0667^, E0668^, E0670, E0671, E0672, E0673, E0675, E0731, E0740, E0947, E0948, E2100, E2120, K0455*, K0609*, K0730*, Q0480, Q0481, Q0482, Q0483, Q0484, Q0485, Q0486, Q0487, Q0489, Q0490, Q0491, Q0493, Q0495, Q0496, Q0497, Q0498, Q0501, Q0502, Q0503, Q0504, Q0506, S8423, S8425, S8426, S8540, V5030, V5050, V5060, V5100, V5120, V5130, V5140, V5170**, V5180, V5210**, V5220**, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256**, V5257**, V5258, V5259, V5260**, V5261**	All Plans	All	MHPR: Case-by-case evaluation *MHFL: PA Required **MHWI: PA Required ^MHMI: PA Required
7/22/2015	8/1/2015	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 20660, 36260, 37242, 37243, 36245, 61796^, 61797^, 61798^, 61799^, 63620^, 63621^, 75894, 77261, 77262, 77263, 77280, 77285, 77290, 77295, 77300, 77301, 77306, 77307, 77316, 77338, 77370, 77371^, 77317, 77318, 77372^, 77321, 77331, 77332, 77333, 77334*, 77336, 77373^, 77385*, 77387, 77401, 77402, 77407, 77412, 77417, 77424, 77425*, 77427, 77431, 77432^, 77435, 77469, 77470, 77750, 77776, 77777, 77778, 79445, 96446, S2095	All Plans	All	*MHW/MHMI/ MHTX: PA Required ^MHPR: PA Required
7/22/2015	8/1/2015	PT/OT/ST/Habilitative Therapy	Removed/No PA Required: 97010~*, 97012~*, 97014~*, 97016~*, 97018~*, 97022~*, 97024~*, 97026~*, 97028~*, 97032~*, 97033~*, 97034~*, 97035~*, 97036, 97110, 97112, 97113, 97116, 97124, 97140, 97530~*, 97532~*, 97533~*, 97535~*, 97537~*, 97542^, 97760*, 97761*, 97762^, G0281, G0283, G0329, 29799	All Plans	All	~MHTX: PA Required *MHPR PA Required
7/22/2015	8/1/2015	Sleep Studies	Removed/No PA Required: G0398, G0399, G0400	All Plans	All	MHPR & MHFL: NC Codes



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2017 Q4 Updates						
Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
7/22/2015	8/1/2015	Wound therapy (includes hyperbaric therapy)	Removed/No PA Required: 97597, 97598, 97605, 97606, 97610, 97602, 97607, 97608, E2402*	All Plans	All	MHPR: All PA Required *MHSC: PA Required
7/22/2015	8/1/2015	Rehab OP Services	Removed/No PA Required: 77293, 93797, 93798, 94669, G0422, G0423, G0424	All Plans	All	Applies to All Plans.
7/22/2015	8/1/2015	Prosthetics & Orthotics	Removed/No PA Required: E0457, E1800, E1801, E1802, E1805, E1806, E1818, E1825, E1840, E1841, L0112, L0113, L0170, L0174, L0180, L0190, L0200, L0220, L0454, L0455, L0456^, L0457^, L0458, L0460, L0462, L0464, L0466, L0467, L0468, L0469, L0470, L0472, L0488, L0490, L0491, L0492, L0627, L0631^, L0633, L0635, L0636, L0637^, L0639^, L0641, L0642, L0643, L0649, L0650^, L0651, L1200^, L1210, L1220, L1230, L1300^, L1310, L1650, L1652, L1686, L1690, L1832, L1843^, L1845, L1847, L1850, L1910, L1930, L1932, L1951, L1971, L2132, L2134, L2136, L2250, L2280, L2300, L2310, L2320, L2330, L2335, L2340, L2350, L2370, L2380, L2385, L2387, L2390, L2395, L2492, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2570, L2580, L2600, L2610, L2620, L2622, L2624, L2627, L2628, L2630, L2640, L2750, L2755, L2768, L3000, L3001*, L3002*, L3003*, L3010^, L3020^, L3030*, L3031*, L3330, L3671, L3674, L3702, L3720, L3730, L3740, L3760, L3763, L3764, L3765, L3766, L3806, L3807, L3808, L3900, L3901, L3904, L3905, L3906, L3913, L3915, L3919, L3921, L3933, L3935, L3960, L3961, L3962, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L4000, L4010, L4020, L4030, L4040, L4045, L4050, L4055, L4060, L4070, L4080, L4090, L4100, L4130, L4205, L4210, L4360, L4396, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629^, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5670, L5671, L5672, L5673, L5676, L5677, L5679, L5680, L5681, L5682, L5683, L5688, L5695^, L5700, L5701, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5930, L5940, L5950, L5960, L5961, L5962, L5964^, L5968, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5990, L6000, L6010, L6020, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6250, L6350, L6360, L6370, L6400, L6580, L6582, L6584, L6586, L6588, L6590, L6611, L6620, L6621, L6622, L6623, L6624, L6625, L6628, L6630, L6637, L6638, L6640, L6642, L6645, L6646, L6647, L6648, L6650, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6800, L6805, L6806, L6807, L6808, L6809, L6810, L6811, L6812, L6813, L6814, L6815, L6816, L6817, L6818, L6819, L6820, L6821, L6822, L6823, L6824, L6825, L6826, L6827, L6828, L6829, L6830, L6831, L6832, L6833, L6834, L6835, L6836, L6837, L6838, L6839, L6840, L6841, L6842, L6843, L6844, L6845, L6846, L6847, L6848, L6849, L6850, L6851, L6852, L6853, L6854, L6855, L6856, L6857, L6858, L6859, L6860, L6861, L6862, L6863, L6864, L6865, L6866, L6867, L6868, L6869, L6870, L6871, L6872, L6873, L6874, L6875, L6876, L6877, L6878, L6879, L6880, L6881, L6882, L6883, L6884, L6885, L6886, L6887, L6888, L6889, L6890, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7360, L7362, L7364, L7366, L7367, L7368, L7400, L7401, L7402, L7403, L7404, L7505, L7900, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8400, L8410, L8420, L8430, L8470^, L8480, L8500, L8510, L8603, L8604, L8606, L8614, L8615, L8619, L8627, L8628, L8681, L8689, L8690, L8691, L8693, V2623, V2625	All Plans	All	*MHMI: PA Required

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Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
7/22/2015	8/1/2015	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 26111, 26113, 26115, 26116, 26117, 26118, 25073, 24079, 36818, 36819, 36820, 36823, 36825, 36830, 36835, 36838, 37193, 91010, 91020, 91022, 91030, 91034, 91035, 91037, 91038, 91040, 91122, 91117, 91120, 92611, 92612, 92613, 92970, 92971, 92986, 92987, 92990, 92992, 92993, 92997, 92998, 93224*, 93268*, 93270*, 93292, 93740, 93745, 93770, 93880*, 93882*, 93886*, 93888*, 93890*, 93892*, 93893*, 93971*, 93922*, 93923*, 93925*, 93926*, 93930*, 93931*, 93970*, 93975*, 93976*, 93978*, 93979*, 93980*, 93981*, 93982*, 93990, 94002, 94003, 94004, 94005, 94660, 94774, 94775, 94776, 94777, 95861, 95863, 95864, 95865, 95866, 95908, 95907, 95910, 95887, 95905, 95922, 95924, 95925, 95926, 95927, 93227, 95928, 95929, 95933, 95937, 95938, 95939, 95940, 95941, 95943, 95965, 95966, 95967, 95970, 95971, 95972, 95973, 95974, 95975, 95978, 95979, 95980, 95981, 95982, 95991, 95992, 95999, 96000, 96001, 96002, 96003, 96004, 96040, 96361^*, 96369*, 96370*, 96371*, 96373, 96374, 96375, 96376, 96360^*, 96523, 97545*, 97546*, 99143, 99144^, 99145, 99148, 99149, 99150	All Plans	All	*MHPR: PA Required ^MHMI: PA Required
7/22/2015	8/1/2015	Cosmetic, Plastic & Reconstructive	Removed/ No PA Required: 19380	All Plans	All	MHPR: PA Required
7/22/2015	8/1/2015	Unlisted/Miscellaneous Codes/T Codes	Removed/ No PA Required: 77299, 77399, 93998, 41899*	All Plans	All	MHWA: All PA Required *MHNM: PA Required
7/22/2015	8/1/2015	Neuropsychological & Psychological testing	Removed/ No PA Required: 95954, 95955, 95958, 95961, 95962,	All Plans	All	Applies to All Plans.
7/22/2015	8/1/2015	Imaging, Advanced & Specialty	Removed/ No PA Required: 96020	All Plans	All	Applies to All Plans.
7/22/2015	8/1/2015	Physical Therapy; Occupational Therapy	Removed/ No PA Required: 0420, 0421, 0423, 0424, 0422, 0429, 0430, 0432, 0434, 0431, 0433, 0439, 97150*	All Plans	All	MHPR: All PA Required *MHTX: PA Required
8/17/2015	8/1/2015	Temporary Codes (Category 3)	Removed 'T' Codes Section from Matrix, codes moved to Experimental/Investigational: 0019T, 0182T, 0236T, 0295T, 0042T, 0184T, 0237T, 0296T, 0051T, 0188T, 0238T, 0297T, 0052T, 0189T, 0240T, 0298T, 0053T, 0190T, 0241T, 0299T, 0054T, 0191T, 0243T, 0300T, 0055T, 0195T, 0244T, 0301T, 0058T, 0196T, 0249T, 0302T, 0071T, 0198T, 0253T, 0303T, 0072T, 0200T, 0254T, 0304T, 0075T, 0201T, 0255T, 0305T, 0076T, 0202T, 0262T, 0306T, 0085T, 0205T, 0263T, 0307T, 0095T, 0206T, 0264T, 0308T, 0098T, 0207T, 0265T, 0309T, 0099T, 0208T, 0266T, 0310T, 0100T, 0209T, 0267T, 0311T, 0101T, 0210T, 0268T, 0312T, 0102T, 0211T, 0269T, 0313T, 0103T, 0212T, 0270T, 0314T, 0106T, 0213T, 0271T, 0315T, 0107T, 0214T, 0272T, 0316T, 0108T, 0215T, 0273T, 0317T, 0109T, 0216T, 0274T, 0335T, 0110T, 0217T, 0275T, 0336T, 0111T, 0218T, 0278T, 0337T, 0123T, 0219T, 0281T, 0338T, 0126T, 0220T, 0282T, 0339T, 0159T, 0221T, 0283T, 0340T, 0163T, 0222T, 0284T, 0342T, 0164T, 0223T, 0285T, 0347T, 0165T, 0224T, 0286T, 0348T, 0169T, 0225T, 0287T, 0349T, 0171T, 0228T, 0288T, 0350T, 0172T, 0229T, 0289T, 0351T, 0174T, 0230T, 0290T, 0352T, 0175T, 0231T, 0291T, 0353T, 0178T, 0233T, 0292T, 0354T, 0179T, 0234T, 0293T, 0355T, 0180T, 0235T, 0294T, 0356T, 0357T, 0358T, 0359T, 0360T, 0361T, 0362T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T, 0374T, 0392T, 0393T	All Plans	All	Retro to 8/1/15.
9/14/2015	10/1/2015	Specialty Pharmacy	Added/PA Required: C9257*, J9035*, J9207	All Plans	All	*No PA required when used for ocular diagnoses
9/14/2015	10/1/2015	Prosthetics & Orthotics	Added/PA Required: S1040	All Plans	All	
9/25/2015	10/1/2015	Specialty Pharmacy	Added/PA Required: C9456, Q9979	All Plans	All	New codes effective 10/01/15
11/17/2015	12/1/2015	Durable Medical Equipment (DME)	Added/PA Required: A9900*, A9901	All Plans	All	*MHOH, MHMI: NC Code *MHTX: No Auth Required



Your Extended Family.

2014 - 2017 MHI PA Matrix Updates Log History

2017 Q4 Updates						
Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
11/17/2015	12/1/2015	Out-Patient Hospital/ASC Procedures	Removed/ No PA Required: 11055, 11056, 11057, 11101, 11200, 11201, 1121F, 11300, 11301, 11302, 11303, 11305, 11306, 11307, 11308, 11310, 11311, 11312, 11313, 11400, 11401, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11440, 11441, 11442, 11443, 11444, 11446, 11719, 11720, 11721, 11730, 11732, 11740, 11750, 11752, 11755, 11760, 11762, 11765, 11900, 11901, 11960, 11970, 11971, 11980, 12001, 12002, 12004, 12005, 12006, 12007, 12011, 12013, 12014, 12015, 12016, 12017, 12018, 12020, 12021, 15150, 15151, 15152, 15155, 15156, 15157, 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, 15777, 15850, 15851, 17000, 17003, 17106, 17107, 17108, 17110, 17111, 17250, 17340, 20550, 20551, 20612, 20974, 20975, 20979, 21010, 21050, 21060, 21070, 21076, 21077, 21079, 21080, 21081, 21082, 21083, 21084, 21085, 21086, 21087, 21088, 21100, 21110, 21116, 21740, 21742, 21743, 21931, 21932, 23410, 23415, 23420, 23450, 23455, 23460, 23462, 23465, 23466, 23470, 23472, 23473, 23474, 23900, 23920, 23921, 24301, 24305, 24310, 24341, 24342, 24343, 24344, 24345, 24346, 24357, 24358, 24359, 24360, 24361, 24362, 24363, 24435, 24900, 24920, 24931, 25101, 25105, 25107, 25115, 25116, 25118, 25119, 25310, 25312, 25315, 25316, 25320, 25332, 25337, 25405, 25431, 25440, 25441, 25442, 25443, 25444, 25445, 25446, 25449, 25450, 25455, 25490, 25491, 25492, 25800, 25805, 25810, 25820, 25825, 25830, 25900, 25905, 25907, 25909, 25915, 25920, 25922, 25924, 25927, 25929, 25931, 26040, 26045, 26055, 26060, 26100, 26105, 26110, 26121, 26123, 26125, 26130, 26135, 26140, 26145, 26170, 26180, 26185, 26200, 26205, 26210, 26215, 26230, 26235, 26236, 26250, 26260, 26262, 26341, 26350, 26352, 26356, 26357, 26358, 26370, 26372, 26373, 26390, 26392, 26410, 26412, 26415, 26416, 26418, 26420, 26426, 26428, 26432, 26433, 26434, 26437, 26440, 26442, 26445, 26449, 26450, 26455, 26460, 26471, 26474, 26476, 26477, 26478, 26479, 26480, 26483, 26485, 26489, 26490, 26492, 26494, 26496, 26497, 26498, 26500, 26502, 26508, 26510, 26516, 26517, 26518, 26520, 26525, 26530, 26531, 26535, 26536, 26540, 26541, 26542, 26545, 26546, 26548, 26550, 26551, 26553, 26554, 26555, 26556, 26560, 26561, 26562, 26565, 26567, 26568, 26580, 26587, 26590, 26591, 26593, 26596, 26820, 26841, 26842, 26843, 26844, 26850, 26852, 26860, 26861, 26862, 26863, 26910, 26951, 26952, 26990, 26991, 26992, 27000, 27001, 27003, 27005, 27006, 27025, 27027, 27030, 27033, 27035, 27036, 27043, 27045, 27047, 27048, 27049, 27050, 27052, 27054, 27057, 27059, 27060, 27062, 27065, 27066, 27067, 27070, 27071, 27075, 27076, 27077, 27078, 27080, 27090, 27091,	All Plans	All	

2014 - 2017 MHI PA Matrix Updates Log History

2017 Q4 Updates						
Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
11/17/2015	12/1/2015	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 27310, 27325, 27326, 27327, 27328, 27329, 27330, 27331, 27332, 27333, 27334, 27335, 27337, 27339, 27340, 27345, 27347, 27350, 27355, 27356, 27357, 27358, 27360, 27364, 27365, 27370, 27380, 27381, 27385, 27386, 27390, 27391, 27392, 27393, 27394, 27395, 27396, 27397, 27400, 27403, 27405, 27407, 27409, 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27430, 27435, 27437, 27438, 27448, 27450, 27454, 27455, 27457, 27465, 27466, 27468, 27470, 27472, 27475, 27477, 27479, 27485, 27488, 27495, 27496, 27497, 27498, 27499, 27580, 27590, 27591, 27592, 27594, 27596, 27598, 27600, 27601, 27602, 27605, 27606, 27607, 27610, 27612, 27615, 27616, 27618, 27619, 27620, 27625, 27626, 27632, 27634, 27635, 27637, 27638, 27640, 27641, 27645, 27646, 27647, 27648, 27650, 27652, 27654, 27656, 27658, 27659, 27664, 27665, 27675, 27676, 27680, 27681, 27685, 27686, 27687, 27690, 27691, 27692, 27695, 27696, 27698, 27700, 27702, 27703, 27704, 27705, 27707, 27709, 27712, 27715, 27720, 27722, 27724, 27725, 27726, 27727, 27730, 27732, 27734, 27740, 27742, 27745, 27870, 27871, 27880, 27881, 27882, 27884, 27886, 27888, 27889, 27892, 27893, 27894, 28020, 28022, 28024, 28039, 28041, 28043, 28045, 28046, 28047, 28050, 28052, 28054, 28055, 28070, 28072, 28086, 28088, 28800, 28805, 28810, 28820, 28825, 29800, 29804, 29805, 29830, 29834, 29835, 29836, 29837, 29838, 29840, 29843, 29844, 29845, 29846, 29847, 29850, 29851, 29855, 29856, 29860, 29861, 29862, 29863, 29866, 29867, 29868, 29870, 29871, 29900, 29901, 29902, 29904, 29905, 29906, 29907, 30580, 30600, 30620, 3062F, 30630, 30915, 30920, 31040, 31050, 31051, 31085, 31087, 3111F, 3112F, 31225, 31230, 31300, 3130F, 31320, 31360, 31365, 31367, 31368, 31370, 31375, 31380, 31382, 31390, 31395, 31400, 3140F, 3141F, 31420, 31580, 31582, 31584, 31587, 31588, 31590, 31595, 31600, 31601, 31605, 31610, 31611, 31612, 31613, 31614, 31634, 31647, 31648, 31649, 31651, 31750, 31755, 31760, 31766, 31770, 31775, 31780, 31781, 31785, 31786, 31800, 31805, 31820, 31825, 32035, 32036, 32096, 32097, 32098, 32100, 32110, 32120, 32124, 32140, 32141, 32150, 32151, 32160, 32200, 32215, 32220, 32225, 32310, 32320, 32440, 32442, 32445, 32480, 32482, 32484, 32486, 32488, 32501, 32503, 32504, 32505, 32506, 32507, 32540, 32650, 32651, 32652, 32653, 32654, 32655, 32656, 32658, 32659, 32661, 32662, 32663, 32664, 32665, 32666, 32667, 32668, 32670, 32671, 32672, 32673, 32674, 32800, 32810,	All Plans	All	

2014 - 2017 MHI PA Matrix Updates Log History

2017 Q4 Updates						
Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
11/17/2015	12/1/2015	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 32815, 32820, 32900, 32905, 32906, 32940, 32960, 32997, 32998, 33010, 33011, 33015, 33020, 33025, 33030, 33031, 33050, 33120, 33130, 33140, 33141, 33202**, 33203**, 33236, 33237, 33238, 33243, 33244, 33255**, 33256**, 33257**, 33258**, 33259**, 33300, 33305, 33310, 33315, 33320, 33321, 33322, 33330, 33335, 33366, 33367, 33368, 33369, 33400, 33401, 33403, 33404, 33405, 33406, 33410, 33411, 33412, 33413, 33414, 33415, 33416, 33417, 33420, 33422, 33425, 33426, 33427, 33430, 33460, 33463, 33464, 33465, 33468, 33470, 33471, 33474, 33475, 33476, 33478, 33496, 33500**, 33501**, 33502**, 33503**, 33504**, 33505**, 33506**, 33507**, 33508**, 33510**, 33511**, 33512**, 33513**, 33514**, 33516**, 33517**, 33518**, 33519**, 33521**, 33522**, 33523**, 33530**, 33533**, 33534**, 33535**, 33536**, 33542**, 33545**, 33548**, 33572, 33600, 33602, 33606, 33608, 33610, 33611, 33612, 33615, 33617, 33619, 33620, 33622, 33641, 33645, 33647, 33660, 33665, 33670, 33675, 33676, 33677, 33681, 33684, 33688, 33690, 33692, 33694, 33697, 33702, 33710, 33720, 33722, 33724, 33726, 33730, 33732, 33735, 33736, 33737, 33750, 33755, 33762, 33764, 33766, 33767, 33768, 33770, 33771, 33774, 33775, 33776, 33777, 33778, 33779, 33780, 33781, 33782, 33783, 33786, 33788, 33800, 33802, 33803, 33813, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33852, 33853, 33860, 33863, 33864, 33870, 33875, 33877, 33880, 33881, 33883, 33884, 33886, 33889, 33891, 33910, 33915, 33916, 33917, 33920, 33922, 33924, 33925, 33926, 33967, 33968, 33970, 33971, 33973, 33974, 33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982, 33983, 33990, 33991, 33992, 33993, 33999, 34001, 34051, 34101, 34111, 34151, 34201, 34203, 34401, 34421, 34451, 34471, 34490, 34501, 34502, 34510, 34520, 34530, 34800, 34802, 34803, 34804, 34805, 34806, 34808, 34812, 34813, 34820, 34825, 34826, 34830, 34831, 34832, 34833, 34834, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 34900, 35001, 35002, 35005, 35011, 35013, 35021, 35022, 35045, 35081, 35082, 35091, 35092, 35102, 35103, 35111, 35112, 35121, 35122, 35131, 35132, 35141, 35142, 35151, 35152, 35180, 35182, 35184, 35188, 35189, 35190, 35201, 35206, 35207, 35211, 35216, 35221, 35226, 35231, 35236, 35241, 35246, 35251, 35256, 35261, 35266, 35271, 35276, 35281, 35286, 35301, 35302, 35303, 35304, 35305, 35306, 35311, 35321, 35331, 35341, 35351, 35355, 35361, 35363, 35371, 35372, 35390, 35400, 35450, 35452, 35458, 35460, 35471, 35472, 35475, 35476, 35500, 35501, 35506, 35508, 35509, 35510, 35511, 35512, 35515, 35516,	All Plans	All	***MHPR: PA Required



Your Extended Family

2014 - 2017 MHI PA Matrix Updates Log History

2017 Q4 Updates						
Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
11/17/2015	12/1/2015	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 35606, 35612, 35616, 35621, 35623, 35626, 35631, 35632, 35633, 35634, 35636, 35637, 35638, 35642, 35645, 35646, 35647, 35650, 35654, 35656, 35661, 35663, 35665, 35666, 35671, 35681, 35682, 35683, 35685, 35686, 35691, 35693, 35694, 35695, 35697, 35700, 35701, 35721, 35741, 35761, 35800, 35820, 35840, 35860, 35870, 35875, 35876, 35879, 35881, 35883, 35884, 35901, 35903, 35905, 35907, 36481, 36500, 37140, 37145, 37160, 37180, 37181, 37182, 37183, 37192, 37197, 37250, 37251, 37500, 37565, 37600, 37605, 37606, 37607, 37615, 37616, 37617, 37618, 37619, 37650, 37660, 37788, 37790, 38100, 38101, 38102, 38115, 38120, 38200, 38380, 38381, 38382, 38542, 38550, 38555, 38562, 38564, 38570, 38571, 38572, 38700, 38720, 38724, 38740, 38745, 38746, 38747, 38760, 38765, 38770, 38780, 39000, 39010, 39200, 39220, 39400, 39501, 39503, 39540, 39541, 39545, 39560, 39561, 40525, 40527, 40700, 40701, 40702, 40720, 40761, 41120, 41130, 41135, 41140, 41145, 41150, 41153, 41155, 41500, 41512, 41530, 42180, 42182, 42200, 42205, 42210, 42215, 42220, 42225, 42226, 42227, 42235, 42260, 42280, 42281, 42299, 42500, 42505, 42507, 42508, 42509, 42510, 42845, 42860, 42953, 42961, 42971, 43030, 43045, 43100, 43101, 43107, 43108, 43112, 43113, 43116, 43117, 43118, 43121, 43122, 43123, 43124, 43135, 43206***, 43252***, 43279, 43282, 43283, 43289, 43300, 43305, 43310, 43312, 43313, 43314, 43320, 43325, 43327, 43328, 43330, 43331, 43332, 43333, 43334, 43335, 43336, 43337, 43338, 43340, 43341, 43351, 43352, 43360, 43361, 43400, 43401, 43405, 43410, 43415, 43425, 43460, 43496, 43500, 43501, 43502, 43520, 43605, 43610, 43611, 43620, 43621, 43622, 43631, 43632, 43633, 43634, 43635, 43640, 43641, 43651, 43652, 43800, 43810, 43820, 43825, 43832, 43840, 43850, 43855, 43860, 43865, 43880, 43886, 43887, 43888, 44005, 44010, 44015, 44020, 44021, 44025, 44050, 44055, 44110, 44111, 44120, 44121, 44125, 44126, 44127, 44128, 44130, 44132, 44133, 44135, 44136, 44137, 44139, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44156, 44157, 44158, 44160, 44187, 44188, 44202, 44203, 44204, 44205, 44206, 44207, 44208, 44210, 44211, 44212, 44213, 44227, 44300, 44310, 44312, 44314, 44316, 44320, 44322, 44345, 44346, 44602, 44603, 44604, 44605, 44615, 44620, 44625, 44626, 44640, 44650, 44660, 44661, 44680, 44700, 44800, 44820, 44850, 44900, 45110, 45111, 45112, 45113, 45114, 45116, 45119, 45120, 45121, 45123, 45126, 45130, 45135, 45136, 45395, 45397, 45400, 45402, 45550, 45560, 45562, 45563, 45800, 45805, 45820, 45825, 46705, 46710, 46712, 46715, 46716, 46730, 46735, 46740, 46742, 46744,	All Plans	All	***MPR: PA Required

2014 - 2017 MHI PA Matrix Updates Log History

2017 Q4 Updates						
Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
11/17/2015	12/1/2015	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 47711, 47712, 47715, 47720, 47721, 47740, 47741, 47760, 47765, 47780, 47785, 47800, 47801, 47802, 47900, 48000, 48001, 48020, 48100, 48105, 48120, 48140, 48145, 48146, 48148, 48150, 48152, 48153, 48154, 48155, 48500, 48510, 48520, 48540, 48545, 48547, 48548, 49000, 49002, 49010, 49020, 49040, 49060, 49062, 49203, 49204, 49205, 49215, 49220, 49412, 49425, 49428, 49605, 49606, 49610, 49611, 49900, 50010, 50040, 50045, 50060, 50065, 50070, 50075, 50100, 50120, 50125, 50130, 50135, 50205, 50220, 50230, 50234, 50236, 50240, 50250, 50280, 50290, 50400, 50405, 50500, 50520, 50525, 50526, 50540, 50545, 50546, 50547, 50548, 50592, 50593, 50600, 50605, 50610, 50620, 50630, 50650, 50660, 50700, 50715, 50722, 50725, 50728, 50740, 50750, 50760, 50770, 50780, 50782, 50783, 50785, 50800, 50810, 50815, 50820, 50825, 50830, 50840, 50845, 50860, 50900, 50920, 50930, 50940, 51525, 51530, 51550, 51555, 51565, 51570, 51575, 51580, 51585, 51590, 51595, 51596, 51597, 51800, 51820, 51840, 51841, 51845, 51860, 51865, 51900, 51920, 51925, 51940, 51960, 51980, 51990, 51992, 52287, 53415, 53431, 53440, 53442, 53444, 53445, 53447, 53448, 53449, 53855, 54400^, 54406^, 54408^, 54410^, 54411, 54415^, 54416^, 54417^, 54520, 54530, 54535, 54680, 57280, 57282, 57283, 57284, 57425, 58140, 58145, 58146, 59510, 59514, 59515, 60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271, 61001, 6100F, 61020, 61070, 61105, 61107, 61108, 61322, 61323, 61330, 61514, 61516, 61518, 61519, 61520, 61521, 61522, 61524, 61526, 61530, 61531, 61533, 61534, 61535, 61536, 61537, 61538, 61539, 61540, 61541, 61543, 61544, 61545, 61546, 61548, 61550, 61552, 61556, 61557, 61558, 61559, 61563, 61564, 61566, 61567, 61570, 61571, 61575, 61576, 61580, 61581, 61582, 61583, 61584, 61585, 61586, 61590, 61591, 61592, 61595, 61596, 61597, 61598, 61600, 61601, 61605, 61606, 61607, 61608, 61610, 61611, 61612, 61613, 61615, 61616, 61623, 61624, 61626, 61630, 61635, 61640, 61641, 61642, 61680, 61682, 61684, 61686, 61690, 61692, 61697, 61698, 61700, 61702, 61703, 61705, 61708, 61710, 61711, 61720, 61735, 61750, 61751, 61770, 62145,	All Plans	All	*MHPR: NC Code
11/17/2015	12/1/2015	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 62165, 63170, 63172, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63265, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 63600, 63610, 63615, 63700, 63702, 63704, 63706, 63707, 63709, 64890, 64891, 64892, 64893, 64895, 64896, 64897, 64898, 64901, 64902, 64905, 64907, 64910, 64911, 69300, 69310, 69320, 69710, 69711, 76496, 9002F, 9003F, 9004F, 9005F, 9006F, 9007F, 90281, 90283, 90885, 90887, 90889, 91065, 91110, 91132, 91133, 93225**, 93226**, 93228**, 93784**, 93786**, 93788**, 93790**, 93924**, 93965**, 95885, 95886, 95921, 95923, 95930, 96521, 96522, 97005, 97006, 97150*, 97750, 97755, 97802, 97803, 97804, 98960, 98961, 98962, 98966, 98967, 98968, 98969, 99100, 99116, 99135, 99190, 99191, 99192, 99605, 99606, 99607, 54360, 66179, 66184, 67911, 91013, 96372, 99140	All Plans	All	*MHTX: PA Required ***MPR: PA Required
11/17/2015	12/1/2015	Cosmetic, Plastic & Reconstructive Procedures	Removed/No PA Required: 11920*, 11921, 11922*, 11950*, 11951, 11952, 11954*, 19357*, 19361*, 19364*, 19366*, 19367*, 19368*, 19369*, 19370, 19371*	All Plans	All	*MHPR: PA Required
11/17/2015	12/1/2015	Unlisted/Miscellaneous Codes/T Codes	Removed/No PA Required: 21089, 21899, 26989, 27299, 27599, 31599, 36299, 37501, 38129, 38589, 38999, 39499, 39599, 42699, 42999, 43499, 49659, 50549, 50949, 77499, 90999, 96379, 99600, D0502, D0999, D2999, D3999, D4999, D5899, D5999, D6199, D6999, D7999, D8999, D9630, D9999	All Plans	All	

2014 - 2017 MHI PA Matrix Updates Log History

2017 Q4 Updates						
Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
11/17/2015	12/1/2015	Transplant Services	Removed/No PA Required: 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33930, 33933, 33935, 33940, 33944, 33945	All Plans	All	MHSC: PA Required.
11/17/2015	12/1/2015	Pregnancy & Delivery	Removed/No PA Required: 59400, 59409, 59410, 59610, 59612, 59618, 59620, 59622,	All Plans	All	MHUT: PA Required per state regulations. MHSC: Notification Required
11/17/2015	12/1/2015	Radiation Therapy & Radiosurgery	Removed/No PA Required: 75894, 75896	All Plans	All	
11/17/2015	12/1/2015	Imaging, Advanced & Specialty	Removed/No PA Required: 77078, 78071, 78072, 78414, 78428, 78803, 78807	All Plans	All	
11/17/2015	12/1/2015	Experimental/Investigational	Removed/No PA Required: 92145, J2010	All Plans	All	
11/17/2015	12/1/2015	Habilitative/Speech Therapy	Removed/No PA Required: 92526*, 92609*, S9152*	All Plans	All	MHSC: All PA Required *MHTX: PA Required *MHPR: PA Required Applies to All Plans.
11/17/2015	12/1/2015	BH, Mental Health, Alcohol & Chemical Dependency	Removed/No PA Required: 96105, 99366, 99368	All Plans	All	
11/17/2015	12/1/2015	Pain Management Procedures	Removed/No PA Required: 97810 ^{AA} , 97811 ^{AA} , 97813 ^{AA} , 97814 ^{AA}	All Plans	All	*MHSC: PA Required ^{AA} MHPR: NC Code ^{AA} MHPR: PA Required *MHTX: PA Required
11/17/2015	12/1/2015	Home Healthcare & Home Infusion	Removed/No PA Required: 99500, 99501, 99502, 99503, 99504, 99505, 99506, 99507, 99509, 99510, 99511, 99512, 99601, 99602, S9379*	All Plans	All	*MHTX: PA Required
11/17/2015	12/1/2015	Non Emergent Ground Transportation services	Removed/No PA Required: A0426, A0428	All Plans	All	MHPR/MHSC/MHTX: PA Required
11/17/2015	12/1/2015	Durable Medical Equipment (DME)	Removed/No PA Required: C2624, E1699, Q0479	All Plans	All	Applies to All Plans.
12/2/2015	1/1/2016	Specialty Pharmacy	Removed/Termed Code: J3488	All Plans	All	Applies to All Plans.
12/2/2015	1/1/2016	Occupational Therapy	Added/PA Required: S9129, 0430, 0431, 0432, 0433, 0434, 0439	All Plans	All	MHFL: No PA Required for all LOBs MHIL: No PA required for Medicaid/Medicare
12/2/2015	1/1/2016	Physical Therapy	Added/PA Required: 97110, 97112, S9131*, 0420, 0421, 0422, 4023, 0424, 0429	All Plans	All	MHFL: No PA Required for all LOBs *MHSC: PA Required
12/11/2015	1/1/2016	Durable Medical Equipment (DME)	Added/PA Required: V5210, V5220, V5170, V5260, V5261, V5180, V5256, V5257	MWI	All	
12/15/2015	1/1/2016	Specialty Pharmacy	Removed/No PA Required: J8499 with modifier U1	MNM	All	
12/17/2015	1/1/2016	Experimental/Investigational	Added/PA Required: 0394T, 0395T, 0396T, 0397T, 0398T, 0399T, 0400T, 0401T, 0402T, 0403T, 0404T, 0405T, 0406T, 0407T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0419T, 0420T, 0421T, 0422T, 0423T, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T	All Plans	All	New Codes effective 01.01.16
12/17/2015	1/1/2016	Pain Management Procedures	Added/PA Required: 64461, 64462, 64463	All Plans	All	New Codes effective 01.01.16
12/17/2015	1/1/2016	Imaging, Advanced & Specialty	Added/PA Required: 74712, 74713, G0297	All Plans	All	New Codes effective 01.01.16
12/17/2015	1/1/2016	Genetic Counseling & Testing	Added/PA Required: 81162, 81170, 81218, 81219, 81272, 81273, 81276, 81311, 81314, 81412, 81432, 81433, 81434, 81437, 81438, 81442, 81493, 81525, 81528, 81535, 81536, 81538, 81540, 81545, 81595	All Plans	All	New Codes effective 01.01.16
12/17/2015	1/1/2016	Out-Patient Hospital/ASC Procedures	Added/PA Required: 96931, 96932, 96933, 96934, 96935, 96936	All Plans	All	New Codes effective 01.01.16
12/17/2015	1/1/2016	Durable Medical Equipment (DME)	Added/PA Required: E0465, E0466, E1012	All Plans	All	New Codes effective 01.01.16
12/17/2015	1/1/2016	Experimental/Investigational	Added/PA Required: Q4161, Q4162, Q4163, Q4164, Q4165	All Plans	All	New Codes effective 01.01.16
12/17/2015	1/1/2016	Home Healthcare & Home Infusion	Added/PA Required: G0299, G0300	All Plans	All	New Codes effective 01.01.16
12/17/2015	1/1/2016	Radiation Therapy & Radiosurgery	Added/PA Required: Q9950	All Plans	All	New Codes effective 01.01.16
12/17/2015	1/1/2016	Experimental/Investigational	Removed Termed Codes: 0099T, 0103T, 0123T, 0182T, 0223T, 0224T, 0225T, 0233T, 0240T, 0241T, 0243T, 0244T, 0262T, 0311T	All Plans	All	

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Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
12/17/2015	1/1/2016	Transplants	Removed Termed Codes: 47136	All Plans	All	
12/17/2015	1/1/2016	Home Healthcare & Home Infusion	Removed Termed Codes: G0154,	All Plans	All	
12/17/2015	1/1/2016	Durable Medical Equipment (DME)	Removed Termed Codes: E0450, E0460, E0461, E0463 E0464	All Plans	All	
12/17/2015	1/1/2016	Specialty Pharmacy	Removed Termed Codes: Q9975, Q9977, Q9978, Q9979, C9025, C9026, C9027, C9442, C9443, C9444, C9445, C9446, C9449, C9450, C9451, C9452, C9453, C9454, C9455, C9456	All Plans	All	
12/17/2015	1/1/2016	Unlisted/Miscellaneous Codes/T Codes	Removed Termed Codes: G6021	All Plans	All	
12/17/2015	1/1/2016	Pain Management Procedures	Added/PA Required: 62263, 62264	All Plans	All	Updated MCG-257
12/17/2015	1/1/2016	Specialty Pharmacy	Added/PA Required: J0202, J0596, J0695, J0714, J0875, J1447, J1575, J1833, J2502, J2860, J3090, J3380, J7188, J7205, J7313, J7328, J7340, J7999, J8655, J9032, J9039, J9271, J9299, J9308, Q9980	All Plans	All	New Codes effective 01.01.16
2/2/2016	4/1/2016	Dental Anesthesia	Added PA Required: 00170	MCA	All	MHCA only (Per State Reg.)
2/2/2016	4/1/2016	Genetic Counseling & Testing	Removed/No PA Required: 81170*, 81276*, 81288, 81407, S3845, S3846	All Plans	All	MHPR: All PA Required *MHMI: NC Code
2/2/2016	4/1/2016	Genetic Counseling & Testing	Added/PA Required: 81210, 81225, 81281, 81324, 81504, 86152, 86153, G9143, S3722	All Plans	All	
2/5/2016	4/1/2016	Unlisted/Miscellaneous Codes/T Codes	Removed/No PA Required: 20985	All Plans	All	MHPR: PA Required
2/5/2016	4/1/2016	Unlisted/Miscellaneous Codes/T Codes	Added/PA Required: 36299, 99199, V2797, V5298, T1999, S0590	All Plans	Medicaid, Marketplace	NC for Medicare.
2/10/2016	4/1/2016	Pain Management Procedures	Added/PA Required: 27279	All Plans	All	
2/10/2016	4/1/2016	Physical Therapy	Removed IP Rev Codes: 0420, 0421, 0422, 0423, 0424, 0429	All Plans	All	
2/10/2016	4/1/2016	Occupational Therapy	Removed IP Rev Codes: 0430, 0431, 0432, 0433, 0434, 0439	All Plans	All	
2/10/2016	4/1/2016	Physical Therapy	Added/PA Required: G0151, G0157, G0159	All Plans	All	MHFL: No PA Required
2/10/2016	4/1/2016	Occupational Therapy	Added/PA Required: 97110, G0152, G0158, G0160	All Plans	All	MHFL: No PA Required
2/10/2016	4/1/2016	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 9001F	All Plans	All	
2/17/2016	4/1/2016	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866	All Plans	All	MHOH & MHMI: PA Required
2/23/2016	4/1/2016	Home Healthcare & Home Infusion	Added/PA Required: S9214	MNM	All	
2/25/2016	4/1/2016	Specialty Pharmacy	Removed/No PA Required: C9441, C9497, J0740, J2212, J2440, J2940, J3030, J7336, J7500, J7502, J7507, J7508, J7515, J7517, S0073	All Plans	All	Applies to all Plans
3/7/2016	4/1/2016	Imaging, Advanced & Specialty	Added/PA Required: S8080	All Plans	All	Per MCG-127
3/7/2016	4/1/2016	Experimental/Investigational	Added/PA Required: 0346T	All Plans	All	
3/8/2016	4/1/2016	Home Healthcare & Home Infusion	Added/PA Required: S9123, S9124	All Plans	All	
3/8/2016	4/1/2016	Specialty Pharmacy	Removed/No PA Required: J0202, J1575, J7328, J9299, J3380, J0596, J1833, J8655, J9308, J7188, J0714, J2502, J9032, J0695, J7340, J0875, J7205, J9039, J2860, J1447, J7313, J9271, J3090	MMI	All	
3/18/2016	4/1/2016	Physical Therapy	Added as NC Codes for Medicaid: G0157, G0159, 97110, S9123, S9124	MMI	All	
3/28/2016	4/1/2016	Experimental/Investigational	Added as NC Codes for Medicaid: 0346T	MMI	All	
3/28/2016	4/1/2016	Imaging, Advanced & Specialty	Added as NC Codes for Medicaid: S8080	MMI	All	
3/28/2016	4/1/2016	Out-Patient Hospital/ASC Procedures	Added as NC Codes for Medicaid: 9001F	MMI	All	
3/28/2016	4/1/2016	Occupational Therapy	Added as NC Codes for Medicaid: G0152, G0158, G0160	MMI	All	

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6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
3/28/2016	7/1/2016	BH, Mental Health, Alcohol & Chemical Dependency	Removed IP Rev Codes: 0114, 0124, 0134, 0144, 0154, 0190, 0204	All Plans	All	All IP Codes require PA
3/23/2016	7/1/2016	Home Healthcare & Home Infusion	Added/PA Required: S9140	MNM	All	
3/27/2016	7/1/2016	Specialty Pharmacy	Removed Termed Code: J3487	All Plans	All	
3/28/2016	7/1/2016	Physical Therapy; Occupational Therapy	Removed/No PA Required: 97110	MIL	All	
3/29/2016	7/1/2016	Long Term Care Services & Support	Added/PA Required: T1001, 97532, 97537, H2025, H2023, S5170, T2038, 94657, S5199	MTX	All	
3/29/2016	7/1/2016	Neuropsychological & Psychological testing	Removed/No PA Required: 95950, 95951, 95953, 95956, 95957	MTX	All	
3/29/2016	7/1/2016	Unlisted/Miscellaneous Codes/T Codes	Removed/No PA Required: T1999, 99429	MTX	All	
4/2/2016	7/1/2016	Physical Therapy	Removed/No PA Required: S9131	MSC	All	PA required for <18 y/o
4/2/2016	7/1/2016	Occupational Therapy	Removed/No PA Required: S9129	MSC	All	PA required for <18 y/o
4/2/2016	7/1/2016	Pain Management Procedures	Added/PA Required: 64615	MSC	All	
4/4/2016	7/1/2016	Imaging, Advanced & Specialty	Added/PA Required: 76390, S8032*, S8042*,	All Plans	All	*NC for Medicare MHMI: All NC *MHTX: NC
4/4/2016	7/1/2016	Imaging, Advanced & Specialty	Removed IP Procedure Codes: 70557, 70558, 70559	All Plans	All	MHTX: NC
4/6/2016	7/1/2016	Imaging, Advanced & Specialty	Removed/No PA Required: 78999, 79999	All Plans	All	MHPR: PA Required
4/7/2016	7/1/2016	Speech Therapy	Removed/No PA Required: 92606	All Plans	All	MHIL & MHPR: PA Required MHMI & MHTX: NC
4/11/2016	7/1/2016	Home Healthcare & Home Infusion	Added/PA Required: 99600	MWI	All	
4/11/2016	7/1/2016	Specialty Pharmacy	Added/PA Required: C9137, C9138, C9470, C9471, C9472, C9473, C9474, C9475, 90281, J0364, J2724, J9015, J9261, S0126, 90283, J0637, J2783, J9043, J9357, S0128, A9542, J0725, J3355, J9050, L8605, S0132, A9543, J1640, J3365, J9098, S0157, C9293, J2325, J8520, J9160, J0205, J2425, J8700, J9215, Q3025, Q3026, S0122	All Plans	All	
4/12/2016	7/1/2016	Imaging, Advanced & Specialty	Reclassified Code: 76380	All Plans	Medicaid & Marketplace	NC for Medicare.
4/21/2016	7/1/2016	Long Term Care Services & Support	Added/PA Required: 99509	MNM	All	
4/11/2016	7/1/2016	Specialty Pharmacy	Added/PA Required: C9137, C9138, C9470, C9471, C9472, C9473, C9474, C9475, 90281, J0364, J2724, J9015, J9261, S0126, 90283, J0637, J2783, J9043, J9357, S0128, A9542, J0725, J3355, J9050, L8605, S0132, A9543, J1640, J3365, J9098, S0157, C9293, J2325, J8520, J9160, J0205, J2425, J8700, J9215, S0122	All Plans	All	
5/13/2016	7/1/2016	Neuropsychological & Psychological testing	Removed/No PA Required: 95950, 95951, 95953, 95957	MFL	All	
6/14/2016	7/1/2016	Specialty Pharmacy	Removed/No PA Required: Q3025; Q3026	All Plans	All	Applies to all Plans. MPR: PA Required
6/3/2016	7/1/2016	Specialty Pharmacy	Added/PA Required: J0130, J0289, J0583, J0592, J0641, J0878, J0882, J0894, J1453, J1740, J1955, J2020, J2248, J2562, J2788, J2790, J2791, J2792, J3101, J3364, J8521, J9017, J9025, J9033, J9041, J9055, J9120, J9155, J9171, J9179, J9201, J9206, J9263, J9264, J9266, J9303, J9305, J9330, J9355, J9395, J9999, Q4081	All Plans	All	
6/3/2016	7/1/2016	Specialty Pharmacy	Removed/No PA Required: J0215, J0888, J0890, J2355, J7505, J7510, J7513, J7525, J8562, Q0515	All Plans	All	
6/25/2016	7/1/2016	Specialty Pharmacy	Added/PA Required: J0596	MMI	Marketplace	
6/25/2016	7/1/2016	BH, Mental Health, Alcohol & Chemical Dependency	Added/PA Required: 90832*, 90833*, 90834*, 90836*, 90837*, 90838*, 90846*, 90847*, 90849*, *90853, H0015, H0019, H2014, H2017, H2030, H2037, S9482	MSC	Medicaid	*PA After 24 visits per benefit year

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Received	Effective	Specialty/Service	Update	Applies to	LOB	Notes
6/14/2017	10/1/2017	Specialty Pharmacy	Add/PA Required: C9490*, J7511, J0640, J1230, J1570, J7308, J9000, J9065, J9070, J9100, J9130, J9150, J9181, J9190, J9200, J9208, J9209, J9211, J9213, J9230, J9268, J9280, J9328, J9340, J9360, Q9985*, Q9986*, Q9989*	All Plans	All	*MWI: NC for Medicaid
6/28/2017	10/1/2017	Specialty Pharmacy	Remove Termed Code: C9487	All Plans	All	Replaced by Q9989
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: 37243, C2616, C9734, C9746, C9747	All Plans	All	
6/28/2017	10/1/2017	Out Patient Hospital/ASC Procedures	Added/PA Required: S2095	All Plans	Medicaid/Marketplace	
6/25/2016	7/1/2016	Neuropsychological & Psychological testing	Added/PA Required: 96110, 96111	MSC	Medicaid	
6/25/2016	8/1/2016	Specialty Pharmacy	Added/PA Required: C9136, J0180, J0221, J0596, J0597, J0598, J0638, J0800, J0833, J1290, J1324, J1458, J1743, J1931, J1955, J2504, J2793, J3060, J3365, J3385, J3485, J7178, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7196, J7197, J7198, J7199, J7200, J7201, J7323, J9041, J9047, J0834, S0017, S0145, S0148	MMI	All	
6/25/2016	8/1/2016	Specialty Pharmacy	Removed/No PA Required: C9441, J7517, J0740, S0073, J3488	MMI	Medicaid & Marketplace	
5/20/2016	10/1/2016	Specialty Pharmacy	Added/PA Required: B4164, B4193, B4168*, B4197, B4185, B4172, B4199, B4176, B4216, B5000, B4178, B4220, B4180, B4222, B4189, B5100, B5200	MNM, MTX	Medicaid & Marketplace	*For MNM Medicaid: PA required only when billed with "U" Modifiers.
5/31/2016	10/1/2016	Experimental/Investigational	Removed/No PA Required: 0359T, 0362T, 0363T, 0368T, 0369T, 0370T, 0371T	MWA	Medicaid	
5/31/2016	10/1/2016	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 95911	MMI, MNM, MSC	All	
7/3/2016	10/1/2016	Specialty Pharmacy	Removed/No PA Required: J0130, J0215, J0583, J0890, J2278, J2325, J2355, J2790, J3101, J3240, J3364, J3365, J7505, J7510, J7513, J7516, J7525, J8562, J9212, J9213, Q0515, Q2028, Q4081, Q4101, Q4139, Q4145, Q4149,	All Plans	All	
8/22/2016	10/1/2016	Specialty Pharmacy	Removed/No PA Required: J2212, J2440, J2940, J3030, J7525, J7517, J7515	MMI	All	
7/1/2016	10/1/2016	Experimental/Investigational	Added/PA Required: (new codes) 0438T, 0439T, 0442T, 0443T, 0444T, 0437T, 0441T, 0445T, 0440T	All Plans	All	MMI/MPR/MWA: NCB.
7/14/2016	10/1/2016	Genetic Counseling & Testing	Added/PA Required: S3854	All Plans	Medicaid & Marketplace	NC for Medicare.
7/20/2016	10/1/2016	Home Healthcare & Home Infusion	Added/PA Required: S9977	All Plans	Medicare	
8/1/2016	10/1/2016	Specialty Pharmacy	Added/PA Required: Q5102, Q9981, C9476, C9477, C9478, C9480	All Plans	All	New Codes.
8/11/2016	10/1/2016	BH, Mental Health, Alcohol & Chemical Dependency	Added/PA Required: H0035	All Plans	Medicaid & Marketplace	
8/11/2016	10/1/2016	Pain Management Procedures	Removed/No PA Required: 77003	MMI, MSC	All	
8/22/2016	10/1/2016	Sleep Studies	Removed/No PA Required: 95800, 95801, 95806	MWA	Medicaid	
8/30/2016	10/1/2016	Radiation Therapy & Radiosurgery	Removed/No PA Required: 77334	MMI	All	Code removed by MHI 8.2015
9/12/2016	10/1/2016	Specialty Pharmacy	Added/PA Required: 90281, 90283, A9542, A9543, C9137, C9138, C9293, C9470, C9471, C9472, C9473, C9474, C9475, J0364, J0637, J2425, J2783, J3355, J8520, J8700, J9015, J9043, J9050, J9098, J9160, J9215, J9261, J9357, L8605, S0122, S0126, S0128, S0132, S0157	MWI	Marketplace	All these codes already require PA by MHI
9/22/2016	10/1/2016	Neuropsychological & Psychological testing	Added/PA Required when billed with a Dx of Autism: 96110, 96111	MUT	Marketplace	System already configured
10/20/2016	11/1/2016	Out-Patient Hospital/ASC Procedures	Removed/NC Codes: 31660, 31661	MWA	Medicaid	
11/14/2016	12/1/2016	Out-Patient Hospital/ASC Procedures	Removed/No PA Required: 58660, 58661, 58662	MWA	Medicaid	
11/10/2016	12/1/2016	Sleep Studies	Removed/NC Codes: 95801, 95803, 95806	MOH	Medicaid	