



Marketplace 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.

No PA Required for referrals to PAR Network Specialists.

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 (for Marketplace members this includes grace period status), benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement. For additional information on a member's grace period status, please contact Molina Healthcare.

Most gene therapy is not covered for Marketplace members. Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

All Long Term Services and Support Codes Require PA regardless of the code(s)

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: Transitional Substance Abuse Residential Treatment, 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 | | |
| | 0913 | BEHAVIORAL HEALTH TREATMENT/SVCS - Partial Hosp - intensive therapy | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y | N/A | N/A | | |
| | 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 | | |
| | 90868 | THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y | N/A | N/A | | |
| | 90869 | REPET TMS TX SUBSEQ MOTR THRESHLD W DELIV AND MNG | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y | N/A | N/A | | |
| | 90870 | ELECTROCONVULSIVE THERAPY (ECT) | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y | N/A | N/A | | |
| | H0012 | ALCOHOL AND DRUG SRVC; SUB-ACUTE DTOX RES PROG OP | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y | N/A | N/A | | |
| | H0017 | BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y | N/A | N/A | | |
| | H2012 | MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN | 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) |
| | H2013 | MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y | N/A | N/A | | |
| | H2014 | MENTAL HEALTH PARTIAL HOSP TX UNDER 24 HOURS | 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) |
| | H2015 | MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y | N/A | N/A | | |
| | H2016 | BEHAVIORAL HEALTH DAY TREATMENT PER HOUR | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y | N/A | N/A | | |
| | H2017 | PSYCHIATRIC HEALTH FACILITY SERVICE PER 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) |
| | H2018 | SKILLS TRAINING AND DEVELOPMENT PER 15 MINUTES | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y | N/A | N/A | | |
| | H2019 | COMP COMMUNITY SUPPORT SERVICES PER 15 MINUTES | 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) |
| H2020 | COMP COMMUNITY SUPPORT SERVICES PER DIEM | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y | N/A | N/A | | | |
| H0031 | PSYCHOSOCIAL REHAB SERVICES PER 15 MINUTES | 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) | |
| H0032 | PSYCHOSOCIAL REHABILITATION SERVICES PER 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) | |
| H0035 | THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y | N/A | N/A | | | |
| 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 | | | |
| S5150 | HOME CARE TRAINING FAMILY; PER SESSION | Behavioral/Mental Health, Alcohol-Chemical Dependency | 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 |
|------------------------|-------|--|---|-----------------|--------------------------|---------------------|---------------------------------------|---|
| | S5111 | UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y | N/A | N/A | | |
| | T1023 | SCR CONSIDER IND PARTICIP SPEC PROG PROJ TX PER | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y | N/A | N/A | | PA required for all plans only when submitted with Autism Dx. (Refer to Dx Codes Tab for related ICD's) |
| | T1025 | INTEN 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 | | 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 | UT/WA | |
| | 11901 | INJECTION INTRALESIONAL OVER 7 LESIONS | Cosmetic, Plastic & Reconstructive Procedures | Y | N/A | N/A | 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] |

| 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 |
|------------------------|-------|---|---|-----------------|--------------------------|---------------------|---------------------------------------|---|
| | 19328 | REMOVAL INTACT MAMMARY IMPLANT | Cosmetic, Plastic & Reconstructive Procedures | Y | N/A | N/A | | PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab] |
| | 19330 | REMOVAL MAMMARY IMPLANT MATERIAL | Cosmetic, Plastic & Reconstructive Procedures | Y | N/A | N/A | | PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab] |
| | 19340 | IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ | Cosmetic, Plastic & Reconstructive Procedures | Y | N/A | N/A | | PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab] |
| | 19342 | DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ | Cosmetic, Plastic & Reconstructive Procedures | Y | N/A | N/A | | PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab] |
| | 19350 | NIPPLE AREOLA RECONSTRUCTION | Cosmetic, Plastic & Reconstructive Procedures | Y | N/A | N/A | | PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab] |
| | 19355 | CORRECTION INVERTED NIPPLES | Cosmetic, Plastic & Reconstructive Procedures | Y | N/A | N/A | | PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab] |
| | 19396 | PREPARATION MOULAGE CUSTOM BREAST IMPLANT | Cosmetic, Plastic & Reconstructive Procedures | Y | N/A | N/A | | PA required, except with breast CA Dx's that include ICD10 codes: C50 - C50.929, D05.00 - D05.92 and Z85.3 [See Dx Codes tab] |
| | 30400 | RHINP PRIM LAT AND ALAR CRTLGS AND ELVTN NASAL TI | Cosmetic, Plastic & Reconstructive Procedures | Y | N/A | N/A | | |
| | 30410 | RHINP PRIM COMPLETE XTRNL PARTS | Cosmetic, Plastic & Reconstructive Procedures | Y | N/A | N/A | | |
| | 30420 | RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR | Cosmetic, Plastic & Reconstructive Procedures | Y | N/A | N/A | | |
| | 30430 | RHINOPLASTY SECONDARY MINOR REVISION | Cosmetic, Plastic & Reconstructive Procedures | Y | N/A | N/A | | |
| | 30435 | RHINOPLASTY SECONDARY INTERMEDIATE REVISION | Cosmetic, Plastic & Reconstructive Procedures | Y | N/A | N/A | | |
| | 30450 | RHINOPLASTY SECONDARY MAJOR REVISION | Cosmetic, Plastic & Reconstructive Procedures | Y | N/A | N/A | | |
| | 30460 | RHINP DFRM W COLUM LNGTH TIP ONLY | Cosmetic, Plastic & Reconstructive Procedures | Y | N/A | N/A | | |
| | 30462 | RHINP DFRM COLUM LNGTH TIP SEPTUM 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 | | |
| | 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 | | |
| | A9901 | DME DEL SET UP AND DISPNS SRVC CMPNT ANOTH HCPCS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | C2624 | IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0194 | AIR FLUIDIZED BED | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0255 | HOS BED VARIBL HT W ANY TYPE SIDE RAIL W MATRSS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0256 | HOS BED VARIBL HT ANY TYPE SIDE RAIL W O MATRSS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0260 | HOS BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATRSS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0261 | HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATRSS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0265 | HOSP BED TOT ELEC W ANY TYPE SIDE RAIL W MATRSS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0266 | HOS BED TOT ELEC ANY TYPE SIDE RAIL W O MATRSS | 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 MATRSS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0293 | HOS BED VARIBL HT HI-LO W O SIDE RAIL NO MATRSS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0294 | HOSPITAL BED SEMI-ELEC W O SIDE RAILS W MATRSS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0295 | HOSP BED SEMI-ELEC W O SIDE RAILS W O MATRSS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0296 | HOSPITAL BED TOTAL ELEC W O SIDE RAILS W MATRSS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0297 | HOSP BED TOTAL ELEC W O SIDE RAILS W O MATRSS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0300 | PED CRIB HOS GRADE FULLY ENC W WO TOP ENC | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | 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 MTRSS | 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 | | |
| | E0304 | HOS BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATRSS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | 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 | | |
| | E0371 | NONPWR ADV PRSS RDUC OVRLAY MATRSS STD LEN AND WPTH | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0372 | PWR AIR OVRLAY MATRSS STD MATRSS 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 | | |
| | 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 | NM/TX | |
| | E0462 | ROCKING BED WITH OR WITHOUT SIDE RAILS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | 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 | | |

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|------------------------|-------|---|---------------------------------|-----------------|--------------------------|---------------------|---------------------------------------|-------|
| | E0481 | INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACSSORIES | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0483 | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM EA | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0652 | PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0691 | UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0692 | UV LT TX SYS PANL W BULB LAMP TIMER 4 FT PANEL | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0693 | UV LT TX SYS PANL W BULBS LAMPS TIMER 6 FT PANEL | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0694 | UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | 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 | | |
| | 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 | | |
| | E0764 | FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0766 | ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0782 | INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E0783 | INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | 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 | | |
| | E0786 | IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | 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 | | |
| | E0984 | MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | 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 | | |
| | 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 ACSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E1012 | WC ACSS 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 | 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 | | |

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| | 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 | | |
| | 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 CONTROLLR EA | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2321 | PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | 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 NONPRPRTNAL | 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 | | |
| | E2300 | WHEEL CHAIR ACCESSORY - PWR SEAT ELEVATION SYS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2330 | PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2340 | POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2341 | PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2342 | PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2343 | PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2351 | PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | 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 | | |
| | E2500 | SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2502 | SPCH GEN DEVC DIGTIZD OVER 8 MINS LESS THN EQ 20 MINS REC | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2504 | SPCH GEN DEVC DIGTIZD OVER 20 MINS UNDER EQ 40 MINS REC | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2506 | SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2508 | SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2510 | SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2511 | SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2605 | PSTN WHEELCHAIR SEAT CUSHN WIDTH UNDER 22 IN DEPTH | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2606 | PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN GT DEPTH | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2607 | SKN PROTECT AND PSTN WC SEAT CUSHN WDTN UNDER 22 IN DEPTH | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2608 | SKN PROTCT AND PSTN WC SEAT CUSHN WDTN 22 IN GT DPTH | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2609 | CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2611 | GEN WC BACK CUSHN WDTN UNDER 22 IN HT MOUNT HARDWARE | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2612 | GEN WC BACK CUSHN WDTN 22 IN GT HT MOUNT HARDWRE | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2613 | PSTN WC BACK CUSHN POST WIDTH UNDER 22 IN ANY HEIGHT | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | 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 | | |
| | E2616 | PSTN WC BACK CUSHN POSTLAT WIDTH 22 IN OR GRT ANY HT | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | 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 | | |
| | E2621 | PSTN WC BACK CUSHN PLANAR LAT SUPP WDTN 22 IN OR GRT | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2622 | SKIN PROTECT WC SEAT CUSH WIDTH UNDER 22 IN ANY DEPTH | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | E2623 | SKIN PROTCT WC SEAT CUSH WIDTH 22 IN OR GRT ANY DEPTH | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | 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 | | |
| | 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 | | |

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| | 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 | | |
| | 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 | | |
| | K0011 | STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | K0012 | LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | K0014 | OTHER MOTORIZED POWER WHEELCHAIR BASE | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | 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 | | |
| | K0554 | RECEIVER DEDICATED FOR USE W THERAPEUTIC GCM SYS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | 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 | | |
| | K0831 | PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | 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 | WA | |
| | L7700 | GASKET SEAL USE PROS SOCKET INSERT ANY TYPE EA | Durable Medical Equipment (DME) | Y | N/A | N/A | WA | |
| | L8625 | EXT RECHARGING SYS BATT CI AO DEVC REPL ONLY EA | Durable Medical Equipment (DME) | Y | N/A | N/A | 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 | | |
| | Q4184 | CELLESTA PER SQ CM | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | Q4185 | CELLESTA FLOWABLE AMNION; PER 0.5 CC | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | Q4186 | EPIFIX PER SQ CM | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | Q4187 | EPICORD PER SQ CM | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | Q4188 | AMNIOARMOR PER SQ CM | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | Q4190 | ARTACENT AC PER SQ CM | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | Q4191 | RESTORIGIN PER SQ CM | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | Q4193 | COLL-E-DERM PER SQ CM | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | Q4194 | NOVACHOR PER SQ CM | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | Q4198 | GENESIS AMNIOTIC MEMBRANE PER SQ CM | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | Q4200 | SKINTE PER SQ CM | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | Q4201 | MATRION PER SQ CM | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | Q4202 | KEROXX (2.5G CC) 1CC | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | Q4203 | DERMA-GIDE PER SQ CM | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | Q4204 | XWRAP PER SQ CM | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | S1034 | ARTIF PANCREAS DEVC SYS THAT CMNCT W ALL DEVC | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | S1035 | SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEVC SYS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | S1036 | TRANSMITTER; EXT USE W ARTIF PANCREAS DEVC SYS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | S1037 | RECEIVER; EXTERNAL USE W ARTIF PANCREAS DEVC SYS | Durable Medical Equipment (DME) | Y | N/A | N/A | | |
| | 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/TX | |
| | V5172 | HEARING AID CONTRALAT ROUT DEVICE MONAURAL ICT | Durable Medical Equipment (DME) | Y | N/A | N/A | NM/TX | |
| | V5181 | HEARING AID CONTRALATERAL ROUT DVC MONAURAL BTE | Durable Medical Equipment (DME) | Y | N/A | N/A | NM/TX | |
| | V5211 | HEARING AID CONTRALAT ROUT SYS BINAURAL ITE ITE | Durable Medical Equipment (DME) | Y | N/A | N/A | NM/TX | |
| | V5212 | HEARING AID CONTRALAT ROUT SYS BINAURAL ITE ITC | Durable Medical Equipment (DME) | Y | N/A | N/A | NM/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/TX | |
| | V5221 | HEARING AID CONTRALAT ROUT SYS BINAURAL BTE BTE | Durable Medical Equipment (DME) | Y | N/A | N/A | NM/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 | EXTRCRPL SHOCK WAVE W ANES LAT HUMERL EPICONDYLE | Experimental/Investigational | Y | N/A | N/A | | |
| | 0106T | QUANT SENSORY TEST AND INTERPJ XTR W TOUCH STIMULI | Experimental/Investigational | Y | N/A | N/A | | |
| | 0107T | QUANT SENSORY TEST AND INTERPJ XTR W VIBRJ STIMULI | Experimental/Investigational | Y | N/A | N/A | | |
| | 0108T | QUANT SENSORY TEST AND INTERPJ XTR W COOL STIMULI | Experimental/Investigational | Y | N/A | N/A | | |
| | 0109T | QUANT SENAORY TEST AND INTERPJ XTR W HT-PN STIMULI | Experimental/Investigational | Y | N/A | N/A | | |
| | 0110T | QUANT SENSORY TEST AND INTERPJ XTR OTHER STIMULI | Experimental/Investigational | Y | N/A | N/A | | |
| | 0111T | LONG-CHAIN OMEGA-3 FATTY ACIDS RBC MEMBS | Experimental/Investigational | Y | N/A | N/A | | |
| | 0126T | COMMON CAROTID INTIMA MEDIA THICKNESS STUDY | Experimental/Investigational | Y | N/A | N/A | | |
| | 0163T | TOT DISC ARTHRP ANT APPR DSKC PREP LMBR EA | Experimental/Investigational | Y | N/A | N/A | | |
| | 0164T | RMVL TOT DISC ARTHRP ANT APPR LMBR EA NTRSPC | Experimental/Investigational | Y | N/A | N/A | | |
| | 0165T | REVJ TOT DISC ARTHRP ANT APPR LMBR EA NTRSPC | Experimental/Investigational | Y | N/A | N/A | | |
| | 0184T | RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC | Experimental/Investigational | Y | N/A | N/A | | |
| | 0191T | ANT SEGMENT INSERTION DRAINAGE WO 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 | | |

| 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 |
|------------------------|-------|---|------------------------------|-----------------|--------------------------|---------------------|---------------------------------------|-------|
| | 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 | COMPRES 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 STEROID TFRML EDRL W US CER THOR 1 LVL | Experimental/Investigational | Y | N/A | N/A | | |
| | 0229T | NJX ANES STERD TFRML EDRL W US CER THOR EA ADDL | Experimental/Investigational | Y | N/A | N/A | | |
| | 0230T | NJX ANES STEROID TFRML EDRL W US LUM SAC 1 LVL | Experimental/Investigational | Y | N/A | N/A | | |
| | 0231T | NJX ANES STEROID TFRML EDRL W US LUM SAC EA ADDL | Experimental/Investigational | Y | N/A | N/A | | |
| | 0234T | TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA | Experimental/Investigational | Y | N/A | N/A | | |
| | 0235T | TRLUML PERIPHERAL ATHERECTOMY VISCERAL ARTERY EA | Experimental/Investigational | Y | N/A | N/A | | |
| | 0253T | INSERT ANT SGM DRAINAGE DEV W O RESERVR INT APPR | Experimental/Investigational | Y | N/A | N/A | | |
| | 0254T | EVASC RPR ILAC ART BIFUR ENDGRFT CATHJ RS AND I UNI | Experimental/Investigational | Y | N/A | N/A | | |
| | 0263T | AUTO BONE MARRW CELL RX COMPLT BONE MARRW HARVST | Experimental/Investigational | Y | N/A | N/A | | |
| | 0264T | AUTO BONE MARRW CELL RX COMP W O BONE MAR HARVST | Experimental/Investigational | Y | N/A | N/A | | |
| | 0265T | BONE MAR HARVST ONLY FOR INTMUSC AUTOLO CELL RX | Experimental/Investigational | Y | N/A | N/A | | |
| | 0266T | IM REPL CARTD SINUS BAROREFLX ACTIV DEV TOT SYST | Experimental/Investigational | Y | N/A | N/A | | |
| | 0267T | IM REPL CARTD SINS BAROREFLX ACTIV DEV LEAD ONLY | Experimental/Investigational | Y | N/A | N/A | | |
| | 0268T | IM REPL CARTD SINS BARREFLX ACT DEV PLS GEN ONLY | Experimental/Investigational | Y | N/A | N/A | | |
| | 0269T | REV REMVL CARTD SINS BARREFLX ACT DEV TOT SYSTEM | Experimental/Investigational | Y | N/A | N/A | | |
| | 0270T | REV REMVL CARTD SINS BARREFLX ACT DEV LEAD ONLY | Experimental/Investigational | Y | N/A | N/A | | |
| | 0271T | REV REM CARTD SINS BARREFLX ACT DEV PLS GEN ONLY | Experimental/Investigational | Y | N/A | N/A | | |
| | 0272T | INTRGORTION DEV EVAL CARTD SINS BARREFLX W I AND R | Experimental/Investigational | Y | N/A | N/A | | |
| | 0273T | INTROGATION DEV EVAL CARTD SINS BARREFLX W PRGRM | Experimental/Investigational | Y | N/A | N/A | | |
| | 0274T | PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC | Experimental/Investigational | Y | N/A | N/A | | |
| | 0275T | PERC LAMINO- LAMINECTOMY INDIR IMAG GUIDE LUMBAR | Experimental/Investigational | Y | N/A | N/A | | |
| | 0278T | TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS | Experimental/Investigational | Y | N/A | N/A | | |
| | 0290T | CORNEA INCISNS RECIPIENT CORNEA W LASR KERTPLSTY | Experimental/Investigational | Y | N/A | N/A | | |
| | 0295T | EXT ECG OVER 48HR TO 21 DAY RCRD SCAN ANLYS REP R AND I | Imaging and Special Tests | Y | N/A | N/A | | |
| | 0296T | EXT ECG OVER 48HR TO 21 DAY RCRD W CONECT 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 | | |
| | 0312T | LAPS IMPLTJ NSTIM ELTRD ARRAY AND PLS GEN VAGUS NRV | Experimental/Investigational | Y | N/A | N/A | | |
| | 0313T | LAPS REVJ REPLCMT NSTIM ELTRD ARRAY VAGUS NRV | Experimental/Investigational | Y | N/A | N/A | | |
| | 0314T | LAPS RMVL NSTIM ELTRD ARRAY AND PLS GEN VAGUS NRV | Experimental/Investigational | Y | N/A | N/A | | |
| | 0315T | REMOVAL PULSE GENERATOR VAGUS NERVE | Experimental/Investigational | Y | N/A | N/A | | |
| | 0316T | REPLACEMENT PULSE GENERATOR VAGUS NERVE | Experimental/Investigational | Y | N/A | N/A | | |
| | 0317T | ELEC ALYS NSTIM PLS GEN VAGUS NRV W REPRGRMG | Experimental/Investigational | Y | N/A | N/A | | |
| | 0329T | MNTR INTRAOCULAR PRESS 24HRS OR GRT UNI BI W INTERP | Experimental/Investigational | Y | N/A | N/A | | |
| | 0330T | TEAR FILM IMAGING UNILATERAL OR BILATERAL W I AND R | Experimental/Investigational | Y | N/A | N/A | | |
| | 0333T | VISUAL EVOKED POTENTIAL ACUITY SCREENING AUTO | Experimental/Investigational | Y | N/A | N/A | | |
| | 0335T | INSERTION OF SINUS TARSI IMPLANT | Experimental/Investigational | Y | N/A | N/A | | |
| | 0338T | TRANSCATHETER RENAL SYMPATH DENERVATION UNILAT | Experimental/Investigational | Y | N/A | N/A | | |
| | 0339T | TRANSCATHETER RENAL SYMPATH DENERVATION BILAT | Experimental/Investigational | Y | N/A | N/A | | |
| | 0342T | THERAPEUTIC APHERESIS W SELECTIVE HDL DELIP | Experimental/Investigational | Y | N/A | N/A | | |
| | 0347T | PLACE INTERSTITIAL DEVICE(S) IN BONE FOR RSA | Experimental/Investigational | Y | N/A | N/A | | |
| | 0348T | RADIOSTEREOMETRIC ANALYSIS SPINE EXAM | Experimental/Investigational | Y | N/A | N/A | | |
| | 0349T | RADIOSTEREOMETRIC ANALYSIS UPPER EXTREMITY EXAM | Experimental/Investigational | Y | N/A | N/A | | |
| | 0350T | RADIOSTEREOMETRIC ANALYSIS LOWER EXTREMITY EXAM | Experimental/Investigational | Y | N/A | N/A | | |
| | 0351T | INTRAOP OCT BREAST OR AXILL NODE EACH SPECIMEN | Experimental/Investigational | Y | N/A | N/A | | |
| | 0352T | OCT BREAST OR AXILL NODE SPECIMEN I AND R | Experimental/Investigational | Y | N/A | N/A | | |
| | 0353T | OCT OF BREAST SURG CAVITY REAL TIME INTRAOP | Experimental/Investigational | Y | N/A | N/A | | |
| | 0354T | OCT BREAST SURG CAVITY REAL TIME REFERRED I AND R | Experimental/Investigational | Y | N/A | N/A | | |

| 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 |
|------------------------|-------|---|------------------------------|-----------------|--------------------------|---------------------|---------------------------------------|--|
| | 0355T | GI TRACT IMAGING INTRALUMINAL COLON WITH I AND R | Experimental/Investigational | Y | N/A | N/A | | |
| | 0356T | INSERT DRUG IMPLANT INTO LACRIMAL CANAL FOR IOP | Experimental/Investigational | Y | N/A | N/A | | |
| | 0357T | CRYOPRESERVATION IMMATURE OOCYTE(S) | Experimental/Investigational | Y | N/A | N/A | | |
| | 0358T | BIA WHOLE BODY COMPOSITION ASSESSMENT W I AND R | Experimental/Investigational | Y | N/A | N/A | | |
| | 0362T | BEHAVIOR ID SUPPORT ASSMT EA 15 MIN TECH TIME | Experimental/Investigational | Y | N/A | N/A | NM/WA | |
| | 0373T | ADAPT BHV TX PRCL MODIFCAJ EA 15 MIN TECH TIME | Experimental/Investigational | Y | N/A | N/A | NM/WA | Refer to NM tab/page for modifier exceptions on this code. |
| | 0394T | HDR ELECTRONIC BRACHYTHERAPY SKIN SURFACE | Experimental/Investigational | Y | N/A | N/A | | |
| | 0395T | HDR ELECTRONIC BRACHYTHERAPY NTRSTL INTRCAV | Experimental/Investigational | Y | N/A | N/A | | |
| | 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 | MRFUS 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 | | |
| | 0429T | REMOVAL NSTIM SYSTEM SLEEP APNEA SENSING LEAD | Experimental/Investigational | Y | N/A | N/A | | |
| | 0430T | REMOVAL NSTIM SYSTEM SLEEP APNEA STIMJ LEAD | Experimental/Investigational | Y | N/A | N/A | | |
| | 0431T | RMVL RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR | Experimental/Investigational | Y | N/A | N/A | | |
| | 0432T | REPOS NSTIM SYSTEM SLEEP APNEA STIMJ LEAD | Experimental/Investigational | Y | N/A | N/A | | |
| | 0433T | REPOS NSTIM SYSTEM SLEEP APNEA SENSING LEAD | Experimental/Investigational | Y | N/A | N/A | | |
| | 0434T | INTERRO DEV EVAL NSTIM PLS GEN SYS SLEEP APNEA | Experimental/Investigational | Y | N/A | N/A | | |
| | 0435T | PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA 1 SESS | Experimental/Investigational | Y | N/A | N/A | | |
| | 0436T | PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA STUDY | Experimental/Investigational | Y | N/A | N/A | | |
| | 0437T | IMPLTJ NONBIOL SYNTH IMPLT FASC RNFCMT ABDL WALL | Experimental/Investigational | Y | N/A | N/A | | |
| | 0440T | ABLTJ PERC CRYOABLTJ IMG GDN UXTR PERPH NERVE | Experimental/Investigational | Y | N/A | N/A | | |
| | 0441T | ABLTJ PERC CRYOABLTJ IMG GDN LXTR PERPH NERVE | Experimental/Investigational | Y | N/A | N/A | | |
| | 0442T | ABLTJ PERC CRYOABLTJ IMG GDN NRV PLEX TRNCL NRV | Experimental/Investigational | Y | N/A | N/A | | |
| | 0443T | R-T SPCTRL ALYS PRST8 TISS FLUORESCENC SPCTRSCPY | Experimental/Investigational | Y | N/A | N/A | | |
| | 0444T | INITIAL PLMT DRUG ELUTING OCULAR INSERT UNI BI | Experimental/Investigational | Y | N/A | N/A | | |
| | 0445T | SBSQ PLMT DRUG ELUTING OCULAR INSERT UNI BI | Experimental/Investigational | Y | N/A | N/A | | |
| | 0446T | CRTJ SUBQ INSJ IMPLTBL GLUCOSE SENSOR SYS TRAIN | Experimental/Investigational | Y | N/A | N/A | | |
| | 0447T | RMVL IMPLTBL GLUCOSE SENSOR SUBQ POCKET VIA INC | Experimental/Investigational | Y | N/A | N/A | | |
| | 0448T | RMVL INSJ IMPLTBL GLUC SENSOR DIF ANATOMIC SITE | Experimental/Investigational | Y | N/A | N/A | | |
| | 0469T | RTA POLARIZE SCAN OC SCR W ONSITE AUTO RSLT BI | Experimental/Investigational | Y | N/A | N/A | | |
| | 0470T | OCT SKN IMG ACQUISJ I AND R 1ST LES | Experimental/Investigational | Y | N/A | N/A | | |
| | 0471T | OCT SKN IMG ACQUISJ I AND R EA ADDL LES | Experimental/Investigational | Y | N/A | N/A | | |
| | 0472T | DEV INTERR PRGRMG IO RTA ELTRD RA W ADJ AND REPR | Experimental/Investigational | Y | N/A | N/A | | |
| | 0473T | DEV INTERR REPRGRMG IO RTA ELTRD RA W REPR | Experimental/Investigational | Y | N/A | N/A | | |
| | 0474T | INSJ ANT SEG AQUEOUS DRG DEV W IO RSVR | Experimental/Investigational | Y | N/A | N/A | | |
| | 0475T | REC FTL CAR SGL 3 CH PT REC AND STRG DATA SCN I AND R | Experimental/Investigational | Y | N/A | N/A | | |
| | 0476T | REC FTL CAR SGL PT REC SCAN W RAW ELEC TR DATA | Experimental/Investigational | Y | N/A | N/A | | |
| | 0477T | REC FTL CAR SGL 3 CH SGL XTRJ TECHL ALYS | Experimental/Investigational | Y | N/A | N/A | | |
| | 0478T | REC FTL CAR SGL 3 CH REVIEW I AND R | Experimental/Investigational | Y | N/A | N/A | | |
| | 0479T | FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM | Experimental/Investigational | Y | N/A | N/A | | |

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|------------------------|-------|--|------------------------------|-----------------|--------------------------|---------------------|---------------------------------------|-------|
| | 0480T | FRACTIONAL ABL LSR FENESTRATION EA ADDL 100 SQCM | Experimental/Investigational | Y | N/A | N/A | | |
| | 0481T | NJX AUTOL WBC CONCENTR INC IMG GDN HRV AND PREP | Experimental/Investigational | Y | N/A | N/A | | |
| | 0483T | TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH | Experimental/Investigational | Y | N/A | N/A | | |
| | 0484T | TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE | Experimental/Investigational | Y | N/A | N/A | | |
| | 0485T | OCT MIDDLE EAR WITH I AND R UNILATERAL | Experimental/Investigational | Y | N/A | N/A | | |
| | 0486T | OCT MIDDLE EAR WITH I AND R BILATERAL | Experimental/Investigational | Y | N/A | N/A | | |
| | 0487T | TRANSVAGINAL BIOMECHANICAL MAPPING W REPORT | Experimental/Investigational | Y | N/A | N/A | | |
| | 0488T | DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS | Experimental/Investigational | Y | N/A | N/A | | |
| | 0489T | AUTOL REGN CELL TX SCLERODERMA HANDS | Experimental/Investigational | Y | N/A | N/A | | |
| | 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 | | |
| | 0492T | ABL LASER TX OPEN WND PR DAY ADDL 20 SQCM | Experimental/Investigational | Y | N/A | N/A | | |
| | 0493T | NEAR INFRARED SPECTROSCOPY STUDIES LOW EXT WOUNDS | Experimental/Investigational | Y | N/A | N/A | | |
| | 0494T | PREP AND CANNULJ CDVR DON LNG ORGN PRFUJ SYS | Experimental/Investigational | Y | N/A | N/A | | |
| | 0495T | INIT AND MNTR CDVR DON LNG ORGN PRFUJ SYS 1ST 2 HR | Experimental/Investigational | Y | N/A | N/A | | |
| | 0496T | MNTR CDVR DON LNG ORGN PRFUJ SYS EA ADDL HR | Experimental/Investigational | Y | N/A | N/A | | |
| | 0497T | XTRNL PT ACT ECG W O ATTN MNTR IN-OFFICE CONN | Experimental/Investigational | Y | N/A | N/A | | |
| | 0498T | XTRNL PT ACT ECG W O ATTN MNTR R AND I PR 30 DAYS | Experimental/Investigational | Y | N/A | N/A | | |
| | 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 | | |
| | 0505T | EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF AND CLSR | Experimental/Investigational | Y | N/A | N/A | | |
| | 0506T | MAC PGMT OPTICAL DNS MEAS HFP UNI BI W I AND R | Experimental/Investigational | Y | N/A | N/A | | |
| | 0507T | NEAR INFRARED DUAL IMG MEIBOMIAN GLND UNI BI I AND R | Experimental/Investigational | Y | N/A | N/A | | |
| | 0508T | PLS ECHO US B1 DNS MEAS INDIC AXL B1 MIN DNS TIB | Experimental/Investigational | Y | N/A | N/A | | |
| | 0509T | PATTERN ELECTRORETINOGRAPHY W I AND R | Experimental/Investigational | Y | N/A | N/A | | |
| | 0510T | REMOVAL OF SINUS TARSI IMPLANT | Experimental/Investigational | Y | N/A | N/A | | |
| | 0511T | REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT | Experimental/Investigational | Y | N/A | N/A | | |
| | 0512T | ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND | Experimental/Investigational | Y | N/A | N/A | | |
| | 0513T | ESW INTEGUMENTARY WOUND HEALING EA ADDL WOUND | Experimental/Investigational | Y | N/A | N/A | | |
| | 0514T | INTRAOPERATIVE VISUAL AXIS ID USING PT FIXATION | Experimental/Investigational | Y | N/A | N/A | | |
| | 0515T | INSERTION WRLS CAR STIMULATOR LV PACG COMPL SYS | Experimental/Investigational | Y | N/A | N/A | | |
| | 0516T | INSERTION WRLS CAR STIMULATOR LV PACG ELTRD ONLY | Experimental/Investigational | Y | N/A | N/A | | |
| | 0517T | INSERTION WRLS CAR STIMULATOR LV PACG PG COMPNT | Experimental/Investigational | Y | N/A | N/A | | |
| | 0518T | REMOVAL PG COMPNT ONLY WRLS CAR STIMULATOR | Experimental/Investigational | Y | N/A | N/A | | |
| | 0519T | REMOVAL AND RPLCMT WRLS CAR STIMULATOR PG COMPNT | Experimental/Investigational | Y | N/A | N/A | | |
| | 0520T | REMOVAL AND RPLCMT WRLS CAR STIMULATOR W NEW ELTRD | Experimental/Investigational | Y | N/A | N/A | | |
| | 0521T | INTERROG DEV EVAL WRLS CAR STIMULATOR IN PERSON | Experimental/Investigational | Y | N/A | N/A | | |
| | 0522T | PRGRMG DEVICE EVAL WRLS CAR STIMULATOR IN PERSON | Experimental/Investigational | Y | N/A | N/A | | |
| | 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 | | |
| | 0525T | INSERTION REPLACEMENT COMPLETE IIMS | Experimental/Investigational | Y | N/A | N/A | | |
| | 0526T | INSERTION REPLACEMENT IIMS ELECTRODE ONLY | Experimental/Investigational | Y | N/A | N/A | | |
| | 0527T | INSERTION REPLACEMENT IIMS IMPLANTABLE MNTR ONLY | Experimental/Investigational | Y | N/A | N/A | | |
| | 0528T | PRGRMG DEVICE EVAL IIMS IN PERSON | Experimental/Investigational | Y | N/A | N/A | | |
| | 0529T | INTERROGATION DEVICE EVAL IIMS IN PERSON | Experimental/Investigational | Y | N/A | N/A | | |
| | 0530T | REMOVAL COMPLETE IIMS INCL IMG S AND I | Experimental/Investigational | Y | N/A | N/A | | |
| | 0531T | REMOVAL IIMS ELECTRODE ONLY INCL IMG S AND I | Experimental/Investigational | Y | N/A | N/A | | |
| | 0532T | REMOVAL IIMS IMPLANTABLE MNTR ONLY INCL IMG S AND I | Experimental/Investigational | Y | N/A | N/A | | |
| | 0533T | CONTINUOUS REC MVMT DO SX 6 D UNDER 10 D | Experimental/Investigational | Y | N/A | N/A | | |
| | 0534T | CONT REC MVMT DO SX 6 D UNDER 10 D SETUP AND PT TRAINJ | Experimental/Investigational | Y | N/A | N/A | | |
| | 0535T | CONT REC MVMT DO SX 6 D UNDER 10 D 1ST REPRT CNFIG | Experimental/Investigational | Y | N/A | N/A | | |
| | 0536T | CONT REC MVMT DO SX 6 D UNDER 10 D DL REVIEW I AND R | Experimental/Investigational | Y | N/A | N/A | | |
| | 0541T | MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA | Experimental/Investigational | Y | N/A | N/A | | |
| | 0542T | MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA I AND R | Experimental/Investigational | Y | N/A | N/A | | |
| | 33440 | RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE | Experimental/Investigational | Y | N/A | N/A | | |
| | 33866 | AORTIC HEMIARCH GRAFT W ISOL AND CTRL ARCH VESSELS | Experimental/Investigational | Y | N/A | N/A | | |
| | 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 | | |
| | 93264 | REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D | Experimental/Investigational | Y | N/A | N/A | | |
| | 95836 | ECOG IMPLANTED BRAIN NPGT W REC I AND R UNDER 30 DAYS | Experimental/Investigational | Y | N/A | N/A | | |
| | 95976 | ELEC ALYS IMPLT SMPL CN NPGT PRGRMG | Experimental/Investigational | Y | N/A | N/A | | |
| | 95977 | ELEC ALYS IMPLT CPLX CN NPGT PRGRMG | Experimental/Investigational | Y | N/A | N/A | | |
| | 95983 | ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN | Experimental/Investigational | Y | N/A | N/A | | |
| | A4563 | RECTAL CNTRL SYS VAG INSRT LT USE ANY TYPE EA | Experimental/Investigational | Y | N/A | N/A | | |

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|---|--|--|------------------------------|-------------------------------|-------------------------------|---------------------|---------------------------------------|---|
| | C1823 | GENERATR NEUROSTIM NON-RECHRGABL TV S AND STIM LEADS | Experimental/Investigational | Y | N/A | N/A | | |
| | C8937 | CMP-AID DETN INCL CMP ALG ANALYS BR MRI IMG DATA | Experimental/Investigational | Y | N/A | N/A | | |
| | C9751 | BRONCHOSCOPY RIGID FLEXIBLE TRANSBRON ABL LESION | Experimental/Investigational | Y | N/A | N/A | | |
| | C9752 | DESTRUC IO BASIVERTEB NERV 1ST 2 VERT B LUMB SAC | Experimental/Investigational | Y | N/A | N/A | | |
| | C9753 | DESTRUC IO BASIVERTEB NERV EA ADD VERT BODY L 5 | Experimental/Investigational | Y | N/A | N/A | | |
| | C9754 | CREATION AV FISTULA PERCUTANEOUS; DIRCT ANY SITE | Experimental/Investigational | Y | N/A | N/A | | |
| | C9755 | CREATION OF ARTERIOVENOUS FISTULA PERCUTANEOUS | Experimental/Investigational | Y | N/A | N/A | | |
| | L8608 | MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS | Experimental/Investigational | Y | N/A | N/A | | |
| | 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 | | |
| | Q4192 | RESTORIGIN 1 CC | Experimental/Investigational | Y | N/A | N/A | | |
| | Q4195 | PURAPLY PER SQ CM | Experimental/Investigational | Y | N/A | N/A | | |
| | Q4196 | PURAPLY AM PER SQ CM | Experimental/Investigational | Y | N/A | N/A | | |
| | Q4197 | PURAPLY XT PER SQ CM | Experimental/Investigational | Y | N/A | N/A | | |
| 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* | | *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* | | *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* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0005U | ONCO PRST8 GENE XPRS PFL 3 GENE UR ALG RSK SCOR | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0006M | ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0007M | ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0008U | HPYLORI DETECTION AND ANTIBIOTIC RESISTANCE DNA | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0009M | FETAL ANEUPLOIDY 21 18 SEQ ANALY TRISOM RISK | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 0009U | ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 0010U | NFCT DS STRN TYP WHL GENOME SEQUENCING PR ISOL | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 0011M | ONC PRST8 CA MRNA 12 GENES BLD PLSM AND UR ALG | | * | Molecular and Genomic Testing | Y* | | *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 | | |
| | 0012M | ONC MRNA 5 GENES UR ALG RISK UROTHELIAL CANCER | | * | Molecular and Genomic Testing | Y* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0013M | ONC MRNA 5 GENES UR ALG RISK RECR UROTHELIAL CA | | * | Molecular and Genomic Testing | Y* | | *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* | | *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* | | *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 | | |
| | 0017U | ONC HMTLMF NEO JAK2 MUTATION DNA BLD BNE MARROW | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 0018U | ONC THYR 10 MICRORNA SEQ PLUS - RSLT MOD HI RSK MAL | | * | Molecular and Genomic Testing | Y* | | *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* | | *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* | | *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* | | *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 | | |
| | 0029U | RX METAB ADVRS RX RXN AND RSPSE TRGT SEQ ALYS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0031U | CYP1A2 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0033U | HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0034U | TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0036U | EXOME TUMOR TISSUE AND NORMAL SPECIMEN SEQ ALYS | | | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0037U | TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI | |
| 0046U | FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE | Genetic Counseling & Testing | Y | N/A | N/A | | | |
| 0047U | ONC PRST8 MRNA GEN XPRS PFL 17 GEN ALG RSK SCOR | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI | |
| 0048U | ONC SLD ORG NEO DNA 468 CANCER ASSOCIATED GENES | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI | |
| 0049U | NPM1 GENE ANALYSIS QUANTITATIVE | Genetic Counseling & Testing | Y | N/A | N/A | | | |
| 0050U | TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI | |

| Service Category Notes | Code | Definition | MHI Matrix Service Category | MHI PA Required | eviCore Service Category | eviCore PA Required | State Exceptions (Refer to State Tab) | Notes |
|------------------------|-------|--|------------------------------|-----------------|-------------------------------|---------------------|---------------------------------------|---|
| | 0053U | ONC PRST8 CA FISH ALYS 4 GENES NDL BX SPEC ALG | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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* | | *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* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0058U | ONC MERKEL CELL CARC DETCJ ANTB SERUM QUAN | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 0059U | ONC MERKEL CELL CARC DETCJ ANTB SERUM REPRD PLUS - | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 0060U | TWN ZYG GEN TRGT SEQ ALYS CHRMS2 FTL DNA MAT BLD | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0067U | ONC BRST IMHCHEM PRTN XPRS PRFL 4 BMRK CA PRTN | | * | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0069U | ONC CLRCT MICRORNA XPRS PRFL MIR-31-3P ALG | | * | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0070U | CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS | | * | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0071U | CYP2D6 GENE ANALYSIS FULL GENE SEQUENCE | | * | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0072U | CYP2D6 GENE TRGT SEQ ALYS CYP2D6-2D7 HYBRID GENE | | * | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0073U | CYP2D6 GENE TRGT SEQ ALYS CYP2D7-2D6 HYBRID GENE | | * | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0074U | CYP2D6 TRGT SEQ ALYS NONDUP GENE DUPL MLT TRANS | | * | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0075U | CYP2D6 GENE TRGT SEQ ALYS 5' GENE DUPL MLT | | * | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0076U | CYP2D6 GENE TRGT SEQ ALYS 3' GENE DUPL MLT | | * | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0078U | PAIN MGT OPIOID USE DO GNOTYP PNL 16 CMN VRNTS | | * | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0079U | CMPRTV DNA ALYS MLT SNPS UR AND BUCCAL SPEC ID VERIF | | * | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 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 | | |
| | 81106 | HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81107 | HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81108 | HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81109 | HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81110 | HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81111 | HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81112 | HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 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 | | |
| | 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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81171 | AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81172 | AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81173 | AR GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81174 | AR GENE ANALYSIS KNOWN FAMILIAL VARIANT | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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 | | |
| | 81178 | ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81179 | ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81180 | ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81181 | ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81182 | ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81183 | ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES | 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 |
|------------------------|-------|--|------------------------------|-----------------|-------------------------------|---------------------|---------------------------------------|---|
| | 81184 | CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81185 | CACNA1A GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81186 | CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81187 | CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81188 | CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81189 | CSTB GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81190 | CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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 | | |
| | 81205 | BCKDHB GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81210 | BRAF GENE ANALYSIS V600 VARIANT(S) | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81212 | BRCA1 BRCA 2 GEN ALYS 185DELGA 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* | 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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81226 | CYP2D6 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81227 | CYP2C9 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81231 | CYP3A5 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81232 | DYPD GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81233 | BTK GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81234 | DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 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 | | |
| | 81237 | EZH2 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 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 | | |
| | 81243 | FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81244 | FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81246 | FLT3 GENE ANALYSIS 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 | | |
| | 81248 | G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81249 | G6PD GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81252 | GJB2 GENE ANALYSIS FULL GENE SEQUENCE | | * | Molecular and Genomic Testing | Y* | | *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* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81259 | HBA1 HBA2 GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81271 | HTT GENE ANALYSIS DETECT ABNORMAL ALLELES | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81272 | KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81273 | KIT GENE ANALYSIS D816 VARIANT(S) | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81274 | HTT GENE ANALYSIS CHARACTERIZATION ALLELES | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81284 | FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81285 | FXN GENE ANALYSIS CHARACTERIZATION ALLELES | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81286 | FXN GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81287 | MGMT GENE PROMOTER METHYLATION ANALYSIS | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81289 | FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81291 | MTHFR GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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 |

| 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 |
|------------------------|-------|--|------------------------------|-----------------|-------------------------------|---------------------|---------------------------------------|---|
| | 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* | | *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* | | *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* | | *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 | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81306 | NUDT15 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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 | | |
| | 81313 | PCA3 KLK3 PROSTATE SPECIFIC ANTIGEN RATIO | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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 | | |
| | 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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81326 | PMP22 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 |
| | 81327 | SEPT9 GENE PROMOTER METHYLATION ANALYSIS | | * | Molecular and Genomic Testing | Y* | | *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* | | *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 | | |
| | 81333 | TGFB1 GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81334 | RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81335 | TPMT GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81336 | SMN1 GENE ANALYSIS FULL GENE SEQUENCE | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81337 | SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81343 | PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 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 | | |
| | 81346 | TYMS GENE ANALYSIS COMMON VARIANTS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81350 | UGT1A1 GENE ANALYSIS COMMON VARIANTS | | * | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| | 81355 | VKORC1 GENE ANALYSIS COMMON VARIANT(S) | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81361 | HBB COMMON VARIANTS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81362 | HBB KNOWN FAMILIAL VARIANTS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81363 | HBB DUPLICATION DELETION VARIANTS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81364 | HBB FULL GENE SEQUENCE | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81400 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 1 | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81401 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 2 | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81402 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 3 | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81403 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 4 | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81404 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 5 | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81405 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 6 | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81406 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 7 | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81407 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 8 | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |

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| | 81411 | AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81416 | EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81420 | FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 81422 | FETAL CHROMOSOMAL MICRODELTY GENOMIC SEQ ANALYS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81425 | GENOME SEQUENCE ANALYSIS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81426 | GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81430 | HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81431 | HEARING LOSS DUP DEL ANALYSIS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81433 | HEREDITARY BRST CA-RELATED DUP DEL ANALYSIS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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* | | *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* | | *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* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81438 | HEREDTRY NURONDCRN TUM DSRDRS DUP DEL ANALYSIS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81439 | HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81440 | NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81443 | GENETIC TESTING FOR SEVERE INHERITED CONDITIONS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81448 | HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81450 | GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81460 | WHOLE MITOCHONDRIAL GENOME | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81465 | WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81470 | X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81490 | AUTOIMMUNE RHEUMATOID ARTHRITS ANALYS 12 BIOMRKRS | | * | Molecular and Genomic Testing | Y* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81500 | ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS | | * | Molecular and Genomic Testing | Y* | | *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* | | *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* | | *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* | | *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* | | *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* | | *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* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81538 | ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 81539 | ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS | | * | Molecular and Genomic Testing | Y* | | *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* | | *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* | | *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* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 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* | | *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* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 86152 | CELL ENUMERATION IMMUNE SELECTJ AND ID FLUID SPEC | Genetic Counseling & Testing | Y | N/A | N/A | | All plans: Including Oncotype Diagnosis |
| | 86153 | CELL ENUMERATION IMMUNE SELECTJ AND ID PHYS INTERP | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 88261 | CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING | Genetic Counseling & Testing | Y | N/A | N/A | | |
| | 88271 | MOLECULAR CYTOGENETICS DNA PROBE EACH | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |

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| | 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 | Molecular and Genomic Testing | Y* | | *APPLIES TO: IL/MI/OH/NY/WI | |
| | 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* | | *APPLIES TO: IL/MI/OH/NY/WI | |
| | S3722 | DOSE OPTIMIZ AUC ANALY INFUSIONAL 5-FLUOROURACIL | Genetic Counseling & Testing | Y | N/A | N/A | | | |
| | S3800 | GENETIC TESTING AMYOTROPHIC LATERAL SCLEROSIS | | * | Molecular and Genomic Testing | Y* | | *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* | | *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* | | *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* | | *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* | | *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* | | *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* | | *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* | | *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* | | *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* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI | |
| | S3865 | COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY | Genetic Counseling & Testing | Y | Molecular and Genomic Testing | Y* | | *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* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI | |
| Pharmacy Drug Coverage: Newly FDA approved medications such as “buy-and-bill” drugs are considered non-formulary and subject to non-formulary policies and other non-formulary utilization criteria until a coverage decision is rendered by the Molina Pharmacy and Therapeutics Committee. “Buy-and-bill” drugs are pharmaceuticals which a provider purchases and administers, and for which the provider submits a claim to Molina Healthcare for reimbursement. Many self-administered and office-administered injectable products require Prior Authorization (PA). In some cases they will be made available through Molina Healthcare’s vendor, Caremark Specialty Pharmacy. Molina’s pharmacy vendor will coordinate with MHI and ship the prescription directly to your office or the member’s home. All packages are individually marked for each member, and refrigerated drugs are shipped in insulated packages with frozen gel packs. The service | 90281 | IMMUNE GLOBULIN IG HUMAN IM USE | Healthcare Administered Drugs | Y | N/A | N/A | | | |
| | 90283 | IMMUNE GLOBULIN IGIV HUMAN IV USE | Healthcare Administered Drugs | Y | N/A | N/A | | | |
| | 90284 | IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA | Healthcare Administered Drugs | Y | N/A | N/A | | | |
| | 90378 | RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E | Healthcare Administered Drugs | Y | N/A | N/A | | | |
| | A9542 | INDIUM IN-111 IBRITUMOMAB TIUXETAN DX TO 5 MCI | Healthcare Administered Drugs | Y | N/A | N/A | | | |
| | B4105 | IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA | Healthcare Administered Drugs | Y | N/A | N/A | | | |
| | C9035 | INJECTION ARIPIRAZOLE 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 CEMIPILIMAB-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 | |
| | C9257 | INJECTION BEVACIZUMAB 0.25 MG | Healthcare Administered Drugs | Y | N/A | N/A | | No PA required when associated with ocular Dx's. (See Dx Codes tab for related ICD9 & ICD10 Codes). When not indicated for ocular conditions, use C5257. | |
| | | C9293 | INJECTION GLUCARPIDASE 10 UNITS | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | | C9399 | UNCLASSIFIED DRUGS OR BIOLOGICALS | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | | C9407 | IODINE I-131 IOBENGUANE DIAGNOSTIC 1 MCI | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | | C9488 | INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | | 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 | | | |
| | 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 | | | |
| | 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 | | | |

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|--|---|---|-------------------------------|-----------------|--------------------------|---------------------|---------------------------------------|---|
| 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. | 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 | | |
| | 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 | | |
| | 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 | | |
| | 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 ETELCACTIDE 0.1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J0637 | INJECTION CASPOFUNGIN ACETATE 5 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J0638 | INJECTION CANAKINUMAB 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J0640 | INJECTION LEUCOVORIN CALCIUM PER 50 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J0641 | INJECTION LEVOLEUCOVORIN CALCIUM 0.5 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J0695 | INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | 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 | | |
| | 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 ECUUZUMAB 10 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J1301 | INJECTION EDARAVONE 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| J1303 | INJECTION RAVULIZUMAB-CWVZ 10 MG | Healthcare Administered Drugs | Y | N/A | N/A | | | |
| J1322 | INJECTION ELOSULFASE ALFA 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | | |
| J1324 | INJECTION ENFUVIRTIDE 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | | |
| J1325 | INJECTION EPOPROSTENOL 0.5 MG | Healthcare Administered Drugs | Y | N/A | N/A | | | |
| J1428 | INJECTION ETEPLIRSEN 10 MG | Healthcare Administered Drugs | Y | N/A | N/A | | | |
| J1438 | INJECTION ETANERCEPT 25 MG | Healthcare Administered Drugs | Y | N/A | N/A | | | |
| J1439 | INJECTION FERRIC CARBOXYMALTOSIDE 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 | | | |

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|------------------------|-------|--|-------------------------------|-----------------|--------------------------|---------------------|---------------------------------------|-------|
| | 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 | | |
| | 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 | | |
| | 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 | | |
| | J1560 | INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J1561 | INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | 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 | | |
| | 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 | | |
| | 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 | | |
| | 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 | | |
| | 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 | | |
| | 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 | | |
| | J1729 | INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | 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 | | |
| | 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 | | |
| | 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 | | |
| | 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 MICA FUNGIN 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 | | |
| | 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 | | |
| | J2350 | INJECTION OCRELIZUMAB 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J2353 | INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J2354 | INJ OCTREOTIDE NON-DEPOT FORM SUBQ IV INJ 25 MCG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J2357 | INJECTION OMALIZUMAB 5 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J2425 | INJECTION PALIFERMIN 50 MICROGRAMS | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J2469 | INJECTION PALONOSETRON HCL 25 MCG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J2502 | INJECTION PASIREOTIDE LONG ACTING 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | 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 | | |
| | 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 | | |

| 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 |
|------------------------|-------|--|-------------------------------|-----------------|--------------------------|---------------------|---------------------------------------|--|
| | 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 ROMIPILOSTIM 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 | | |
| | J2916 | INJ SODIM FERRIC GLUCONATE CMPLX SUCROSE 12.5 MG | Healthcare Administered Drugs | Y | N/A | N/A | MI | |
| | J2941 | INJECTION SOMATROPIN 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | CA/MI/NM/WA | |
| | 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 | | |
| | J3095 | INJECTION TELAVANCIN 10 MG | Healthcare Administered Drugs | Y | N/A | N/A | MI | |
| | 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 | INJ THYROTROPIN ALPHA 0.9 MG PROV 1.1 MG VIAL | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J3245 | INJECTION TILDRAKIZUMAB 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | MI | |
| | 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 | | |
| | J3358 | USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | MI | |
| | J3380 | INJECTION VEDOLIZUMAB 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J3385 | INJECTION VELAGLUCERASE ALFA 100 UNITS | Healthcare Administered Drugs | Y | N/A | N/A | MI | |
| | 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 | | |
| | 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 | | |
| | J7175 | INJECTION FACTOR X 1 I.U. | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7177 | INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7178 | INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7179 | INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7180 | INJECTION FACTOR XIII 1 I.U. | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7181 | INJECTION FACTOR XIII A-SUBUNIT PER IU | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7182 | INJECTION FACTOR VIII PER IU | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7183 | INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7185 | INJECTION FACTOR VIII PER IU | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7186 | INJ AHF VWF CMPLX PER FACTOR VIII IU | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7187 | INJ VONWILLEBRND FACTOR CMPLX HUMN RISTOCETIN IU | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7188 | INJECTION FACTOR VIII PER I.U. | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7189 | FACTOR VIIA 1 MICROGRAM | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7190 | FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7191 | FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7192 | FACTOR VIII PER IU NOT OTHERWISE SPECIFIED | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7193 | FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7194 | FACTOR IX COMPLEX PER IU | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7195 | INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7196 | INJECTION ANTITHROMBIN RECOMBINANT 50 I.U. | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7197 | ANTITHROMBIN III PER IU | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7198 | ANTI-INHIBITOR PER IU | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7199 | HEMOPHILIA CLOTTING FACTOR NOC | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7200 | INJECTION FACTOR IX RIXUBIS PER IU | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7201 | INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U. | Healthcare Administered Drugs | Y | N/A | N/A | | |

| 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 |
|------------------------|-------|--|-------------------------------|-----------------|--------------------------|---------------------|---------------------------------------|---|
| | J7202 | INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U. | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7203 | INJECTION FACTOR IX GLYCOPEGYLATED 1 IU | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7205 | INJECTION FACTOR VIII FC FUSION PROTEIN PER IU | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7207 | INJECTION FACTOR VIII PEGYLATED 1 I.U. | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7208 | INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7209 | INJECTION FACTOR VIII 1 I.U. | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7210 | INJECTION FACTOR VIII AFSTYLA 1 I.U. | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7211 | INJECTION FACTOR VIII KOVALTRY 1 I.U. | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7308 | AMINOLEVULINIC ACID HCL TOP ADMN 20PCT 1 U DOSE | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7309 | METHYL AMINOLEVULINATE MAL TOP ADMIN 16.8PCT 1 G | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7310 | GANCICLOVIR 4.5 MG LONG-ACTING IMPLANT | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7311 | FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7312 | INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7313 | INJECTION FA INTRAVITREAL IMPLANT 0.01 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7314 | INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (Yutiq), 0.01 mg | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7316 | INJECTION OCRIPLASMIN 0.125 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7318 | HYALURONAN DERIVATIVE DURLANE FOR IA INJ 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7320 | HYALURONAN DERIVATIVE GENVISC 850 IA INJ 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7321 | HYAL DERIV HYALGAN SUPARTZ VISCO-3 IA INJ-DOSE | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7322 | HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7323 | HYALURONAN DERIVATIVE EUFLEXA IA INJ PER DOSE | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7324 | HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7325 | HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J7326 | HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | 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 | | |
| | 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 | | |
| | 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 | MI | |
| | 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 | | |
| | J8520 | CAPECITABINE ORAL 150 MG | Healthcare Administered Drugs | Y | N/A | N/A | MI | |
| | 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 | | |
| | J9015 | INJECTION ALDESLEUKIN PER SINGLE USE VIAL | Healthcare Administered Drugs | Y | N/A | N/A | WA | |
| | J9017 | INJECTION ARSENIC TRIOXIDE 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J9019 | INJECTION ASPARAGINASE ERWINAZE 1000 IU | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J9022 | INJECTION ATEZOLIZUMAB 10 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J9023 | INJECTION AVELUMAB 10 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J9025 | INJECTION AZACITIDINE 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J9027 | INJECTION CLOFARABINE 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J9030 | BCG LIVE INTRAVESICAL INSTILLATION 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J9032 | INJECTION BELINOSTAT 10 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J9033 | INJECTION BENDAMUSTINE HCL TREANDA 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | MI | |
| | 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 | | |
| | J9036 | INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | No PA required when associated with ocular Diagnoses. (See Dx Codes tab for related ICD9 & ICD10 Codes). When not indicated for ocular conditions, use C5257. |
| | J9039 | INJECTION BLINATUMOMAB 1 MICROGRAM | Healthcare Administered Drugs | Y | N/A | N/A | | |

| Service Category Notes | Code | Definition | MHI Matrix Service Category | MHI PA Required | eviCore Service Category | eviCore PA Required | State Exceptions (Refer to State Tab) | Notes |
|------------------------|-------|--|-------------------------------|-----------------|--------------------------|---------------------|---------------------------------------|-------|
| | J9040 | INJECTION BLEOMYCIN SULFATE 15 UNITS | Healthcare Administered Drugs | Y | N/A | N/A | MI | |
| | 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 | | |
| | J9065 | INJECTION CLADRIBINE PER 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | WI | |
| | 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 DIFTIUX 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 | | |
| | J9268 | INJECTION PENTOSTATIN 10 MG | Healthcare Administered Drugs | Y | N/A | N/A | CA/MI/WA | |
| | J9269 | INJECTION TAGRAXOFUSP-ERZS 10 MCG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J9271 | INJECTION PEMBROLIZUMAB 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | J9280 | INJECTION MITOMYCIN 5 MG | Healthcare Administered Drugs | Y | N/A | N/A | MI | |
| | 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 | | |

| 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 |
|---|-------|---|-------------------------------|-----------------|--------------------------|---------------------|---------------------------------------|-----------------------------|
| | 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 | | |
| | 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 VINCISTINE SULFATE LIPOSOME 1 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | 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 | | |
| | Q4074 | ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | Q5101 | INJECTION FILGRASTIM BIOSIMILAR 1 MCG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | Q5103 | INJECTION INFLIXIMAB-DYB 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 | | |
| | Q5109 | INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | Q5110 | INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | Q5111 | INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | Q5112 | INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | Q5113 | INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | Q5114 | INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | Q5115 | INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | Q5116 | INJECTION, TRASTUZUMAG-QYYP, BIOSIMILAR, (TRAZIMERA), 10 mg | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | Q5117 | INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR (kanjinti), 10 mg | Healthcare Administered Drugs | Y | N/A | N/A | | Code 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 | | |
| | Q9992 | INJECTION BUPRENORPHINE EXTENDED-RELEASE OVER 100 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | S0073 | INJECTION AZTREONAM 500 MG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | S0122 | INJECTION MENOTROPINS 75 IU | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | S0126 | INJECTION FOLLITROPIN ALFA 75 IU | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | S0128 | INJECTION FOLLITROPIN BETA 75 IU | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | S0132 | INJECTION GANIRELIX ACETATE 250 MCG | Healthcare Administered Drugs | Y | N/A | N/A | | |
| | S0157 | BECAPLERMIN GEL 0.01PCT 0.5 GM | Healthcare Administered Drugs | Y | N/A | N/A | | |
| All Home Health Care Services: PA after initial evaluation plus six (6) visits per calendar year, including home-based OT/PT & ST. | G0151 | SERVICE PHYS THERAP HOME HLTH HOSPICE EA 15 MIN | Home Health Care Services | Y | N/A | N/A | | |
| | G0152 | SERVICE OCCUP THERAP HOME HLTH HOSPICE EA 15 MIN | Home Health Care Services | Y | N/A | N/A | | |
| | G0153 | SRVC SPCH AND LANG PATH HOME HLTH HOSPICE EA 15 MIN | Home Health Care Services | Y | N/A | N/A | | |
| | G0155 | SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN | Home Health Care Services | Y | N/A | N/A | | |
| | G0156 | SRVC HH HOSPICE AIDE IN HH HOSPICE SET EA 15 MIN | Home Health Care Services | Y | N/A | N/A | | |
| | G0157 | SERVICES PT ASSIST HOME HEALTH HOSPICE EA 15 MIN | Home Health Care Services | Y | N/A | N/A | | |
| | G0158 | SERVICE OT ASSIST HOME HEALTH HOSPICE EA 15 MIN | Home Health Care Services | Y | N/A | N/A | | |
| | G0159 | SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS | Home Health Care Services | Y | N/A | N/A | | |
| | G0160 | SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS | Home Health Care Services | Y | N/A | N/A | | |
| | G0161 | SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M | Home Health Care Services | Y | N/A | N/A | | |

| 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 |
|------------------------|-------|---|-----------------------------|-----------------|---------------------------|---------------------|---------------------------------------|---|
| | 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 | |
| | S9470 | NUTRITIONAL COUNSELING DIETITIAN VISIT | Home Health Care Services | Y | N/A | N/A | | |
| | S9977 | MEALS PER DIEM NOT OTHERWISE SPECIFIED | Home Health Care Services | Y | N/A | N/A | FL | |
| | T1000 | PRIV DUTY INDEPEND NRS SERVICE LIC UP 15 MIN | Home Health Care Services | Y | N/A | N/A | | |
| | T1002 | RN SERVICES UP TO 15 MINUTES | Home Health Care Services | Y | N/A | N/A | | |
| | T1003 | LPN LVN SERVICES UP TO 15 MINUTES | Home Health Care Services | Y | N/A | N/A | | |
| | T1005 | RESPITE CARE SERVICES UP TO 15 MINUTES | Home Health Care Services | Y | N/A | N/A | | |
| | T1019 | PERSONAL CARE SERVICES PER 15 MINUTES | Home Health Care Services | Y | N/A | N/A | FL/WI | |
| | 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 | | |
| | Q4177 | FLOWERAMNIOFLO, 0.1 cc | Hyperbaric Therapy | Y | N/A | N/A | | |
| | Q4178 | FLOWERAMNIOPATCH PER SQUARE CM | Hyperbaric Therapy | Y | N/A | N/A | | |
| | Q4179 | FLOWERDERM PER SQUARE CM | Hyperbaric Therapy | Y | N/A | N/A | | |
| | Q4180 | REVITA PER SQUARE CM | Hyperbaric Therapy | Y | N/A | N/A | | |
| | Q4181 | AMNIO WOUND PER SQUARE CM | Hyperbaric Therapy | Y | N/A | N/A | | |
| | Q4182 | TRANSCYTE PER SQUARE CM | Hyperbaric Therapy | Y | N/A | N/A | | |
| | 0042T | CEREBRAL PERFUSION ANALYS CT W BLOOD FLOW AND VOLUME | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/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 CONECT 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 | MYOCDR SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0332T | MYOCDR SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0439T | MYOCARDIAL PERFUSION ECHO ISCHM VIABILITY ASSMT | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 0501T | COR FFR DERIVED CTA DATA ASSESS COR ART DISEASE | | * | Imaging and Special Tests | Y* | | *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* | | *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* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| | 70336 | MRI TEMPOROMANDIBULAR JOINT | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 70450 | CT HEAD BRAIN W O CONTRAST MATERIAL | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 70460 | CT HEAD BRAIN W CONTRAST MATERIAL | Imaging & 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 & 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 & 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 & 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 & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 70486 | CT MAXILLOFACIAL W O CONTRAST MATERIAL | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 70487 | CT MAXILLOFACIAL W CONTRAST MATERIAL | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 70488 | CT MAXILLOFACIAL W O AND W CONTRAST MATERIAL | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 70490 | CT SOFT TISSUE NECK W O CONTRAST MATERIAL | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 70491 | CT SOFT TISSUE NECK W CONTRAST MATERIAL | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 70492 | CT SOFT TISSUE NECK W O AND W CONTRAST MATERIAL | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 70496 | CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 70498 | CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 70540 | MRI ORBIT FACE AND NECK W O CONTRAST | Imaging & 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 |
|------------------------|-------|--|-----------------------------|-----------------|---------------------------|---------------------|---------------------------------------|---|
| | 73723 | MRI ANY JT LOWER EXTREM W O AND W CONTRAST MATRL | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 73725 | MRA LOWER EXTREMITY W WO CONTRAST MATERIAL | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 74150 | CT ABDOMEN W O CONTRAST MATERIAL | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 74160 | CT ABDOMEN W CONTRAST MATERIAL | Imaging & 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 & 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 & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 74175 | CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST | Imaging & 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 & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 74177 | CT ABDOMEN AND PELVIS W CONTRAST MATERIAL | Imaging & 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 & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 74181 | MRI ABDOMEN W O CONTRAST MATERIAL | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 74182 | MRI ABDOMEN W CONTRAST MATERIAL | Imaging & 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 & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 74185 | MRA ABDOMEN W WO CONTRAST MATERIAL | Imaging & 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 & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 74262 | CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 74263 | CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING | Imaging & 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 & 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 & 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 & 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 & 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 & 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 & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 75565 | CARDIAC MRI FOR VELOCITY FLOW MAPPING | Imaging & 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 & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO IL/MI/OH/NY/WI E/I Except for TX |
| | 75572 | CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 75573 | CT HRT CONTRST CARDIAC STRUCT AND MORPH CONG HRT D | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 75574 | CTA HRT CORNRY ART BYPASS GRFTS CONTRST 3D POST | Imaging & 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 & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 76376 | 3D RENDERING W INTERP AND POSTPROCESS SUPERVISION | Imaging & 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 & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 76380 | CT LIMITED LOCALIZED FOLLOW UP STUDY | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 76390 | MRI SPECTROSCOPY | | * | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| | 76391 | MAGNETIC RESONANCE ELASTOGRAPHY | Imaging & Special Tests | Y | N/A | N/A | | |
| | 76497 | UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 76498 | UNLISTED MAGNETIC RESONANCE PROCEDURE | Imaging & 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 IMGE 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 |
| | 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 |

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| | 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* | | *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 & Special Tests | Y | N/A | N/A | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| | 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 & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 77047 | MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 77048 | MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 77049 | MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *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 |
| | 77084 | BONE MARROW BLOOD SUPPLY | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 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 SNGL 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* | | *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 |
| | 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 |

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| | 78206 | LIVER IMAGING SPECT W VASCULAR FLOW | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 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 | HEPATOBIL 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* | | *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 & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 78452 | MYOCARDIAL SPECT MULTIPLE STUDIES | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 78453 | MYOCARDIAL PERFUSION PLANAR 1 STUDY REST STRESS | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 78454 | MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES | Imaging & 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 |
| | 78459 | MYOCARDIAL IMAGING PET METABOLIC EVALUATION | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 78466 | MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAN | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 78468 | MYOCARD IMG INFARCT AVID PLNR EJECT FXJ 1ST PS TQ | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 78469 | MYOCARD IMG INFARCT AVID PLNR TOMOG SPECT W WO QUANTJ | Imaging & 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 & 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 & 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 & 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 & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 78491 | MYOCARD IMAGE PET PERFUS SINGLE STUDY REST STRESS | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |

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| | 78492 | MYOCDR IMAGE PET PERFUS MULTPL STUDY REST STRESS | Imaging & 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 & 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 & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 78499 | UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | Imaging & 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 VENTLAI 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 |
| | 78608 | BRAIN IMAGING PET METABOLIC EVALUATION | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 78609 | BRAIN IMAGING PET PERFUSION EVALUATION | Imaging & 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 VENTRICLGRAPHY | | * | 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 |
| | 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 & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 78812 | PET IMAGING SKULL BASE TO MID-THIGH | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 78813 | PET IMAGING WHOLE BODY | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 78814 | PET IMAGING CT FOR ATTENUATION LIMITED AREA | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |

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| | 78815 | PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 78816 | PET IMAGING FOR CT ATTENUATION WHOLE BODY | Imaging & 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 ACQUISJ 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 ACQUISJ 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 PLCMT 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 PLCMT 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 ACQUISJ 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* | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| | 93356 | MYOCARDIAL STRAIN IMAGING QUAN ASSMT | Imaging & Special Tests | Y | Imaging 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 |
| | 93459 | CATH PLMT L 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 |
| | 93460 | R AND L HRT CATH WINJX 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 |

| 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 |
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| | 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 & Special Tests | N | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8900 | MR ANGIOGRAPHY WITH CONTRAST ABDOMEN | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8901 | MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8902 | MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST ABD | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8903 | MR IMAGING WITH CONTRAST BREAST; UNILATERAL | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8905 | MR IMAG W O CONTRST FLWED W CONTRST BRST; UNI | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8906 | MR IMAGING WITH CONTRAST BREAST; BILATERAL | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8908 | MR IMAG W O CONTRST FLWED W CONTRST BRST; BIL | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8909 | MR ANGIOGRAPHY WITH CONTRAST CHEST | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8910 | MR ANGIOGRAPHY WITHOUT CONTRAST CHEST | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8911 | MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST CHST | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8912 | MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8913 | MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8914 | MR ANGIO W O CONTRST FLWED W CONTRST LOW EXTRM | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8918 | MR ANGIOGRAPHY WITH CONTRAST PELVIS | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8919 | MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8920 | MRA WITHOUT CONTRAST FOLLOWED W CONTRAST PELVIS | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |

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| | C8921 | TTE W CONTRAST OR W O FLW W CONTRAST; COMPLETE | | * | Imaging and Special Tests | Y* | | *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* | | *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* | | *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* | | *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* | | *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* | | *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* | | *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* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| | C8931 | MR ANGIOGRAPHY W CONTRAST SPINAL CANAL CONTENTS | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8932 | MR ANGIOGRAPHY W O CONTRST SPINAL CANAL CONTENTS | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8933 | MR ANGIO NO CONTRST FLW W CONTRST SP CANAL CNTN | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8934 | MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8935 | MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C8936 | MR ANGIO W O CONTRST FOLLOWED W CONTRST UP EXT | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | G0219 | PET IMAG WHOLE BODY; MELANOMA NON-COVR INDICATS | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | G0235 | PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | G0252 | PET IMAG INIT DX BREST CA AND SURG PLAN NOT COV MCR | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | G0288 | RECON CT ANGIO AORTA SURG PLANNING VASC SURG | Imaging & Special Tests | Y | N/A | N/A | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| | G0297 | LOW DOSE CT SCAN FOR LUNG CANCER SCREENING | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | S8037 | MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY | | * | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| | S8042 | MAGNETIC RESONANCE IMAGING LOW-FIELD | Imaging & Special Tests | Y | Imaging and Special Tests | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | S8080 | SCINTIMAMMOGRAPHY UNI INCL SUPPLY RADIOPHARM | Imaging & Special Tests | Y | N/A | N/A | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| | S8085 | F-18 FDG IMAG USING 2-HEAD COINCIDENCE DETCT SYS | | * | Imaging and Special Tests | Y* | | *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* | | *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 | | |
| | 96113 | DEVELOPMENTAL TST ADMIN PHYS QHP EA ADDL 30 MIN | Neuropsychological and Psychological Tests | Y | N/A | N/A | | |
| | 96116 | NEUROBEHAVIORAL STATUS XM PHYS QHP 1ST HOUR | Neuropsychological and Psychological Tests | Y | N/A | N/A | NM | |
| | 96121 | NEUROBEHAVIORAL STATUS XM PHYS QHP EA ADDL HOUR | Neuropsychological and Psychological Tests | Y | N/A | N/A | | |
| | 96125 | STANDARDIZED COGNITIVE PERFORMANCE TESTING | Neuropsychological and Psychological Tests | Y | N/A | N/A | NM | |
| | 96130 | PSYCHOLOGICAL TST EVAL SVC PHYS QHP FIRST HOUR | Neuropsychological and Psychological Tests | Y | N/A | N/A | NM | |
| | 96131 | PSYCHOLOGICAL TST EVAL SVC PHYS QHP EA ADDL HOUR | Neuropsychological and Psychological Tests | Y | N/A | N/A | NM | |
| | 96132 | NEUROPSYCHOLOGICAL TST EVAL PHYS QHP 1ST HOUR | Neuropsychological and Psychological Tests | Y | N/A | N/A | NM | |
| | 96133 | NEUROPSYCHOLOGICAL TST EVAL PHYS QHP EA ADDL HR | Neuropsychological and Psychological Tests | Y | N/A | N/A | NM | |
| | 96136 | PSYL NRPSYCL TST PHYS QHP 2 PLUS TST 1ST 30 MIN | Neuropsychological and Psychological Tests | Y | N/A | N/A | NM | |
| | 96137 | PSYCL NRPSYCL TST PHYS QHP 2 PLUS TST EA ADDL 30 MIN | Neuropsychological and Psychological Tests | Y | N/A | N/A | NM | |
| | 96138 | PSYCL NRPSYCL TST TECH 2 PLUS TST 1ST 30 MIN | Neuropsychological and Psychological Tests | Y | N/A | N/A | NM | |
| | 96139 | PSYCL NRPSYCL TST TECH 2 PLUS TST EA ADDL 30 MIN | Neuropsychological and Psychological Tests | Y | N/A | N/A | NM | |
| | 96146 | PSYCL NRPSYCL TST ELEC PLATFORM AUTO RESULT | Neuropsychological and Psychological Tests | Y | N/A | N/A | NM | |
| | 97151 | BEHAVIOR ID ASSESSMENT BY PHYS QHP EA 15 MIN | Neuropsychological and Psychological Tests | Y | N/A | N/A | | |
| | 97152 | BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN | Neuropsychological and Psychological Tests | Y | N/A | N/A | | |
| | 97153 | ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN | Neuropsychological and Psychological Tests | Y | N/A | N/A | | |
| | 97154 | GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN | Neuropsychological and Psychological Tests | Y | N/A | N/A | | |
| | 97155 | ADAPT BHV TX 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: | 97110 | THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES | Occupational Therapy | Y | N/A | N/A | FL/MI | |
| Configured to Marketplace | 97112 | THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC REEDUCA | Occupational Therapy | Y | N/A | N/A | FL/MI | |

| Service Category Notes | Code | Definition | MHI Matrix Service Category | MHI PA Required | eviCore Service Category | eviCore PA Required | State Exceptions (Refer to State Tab) | Notes |
|------------------------|-------|---|---|-----------------|--------------------------|---------------------|---------------------------------------|-------|
| benefit cap. | 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 | | |
| | 15733 | MUSC MYOQ FSCQ FLAP HEAD AND NECK W NAMED VASC PEDCL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 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 | 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 | |
| | 21073 | MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21120 | GENIOPLASTY AUGMENTATION | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21121 | GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21122 | GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21123 | GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21125 | AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21127 | AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21137 | REDUCTION FOREHEAD CONTOURING ONLY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21138 | RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21139 | RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21141 | RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21142 | RCNSTJ MIDFACE LEFORT I 2 PIECES W O BONE GRAFT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21143 | RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W O BONE GRAFT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21145 | RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21146 | RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21147 | RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21150 | RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21151 | RCNSTJ MIDFACE LEFORT II W BONE GRAFTS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21154 | RCNSTJ MIDFACE LEFORT III W O LEFORT I | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21155 | RCNSTJ MIDFACE LEFORT III W LEFORT I | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21159 | RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21160 | RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21172 | RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21175 | RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21240 | ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21242 | ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 21243 | ARTHRP 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 PSTLAT APPR 1 VRT SGM CRV | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22212 | OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22214 | OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22216 | OSTEOT SPI PST PSTLAT APPR 1 VRT SGM EA VRT SGM | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22220 | OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22222 | OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22224 | OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22226 | OSTEOT SPI W DSKC ANT APPR 1 VRT SGM EA VRT SGM | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22505 | MANIPULATION SPINE REQUIRING ANESTHESIA | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22526 | PERQ INTRDSCLELECTROTHRM ANNULOPLASTY 1 LEVEL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22527 | PERQ INTRDSCLELECTROTHRM 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 | | |

| 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 |
|------------------------|-------|--|---|-----------------|--------------------------|---------------------|---------------------------------------|-------|
| | 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 | ARTHROD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22551 | ARTHROD ANT INTERBODY DECOMPRESS CERVICAL BELW C2 | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22552 | ARTHROD ANT INTERDY CERVL BELW C2 EA ADDL NTRSPC | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | OH | |
| | 22554 | ARTHROD ANT MIN DISCECT INTERBODY CERV BELOW C2 | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22556 | ARTHROD ANT MIN DISCECTOMY INTERBODY THORACIC | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22558 | ARTHRODESIS ANTERIOR INTERBODY LUMBAR | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22585 | ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22586 | ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1 | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22590 | ARTHRODESIS POSTERIOR CRANIOCERVICAL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22595 | ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2 | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22600 | ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22610 | ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22612 | ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22614 | ARTHRODESIS POSTERIOR POSTEROLATERAL EA ADDL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | OH | |
| | 22630 | ARTHRODESIS POSTERIOR INTERBODY LUMBAR | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22632 | ARTHRODESIS POSTERIOR INTERBODY EA ADDL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22633 | ARTHRODESIS POST POSTEROLATRL POSTINTERBODY LUMBAR | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 22634 | ARTHRODESIS 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 | | |
| | 25447 | ARTHROPLASTY INTERPOS INTERCARPAL METACARPAL JOINTS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 26499 | CORRECTION CLAW FINGER OTHER METHODS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 27120 | ACETABULOPLASTY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 27122 | ACETABULOPLASTY RESECTION FEMORAL HEAD | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 27125 | HEMIARTHROPLASTY HIP PARTIAL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 27130 | ARTHROPLASTY ACETBLR PROX FEM PROSTC AGRFT ALGRFT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 27132 | CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 27134 | REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 27137 | REVJ TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 27138 | REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 27438 | ARTHROPLASTY PATELLA W PROSTHESIS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 27440 | ARTHROPLASTY KNEE TIBIAL PLATEAU | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 27441 | ARTHROPLASTY KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVTCT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 27442 | ARTHROPLASTY KNEE CONDYLES TIBIAL PLATEAU KNEE | 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 |
|------------------------|-------|--|---|-----------------|--------------------------|---------------------|---------------------------------------|-------|
| | 27443 | ARTHRP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 27445 | ARTHROPLASTY KNEE HINGE PROSTHESIS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 27446 | ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 27447 | ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 27486 | REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 27487 | REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28005 | INCISION BONE CORTEX FOOT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28008 | FASCIOTOMY FOOT AND TOE | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28010 | TENOTOMY PERCUTANEOUS TOE SINGLE TENDON | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28011 | TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28035 | RELEASE TARSAL TUNNEL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28060 | FASCIECTOMY PLANTAR FASCIA PARTIAL SPX | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28062 | FASCIOTOMY PLANTAR FASCIA RADICAL SPX | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28080 | EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28090 | EXC LESION TENDON SHEATH CAPSULE W 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 CURTG CST B9 TUM TALUS CLCNS W ILIAC AGRFT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28103 | EXC CURETTAGE CYST TUMOR TALUS CALCANEUS ALGRFT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28104 | EXC CURTG BONE CYST B9 TUMORTARSAL METATARSAL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28106 | EXC CURTG CST B9 TUM TARSAL METAR W ILIAC AGRFT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28107 | EXC CURTG CST B9 TUM TARSAL METAR W ALGRFT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28108 | EXC CURTG CST B9 TUM PHALANGES FOOT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28110 | OSTECTOMY PRTL 5TH METAR HEAD SPX | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28111 | OSTECTOMY COMPLETE 1ST METATARSAL HEAD | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28112 | OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4 | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28113 | OSTECTOMY COMPLETE 5TH METATARSAL HEAD | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28114 | OSTC COMPL ALL METAR HEADS W PRTL PROX PHALANGC | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28116 | OSTECTOMY TARSAL COALITION | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28118 | OSTECTOMY CALCANEUS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28119 | OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28120 | PARTIAL EXCISION BONE TALUS CALCANEUS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28122 | PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28124 | 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 TARSAL EXCEPT TALUS CALCANEUS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28173 | RADICAL RESECTION TUMOR METATARSAL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28175 | RADICAL RESECTION TUMOR PHALANX OR TOE | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28200 | RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28202 | RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28208 | REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28210 | RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28220 | TENOLYSIS FLEXOR FOOT SINGLE TENDON | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28222 | TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28225 | TENOLYSIS EXTENSOR FOOT SINGLE TENDON | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28226 | TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28230 | TX OPN TENDON FLEXOR FOOT SINGLE MULT TENDON SPX | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28232 | TX OPEN TENDON FLEXOR TOE 1 TENDON SPX | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28234 | TENOTOMY OPEN EXTENSOR FOOT TOE EACH TENDON | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28238 | RCNSTJ PST TIBL TDN W EXC ACCESSORY TARSL NAVCLR | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28240 | TENOTOMY LENGTHENING RLS ABDUCTOR HALLUCIS MUSC | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28250 | DIVISION PLANTAR FASCIA AND MUSCLE SPX | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28260 | CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28261 | CAPSULOTOMY MIDFOOT W TENDON LENGTHENING | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28262 | CAPSUL MIDFOOT W PST TALOTIBL CAPSUL AND TDN LNGTH | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28264 | CAPSULOTOMY MIDTARSAL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28270 | CAPSUL MTTARPHLNGL JT W WO TENORRHAPHY EA JT SPX | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28272 | CAPSULOTOMY IPHAL JOINT EACH JOINT SPX | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28280 | SYNDACTYLIZATION TOES | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28285 | CORRECTION HAMMERTOES | 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 CONDYLIC METAR HEAD | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |

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|------------------------|-------|--|---|-----------------|--------------------------|---------------------|---------------------------------------|-------|
| | 28289 | HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28291 | HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28292 | CORRJ HALLUX VALGUS W SESMDC W RESCJ PROX PHAL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28295 | CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28296 | CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28297 | CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28298 | CORRJ HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28299 | CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28300 | OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28302 | OSTEOTOMY TALUS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28304 | OSTEOTOMY TARSAL BONES OTH THN CALCANEUS TALUS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28305 | OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28306 | OSTEOT W WO LNGTH SHRT CORRJ 1ST METAR | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28307 | OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28308 | OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST EA | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28309 | OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28310 | OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28312 | OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28313 | RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28315 | SESAMOIDECTOMY FIRST TOE SPX | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28320 | REPAIR NONUNION MALUNION TARSAL BONES | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28322 | RPR NON MALUNION METARSAL W WO BONE GRAFT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28340 | RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28341 | RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28344 | RECONSTRUCTION TOE POLYDACTYLY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28345 | RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28360 | RECONSTRUCTION CLEFT FOOT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28705 | ARTHRODESIS PANTALAR | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28715 | ARTHRODESIS TRIPLE | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28725 | ARTHRODESIS SUBTALAR | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28730 | ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28735 | ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28737 | ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR-CUNEIFOR | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28740 | ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28750 | ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28755 | ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28760 | ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 28890 | ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29806 | ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29807 | ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29819 | ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29820 | ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29821 | ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29822 | ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29823 | ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29824 | ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29825 | ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29826 | ARTHROSCOPY SHOULDER W CORACOACRM LIGMNT RELEASE | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29827 | ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29828 | ARTHROSCOPY SHOULDER BICEPS TENODESIS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29873 | ARTHROSCOPY KNEE LATERAL RELEASE | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29874 | ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29875 | ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29876 | ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29877 | ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29879 | ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29880 | ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29881 | ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29882 | ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29883 | ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29884 | ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29885 | ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29886 | ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29887 | ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29888 | ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29889 | ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29891 | ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 29892 | ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |

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|------------------------|-------|--|---|-----------------|--------------------------|---------------------|---------------------------------------|-------|
| | 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 RESECT 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 | | |
| | 31661 | BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 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 | WA | |
| | 33206 | INS NEW RPLCMT PRM PACEMAKR W TRANS ELTRD ATRIAL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 33207 | INS NEW RPLC PRM PACEMAKER W TRANSV ELTRD VENTR | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 33208 | INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL AND VENT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 33212 | INS PM PLS GEN W EXIST SINGLE LEAD | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | WA | |
| | 33213 | INS PACEMAKER PULSE GEN ONLY W EXIST DUAL LEADS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | WA | |
| | 33214 | UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | WA | |
| | 33221 | INS PACEMAKER PULSE GEN ONLY W EXIST MULT LEADS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | WA | |
| | 33224 | INSJ ELTRD CAR VEN SYS ATTCH PREV PM DFB PLS GEN | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 33225 | INSJ ELTRD CAR VEN SYS TM INSJ DFB PM PLS GEN | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 33227 | REMLV PERM PM PLSE GEN W REPL PLSE GEN SINGL LEAD | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | 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 | 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 | 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 | | |
| | 33275 | TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 33289 | TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | WI | |
| | 33979 | INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 34713 | PERQ ACCESS AND CLOSURE FEM ART FOR DELIVERY NDGFT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | WA | |
| | 34714 | OPN FEM ART EXPOS W CNDT CRTJ DLVR EVASC PROSTH | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | WA | |
| | 34715 | OPN AX SUBCLA ART EXPOS DLVR EVASC PROSTH UNI | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | WA | |
| | 34716 | OPN AXILLARY SUBCLAVIAN ART EXPOS W CNDT CRTJ | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | WA | |
| | 36460 | TRANSFUSION INTRAUTERINE FETAL | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 36465 | NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 36466 | NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 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 ABLTJ THER CHEM ADHESIVE 1ST VEIN | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |

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|------------------------|-------|--|---|-----------------|--------------------------|---------------------|---------------------------------------|-------|
| | 36483 | ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 36514 | THERAPEUTIC APHERESIS PLASMA PHERESIS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 37191 | INS INTRVAV 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 | 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 GSTR RSTRICTIV PX LONGITUDINAL GASTRECTOMY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 43842 | GASTRIC RSTCV W O BYP VERTICAL-BANDED GASTROPLY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 43843 | GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 43845 | GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 43846 | GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 43847 | GASTRIC RSTCV W BYP W SM INT RCNSTJ LIMIT ABSRPJ | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 43848 | REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 43881 | IMPLTJ RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 43882 | REVISION RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 43886 | GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 43887 | GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 43888 | GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 47380 | 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 | | |
| | 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 | | |
| | 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 | | |
| | 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 | | |

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|------------------------|-------|--|---|-----------------|--------------------------|---------------------|---------------------------------------|-------|
| | 55874 | TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1 MLT NJX | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 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 MYOMECTIONY EXC 1-4 MYOMAS 250 GM OR LESS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58546 | LAPS MYOMECTIONY 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 | | |
| | 58661 | LAPAROSCOPY W RMVL ADNEXAL STRUCTURES | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58662 | LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58672 | LAPAROSCOPY FIMBRIOPLASTY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58673 | LAPAROSCOPY SALPINGOSTOMY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58700 | SALPINGECTOMY COMPLETE PARTIAL UNI BI SPX | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58720 | SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58740 | LYSIS OF ADHESIONS SALPINX OVARY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58750 | TUBOTUBAL ANASTATOMOSIS | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58752 | TUBOUTERINE IMPLANTATION | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58760 | FIMBRIOPLASTY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58770 | SALPINGOSTOMY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58940 | OOPHORECTOMY PARTIAL TOTAL UNI BI | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58943 | OOPHORECTOMY PRTL TOT UNI BI OVARIAN MALIGNANCY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58950 | RESCJ OVARIAN TUBAL PERITONEAL MALIGNANCY W BSO | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58951 | RESCJ PRIM PRTL MAL W BSO AND OMNTC TAH AND LMPHAD | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58952 | RESCJ PRIM PRTL MAL W BSO AND OMNTC RAD DEBULKING | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58953 | BSO W OMENTECTOMY TAH AND RAD DEBULKING DISSECTION | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58954 | BSO W OMENTECTOMY TAH DEBULKING W LMPHADECTOMY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58956 | BSO W TOT OMENTECTOMY AND HYSTERECTOMY MALIGNANC | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58957 | RESEJ RECUR OVARIAN TUBAL PERITONEAL MALIGNANCY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 58958 | RESECTION RECR MAL W OMENTECTOMY PEL LMPHADEC | 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 |
|------------------------|-------|---|---|-----------------|--------------------------|---------------------|---------------------------------------|-------|
| | 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 DSK 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 DCMPRN NRV ROOT 1 INTRSPC CERV | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 63030 | LAMNOTMY INCL W DCMPRN NRV ROOT 1 INTRSPC LUMBR | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 63035 | LAMNOTMY W DCMPRN 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 HRNAB 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 | | |
| | 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 | | |

| 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 |
|------------------------|-------|--|---|-----------------|--------------------------|---------------------|---------------------------------------|-------|
| | 64913 | NERVE REPAIR W NERVE ALLOGRAFT EA ADDL STRAND | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 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 | | |
| | 67950 | CANTHOPLASTY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 69714 | IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 69715 | IMPLJ OSSEOINTEGRATED TEMPORAL BONE W O MASTOID | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 69717 | RPLMCT OSSEOINTEGRATE IMPLNT W O MASTOIDECTOMY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 69718 | RPLMCT OSSEOINTEGRATE IMPLNT W MASTOIDECTOMY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 69930 | COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 93229 | XTRNL MOBILE CV TELEMTRY 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 | | |
| | 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 | | |
| | 96574 | DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 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 | | |
| | 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 | | |
| | 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 | | |
| | S2095 | TRNSCATH OCCL EMBOLIZ TUMR DESTRUC PERQ METH USI | OP Hosp/Amb Surgery Center (ASC) procedures | Y | N/A | N/A | | |
| | 27096 | INJECT SI JOINT ARTHRGRPHY AND ANES STEROID W IMA | Pain Management Procedures | Y | N/A | N/A | | |
| | 27279 | ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS | Pain Management Procedures | Y | N/A | N/A | | |
| | 62263 | PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS | Pain Management Procedures | Y | N/A | N/A | | |
| | 62264 | PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY | Pain Management Procedures | Y | N/A | N/A | | |
| | 62320 | NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN | Pain Management Procedures | Y | N/A | N/A | | |
| | 62321 | NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN | Pain Management Procedures | Y | N/A | N/A | | |
| | 62322 | NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN | Pain Management Procedures | Y | N/A | N/A | | |
| | 62323 | NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN | Pain Management Procedures | Y | N/A | N/A | | |
| | 62350 | IMPLTJ REVJ RPSG ITHCL EDRL CATH PMP W O LAM | Pain Management Procedures | Y | N/A | N/A | | |
| | 62351 | IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM | Pain Management Procedures | Y | N/A | N/A | | |
| | 62360 | IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR | Pain Management Procedures | Y | N/A | N/A | | |
| | 62361 | IMPLTJ RPLCMT FS NON-PRGRBL PUMP | Pain Management Procedures | Y | N/A | N/A | | |
| | 62362 | IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP | Pain Management Procedures | Y | N/A | N/A | | |
| | 62367 | ELECT ANLYS IMPLT ITHCL EDRL PMP W O REPRG REFIL | Pain Management Procedures | Y | N/A | N/A | | |
| | 62368 | ELECT ANALYS IMPLT ITHCL EDRL PUMP W REPRGRMG | Pain Management Procedures | Y | N/A | N/A | | |
| | 63650 | PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL | Pain Management Procedures | Y | N/A | N/A | | |
| | 63655 | LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL | Pain Management Procedures | Y | N/A | N/A | | |
| | 63661 | RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR | Pain Management Procedures | Y | N/A | N/A | | |
| | 63662 | RMVL SPINAL NSTIM ELTRD PLATE PADDLE INCL FLUOR | Pain Management Procedures | Y | N/A | N/A | | |
| | 63663 | REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR | Pain Management Procedures | Y | N/A | N/A | | |
| | 63664 | REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR | Pain Management Procedures | Y | N/A | N/A | | |
| | 63685 | INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING | Pain Management Procedures | Y | N/A | N/A | | |

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|---|-------|--|-----------------------------|-----------------|--------------------------|---------------------|---------------------------------------|-------|
| | 63688 | REVL 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 | |
| | 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 | | |
| | 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 | | |
| | 97810 | ACUPUNCTURE 1 OR GRT NDLES W O ELEC STIMJ INIT 15 MIN | Pain Management Procedures | Y | N/A | N/A | | |
| | 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 | ACCUPUNTURE 1 OR GRT NDLS W ELEC STIM, EA 15 MINS, W REINSERTION | Pain Management Procedures | Y | N/A | N/A | | |
| Physical Therapy: Configured to Market Place benefit cap. | 97110 | THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES | Physical Therapy | Y | N/A | N/A | | |
| | 97112 | THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC REEDUCA | Physical Therapy | Y | N/A | N/A | FL/MI | |
| | 97763 | ORTHOTICS PROSTH MGMT AND TRAINJ SBSQ ENCTR 15 MIN | Physical Therapy | Y | N/A | N/A | | |
| | L0452 | TLSO FLEXIBLE TRUNK SUPP UP THOR REGION CUSTOM | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L0480 | TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L0482 | TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L0484 | TLSO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L0486 | TLSO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L0622 | SACROILIAC ORTHOTIC FLEXIBLE CUSTOM FABRICATED | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L0637 | LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L0640 | LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L0650 | LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L0700 | CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L0710 | CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L1000 | CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L1005 | TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L1110 | ADD CTLSO SCOLIOS RING FLNGE MOLD PT MDL | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L1640 | HIP ORTHOTIC-PELV BAND SPRDR BAR THI CUFFS FAB | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L1680 | HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L1685 | HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L1700 | LEGG PERTHES ORTHOTIC TORONTO CUSTOM FABRICATED | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L1710 | LEGG PERTHES ORTHOTIC NEWINGTON CUSTOM FAB | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L1720 | LEGG PERTHES ORTHOTIC TRILAT TACHDIJAN CSTM FAB | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L1730 | LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L1755 | LEGG PERTHES ORTHOTIC PATTEN BOTTOM CSTM FAB | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L1834 | KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L1840 | KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L1844 | KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L1846 | KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM | Prosthetics & Orthotics | Y | N/A | N/A | | |
| | L1860 | KNEE ORTHOS MOD SUPRACONDYL R 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 CUSTM | 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 | | |

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|------------------------|-------|--|-----------------------------------|-----------------|--------------------------|---------------------|---------------------------------------|---|
| | 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* | | *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* | | *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* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| | 77407 | RADIATION TX DELIVERY 1 MEV EQ OVER INTERMEDIATE | | * | Radiation Therapy | Y* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| | 77423 | HIGH ENERGY NEUTRON RADJ TX DLVR 1 OR GRT ISOCENTER | | * | Radiation Therapy | Y* | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| | 77424 | INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX SESSION | | * | Radiation Therapy | Y* | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| | 77425 | INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS | | * | Radiation Therapy | Y* | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| | 77520 | PROTON TX DELIVERY SIMPLE W O COMPENSATION | Radiation Therapy & Radio Surgery | Y | Radiation Therapy | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 77522 | PROTON TX DELIVERY SIMPLE W COMPENSATION | Radiation Therapy & Radio Surgery | Y | Radiation Therapy | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 77523 | PROTON TX DELIVERY INTERMEDIATE | Radiation Therapy & Radio Surgery | Y | Radiation Therapy | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | 77525 | PROTON TX DELIVERY COMPLEX | Radiation Therapy & Radio Surgery | Y | Radiation Therapy | Y* | | *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 |

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|------------------------|-------|---|-----------------------------------|-----------------|--------------------------|---------------------|---------------------------------------|---|
| | 77610 | HYPERTHERMIA INTERSTITIAL PROBE 5 OR LESS APPLICATORS | | * | Radiation Therapy | Y* | | *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 |
| | 79005 | RP THERAPY ORAL ADMINISTRATION | | * | 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* | | *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* | | *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* | | *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 | | Radiation Therapy | Y* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | C9726 | PLCMT AND REMV AA INTO BRST IORT ADD-ON BRST PROC | | | Radiation Therapy | Y* | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| | G0339 | IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS | Radiation Therapy & Radio Surgery | Y | Radiation Therapy | Y* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | G6001 | ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS | | | Radiation Therapy | Y* | | *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* | | *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* | | *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* | | *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* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| | G6007 | RT DEL 2 SEP AR 3 OR GRT PT 1 TX AR MX BLKS:TO 5 MEV | | | Radiation Therapy | Y* | | *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* | | *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* | | *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* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |

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| | G6012 | RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; 6-10 MEV | | | Radiation Therapy | Y* | | *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* | | *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* | | *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* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI |
| | G6017 | INTRA-FRAC LOC AND TRACKING TARGET PT M EA FRAC TX | Radiation Therapy & Radio Surgery | Y | N/A | N/A | | *APPLIES TO: IL/MI/OH/NY/WI |
| | S8030 | SCLERAL APPLICATION TANTALUM RING PROTON BEAM TX | | * | Radiation Therapy | Y* | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 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* | TX/WA | *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* | TX/WA | *APPLIES TO: IL/MI/OH/NY/WI |
| | 95803 | ACTIGRAPHY TESTING RECORDING ANALYSIS I AND R | Sleep Studies | Y | N/A | N/A | TX/WA | |
| | 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* | 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* | TX/WA | *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* | 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* | 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* | | *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* | | *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* | | *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* | | *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* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| | A7045 | EXHALATION PORT W WO SWIVEL REPLACEMENT ONLY | | * | Sleep Covered Services and Related Equipment | Y* | | *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* | | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| | E0470 | RESP ASST DEVC BI-LEVEL 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 |

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| | 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* | | *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* | | *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* | | *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* | | *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* | | *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/WA | |
| | 92508 | TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GRT INDIV | Speech Therapy | Y | N/A | N/A | FL/WA | |
| Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require PA | 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 TRNSPL AUTO | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 38230 | BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 38240 | TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 38241 | TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 38242 | ALLOGENEIC LYMPHOCYTE INFUSIONS | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 38243 | TRNSPLJ HEMATOPOIETIC CELL BOOST | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 44137 | RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 44715 | BKBENCH PREP CADAVER LIVING DONOR INTESTINE | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 44720 | BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 44721 | BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 47133 | DONOR HEPATECTOMY CADAVER DONOR | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 47135 | LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 47140 | DONOR HEPATECTOMY LIVING DONOR SEG II AND III | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 47141 | DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 47142 | DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 47143 | BKBENCH PREP CADAVER DONOR | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 47144 | BKBENCH PREPJ CADAVER WHOLE LIVER GRF I AND IV VII | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 47145 | BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I AND V VI | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 47146 | BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 47147 | BKBENCH RCNSTJ LVR GRF ARTL ANAST EA | Transplants/Gene Therapy | Y | N/A | N/A | | |
| 48160 | PANCREATECTOMY W TRNSPLJ PANCREAS ISLET CELLS | Transplants/Gene Therapy | Y | N/A | N/A | | | |
| 48550 | DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT | Transplants/Gene Therapy | Y | N/A | N/A | | | |
| 48551 | BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT | Transplants/Gene Therapy | Y | N/A | N/A | | | |
| 48552 | BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA | Transplants/Gene Therapy | Y | N/A | N/A | | | |
| 48554 | TRANSPLANTATION PANCREATIC ALLOGRAFT | Transplants/Gene Therapy | Y | N/A | N/A | | | |
| 48556 | RMVL TRANSPLANTED PANCREATIC ALLOGRAFT | Transplants/Gene Therapy | Y | N/A | N/A | | | |
| 50300 | DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL | Transplants/Gene Therapy | Y | N/A | N/A | | | |
| 50320 | DONOR NEPHRECTOMY OPEN LIVING DONOR | Transplants/Gene Therapy | Y | N/A | N/A | | | |
| 50323 | BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT | Transplants/Gene Therapy | Y | N/A | N/A | | | |

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| | 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 | | |
| | 0538T | CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F TRNS | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 0539T | CAR-T THERAPY RECEIPT AND PREP CAR-T CELLS F ADMN | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | 0540T | CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | Q2041 | KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | Q2042 | TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | S2053 | TRANSPLANTATION SMALL INTESTINE AND LIVER ALLOGRAFTS | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | S2054 | TRANSPLANTATION OF MULTIVISCERAL ORGANS | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | S2055 | HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | S2060 | LOBAR LUNG TRANSPLANTATION | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | S2061 | DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | S2065 | SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | S2107 | ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | S2140 | CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | S2142 | CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | S2150 | BN MARROW BLD DERIVD STEM CELLS HARV TPLNT AND COMP; | Transplants/Gene Therapy | Y | N/A | N/A | | |
| | S2152 | SOLID ORGAN; TRANSPLANTATION AND RELATED COMP | Transplants/Gene Therapy | Y | N/A | N/A | | |
| Transportation Services: PA required for Non-Emergent Air Ambulance transportation services. Emergency transport does not require PA. | A0430 | AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY | Transportation Services | Y | N/A | N/A | | |
| | A0431 | AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY | Transportation Services | Y | N/A | N/A | | |
| | S9960 | AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING | Transportation Services | Y | N/A | N/A | | |
| | S9961 | AMB SERVICE AIR NONEMERGENCY 1 WAY ROTARY WING | Transportation Services | Y | N/A | N/A | | |
| Unlisted/Miscellaneous codes: Molina requires PA, as well as, medical necessity documentation and rationale be submitted with the PA request for all Unlisted/Miscellaneous codes, including those not listed herein | 01999 | UNLISTED ANESTHESIA PROCEDURE | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 15999 | UNLISTED PROCEDURE EXCISION PRESSURE ULCER | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 17999 | UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 19499 | UNLISTED PROCEDURE BREAST | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 20999 | UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 21089 | UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 21299 | UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 21499 | UNLISTED MUSCULOSKELETAL PROCEDURE HEAD | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 21899 | UNLISTED PROCEDURE NECK THORAX | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 22899 | UNLISTED PROCEDURE SPINE | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 22999 | UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 23929 | UNLISTED PROCEDURE SHOULDER | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 24999 | UNLISTED PROCEDURE HUMERUS ELBOW | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 25999 | UNLISTED PROCEDURE FOREARM WRIST | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 26989 | UNLISTED PROCEDURE HANDS FINGERS | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 27299 | UNLISTED PROCEDURE PELVIS HIP JOINT | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 27599 | UNLISTED PROCEDURE FEMUR KNEE | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 27899 | UNLISTED PROCEDURE LEG ANKLE | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 28899 | UNLISTED PROCEDURE FOOT TOES | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 29999 | UNLISTED PROCEDURE ARTHROSCOPY | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 30999 | UNLISTED PROCEDURE NOSE | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 31299 | UNLISTED PROCEDURE ACCESSORY SINUSES | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 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 | | |

| 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 |
|------------------------|-------|---|------------------------------|-----------------|--------------------------|---------------------|---------------------------------------|-------|
| | 38999 | UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 39499 | UNLISTED PROCEDURE MEDIASTINUM | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 39599 | UNLISTED PROCEDURE DIAPHRAGM | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 40799 | UNLISTED PROCEDURE LIPS | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 40899 | UNLISTED PROCEDURE VESTIBULE MOUTH | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 41599 | UNLISTED PROCEDURE TONGUE FLOOR MOUTH | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 42299 | UNLISTED PROCEDURE PALATE UVULA | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 42699 | UNLISTED PX SALIVARY GLANDS DUCTS | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 42999 | UNLISTED PROCEDURE PHARYNX ADENOIDS TONSILS | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 43289 | UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 43499 | UNLISTED PROCEDURE ESOPHAGUS | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 43659 | UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 43999 | UNLISTED PROCEDURE STOMACH | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 44238 | UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 44799 | UNLISTED PROCEDURE SMALL INTESTINE | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 44899 | UNLISTED PX MECKEL'S DIVERTICULUM AND MESENTERY | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 44979 | UNLISTED LAPAROSCOPY PROCEDURE APPENDIX | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 45399 | UNLISTED PROCEDURE COLON | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 45499 | UNLISTED LAPAROSCOPY PROCEDURE RECTUM | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 45999 | UNLISTED PROCEDURE RECTUM | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 46999 | UNLISTED PROCEDURE ANUS | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 47379 | UNLIS LAPAROSCOPIC PROCEDURE LIVER | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 47399 | UNLISTED PROCEDURE LIVER | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 47579 | UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 47999 | UNLISTED PROCEDURE BILIARY TRACT | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 48999 | UNLISTED PROCEDURE PANCREAS | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 49329 | UNLISTED LAPAROSCOPIC PX ABD PERTONEUM AND OMENTUM | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 49659 | UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 49999 | UNLISTED PROCEDURE ABDOMEN PERITONEUM AND OMENTUM | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 50549 | UNLISTED LAPAROSCOPY PROCEDURE RENAL | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 50949 | UNLISTED LAPAROSCOPY PROCEDURE URETER | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 51999 | UNLISTED LAPAROSCOPY PROCEDURE BLADDER | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 53899 | UNLISTED PROCEDURE URINARY SYSTEM | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 54699 | UNLISTED LAPAROSCOPY PROCEDURE TESTIS | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 55559 | UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 55899 | UNLISTED PROCEDURE MALE GENITAL SYSTEM | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 58578 | UNLISTED LAPAROSCOPY PROCEDURE UTERUS | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 58579 | UNLISTED HYSTEROSCOPY PROCEDURE UTERUS | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 58679 | UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 58999 | UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 59897 | UNLISTED FETAL INVASIVE PX W ULTRASOUND | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 59898 | UNLISTED LAPAROSCOPY PX MATERNITY CARE AND DELIVERY | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 59899 | UNLISTED PROCEDURE MATERNITY CARE AND DELIVERY | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 60659 | UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 60699 | UNLISTED PROCEDURE ENDOCRINE SYSTEM | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 64999 | UNLISTED PROCEDURE NERVOUS SYSTEM | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 66999 | UNLISTED PROCEDURE ANTERIOR SEGMENT EYE | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 67299 | UNLISTED PROCEDURE POSTERIOR SEGMENT | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 67399 | UNLISTED PROCEDURE EXTRAOCULAR MUSCLE | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 67599 | UNLISTED PROCEDURE ORBIT | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 67999 | UNLISTED PROCEDURE EYELIDS | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 68399 | UNLISTED PROCEDURE CONJUNCTIVA | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 68899 | UNLISTED PROCEDURE LACRIMAL SYSTEM | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 69399 | UNLISTED PROCEDURE EXTERNAL EAR | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 69799 | UNLISTED PROCEDURE MIDDLE EAR | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 69949 | UNLISTED PROCEDURE INNER EAR | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 69979 | UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 76496 | UNLISTED FLUOROSCOPIC PROCEDURE | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 76499 | UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 77399 | UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 77799 | UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 78099 | UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 78199 | UNLIS HEMATOP RET ENDO AND LYMPHATIC DX NUC MED | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 78299 | UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 78399 | UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 78599 | UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 78699 | UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 78799 | UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |

| 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 |
|------------------------|-------|--|------------------------------|-----------------|--------------------------|---------------------|---------------------------------------|-------|
| | 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 | IAADIADDOO 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 | | |
| | 97139 | UNLISTED THERAPEUTIC PROCEDURE SPECIFY | Unlisted/Miscellaneous codes | Y | N/A | N/A | WA | |
| | 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 | | |
| | 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 | | |
| | 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 | | |
| | 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 | |
| | E0770 | FES TRANSQ STIM NERV AND MUSC GRP Cmpl SYS NOS | Unlisted/Miscellaneous codes | Y | N/A | N/A | MI | |
| | E1399 | DURABLE MEDICAL EQUIPMENT MISCELLANEOUS | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | E1699 | DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | G0501 | RESOURCE-INT SRVC PT SPZ M-ASST TECH MED NEC | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | G9012 | OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | J7599 | IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | J7699 | NOC DRUGS INHALATION SOLUTION ADMINED THRU DME | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | J7799 | NOC RX OTH THAN INHALATION RX ADMINED THRU DME | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | J7999 | COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | J8498 | ANTIEMETIC DRUG RECTAL SUPPOSITORY NOS | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | J8597 | ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | K0812 | POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |

| 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 |
|------------------------|-------|---|------------------------------|-----------------|--------------------------|---------------------|---------------------------------------|-------|
| | 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 | MI | |
| | 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 ORTHOSIS NOT OTHERWISE SPECIFIED | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | L3649 | ORTHOPEID 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 | | |
| | L7499 | UPPER EXTREMITY PROSTHESIS NOS | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 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 | | |
| | 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 | MI | |
| | L8702 | PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS | Unlisted/Miscellaneous codes | Y | N/A | N/A | MI | |
| | 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 CHR | 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 | | |
| | Q0508 | MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | Q0509 | MISC SPL ACSS IMPL VAD NO PAYMENT MEDICARE PRT A | Unlisted/Miscellaneous codes | Y | N/A | N/A | | |
| | 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 | | | | |
| D05.11 | N | N | | E09.3413 | N | N | | | | |

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

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

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

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

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

CA CODE/BENEFIT EXCEPTIONS

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

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

| Code | MediCal | MKPL | Notes |
|-------|---------|------|---|
| 00170 | Y | Y | |
| 90867 | NC | Y | Behavioral Health, Mental Health, Alcohol & Chemical Dependency code, NC for MediCal (effective 2/1/2019) |
| 90868 | NC | Y | Behavioral Health, Mental Health, Alcohol & Chemical Dependency code, NC for MediCal (effective 2/1/2019) |
| 90869 | NC | Y | Behavioral Health, Mental Health, Alcohol & Chemical Dependency code, NC for MediCal (effective 2/1/2019) |
| 97151 | N | N | BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace |
| 97152 | N | N | BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace |
| 97153 | N | N | BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace |
| 97154 | N | N | BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace |
| 97155 | N | N | BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace |
| 97156 | N | N | BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace |
| 97157 | N | N | BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace |
| 97158 | N | N | BH ABA code, not a valid MediCal billable code, exception for MediCal & Marketplace |
| C9031 | Y | Y | deleted code 2019, have not appear on MediCal update list (replacement code A9513) |
| C9463 | Y | Y | deleted code 2019, have not appear on MediCal update list (replacement code J0185) |
| C9014 | Y | Y | deleted code 2019, have not appear on MediCal update list (replacement code J0567) |
| C9015 | Y | Y | deleted code 2019, have not appear on MediCal update list (replacement code J0599) |
| C9493 | Y | Y | deleted code 2019, have not appear on MediCal update list (replacement code J1301) |
| C9029 | Y | Y | deleted code 2019, have not appear on MediCal update list (replacement code J1628) |
| C9016 | Y | Y | deleted code 2019, have not appear on MediCal update list (replacement code J3316) |
| C9032 | Y | Y | deleted code 2019, have not appear on MediCal update list (replacement code J3398) |
| C9030 | Y | Y | deleted code 2019, have not appear on MediCal update list (replacement code J9057) |
| C9024 | Y | Y | deleted code 2019, have not appear on MediCal update list (replacement code J9153) |
| C9492 | Y | Y | deleted code 2019, have not appear on MediCal update list (replacement code J9173) |
| C9028 | Y | Y | deleted code 2019, have not appear on MediCal update list (replacement code J9229) |
| Q2040 | Y | Y | deleted code 2019, have not appear on MediCal update list (replacement code Q2042) |
| A9276 | NC | Y | DME Code, NC for MediCal (effective 2/1/2019) |
| A9277 | NC | Y | DME Code, NC for MediCal (effective 2/1/2019) |
| A9278 | NC | Y | DME Code, NC for MediCal (effective 2/1/2019) |
| K0553 | NC | Y | DME Code, NC for MediCal (effective 2/1/2019) |
| K0554 | NC | Y | DME Code, NC for MediCal (effective 2/1/2019) |
| 81161 | N | Y | Genetic Counseling and Testing code, do not require PA for FFS MediCal (effective 2/1/2019) |
| 81243 | N | Y | Genetic Counseling and Testing code, do not require PA for FFS MediCal (effective 2/1/2019) |

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

| Code | MediCal | MKPL | Notes |
|-------|---------|------|--|
| 81244 | N | Y | Genetic Counseling and Testing code, do not require PA for FFS MediCal (effective 2/1/2019) |
| 0037U | NC | Y | Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019) |
| 0045U | NC | Y | Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019) |
| 0046U | NC | Y | Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019) |
| 0047U | NC | Y | Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019) |
| 0048U | NC | Y | Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019) |
| 0049U | NC | Y | Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019) |
| 0050U | NC | Y | Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019) |
| 0053U | NC | Y | Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019) |
| 0055U | NC | Y | Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019) |
| 0056U | NC | Y | Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019) |
| 0057U | NC | Y | Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019) |
| 0058U | NC | Y | Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019) |
| 0059U | NC | Y | Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019) |
| 0060U | NC | Y | Genetic Counseling and Testing code, NC for MediCal (effective 2/1/2019) |
| 96125 | NC | Y | New Neuropsych code for 2019, not yet a valid MediCal billable code |
| Q9994 | NC | Y | replacement code for Q9994 (deleted 1/1/2019) Specialty Pharmacy code, NC for MediCal (effective 2/1/2019) |
| Q5108 | NC | Y | Specialty Pharmacy code, NC for MediCal (effective 2/1/2019) |
| Q5110 | NC | Y | Specialty Pharmacy code, NC for MediCal (effective 2/1/2019) |
| 55970 | N | Y | |
| 55980 | N | Y | |
| 81205 | NC | Y | |
| 81221 | NC | Y | |
| 81333 | NC | Y | |
| 81443 | NC | Y | |
| 0022U | NC | Y | |
| 0447T | NC | Y | |
| 0448T | NC | Y | |
| 0466T | NC | Y | |
| 0525T | NC | Y | |
| 0537T | NC | Y | |
| 0538T | NC | Y | |

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| Code | MediCal | MKPL | Notes |
|-------|---------|------|-------|
| 0539T | NC | Y | |
| A4563 | NC | Y | |
| A5514 | NC | Y | |
| A6460 | NC | N | |
| A6461 | NC | N | |
| A9274 | NC | Y | |
| C8937 | NC | Y | |
| D9219 | Y | Y | |
| E0447 | NC | Y | |
| E0467 | NC | Y | |
| E0652 | NC | Y | |
| G0154 | Y | Y | |
| G0219 | NC | Y | |
| G0235 | NC | Y | |
| G0252 | NC | Y | |
| J2916 | N | N | |
| J9267 | N | N | |
| L8698 | NC | Y | |
| L8701 | NC | Y | |
| L8702 | NC | Y | |
| 77301 | Y | Y | |
| 77338 | Y | Y | |
| 77385 | Y | Y | |
| 77386 | Y | Y | |
| 77387 | Y | Y | |
| J7331 | NC | Y | |
| J7332 | NC | Y | |
| J7401 | NC | Y | |
| Q5116 | NC | Y | |
| Q5118 | NC | Y | |
| | | | |