



# Marketplace Prior Auth (PA) Code Matrix

Effective Q3, 2021

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

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

We attempt to provide the most current and accurate information on this PA Matrix. Prior Authorization is not a guarantee of payment for services. Payment is dependent on member eligibility at the time of service, benefit coverage and limitations, provider agreements, and submission of accurate claims. If there is still a question that Prior Authorization is needed, please refer to your Provider Manual or submit a PA Request Form.

This Matrix is for Out-Patient services only.

All Elective In-Patient Admissions to Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (AIR), or Long Term Acute Care Hospitals (LTACH) require Prior Authorization.

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

| Code  | Description  | Service Category                                      | MHI PA Required? | State Exceptions (Refer to State Tab) | MHI Code Notes   | NM Code Notes |
|-------|--|---|------------------|---------------------------------------|--|---------------|
| 80305 | DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE                                      | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y                |                                       | PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373) |               |
| 80306 | DRUG TEST PRSMV READ INSTRMNT ASSTD DIR OPT OBS                                      | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y                |                                       | PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373) |               |
| 80307 | DRUG TEST PRSMV INSTRMNT CHEM ANALYZERS PR DATE                                      | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y                |                                       | PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373) |               |
| 80320 | DRUG TEST DEF DRUG TESTING PROCEDURES - ALCOHOLS                                     | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y                |                                       | PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373) |               |
| 80324 | DRUG SCREEN QUANT AMPHETAMINES 1 OR 2  | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y                |                                       | PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373) |               |
| 80346 | DRUG SCREENING BENZODIAZEPINES 1-12  | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y                |                                       | PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373) |               |
| 80348 | DRUG SCREENING BUPRENORPHINE   | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y                |                                       | PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373) |               |
| 80353 | DRUG TEST DEF DRUG TESTING PROCEDURES - COCAINE                                      | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y                |                                       | PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373) |               |
| 80354 | DRUG TEST DEF DRUG TESTING PROCEDURES - FENTANYL                                     | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y                |                                       | PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373) |               |
| 80356 | DRUG TEST DEF DRUG TESTING PROCEDURES - HEROIN METABOLITE                            | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y                |                                       | PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373) |               |
| 80358 | DRUG TEST DEF DRUG TESTING PROCEDURES - METHADONE                                    | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y                |                                       | PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373) |               |
| 80359 | DRUG TEST DEF DRUG TESTING PROCEDURES - METHYLENEDIOXYAMPHETAMINES (MDA, MDEA, MDMA) | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y                |                                       | PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373) |               |
| 80361 | DRUG TEST DEF DRUG TESTING PROCEDURES - OPTIATES, 1 OR MORE                          | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y                |                                       | PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373) |               |

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|-------|--|---|-------------|-------|--|
| 80362 | DRUG TEST DEF DRUG TESTING PROCEDURES - OPIODS AND OPTIATE ANALOGS, 1 OR 2 | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       | PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373) |
| 80365 | DRUG TEST DEF DRUG TESTING PROCEDURES - OXYCODONE                          | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       | PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373) |
| 80369 | DRUG TEST DEF DRUG TESTING PROCEDURES - SKELETAL MUSCLE RELAXANTS, 1 OR 2  | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       | PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373) |
| 80372 | DRUG TEST DEF DRUG TESTING PROCEDURES - TAPENTADOL                         | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       | PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373) |
| 80373 | DRUG TEST DEF DRUG TESTING PROCEDURES - TRAMADOL                           | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       | PRESUMPTIVE - PA after 24 units used (any combination of 80305, 80306, 80307, 80320, 80324, 80346, 80348, 80353, 80354, 80356, 80358, 80359, 80361, 80362, 80365, 80369, 80372, 80373) |
| 90867 | REPET TMS TX INITIAL W MAP MOTR THRESHLD DEL AND MNG                       | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| 90868 | THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG                           | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| 90869 | REPET TMS TX SUBSEQ MOTR THRESHLD W DELIV AND MNG                          | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| 90870 | ELECTROCONVULSIVE THERAPY (ECT)  | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| 97153 | ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN                            | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| 97154 | GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN                           | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| 97155 | ADAPT BHV TX PRCL MODIFCAJ PHYS QHP EA 15 MIN                              | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| 97156 | FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN                                 | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           | WA    |  |
| 97157 | MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN                           | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           | WA    |  |
| 97158 | GRP ADAPT BHV PRCL MODIFCAJ PHYS QHP EA 15 MIN                             | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| 0373T | ADAPT BHV TX PRCL MODIFCAJ EA 15 MIN TECH TIME                             | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| G0480 | DRUG TEST DEF 1-7 DRUG CLASSES   | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       | DEFINITIVE - PA required after 12 units used (any combination of G0480,G0481,G0482,G0483, G0659)   |
| G0481 | DRUG TEST DEF 8-14 DRUG CLASSES  | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       | DEFINITIVE - PA required after 12 units used (any combination of G0480,G0481,G0482,G0483, G0659)   |
| G0482 | DRUG TEST DEF 15-21 DRUG CLASSES   | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       | DEFINITIVE - PA required after 12 units used (any combination of G0480,G0481,G0482,G0483, G0659)   |
| G0483 | DRUG TEST DEF 22 OR MORE DRUG CLASSES                                      | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       | DEFINITIVE - PA required after 12 units used (any combination of G0480,G0481,G0482,G0483, G0659)   |
| G0659 | DRUG TEST DEF SIMPLE ALL CL  | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       | DEFINITIVE - PA required after 12 units used (any combination of G0480,G0481,G0482,G0483, G0659)   |
| H0008 | ALCOHOL AND OR DRUG SRVC; SUB-ACUTE DTOX HOSP IP                           | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| H0009 | ALCOHOL AND OR DRUG SERVICES; ACUTE DTOX HOSP IP                           | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| H0010 | ALCOHOL and / DRUG SRVC; SUB-ACUTE DTOX RES PROG IP                        | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| H0011 | ALCOHOL and / DRUG SERVICES; ACUTE DTOX RES PROG IP                        | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| H0012 | ALCOHOL AND DRUG SRVC; SUB-ACUTE DTOX RES PROG OP                          | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| H0013 | ALCOHOL AND DRUG SERVICES; ACUTE DTOX RES PROG OP                          | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| H0014 | ALCOHOL AND OR DRUG SERVICES; AMB DETOXIFICATION                           | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| H0015 | ALCOHOL AND/OR DRUG SRVCS  | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| H0016 | ALCOHOL AND OR DRUG SERVICES; MEDICAL SOMATIC                              | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| H0017 | BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM                         | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| H0018 | BHVAL HEALTH; SHORT-TERM RES W O ROOM AND BOARD-DIEM                       | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| H0019 | BHVAL HEALTH; LONG-TERM RES W/O ROOM and BOARD-DIEM                        | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| H0035 | MENTAL HEALTH PARTIAL HOSP TX UNDER 24 HOURS                               | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| H0040 | ASSERT COMM TX PROG - PER DIEM   | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| H0046 | MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED                             | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| H2012 | BEHAVIORAL HEALTH DAY TREATMENT PER HOUR                                   | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           | OH/WA |  |
| H2013 | PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM                               | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| H2015 | COMP COMMUNITY SUPPORT SERVICES PER 15 MINUTES                             | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| H2016 | COMP COMMUNITY SUPPORT SERVICES PER DIEM                                   | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| H2018 | PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM                              | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| H2020 | THERAPEUTIC BEHAVIORAL SERVICES PER DIEM                                   | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           | OH    |  |
| H2036 | ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER DIEM                         | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| S0201 | PARTIAL HOSITALIZATION SERVICES UNDER 24 HR PER DIEM                       | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| S9480 | INTENSIVE OP PSYCHIATRY  | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| T2048 | BHVAL HEALTH; LONG-TERM CARE RES W/ROOM and BD-DIEM                        | Behavioral/Mental Health, Alcohol-Chemical Dependency | Y           |       |  |
| 10220 | TATTOOING INCLUDING MICROPIGMENTATION 6.0 CM OR LESS                       | Cosmetic, Plastic & Reconstructive Procedures         | MARKETPLACE | Y     | No PA required when associated with breast cancer Dx's.  |

|       |   |   |   |             |   |
|-------|---|---|---|-------------|---|
| 15775 | PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS                                       | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15776 | PUNCH GRAFT HAIR TRANSPLANT OVER 15 PUNCH GRAFTS                                    | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15780 | DERMABRASION TOTAL FACE   | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15781 | DERMABRASION SEGMENTAL FACE   | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15782 | DERMABRASION REGIONAL OTHER THAN FACE   | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15783 | DERMABRASION SUPERFICIAL ANY SITE   | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15788 | CHEMICAL PEEL FACIAL EPIDERMAL  | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15789 | CHEMICAL PEEL FACIAL DERMAL   | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15792 | CHEMICAL PEEL NONFACIAL EPIDERMAL   | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15793 | CHEMICAL PEEL NONFACIAL DERMAL  | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15820 | BLEPHAROPLASTY LOWER EYELID   | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15821 | BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD                                       | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15822 | BLEPHAROPLASTY UPPER EYELID   | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15823 | BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN  | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15824 | RHYTIDECTOMY FOREHEAD   | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15825 | RHYTIDECTOMY NECK W PLATYSMAL TIGHTENING  | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15826 | RHYTIDECTOMY GLABELLAR FROWN LINES  | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15828 | RHYTIDECTOMY CHEEK CHIN AND NECK  | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15829 | RHYTIDECTOMY SMAS FLAP  | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15832 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH                                       | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15833 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG   | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15834 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP   | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15835 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK                                     | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15836 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM   | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15837 | EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND                                     | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15838 | EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD                                    | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15839 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA                                  | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15847 | EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN                                     | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15876 | SUCTION ASSISTED LIPECTOMY HEAD AND NECK  | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15877 | SUCTION ASSISTED LIPECTOMY TRUNK  | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15878 | SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY  | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 15879 | SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY  | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 17380 | ELECTROLYSIS EPILATION EACH 30 MINUTES  | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 19300 | MASTECTOMY GYNECOMASTIA   | Cosmetic, Plastic & Reconstructive Procedures | Y |             | No PA required when associated with breast cancer Dx's. |
| 19316 | MASTOPEXY   | Cosmetic, Plastic & Reconstructive Procedures | Y |             | No PA required when associated with breast cancer Dx's. |
| 19318 | REDUCTION MAMMAPLASTY   | Cosmetic, Plastic & Reconstructive Procedures | Y |             | No PA required when associated with breast cancer Dx's. |
| 19325 | MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT                                       | Cosmetic, Plastic & Reconstructive Procedures | Y |             | No PA required when associated with breast cancer Dx's. |
| 19328 | REMOVAL INTACT MAMMARY IMPLANT  | Cosmetic, Plastic & Reconstructive Procedures | Y |             | No PA required when associated with breast cancer Dx's. |
| 19330 | REMOVAL MAMMARY IMPLANT MATERIAL  | Cosmetic, Plastic & Reconstructive Procedures | Y |             | No PA required when associated with breast cancer Dx's. |
| 19340 | IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ                                    | Cosmetic, Plastic & Reconstructive Procedures | Y |             | No PA required when associated with breast cancer Dx's. |
| 19342 | DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ                                    | Cosmetic, Plastic & Reconstructive Procedures | Y |             | No PA required when associated with breast cancer Dx's. |
| 19350 | NIPPLE AREOLA RECONSTRUCTION  | Cosmetic, Plastic & Reconstructive Procedures | Y |             | No PA required when associated with breast cancer Dx's. |
| 19355 | CORRECTION INVERTED NIPPLES   | Cosmetic, Plastic & Reconstructive Procedures | Y |             | No PA required when associated with breast cancer Dx's. |
| 19396 | PREPARATION MOULAGE CUSTOM BREAST IMPLANT   | Cosmetic, Plastic & Reconstructive Procedures | Y |             | No PA required when associated with breast cancer Dx's. |
| 30400 | RHINP PRIM LAT AND ALAR CRTLGS AND ELVTN NASAL TI                                   | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 30410 | RHINP PRIM COMPLETE XTRNL PARTS   | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 30420 | RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR   | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 30430 | RHINOPLASTY SECONDARY MINOR REVISION  | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 30435 | RHINOPLASTY SECONDARY INTERMEDIATE REVISION   | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 30450 | RHINOPLASTY SECONDARY MAJOR REVISION  | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 30460 | RHINP DFRM W COLUM LNGTH TIP ONLY   | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 30462 | RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT  | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 30468 | REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT(S) | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 67904 | RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL                                       | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 67906 | RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING                                    | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 67908 | RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ                                      | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| 69300 | OTOPLASTY PROTRUDING EAR W WO SIZE RDCTJ  | Cosmetic, Plastic & Reconstructive Procedures | Y |             |   |
| A5514 | DIAB ONLY MX DEN INSRT DIRECT CARV CUSTOM FAB EA                                    | Durable Medical Equipment (DME)               | Y |             |   |
| A7025 | HI FREQ CHST WALL OSCILLAT SYS VEST REPL PT OWND                                    | Durable Medical Equipment (DME)               | Y |             |   |
| A9274 | EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA                                       | Durable Medical Equipment (DME)               | Y |             |   |
| A9276 | SENSOR INVSY DISP INTRSTL CONT GLU MON SYS 1U EQ 1D                                 | Durable Medical Equipment (DME)               | Y | MARKETPLACE | FL  |

|       |  |                                 |   |    |  |
|-------|--|---------------------------------|---|----|--|
| A9277 | TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS                               | Durable Medical Equipment (DME) | Y |    |  |
| A9278 | RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS                              | Durable Medical Equipment (DME) | Y |    |  |
| A9901 | DME DEL SET UP AND DISPNS SRVC CMPNT ANOTH HCPCS                             | Durable Medical Equipment (DME) | Y |    |  |
| C1839 | IRIS PROSTHESIS  | Durable Medical Equipment (DME) | Y |    |  |
| C2624 | IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH                              | Durable Medical Equipment (DME) | Y |    |  |
| E0194 | AIR FLUIDIZED BED  | Durable Medical Equipment (DME) | Y |    |  |
| E0255 | HOSP BED VARIBL HT W ANY TYPE SIDE RAIL W MATTRSS                            | Durable Medical Equipment (DME) | Y |    |  |
| E0256 | HOSP BED VARIBL HT ANY TYPE SIDE RAIL W O MATTRSS                            | Durable Medical Equipment (DME) | Y |    |  |
| E0260 | HOSP BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATTRSS                            | Durable Medical Equipment (DME) | Y |    |  |
| E0261 | HOSP BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATTRSS                            | Durable Medical Equipment (DME) | Y |    |  |
| E0265 | HOSP BED TOT ELEC W ANY TYPE SIDE RAIL W MATTRSS                             | Durable Medical Equipment (DME) | Y |    |  |
| E0266 | HOSP BED TOT ELEC ANY TYPE SIDE RAIL W O MATTRSS                             | Durable Medical Equipment (DME) | Y |    |  |
| E0277 | POWERED PRESSURE-REDUCING AIR MATTRESS                                       | Durable Medical Equipment (DME) | Y | SC |  |
| E0292 | HOSP BED VARIBL HT HI-LO W O SIDE RAIL W MATTRSS                             | Durable Medical Equipment (DME) | Y |    |  |
| E0293 | HOSP BED VARIBL HT HI-LO W O SIDE RAIL NO MATTRSS                            | Durable Medical Equipment (DME) | Y |    |  |
| E0294 | HOSP BED SEMI-ELEC W O SIDE RAILS W MATTRSS                                  | Durable Medical Equipment (DME) | Y |    |  |
| E0295 | HOSP BED SEMI-ELEC W O SIDE RAILS W O MATTRSS                                | Durable Medical Equipment (DME) | Y |    |  |
| E0296 | HOSP BED TOTAL ELEC W O SIDE RAILS W MATTRSS                                 | Durable Medical Equipment (DME) | Y |    |  |
| E0297 | HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS                               | Durable Medical Equipment (DME) | Y |    |  |
| E0300 | PED CRIB HOS GRADE FULLY ENC W WO TOP ENC                                    | Durable Medical Equipment (DME) | Y |    |  |
| E0301 | HOSP BED HEVY DUTY XTRA WIDE W WT CAPACTY OVER 350 PDS                       | Durable Medical Equipment (DME) | Y |    |  |
| E0302 | HOSP BED XTRA HEVY DUTY WT CAP OVER 600 PDS W O MTRSS                        | Durable Medical Equipment (DME) | Y |    |  |
| E0303 | HOSP BED HEVY DUTY W WT CAP OVER 350 PDS UNDER EQ TO 600                     | Durable Medical Equipment (DME) | Y |    |  |
| E0304 | HOSP BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATTRSS                        | Durable Medical Equipment (DME) | Y |    |  |
| E0328 | HOSP BED PEDIATRIC MANUAL INCLUDES MATTRESS                                  | Durable Medical Equipment (DME) | Y |    |  |
| E0329 | HOSP BED PEDIATRIC ELECTRIC INCLUDE MATTRESS                                 | Durable Medical Equipment (DME) | Y |    |  |
| E0371 | NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN AND WPTH                         | Durable Medical Equipment (DME) | Y |    |  |
| E0372 | PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH AND WIDTH                          | Durable Medical Equipment (DME) | Y |    |  |
| E0373 | NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS                               | Durable Medical Equipment (DME) | Y | SC |  |
| E0462 | ROCKING BED WITH OR WITHOUT SIDE RAILS                                       | Durable Medical Equipment (DME) | Y |    |  |
| E0465 | HOME VENTILATOR ANY TYPE USED W INVASIVE INTF                                | Durable Medical Equipment (DME) | Y |    |  |
| E0466 | HOME VENTILATOR ANY TYPE USED W NON-INVASV INTF                              | Durable Medical Equipment (DME) | Y |    |  |
| E0467 | HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC                              | Durable Medical Equipment (DME) | Y |    |  |
| E0481 | INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACCSORIES                           | Durable Medical Equipment (DME) | Y |    |  |
| E0483 | HI FREQ CHEST WALL OSCILLATION SYSTEM EA                                     | Durable Medical Equipment (DME) | Y |    |  |
| E0650 | PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL                                 | Durable Medical Equipment (DME) | Y |    |  |
| E0651 | PNEUMAT COMPRS SEG HOM MDL NO CALBRTD GRDNT PRSS                             | Durable Medical Equipment (DME) | Y |    |  |
| E0652 | PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE | Durable Medical Equipment (DME) | Y |    |  |
| E0656 | SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK                             | Durable Medical Equipment (DME) | Y |    |  |
| E0657 | SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS CHEST                             | Durable Medical Equipment (DME) | Y |    |  |
| E0667 | SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG                                | Durable Medical Equipment (DME) | Y |    |  |
| E0668 | SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM                                | Durable Medical Equipment (DME) | Y |    |  |
| E0670 | SEG PNEU APPLINC PNEU COMPRS IN 2 FULL LEGS TRNK                             | Durable Medical Equipment (DME) | Y |    |  |
| E0671 | SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG                             | Durable Medical Equipment (DME) | Y |    |  |
| E0672 | SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL ARM                             | Durable Medical Equipment (DME) | Y |    |  |
| E0673 | SEGMENTAL GRADENT PRESS PNEUMAT APPLINC HALF LEG                             | Durable Medical Equipment (DME) | Y |    |  |
| E0675 | PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL                             | Durable Medical Equipment (DME) | Y |    |  |
| E0676 | INTERMITTENT LIMB COMPRESSION DEVICE NOS                                     | Durable Medical Equipment (DME) | Y |    |  |
| E0691 | UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS                             | Durable Medical Equipment (DME) | Y |    |  |
| E0692 | UV LT TX SYS PANL W BULB LAMP TIMER 4 FT PANEL                               | Durable Medical Equipment (DME) | Y |    |  |
| E0693 | UV LT TX SYS PANL W BULBS LAMPS TIMER 6 FT PANEL                             | Durable Medical Equipment (DME) | Y |    |  |
| E0694 | UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR                             | Durable Medical Equipment (DME) | Y |    |  |
| E0747 | OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC                               | Durable Medical Equipment (DME) | Y |    |  |
| E0748 | OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC                              | Durable Medical Equipment (DME) | Y |    |  |
| E0749 | OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL                                 | Durable Medical Equipment (DME) | Y |    |  |
| E0760 | OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV                                | Durable Medical Equipment (DME) | Y |    |  |
| E0762 | TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS                             | Durable Medical Equipment (DME) | Y |    |  |
| E0764 | FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ                             | Durable Medical Equipment (DME) | Y |    |  |
| E0766 | ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE                              | Durable Medical Equipment (DME) | Y |    |  |
| E0782 | INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE                                   | Durable Medical Equipment (DME) | Y |    |  |
| E0783 | INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE                                | Durable Medical Equipment (DME) | Y |    |  |



|       |   |                                 |   |    |  |
|-------|---|---------------------------------|---|----|--|
| E2328 | PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL             | Durable Medical Equipment (DME) | Y |    |  |
| E2329 | PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRRTNL           | Durable Medical Equipment (DME) | Y |    |  |
| E2330 | PWR WC ACCSS HEAD PROX SWITCH MECH NONPRRTNL              | Durable Medical Equipment (DME) | Y |    |  |
| E2340 | POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN           | Durable Medical Equipment (DME) | Y |    |  |
| E2341 | PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN               | Durable Medical Equipment (DME) | Y |    |  |
| E2342 | PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN               | Durable Medical Equipment (DME) | Y |    |  |
| E2343 | PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN               | Durable Medical Equipment (DME) | Y |    |  |
| E2351 | PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC           | Durable Medical Equipment (DME) | Y |    |  |
| E2361 | PWR WC ACSS 22NF SEALED LEAD ACID BATTTRY EA              | Durable Medical Equipment (DME) | Y | WA |  |
| E2366 | PWR WC ACSS BATTTRY CHRGR 1 MODE W ONLY 1 BATTTRY         | Durable Medical Equipment (DME) | Y | WA |  |
| E2367 | PWR WC ACSS BATT CHRGR DUL MODE W EITHER BATT EA          | Durable Medical Equipment (DME) | Y |    |  |
| E2368 | POWER WHEELCHAIR CMPNT MOTOR REPLACEMENT ONLY             | Durable Medical Equipment (DME) | Y |    |  |
| E2369 | POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY            | Durable Medical Equipment (DME) | Y |    |  |
| E2370 | PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY      | Durable Medical Equipment (DME) | Y |    |  |
| E2373 | PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK          | Durable Medical Equipment (DME) | Y |    |  |
| E2374 | PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY          | Durable Medical Equipment (DME) | Y |    |  |
| E2375 | PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY           | Durable Medical Equipment (DME) | Y |    |  |
| E2376 | PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY             | Durable Medical Equipment (DME) | Y |    |  |
| E2377 | PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE           | Durable Medical Equipment (DME) | Y |    |  |
| E2378 | POWER WHEELCHAIR COMPONENT ACTUATOR REPLACE ONLY          | Durable Medical Equipment (DME) | Y |    |  |
| E2397 | POWER WHLCHAIR ACCESSORY LITHIUM-BASED BATTTRY EA         | Durable Medical Equipment (DME) | Y |    |  |
| E2398 | WHEELCHAIR ACC, DYNAMIC POS HARDWARE FOR BACK             | Durable Medical Equipment (DME) | Y |    |  |
| E2500 | SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME        | Durable Medical Equipment (DME) | Y |    |  |
| E2502 | SPCH GEN DEVC DIGTIZD OVER 8 MINS LESS THN EQ 20 MIN REC  | Durable Medical Equipment (DME) | Y |    |  |
| E2504 | SPCH GEN DEVC DIGTIZD OVER 20 MINS UNDER EQ 40 MIN REC    | Durable Medical Equipment (DME) | Y |    |  |
| E2506 | SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME         | Durable Medical Equipment (DME) | Y |    |  |
| E2508 | SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT          | Durable Medical Equipment (DME) | Y |    |  |
| E2510 | SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS      | Durable Medical Equipment (DME) | Y |    |  |
| E2511 | SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST           | Durable Medical Equipment (DME) | Y |    |  |
| E2605 | PSTN WHEELCHAIR SEAT CUSHN WIDTH UNDER 22 IN DEPTH        | Durable Medical Equipment (DME) | Y |    |  |
| E2606 | PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN GT DEPTH           | Durable Medical Equipment (DME) | Y |    |  |
| E2607 | SKN PROTECT AND PSTN WC SEAT CUSHN WPTH UNDER 22 IN DEPTH | Durable Medical Equipment (DME) | Y | WA |  |
| E2608 | SKN PROTCT AND PSTN WC SEAT CUSHN WPTH 22 IN GT DPTH      | Durable Medical Equipment (DME) | Y |    |  |
| E2609 | CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE            | Durable Medical Equipment (DME) | Y |    |  |
| E2611 | GEN WC BACK CUSHN WPTH UNDER 22 IN HT MOUNT HARDWARE      | Durable Medical Equipment (DME) | Y |    |  |
| E2612 | GEN WC BACK CUSHN WPTH 22 IN GT HT MOUNT HARDWRE          | Durable Medical Equipment (DME) | Y |    |  |
| E2613 | PSTN WC BACK CUSHN POST WIDTH UNDER 22 IN ANY HEIGHT      | Durable Medical Equipment (DME) | Y |    |  |
| E2614 | PSTN WC BACK CUSHN POST WIDTH 22 IN OR GRT ANY HEIGHT     | Durable Medical Equipment (DME) | Y |    |  |
| E2615 | PSTN WC BACK CUSHN POSTLAT WIDTH UNDER 22 IN ANY HT       | Durable Medical Equipment (DME) | Y |    |  |
| E2616 | PSTN WC BACK CUSHN POSTLAT WIDTH 22 IN OR GRT ANY HT      | Durable Medical Equipment (DME) | Y |    |  |
| E2617 | CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE          | Durable Medical Equipment (DME) | Y |    |  |
| E2620 | PSTN WC BACK CUSHN PLANAR LAT SUPP WPTH UNDER 22 IN       | Durable Medical Equipment (DME) | Y |    |  |
| E2621 | PSTN WC BACK CUSHN PLANAR LAT SUPP WPTH 22 IN OR GRT      | Durable Medical Equipment (DME) | Y |    |  |
| E2622 | SKIN PROTECT WC SEAT CUSH WIDTH UNDER 22 IN ANY DEPTH     | Durable Medical Equipment (DME) | Y |    |  |
| E2623 | SKIN PROTCT WC SEAT CUSH WIDTH 22 IN OR GRT ANY DEPTH     | Durable Medical Equipment (DME) | Y |    |  |
| E2624 | SKIN PROTECT AND POSITIONING WC CUSH WIDTH UNDER 22 IN    | Durable Medical Equipment (DME) | Y |    |  |
| E2625 | SKIN PROTECT AND POSITIONING WC CUSH WIDTH 22 IN OR GRT   | Durable Medical Equipment (DME) | Y |    |  |
| E2626 | WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE           | Durable Medical Equipment (DME) | Y |    |  |
| E2627 | WC ACCESS SHLDR ELB M ARM SUPP ADJUSTBL RANCHO            | Durable Medical Equipment (DME) | Y |    |  |
| E2628 | WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING           | Durable Medical Equipment (DME) | Y |    |  |
| E2629 | WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP          | Durable Medical Equipment (DME) | Y |    |  |
| E2630 | WC ACCESS SHLDR ELB MOBIL MONOSUSP ARM HAND SUPP          | Durable Medical Equipment (DME) | Y |    |  |
| E2631 | WC ACCESS ADD MOBILE ARM SUPPORT ELEV PROX ARM            | Durable Medical Equipment (DME) | Y |    |  |
| K0008 | CUSTOM MANUAL WHEELCHAIR BASE                             | Durable Medical Equipment (DME) | Y |    |  |
| K0009 | OTHER MANUAL WHEELCHAIR BASE                              | Durable Medical Equipment (DME) | Y |    |  |
| K0010 | STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR          | Durable Medical Equipment (DME) | Y |    |  |
| K0011 | STD-WT FRME MOTRIZD PWR WHLCHAIR W PROG CNTRL             | Durable Medical Equipment (DME) | Y |    |  |
| K0012 | LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR           | Durable Medical Equipment (DME) | Y |    |  |
| K0014 | OTHER MOTORIZED POWER WHEELCHAIR BASE                     | Durable Medical Equipment (DME) | Y |    |  |
| K0108 | OTHER ACCESSORIES   | Durable Medical Equipment (DME) | Y |    |  |
| K0553 | SUPPLY ALLOW FOR TX CGM1 MO SPL EQ 1 U OF SERVICE         | Durable Medical Equipment (DME) | Y |    |  |
| K0554 | RECEIVER DEDICATED FOR USE W THERAPEUTIC GCM SYS          | Durable Medical Equipment (DME) | Y |    |  |







|       |   |                              |   |  |  |
|-------|---|------------------------------|---|--|--|
| 0072T | US ABLATJ UTERINE LEIOMYOMAT MORE OR EQUAL 200 CC TISS  | Experimental/Investigational | Y |  |  |
| 0075T | TCAT PLMT XTRC VRT CRTD STENT RS AND I PRQ 1ST VSL  | Experimental/Investigational | Y |  |  |
| 0100T | PLMT SCJNCL RTA PROSTH AND PLS AND IMPLTJ INTRA-OC RTA  | Experimental/Investigational | Y |  |  |
| 0101T | EXTRCORPL SHOCK WAVE MUSCSKELE NOS HIGH ENERGY  | Experimental/Investigational | Y |  |  |
| 0102T | EXTRCRPL SHOCK WAVE W ANES LAT HUMERL EPICONDYLE  | Experimental/Investigational | Y |  |  |
| 0106T | QUANT SENSORY TEST AND INTERPJ XTR W TOUCH STIMULI  | Experimental/Investigational | Y |  |  |
| 0107T | QUANT SENSORY TEST AND INTERPJ XTR W VIBRJ STIMULI  | Experimental/Investigational | Y |  |  |
| 0108T | QUANT SENSORY TEST AND INTERPJ XTR W COOL STIMULI   | Experimental/Investigational | Y |  |  |
| 0109T | QUANT SENAORY TEST AND INTERPJ XTR W HT-PN STIMULI  | Experimental/Investigational | Y |  |  |
| 0110T | QUANT SENSORY TEST AND INTERPJ XTR OTHER STIMULI  | Experimental/Investigational | Y |  |  |
| 0184T | RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC  | Experimental/Investigational | Y |  |  |
| 0191T | ANT SEGMENT INSERTION DRAINAGE WO RESERVOIR INT   | Experimental/Investigational | Y |  |  |
| 0198T | MEAS OCULAR BLOOD FLOW REPEAT IO PRES SAMP W I AND R  | Experimental/Investigational | Y |  |  |
| 0200T | PERQ SAC AGMNTJ UNI W WO BALO MCHNL DEV 1 OR GRT NDL  | Experimental/Investigational | Y |  |  |
| 0201T | PERQ SAC AGMNTJ BI W WO BALO MCHNL DEV 2 OR GRT NDLS  | Experimental/Investigational | Y |  |  |
| 0202T | POST VERT ARTHRPLSTY W WO BONE CEMENT 1 LUMB LVL  | Experimental/Investigational | Y |  |  |
| 0206U | NEURO ALZHEIMER CELL AGGREGJ  | Experimental/Investigational | Y |  |  |
| 0207T | EVAC MEIBOMIAN GLNDS AUTO HT AND INTMT PRESS UNI  | Experimental/Investigational | Y |  |  |
| 0207U | NEURO ALZHEIMER QUAN IMAGING  | Experimental/Investigational | Y |  |  |
| 0208T | PURE TONE AUDIOMETRY AUTOMATED AIR ONLY   | Experimental/Investigational | Y |  |  |
| 0209T | PURE TONE AUDIOMETRY AUTOMATED AIR AND BONE   | Experimental/Investigational | Y |  |  |
| 0210T | SPEECH AUDIOMETRY THRESHOLD AUTOMATED   | Experimental/Investigational | Y |  |  |
| 0210U | SYPHILIS TST ANTB IA QUAN   | Experimental/Investigational | Y |  |  |
| 0211T | SPEECH AUDIOM THRESHLD AUTO W SPEECH RECOGNITION  | Experimental/Investigational | Y |  |  |
| 0212T | COMPRE AUDIOM THRESHOLD EVAL AND SPEECH RECOG   | Experimental/Investigational | Y |  |  |
| 0213T | NJX DX THER PARAVERT FCT JT W US CER THOR 1 LVL   | Experimental/Investigational | Y |  |  |
| 0214T | NJX DX THER PARAVERT FCT JT W US CER THOR 2ND LVL   | Experimental/Investigational | Y |  |  |
| 0215T | NJX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL   | Experimental/Investigational | Y |  |  |
| 0216T | NJX DX THER PARAVERT FCT JT W US LUMB SAC 1 LVL   | Experimental/Investigational | Y |  |  |
| 0217T | NJX DX THER PARAVERT FCT JT W US LUMB SAC LVL 2   | Experimental/Investigational | Y |  |  |
| 0218T | NJX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL   | Experimental/Investigational | Y |  |  |
| 0219T | PLMT POST FACET IMPLANT UNI BI W IMG AND GRFT CERV  | Experimental/Investigational | Y |  |  |
| 0219U | NFCT AGT HIV GNRJ SEQ ALYS  | Experimental/Investigational | Y |  |  |
| 0220T | PLMT POST FACET IMPLT UNI BI W IMG AND GRFT THOR  | Experimental/Investigational | Y |  |  |
| 0221T | PLMT POST FACET IMPLT UNI BI W IMG AND GRFT LUMB  | Experimental/Investigational | Y |  |  |
| 0221U | ABO GNOTYP NEXT GNRJ SEQ ABO  | Experimental/Investigational | Y |  |  |
| 0222U | RHD&RHCE GNTYP NEXT GNRJ SEQ  | Experimental/Investigational | Y |  |  |
| 0227U | DRUG ASSAY, PRESUMPTIVE, 30 OR MORE DRUGS OR METABOLITES, URINE, LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION, INCLUDES SAMPLE VALIDATION | Experimental/Investigational | Y |  |  |
| 0234T | TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA   | Experimental/Investigational | Y |  |  |
| 0235T | TRLUML PERIPHERAL ATHERECTOMY VISCERAL ARTERY EA  | Experimental/Investigational | Y |  |  |
| 0236T | TRLUML PERIPH ATHRC W RS AND I ABDOM AORTA  | Experimental/Investigational | Y |  |  |
| 0237T | TRLUML PERIPH ATHRC W RS AND I BRCHIOCPHL EA VSL  | Experimental/Investigational | Y |  |  |
| 0238T | TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA   | Experimental/Investigational | Y |  |  |
| 0253T | INSERT ANT SGM DRAINAGE DEV W O RESERVR INT APPR  | Experimental/Investigational | Y |  |  |
| 0263T | AUTO BONE MARRW CELL RX COMPLT BONE MARRW HARVST  | Experimental/Investigational | Y |  |  |
| 0264T | AUTO BONE MARRW CELL RX COMP W O BONE MAR HARVST  | Experimental/Investigational | Y |  |  |
| 0265T | BONE MAR HARVST ONLY FOR INTMUSC AUTOLO CELL RX   | Experimental/Investigational | Y |  |  |
| 0266T | IM REPL CARTD SINUS BAROREFLX ACTIV DEV TOT SYST  | Experimental/Investigational | Y |  |  |
| 0267T | IM REPL CARTD SINS BAROREFLX ACTIV DEV LEAD ONLY  | Experimental/Investigational | Y |  |  |
| 0268T | IM REPL CARTD SINS BARREFLX ACT DEV PLS GEN ONLY  | Experimental/Investigational | Y |  |  |
| 0269T | REV REMVL CARTD SINS BARREFLX ACT DEV TOT SYSTEM  | Experimental/Investigational | Y |  |  |
| 0270T | REV REMVL CARTD SINS BARREFLX ACT DEV LEAD ONLY   | Experimental/Investigational | Y |  |  |
| 0271T | REV REM CARTD SINS BARREFLX ACT DEV PLS GEN ONLY  | Experimental/Investigational | Y |  |  |
| 0272T | INTRGORTION DEV EVAL CARTD SINS BARREFLX W I AND R  | Experimental/Investigational | Y |  |  |
| 0273T | INTROGATION DEV EVAL CARTD SINS BARREFLX W PRGRM  | Experimental/Investigational | Y |  |  |
| 0274T | PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC  | Experimental/Investigational | Y |  |  |
| 0275T | PERC LAMINO- LAMINECTOMY INDIR IMAG GUIDE LUMBAR  | Experimental/Investigational | Y |  |  |
| 0278T | TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS  | Experimental/Investigational | Y |  |  |
| 0282T | LAPS IMPLTJ NSTIM FLTRD ARRAY AND PLS GEN VAGUS NRV   | Experimental/Investigational | Y |  |  |

|       |   |                              |   |  |  |
|-------|---|------------------------------|---|--|--|
| 0313T | LAPS REVJ REPLCMT NSTIM ELTRD ARRAY VAGUS NRV       | Experimental/Investigational | Y |  |  |
| 0314T | LAPS RMVL NSTIM ELTRD ARRAY AND PLS GEN VAGUS NRV   | Experimental/Investigational | Y |  |  |
| 0315T | REMOVAL PULSE GENERATOR VAGUS NERVE                 | Experimental/Investigational | Y |  |  |
| 0316T | REPLACEMENT PULSE GENERATOR VAGUS NERVE             | Experimental/Investigational | Y |  |  |
| 0317T | ELEC ALYS NSTIM PLS GEN VAGUS NRV W REPRGRMG        | Experimental/Investigational | Y |  |  |
| 0329T | MNTR INTRAOCULAR PRESS 24HRS OR GRT UNI BI W INTERP | Experimental/Investigational | Y |  |  |
| 0330T | TEAR FILM IMAGING UNILATERAL OR BILATERAL W I AND R | Experimental/Investigational | Y |  |  |
| 0333T | VISUAL EVOKED POTENTIAL ACUITY SCREENING AUTO       | Experimental/Investigational | Y |  |  |
| 0335T | INSERTION OF SINUS TARSI IMPLANT                    | Experimental/Investigational | Y |  |  |
| 0338T | TRANSCATHETER RENAL SYMPATH DENERVATION UNILAT      | Experimental/Investigational | Y |  |  |
| 0339T | TRANSCATHETER RENAL SYMPATH DENERVATION BILAT       | Experimental/Investigational | Y |  |  |
| 0342T | THERAPEUTIC APHERESIS W SELECTIVE HDL DELIP         | Experimental/Investigational | Y |  |  |
| 0347T | PLACE INTERSTITIAL DEVICE(S) IN BONE FOR RSA        | Experimental/Investigational | Y |  |  |
| 0348T | RADIOSTEREOMETRIC ANALYSIS SPINE EXAM               | Experimental/Investigational | Y |  |  |
| 0349T | RADIOSTEREOMETRIC ANALYSIS UPPER EXTREMITY EXAM     | Experimental/Investigational | Y |  |  |
| 0350T | RADIOSTEREOMETRIC ANALYSIS LOWER EXTREMITY EXAM     | Experimental/Investigational | Y |  |  |
| 0351T | INTRAOP OCT BREAST OR AXILL NODE EACH SPECIMEN      | Experimental/Investigational | Y |  |  |
| 0352T | OCT BREAST OR AXILL NODE SPECIMEN I AND R           | Experimental/Investigational | Y |  |  |
| 0353T | OCT OF BREAST SURG CAVITY REAL TIME INTRAOP         | Experimental/Investigational | Y |  |  |
| 0354T | OCT BREAST SURG CAVITY REAL TIME REFERRED I AND R   | Experimental/Investigational | Y |  |  |
| 0355T | GI TRACT IMAGING INTRALUMINAL COLON WITH I AND R    | Experimental/Investigational | Y |  |  |
| 0356T | INSERT DRUG IMPLANT INTO LACRIMAL CANAL FOR IOP     | Experimental/Investigational | Y |  |  |
| 0358T | BIA WHOLE BODY COMPOSITION ASSESSMENT W I AND R     | Experimental/Investigational | Y |  |  |
| 0394T | HDR ELECTRONIC BRACHYTHERAPY SKIN SURFACE           | Experimental/Investigational | Y |  |  |
| 0395T | HDR ELECTRONIC BRACHYTHERAPY NTRSTL INTRCAV         | Experimental/Investigational | Y |  |  |
| 0397T | ERCP WITH OPTICAL ENDOMICROSCOPY ADD ON             | Experimental/Investigational | Y |  |  |
| 0398T | MRFUS STEREOTACTIC ABLATION LESION INTRACRANIAL     | Experimental/Investigational | Y |  |  |
| 0402T | COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE       | Experimental/Investigational | Y |  |  |
| 0403T | DIABETES PREVENTION PROG STANDARDIZED CURRICULUM    | Experimental/Investigational | Y |  |  |
| 0404T | TRANSCERVICAL UTERINE FIBROID ABLTJ W US GDN RF     | Experimental/Investigational | Y |  |  |
| 0408T | INSJ RPLC CAR MODULJ SYS PLS GEN TRANSVNS ELTRD     | Experimental/Investigational | Y |  |  |
| 0409T | INSJ RPLC CARDIAC MODULJ SYS PLS GENERATOR ONLY     | Experimental/Investigational | Y |  |  |
| 0410T | INSJ RPLC CARDIAC MODULJ SYS ATR ELECTRODE ONLY     | Experimental/Investigational | Y |  |  |
| 0411T | INSJ RPLC CAR MODULJ SYS VENTR ELECTRODE ONLY       | Experimental/Investigational | Y |  |  |
| 0412T | REMOVAL CARDIAC MODULJ SYS PLS GENERATOR ONLY       | Experimental/Investigational | Y |  |  |
| 0413T | REMOVAL CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE    | Experimental/Investigational | Y |  |  |
| 0414T | RMVL AND RPL CARDIAC MODULJ SYS PLS GENERATOR ONLY  | Experimental/Investigational | Y |  |  |
| 0415T | REPOS CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE      | Experimental/Investigational | Y |  |  |
| 0416T | RELOC SKIN POCKET CARDIAC MODULJ PULSE GENERATOR    | Experimental/Investigational | Y |  |  |
| 0417T | PRGRMG DEVICE EVALUATION CARDIAC MODULJ SYSTEM      | Experimental/Investigational | Y |  |  |
| 0418T | INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM     | Experimental/Investigational | Y |  |  |
| 0419T | DSTRJ NEUROFIBROMAS XTNSV FACE HEAD NECK OVER 50    | Experimental/Investigational | Y |  |  |
| 0420T | DSTRJ NEUROFIBROMAS XTNSV TRNK EXTREMITIES OVER 100 | Experimental/Investigational | Y |  |  |
| 0421T | TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL      | Experimental/Investigational | Y |  |  |
| 0422T | TACTILE BREAST IMG COMPUTER-AIDED SENSORS UNI BI    | Experimental/Investigational | Y |  |  |
| 0423T | SECRETORY TYPE II PHOSPHOLIPASE A2 (SPLA2-IIA)      | Experimental/Investigational | Y |  |  |
| 0424T | INSJ RPLC NSTIM SYSTEM SLEEP APNEA COMPLETE         | Experimental/Investigational | Y |  |  |
| 0425T | INSJ RPLC NSTIM SYSTEM SLEEP APNEA SENSING LEAD     | Experimental/Investigational | Y |  |  |
| 0426T | INSJ RPLC NSTIM SYSTEM SLEEP APNEA STIMJ LEAD       | Experimental/Investigational | Y |  |  |
| 0427T | INSJ RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR    | Experimental/Investigational | Y |  |  |
| 0428T | REMOVAL NSTIM SYSTEM SLEEP APNEA PLS GENERATOR      | Experimental/Investigational | Y |  |  |
| 0429T | REMOVAL NSTIM SYSTEM SLEEP APNEA SENSING LEAD       | Experimental/Investigational | Y |  |  |
| 0430T | REMOVAL NSTIM SYSTEM SLEEP APNEA STIMJ LEAD         | Experimental/Investigational | Y |  |  |
| 0431T | RMVL RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR    | Experimental/Investigational | Y |  |  |
| 0432T | REPOS NSTIM SYSTEM SLEEP APNEA STIMJ LEAD           | Experimental/Investigational | Y |  |  |
| 0433T | REPOS NSTIM SYSTEM SLEEP APNEA SENSING LEAD         | Experimental/Investigational | Y |  |  |
| 0434T | INTERRO DEV EVAL NSTIM PLS GEN SYS SLEEP APNEA      | Experimental/Investigational | Y |  |  |
| 0435T | PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA 1 SESS    | Experimental/Investigational | Y |  |  |
| 0436T | PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA STUDY     | Experimental/Investigational | Y |  |  |
| 0437T | IMPLTJ NONBIOL SYNTH IMPLT FASC RNFCMT ABDL WALL    | Experimental/Investigational | Y |  |  |
| 0440T | ABLTJ PERC CRYOABLTJ IMG GDN UXTR PERPH NERVE       | Experimental/Investigational | Y |  |  |
| 0441T | ABLTJ PERC CRYOABLTJ IMG GDN LXTR PERPH NERVE       | Experimental/Investigational | Y |  |  |

|       |   |                              |   |  |  |
|-------|---|------------------------------|---|--|--|
| 0442T | ABLTJ PERC CRYOABLTJ IMG GDN NRV PLEX TRNCL NRV       | Experimental/Investigational | Y |  |  |
| 0443T | R-T SPCTRL ALYS PROSTATE TISS FLUORESCENC SPCTRSCP    | Experimental/Investigational | Y |  |  |
| 0444T | INITIAL PLMT DRUG ELUTING OCULAR INSERT UNI BI        | Experimental/Investigational | Y |  |  |
| 0445T | SBSQ PLMT DRUG ELUTING OCULAR INSERT UNI BI           | Experimental/Investigational | Y |  |  |
| 0446T | CRTJ SUBQ INSJ IMPLTBL GLUCOSE SENSOR SYS TRAIN       | Experimental/Investigational | Y |  |  |
| 0447T | RMVL IMPLTBL GLUCOSE SENSOR SUBQ POCKET VIA INC       | Experimental/Investigational | Y |  |  |
| 0448T | RMVL INSJ IMPLTBL GLUC SENSOR DIF ANATOMIC SITE       | Experimental/Investigational | Y |  |  |
| 0469T | RTA POLARIZE SCAN OC SCR W ONSITE AUTO RSLT BI        | Experimental/Investigational | Y |  |  |
| 0470T | OCT SKN IMG ACQUIS I AND R 1ST LES                    | Experimental/Investigational | Y |  |  |
| 0472T | DEV INTERR PRGRMG IO RTA ELTRD RA W ADJ AND REPR      | Experimental/Investigational | Y |  |  |
| 0473T | DEV INTERR REPRGRMG IO RTA ELTRD RA W REPR            | Experimental/Investigational | Y |  |  |
| 0474T | INSJ ANT SEG AQUEOUS DRG DEV W IO RSVR                | Experimental/Investigational | Y |  |  |
| 0475T | REC FTL CAR SGL 3 CH PT REC AND STRG DATA SCN I AND R | Experimental/Investigational | Y |  |  |
| 0476T | REC FTL CAR SGL PT REC SCAN W RAW ELEC TR DATA        | Experimental/Investigational | Y |  |  |
| 0477T | REC FTL CAR SGL 3 CH SGL XTRJ TECHL ALYS              | Experimental/Investigational | Y |  |  |
| 0478T | REC FTL CAR SGL 3 CH REVIEW I AND R                   | Experimental/Investigational | Y |  |  |
| 0479T | FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM        | Experimental/Investigational | Y |  |  |
| 0481T | NJX AUTOL WBC CONCENTR INC IMG GDN HRV AND PREP       | Experimental/Investigational | Y |  |  |
| 0483T | TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH         | Experimental/Investigational | Y |  |  |
| 0484T | TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE        | Experimental/Investigational | Y |  |  |
| 0485T | OCT MIDDLE EAR WITH I AND R UNILATERAL                | Experimental/Investigational | Y |  |  |
| 0486T | OCT MIDDLE EAR WITH I AND R BILATERAL                 | Experimental/Investigational | Y |  |  |
| 0487T | TRANSVAGINAL BIOMECHANICAL MAPPING W REPORT           | Experimental/Investigational | Y |  |  |
| 0488T | DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS      | Experimental/Investigational | Y |  |  |
| 0489T | AUTOL REGN CELL TX SCLERODERMA HANDS                  | Experimental/Investigational | Y |  |  |
| 0490T | AUTOL REGN CELL TX SCLDR MLT INJ 1 OR GRT HANDS       | Experimental/Investigational | Y |  |  |
| 0491T | ABL LASER TX OPEN WND PR DAY 1ST 20 SQCM OR LESS      | Experimental/Investigational | Y |  |  |
| 0493T | NEAR INFRARED SPECTROSCOPY STUDIES LOW EXT WOUNDS     | Experimental/Investigational | Y |  |  |
| 0494T | PREP AND CANNULJ CDVR DON LNG ORGN PRFUJ SYS          | Experimental/Investigational | Y |  |  |
| 0495T | INIT AND MNTR CDVR DON LNG ORGN PRFUJ SYS 1ST 2 HR    | Experimental/Investigational | Y |  |  |
| 0497T | XTRNL PT ACT ECG W O ATTN MNTR IN-OFFICE CONN         | Experimental/Investigational | Y |  |  |
| 0498T | XTRNL PT ACT ECG W O ATTN MNTR R AND I PR 30 DAYS     | Experimental/Investigational | Y |  |  |
| 0499T | CYSTO W DIL AND URTL RX DEL F URTL STRIX STENOSIS     | Experimental/Investigational | Y |  |  |
| 0500T | IADNA HPV 5 PLUS SEP REPR HIGH RISK HPV TYPES         | Experimental/Investigational | Y |  |  |
| 0505T | EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF AND CLSR     | Experimental/Investigational | Y |  |  |
| 0506T | MAC PGMT OPTICAL DNS MEAS HFP UNI BI W I AND R        | Experimental/Investigational | Y |  |  |
| 0507T | NEAR INFRARED DUAL IMG MEIBOMIAN GLND UNI BI I AND R  | Experimental/Investigational | Y |  |  |
| 0508T | PLS ECHO US B1 DNS MEAS INDIC AXL B1 MIN DNS TIB      | Experimental/Investigational | Y |  |  |
| 0509T | PATTERN ELECTRORETINOGRAPHY W I AND R                 | Experimental/Investigational | Y |  |  |
| 0510T | REMOVAL OF SINUS TARS I IMPLANT                       | Experimental/Investigational | Y |  |  |
| 0511T | REMOVAL AND REINSERTION OF SINUS TARS I IMPLANT       | Experimental/Investigational | Y |  |  |
| 0512T | ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND         | Experimental/Investigational | Y |  |  |
| 0514T | INTRAOPERATIVE VISUAL AXIS ID USING PT FIXATION       | Experimental/Investigational | Y |  |  |
| 0515T | INSERTION WRLS CAR STIMULATOR LV PACG COMPL SYS       | Experimental/Investigational | Y |  |  |
| 0516T | INSERTION WRLS CAR STIMULATOR LV PACG ELTRD ONLY      | Experimental/Investigational | Y |  |  |
| 0517T | INSERTION WRLS CAR STIMULATOR LV PACG PG COMPNT       | Experimental/Investigational | Y |  |  |
| 0518T | REMOVAL PG COMPNT ONLY WRLS CAR STIMULATOR            | Experimental/Investigational | Y |  |  |
| 0519T | REMOVAL AND RPLCMT WRLS CAR STIMULATOR PG COMPNT      | Experimental/Investigational | Y |  |  |
| 0520T | REMOVAL AND RPLCMT WRLS CAR STIMULATOR W NEW ELTRD    | Experimental/Investigational | Y |  |  |
| 0521T | INTERROG DEV EVAL WRLS CAR STIMULATOR IN PERSON       | Experimental/Investigational | Y |  |  |
| 0522T | PRGRMG DEVICE EVAL WRLS CAR STIMULATOR IN PERSON      | Experimental/Investigational | Y |  |  |
| 0523T | INTRAPROCEDURAL CORONARY FFP W 3D FUNCJL MAPPING      | Experimental/Investigational | Y |  |  |
| 0524T | EV CATHETER DIR CHEM ABLTJ INCMPTNT XTR VEIN          | Experimental/Investigational | Y |  |  |
| 0525T | INSERTION REPLACEMENT COMPLETE IIMS                   | Experimental/Investigational | Y |  |  |
| 0526T | INSERTION REPLACEMENT IIMS ELECTRODE ONLY             | Experimental/Investigational | Y |  |  |
| 0527T | INSERTION REPLACEMENT IIMS IMPLANTABLE MNTR ONLY      | Experimental/Investigational | Y |  |  |
| 0528T | PRGRMG DEVICE EVAL IIMS IN PERSON                     | Experimental/Investigational | Y |  |  |
| 0529T | INTERROGATION DEVICE EVAL IIMS IN PERSON              | Experimental/Investigational | Y |  |  |
| 0530T | REMOVAL COMPLETE IIMS INCL IMG S AND I                | Experimental/Investigational | Y |  |  |
| 0531T | REMOVAL IIMS ELECTRODE ONLY INCL IMG S AND I          | Experimental/Investigational | Y |  |  |
| 0532T | REMOVAL IIMS IMPLANTABLE MNTR ONLY INCL IMG S AND I   | Experimental/Investigational | Y |  |  |
| 0533T | CONTINUOUS REC MGMT DO SV 6 D UNDER 10 D              | Experimental/Investigational | Y |  |  |

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|-------|--|------------------------------|---|----|--|
| 0534T | CONT REC MVMT DO SX 6 D UNDER 10 D SETUP AND PT TRAINJ   | Experimental/Investigational | Y |    |  |
| 0535T | CONT REC MVMT DO SX 6 D UNDER 10 D 1ST REPRT CNFIG   | Experimental/Investigational | Y |    |  |
| 0536T | CONT REC MVMT DO SX 6 D UNDER 10 D DL REVIEW I AND R   | Experimental/Investigational | Y |    |  |
| 0541T | MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA   | Experimental/Investigational | Y | WA |  |
| 0542T | MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA I AND R   | Experimental/Investigational | Y |    |  |
| 0563T | EVACUATION MEIBOMIAN GLANDS USING HEAT BILATERAL   | Experimental/Investigational | Y |    |  |
| 0564T | ONC CHEMO RX CYTOTOXICITY ASSAY CSC 14 DRUGS   | Experimental/Investigational | Y |    |  |
| 0565T | AUTOL CELL IMPLT ADPS TISS HRVG CELL IMPLT CRTJ  | Experimental/Investigational | Y |    |  |
| 0566T | AUTOL CELL IMPLT ADPS TISS NJX IMPLT KNEE UNI  | Experimental/Investigational | Y |    |  |
| 0567T | PERM FLP TUB OCCLS W IMPLANT TRANSCRV APPROACH   | Experimental/Investigational | Y |    |  |
| 0568T | INTRO MIX SALINE AND AIR F SSG CONF OCCLS FLP TUBE   | Experimental/Investigational | Y |    |  |
| 0569T | TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS  | Experimental/Investigational | Y |    |  |
| 0570T | TTVR PERCUTANEOUS APPROACH EACH ADDL PROSTHESIS  | Experimental/Investigational | Y |    |  |
| 0571T | INSJ RPLCMT ICDS W SUBSTERNAL ELECTRODE  | Experimental/Investigational | Y |    |  |
| 0572T | INSJ SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD  | Experimental/Investigational | Y |    |  |
| 0573T | RMVL SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD  | Experimental/Investigational | Y |    |  |
| 0574T | REPOS PREV IMPL SS IMPLTBL DFB PACING ELTRD  | Experimental/Investigational | Y |    |  |
| 0575T | PROGRAMMING DEV EVAL ICDS W SS ELTRD IN PERSON   | Experimental/Investigational | Y |    |  |
| 0576T | INTERROGATION DEV EVAL ICDS W SS ELTRD IN PERSON   | Experimental/Investigational | Y |    |  |
| 0577T | ELECTROPHYSIOLOGICAL EVAL ICDS W SS ELECTRODE  | Experimental/Investigational | Y |    |  |
| 0578T | REM INTERROG DEV EVAL SS LD ICDS UNDER 90D PHY QHP   | Experimental/Investigational | Y |    |  |
| 0579T | REM INTERROG DEV EVAL SS LD ICDS UNDER 90D TECH  | Experimental/Investigational | Y |    |  |
| 0580T | RMVL SUBSTERNAL IMPLTBL DFB PULSE GENERATOR ONLY   | Experimental/Investigational | Y |    |  |
| 0581T | ABLATION MAL BRST TUMOR PERQ CRTX UNILATERAL   | Experimental/Investigational | Y |    |  |
| 0582T | TRURL ABLTJ MAL PROSTATE TISS HI ENERGY WATER VAPOR  | Experimental/Investigational | Y |    |  |
| 0583T | TYMPANOSTOMY AUTOMATED TUBE DELIVERY SYSTEM  | Experimental/Investigational | Y |    |  |
| 0587T | PERCUTANEOUS IMPLANTATION REPLACEMENT ISDNS PTN  | Experimental/Investigational | Y |    |  |
| 0588T | REVISION OR REMOVAL ISDNS POSTERIOR TIBIAL NRV   | Experimental/Investigational | Y |    |  |
| 0589T | ELEC ALYS SMPL PRGRMG IINS PTN 1-3 PARAMETERS  | Experimental/Investigational | Y |    |  |
| 0590T | ELEC ALYS CPLX PRGRMG IINS PTN 4 PLUS PARAMETERS   | Experimental/Investigational | Y |    |  |
| 0594T | OSTEOT HUM XTRNL LNGTH DEV   | Experimental/Investigational | Y |    |  |
| 0596T | TEMP FML IU VLV-PMP 1ST INSJ   | Experimental/Investigational | Y |    |  |
| 0597T | TEMP FML IU VALVE-PMP RPLCMT   | Experimental/Investigational | Y |    |  |
| 0598T | NCNTC R-T FLUOR WND IMG 1ST  | Experimental/Investigational | Y |    |  |
| 0599T | NCNTC R-T FLUOR WND IMG EA   | Experimental/Investigational | Y |    |  |
| 0600T | IRE ABLTJ 1+TUM ORGAN PERQ   | Experimental/Investigational | Y |    |  |
| 0601T | IRE ABLTJ 1+TUMORS OPEN  | Experimental/Investigational | Y |    |  |
| 0602T | TRANSDERMAL GFR MEASUREMENTS   | Experimental/Investigational | Y |    |  |
| 0603T | TRANSDERMAL GFR MONITORING   | Experimental/Investigational | Y |    |  |
| 0604T | REM OCT RTA DEV SETUP&EDUCAJ   | Experimental/Investigational | Y |    |  |
| 0605T | REM OCT RTA TECHL SPRT MIN 8   | Experimental/Investigational | Y |    |  |
| 0606T | REM OCT RTA PHYS/QHP EA 30D  | Experimental/Investigational | Y |    |  |
| 0607T | REM MNTR PULM FLU MNTR SETUP   | Experimental/Investigational | Y |    |  |
| 0608T | REM MNTR PULM FLU MNTR ALYS  | Experimental/Investigational | Y |    |  |
| 0613T | PERQ TCAT INTRATRL SEPTL SHT   | Experimental/Investigational | Y |    |  |
| 0614T | RMVL & RPLCMT SS IMP DFB PG  | Experimental/Investigational | Y |    |  |
| 0615T | EYE MVMT ALYS W/O CALBRJ I&R   | Experimental/Investigational | Y |    |  |
| 0616T | INSERTION OF IRIS PROSTHESIS   | Experimental/Investigational | Y |    |  |
| 0617T | NSJ IRIS PROSTH W/RMVL&INSJ  | Experimental/Investigational | Y |    |  |
| 0618T | INSJ IRIS PROSTH SEC IO LENS   | Experimental/Investigational | Y |    |  |
| 0619T | CYSTO W/TRURL ANT PROSTATE COMMISSUROTOMY and RX DLVR  | Experimental/Investigational | Y |    |  |
| 0620T | ENDOVASCULAR VENOUS ARTERIALIZATION, TIBIAL OR PERONEAL VEIN, WITH TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT GRAFT(S) AND CLOSURE BY ANY METHOD, INCLUDING PERCUTANEOUS OR OPEN VASCULAR ACCESS, ULTRASOUND GUIDANCE FOR VASCULAR ACCESS WHEN PERFORMED, ALL CATHETERIZATION(S) AND INTRAPROCEDURAL ROADMAPPING AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION, ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, WHEN PERFORMED | Experimental/Investigational | Y |    |  |
| 0621T | TRABECULOSTOMY AB INTERNO BY LASER   | Experimental/Investigational | Y |    |  |
| 0622T | TRABECULOSTOMY AB INTERNO BY LASER; WITH USE OF OPHTHALMIC ENDOSCOPE   | Experimental/Investigational | Y |    |  |

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|-------|---|------------------------------|---|--|--|
| 0623T | AUTOMATED QUANTIFICATION AND CHARACTERIZATION OF CORONARY ATHEROSCLEROTIC PLAQUE TO ASSESS SEVERITY OF CORONARY DISEASE, USING DATA FROM CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY; DATA PREPARATION AND TRANSMISSION, COMPUTERIZED ANALYSIS OF DATA, WITH REVIEW OF COMPUTERIZED ANALYSIS OUTPUT TO RECONCILE DISCORDANT DATA, INTERPRETATION AND REPORT | Experimental/Investigational | Y |  |  |
| 0624T | AUTOMATED QUANTIFICATION AND CHARACTERIZATION OF CORONARY ATHEROSCLEROTIC PLAQUE TO ASSESS SEVERITY OF CORONARY DISEASE, USING DATA FROM CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY; DATA PREPARATION AND TRANSMISSION   | Experimental/Investigational | Y |  |  |
| 0625T | AUTOMATED QUANTIFICATION AND CHARACTERIZATION OF CORONARY ATHEROSCLEROTIC PLAQUE TO ASSESS SEVERITY OF CORONARY DISEASE, USING DATA FROM CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY; COMPUTERIZED ANALYSIS OF DATA FROM CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY  | Experimental/Investigational | Y |  |  |
| 0626T | AUTOMATED QUANTIFICATION AND CHARACTERIZATION OF CORONARY ATHEROSCLEROTIC PLAQUE TO ASSESS SEVERITY OF CORONARY DISEASE, USING DATA FROM CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY; REVIEW OF COMPUTERIZED ANALYSIS OUTPUT TO RECONCILE DISCORDANT DATA, INTERPRETATION AND REPORT  | Experimental/Investigational | Y |  |  |
| 0627T | PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH FLUOROSCOPIC GUIDANCE, LUMBAR; FIRST LEVEL  | Experimental/Investigational | Y |  |  |
| 0628T | PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH FLUOROSCOPIC GUIDANCE, LUMBAR; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | Experimental/Investigational | Y |  |  |
| 0629T | PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH CT GUIDANCE, LUMBAR; FIRST LEVEL  | Experimental/Investigational | Y |  |  |
| 0630T | PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH CT GUIDANCE, LUMBAR; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | Experimental/Investigational | Y |  |  |
| 0631T | TRANSCUTANEOUS VISIBLE LIGHT HYPERSPECTRAL IMAGING MEASUREMENT OF OXYHEMOGLOBIN, DEOXYHEMOGLOBIN, AND TISSUE OXYGENATION, WITH INTERPRETATION AND REPORT, PER EXTREMITY   | Experimental/Investigational | Y |  |  |
| 0632T | PERCUTANEOUS TRANSCATHETER ULTRASOUND ABLATION OF NERVES INNERVATING THE PULMONARY ARTERIES, INCLUDING RIGHT HEART CATHETERIZATION, PULMONARY ARTERY ANGIOGRAPHY, AND ALL IMAGING GUIDANCE  | Experimental/Investigational | Y |  |  |
| 0639T | WIRELESS SKIN SENSOR THERMAL ANISOTROPY MEASUREMENT(S) AND ASSESSMENT OF FLOW IN CEREBROSPINAL FLUID SHUNT, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED   | Experimental/Investigational | Y |  |  |
| 0640T | NCNTC NR IFR SPCTRSC WND  | Experimental/Investigational | Y |  |  |
| 0641T | NCNTC NR IFR SPCTRSC WND IMG  | Experimental/Investigational | Y |  |  |
| 0642T | NCNTC NR IFR SPCTRSC WND I&R  | Experimental/Investigational | Y |  |  |
| 0643T | TCAT L VENTR RSTRJ DEV IMPLT  | Experimental/Investigational | Y |  |  |
| 0644T | TCAT RMVL/DBLK ICAR MAS PERQ  | Experimental/Investigational | Y |  |  |
| 0645T | TCAT IMPLTJ C SINS RDCTJ DEV  | Experimental/Investigational | Y |  |  |
| 0646T | TTVI/RPLCMT W/PRSTC VLV PERQ  | Experimental/Investigational | Y |  |  |
| 0647T | INSJ GTUBE PERQ MAG GASTRPXY  | Experimental/Investigational | Y |  |  |
| 0648T | QUAN MR ALYS TISS W/O MRI   | Experimental/Investigational | Y |  |  |
| 0649T | QUAN MR ALYS TISS W/MRI   | Experimental/Investigational | Y |  |  |
| 0650T | PRGRMG DEV EVAL SCRMS REMOTE  | Experimental/Investigational | Y |  |  |
| 0651T | MAG CTRLD CAPSULE ENDOSCOPY   | Experimental/Investigational | Y |  |  |
| 0652T | EGD FLX TRANSNASAL DX BR/WA   | Experimental/Investigational | Y |  |  |
| 0653T | EGD FLX TRANSNASAL BX 1/MLT   | Experimental/Investigational | Y |  |  |
| 0654T | EGD FLX TRANSNASAL TUBE/CATH  | Experimental/Investigational | Y |  |  |

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|-------|--|------------------------------|---|----|--|
| 0655T | TPRNL FOCAL ABLTJ MAL PRST8  | Experimental/Investigational | Y |    |  |
| 0656T | VRT BDY TETHERING ANT <7 SEG   | Experimental/Investigational | Y |    |  |
| 0657T | VRT BDY TETHERING ANT 8+ SEG   | Experimental/Investigational | Y |    |  |
| 0658T | ELEC IMPD SPECTRSC 1+SKN LES   | Experimental/Investigational | Y |    |  |
| 0660T | IMPLT ANT SGM IO NBIO RX SYS   | Experimental/Investigational | Y |    |  |
| 0661T | RMVL&RIMPLTJ ANT SGM IMPLT   | Experimental/Investigational | Y |    |  |
| 0662T | SCALP COOL 1ST MEAS&CALBRJ   | Experimental/Investigational | Y |    |  |
| 0663T | SCALP COOL PLMT MNTR RMVL  | Experimental/Investigational | Y |    |  |
| 0664T | DON HYSTERECTOMY OPEN CDVR   | Experimental/Investigational | Y |    |  |
| 0665T | DON HYSTERECTOMY OPEN LIV  | Experimental/Investigational | Y |    |  |
| 0666T | DON HYSTERECTOMY LAPS LIV  | Experimental/Investigational | Y |    |  |
| 0667T | DON HYSTERECTOMY RCP UTER  | Experimental/Investigational | Y |    |  |
| 0668T | BKBENCH PREP DON UTER ALGRFT   | Experimental/Investigational | Y |    |  |
| 0669T | BKBENCH RCNSTJ DON UTER VEN  | Experimental/Investigational | Y |    |  |
| 0670T | BKBENCH RCNSTJ DON UTER ARTL   | Experimental/Investigational | Y |    |  |
| A4563 | RECTAL CNTRL SYS VAG INSRT LT USE ANY TYPE EA  | Experimental/Investigational | Y |    |  |
| C1823 | GENERATR NEUROSTIM NON-RECHRGABL TV S AND STIM LEADS   | Experimental/Investigational | Y |    |  |
| C1824 | GENERATOR, CARDIAC CONTRACTILITY MODULATION (IMPLANTABLE)  | Experimental/Investigational | Y |    |  |
| C2596 | PROBE, IMAGE GUIDED, ROBOTIC, WATERJET ABLATION  | Experimental/Investigational | Y |    |  |
| C9751 | BRONCHOSCOPY RIGID FLEXIBLE TRANSBRON ABL LESION   | Experimental/Investigational | Y |    |  |
| C9752 | DESTRUC IO BASIVERTEB NERV 1ST 2 VERT B LUMB SAC   | Experimental/Investigational | Y |    |  |
| C9753 | DESTRUC IO BASIVERTEB NERV EA ADD VERT BODY L S  | Experimental/Investigational | Y |    |  |
| C9758 | BI PROC NYHA CL III IV HF;TRNSCATH IMPL IAS PC   | Experimental/Investigational | Y |    |  |
| K1006 | SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC, ANY TYPE, FOR USE WITH EXTERNAL URINE MANAGEMENT SYSTEM  | Experimental/Investigational | Y |    |  |
| K1007 | BILATERAL HIP, KNEE, ANKLE, FOOT DEVICE, POWERED, INCLUDES PELVIC COMPONENT, SINGLE OR DOUBLE UPRIGHT(S), KNEE JOINTS ANY TYPE, WITH OR WITHOUT ANKLE JOINTS ANY TYPE, INCLUDES ALL COMPONENTS AND ACCESSORIES, MOTORS, MICROPROCESSORS, SENSORS | Experimental/Investigational | Y |    |  |
| K1009 | SPEECH VOLUME MODULATION SYSTEM, ANY TYPE, INCLUDING ALL COMPONENTS AND ACCESSORIES  | Experimental/Investigational | Y |    |  |
| K1011 | ACTIVATION DEVICE FOR INTRAURETHRAL DRAINAGE DEVICE WITH VALVE, REPLACEMENT ONLY, EACH   | Experimental/Investigational | Y |    |  |
| K1012 | CHARGER AND BASE STATION FOR INTRAURETHRAL ACTIVATION DEVICE, REPLACEMENT ONLY   | Experimental/Investigational | Y |    |  |
| L8608 | MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS   | Experimental/Investigational | Y |    |  |
| Q4161 | BIO-CONNKT WOUND MATRIX PER SQUARE CENTIMETER  | Experimental/Investigational | Y |    |  |
| Q4162 | WOUNDEX FLOW BIOSKIN FLOW 0.5 CC   | Experimental/Investigational | Y |    |  |
| Q4163 | WOUNDEX BIOSKIN PER SQUARE CM  | Experimental/Investigational | Y |    |  |
| Q4164 | HELICOLL PER SQUARE CENTIMETER   | Experimental/Investigational | Y |    |  |
| Q4165 | KERAMATRIX PER SQUARE CENTIMETER   | Experimental/Investigational | Y |    |  |
| Q4189 | ARTACENT AC 1 MG   | Experimental/Investigational | Y |    |  |
| Q4192 | RESTORIGIN 1 CC  | Experimental/Investigational | Y |    |  |
| Q4195 | PURAPLY PER SQ CM  | Experimental/Investigational | Y |    |  |
| Q4196 | PURAPLY AM PER SQ CM   | Experimental/Investigational | Y |    |  |
| Q4197 | PURAPLY XT PER SQ CM   | Experimental/Investigational | Y |    |  |
| Q4226 | NEW SKIN HOMOLOGOUS AUTOGRAFT  | Experimental/Investigational | Y |    |  |
| 80145 | DRUG ASSAY ADALIMUMAB  | Genetic Counseling & Testing | Y | WA |  |
| 80187 | DRUG ASSAY POSACONAZOLE  | Genetic Counseling & Testing | Y |    |  |
| 80230 | DRUG ASSAY INFLIXIMAB  | Genetic Counseling & Testing | Y | WA |  |
| 80235 | DRUG ASSAY LACOSAMIDE  | Genetic Counseling & Testing | Y |    |  |
| 80280 | DRUG ASSAY VEDOLIZUMAB   | Genetic Counseling & Testing | Y | WA |  |
| 80285 | DRUG ASSAY VORICONAZOLE  | Genetic Counseling & Testing | Y |    |  |
| 81105 | HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT  | Genetic Counseling & Testing | Y |    |  |
| 81106 | HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT  | Genetic Counseling & Testing | Y |    |  |
| 81107 | HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT  | Genetic Counseling & Testing | Y |    |  |
| 81108 | HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT  | Genetic Counseling & Testing | Y |    |  |
| 81109 | HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT  | Genetic Counseling & Testing | Y |    |  |
| 81110 | HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT  | Genetic Counseling & Testing | Y |    |  |

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|-------|--|------------------------------|---|----|---|
| 81111 | HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT  | Genetic Counseling & Testing | Y |    |   |
| 81112 | HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT   | Genetic Counseling & Testing | Y |    |   |
| 81120 | IDH1 COMMON VARIANTS   | Genetic Counseling & Testing | Y |    |   |
| 81121 | IDH2 COMMON VARIANTS   | Genetic Counseling & Testing | Y |    |   |
| 81161 | DMD DUPLICATION DELETION ANALYSIS  | Genetic Counseling & Testing | Y | WA |   |
| 81162 | BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81163 | BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81164 | BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS  | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81165 | BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81166 | BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS  | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81167 | BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS  | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81168 | CCND1/IGH (T(11;14)) (EG, MANTLE CELL LYMPHOMA) TRANSLOCATION ANALYSIS, MAJOR BREAKPOINT, QUALITATIVE AND QUANTITATIVE, IF PERFORMED | Genetic Counseling & Testing | Y |    |   |
| 81171 | AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES  | Genetic Counseling & Testing | Y |    |   |
| 81172 | AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES   | Genetic Counseling & Testing | Y |    |   |
| 81173 | AR GENE ANALYSIS FULL GENE SEQUENCE  | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81174 | AR GENE ANALYSIS KNOWN FAMILIAL VARIANT  | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81175 | ASXL1 GENE ANALYSIS FULL GENE SEQUENCE   | Genetic Counseling & Testing | Y |    |   |
| 81176 | ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS  | Genetic Counseling & Testing | Y |    |   |
| 81177 | ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES  | Genetic Counseling & Testing | Y |    |   |
| 81178 | ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES   | Genetic Counseling & Testing | Y |    |   |
| 81179 | ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES   | Genetic Counseling & Testing | Y |    |   |
| 81180 | ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES   | Genetic Counseling & Testing | Y |    |   |
| 81181 | ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES   | Genetic Counseling & Testing | Y |    |   |
| 81182 | ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES  | Genetic Counseling & Testing | Y |    |   |
| 81183 | ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES  | Genetic Counseling & Testing | Y |    |   |
| 81184 | CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES  | Genetic Counseling & Testing | Y |    |   |
| 81185 | CACNA1A GENE ANALYSIS FULL GENE SEQUENCE   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81186 | CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81187 | CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES  | Genetic Counseling & Testing | Y |    |   |
| 81188 | CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES  | Genetic Counseling & Testing | Y |    |   |
| 81189 | CSTB GENE ANALYSIS FULL GENE SEQUENCE  | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81190 | CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81191 | NTRK1 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS  | Genetic Counseling & Testing | Y |    |   |
| 81192 | NTRK2 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 2) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS  | Genetic Counseling & Testing | Y |    |   |
| 81193 | NTRK3 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 3) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS  | Genetic Counseling & Testing | Y |    |   |
| 81194 | NTRK (NEUROTROPHIC-TROPOMYOSIN RECEPTOR TYROSINE KINASE 1, 2, AND 3) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS                       | Genetic Counseling & Testing | Y |    |   |
| 81201 | APC GENE ANALYSIS FULL GENE SEQUENCE   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81202 | APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS  | Genetic Counseling & Testing | * |    | *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 |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81204 | AR GENE ANALYSIS CHARACTERIZATION OF ALLELES   | Genetic Counseling & Testing | Y |    |   |
| 81205 | BCKDHB GENE ANALYSIS COMMON VARIANTS   | Genetic Counseling & Testing | Y |    |   |
| 81210 | BRAF GENE ANALYSIS V600 VARIANT(S)   | Genetic Counseling & Testing | Y |    |   |
| 81212 | BRCA1 BRCA 2 GEN ALYS 185DEL 5385INSC 6174DELT   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81215 | BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81216 | BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81217 | BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81218 | CEBPA GENE ANALYSIS FULL GENE SEQUENCE   | Genetic Counseling & Testing | Y |    |   |
| 81219 | CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9   | Genetic Counseling & Testing | Y |    |   |
| 81221 | CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81222 | CFTR GENE ANALYSIS DUPLICATION DELETION VARIANTS   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81223 | CFTR GENE ANALYSIS FULL GENE SEQUENCE  | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81225 | CYP2C19 GENE ANALYSIS COMMON VARIANTS  | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81226 | CYP2D6 GENE ANALYSIS COMMON VARIANTS   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |

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|-------|--|------------------------------|---|----|---|
| 81227 | CYP2C9 GENE ANALYSIS COMMON VARIANTS   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81228 | CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS  | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81229 | CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81230 | CYP3A4 GENE ANALYSIS COMMON VARIANTS   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81231 | CYP3A5 GENE ANALYSIS COMMON VARIANTS   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81232 | DYPD GENE ANALYSIS COMMON VARIANTS   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81233 | BTK GENE ANALYSIS COMMON VARIANTS  | Genetic Counseling & Testing | Y |    |   |
| 81234 | DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES  | Genetic Counseling & Testing | Y |    |   |
| 81235 | EGFR GENE ANALYSIS COMMON VARIANTS   | Genetic Counseling & Testing | Y |    |   |
| 81236 | EZH2 GENE ANALYSIS FULL GENE SEQUENCE  | Genetic Counseling & Testing | Y |    |   |
| 81237 | EZH2 GENE ANALYSIS COMMON VARIANTS   | Genetic Counseling & Testing | Y |    |   |
| 81238 | F9 FULL GENE SEQUENCE  | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81239 | DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES   | Genetic Counseling & Testing | Y |    |   |
| 81243 | FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES  | Genetic Counseling & Testing | Y | WA |   |
| 81244 | FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES   | Genetic Counseling & Testing | Y | WA |   |
| 81246 | FLT3 GENE ANALYSIS TYROSINE KINASE DOMAIN VARIANTS   | Genetic Counseling & Testing | Y |    |   |
| 81247 | G6PD GENE ANALYSIS COMMON VARIANTS   | Genetic Counseling & Testing | Y |    |   |
| 81248 | G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81249 | G6PD GENE ANALYSIS FULL GENE SEQUENCE  | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81252 | GJB2 GENE ANALYSIS FULL GENE SEQUENCE  | Genetic Counseling & Testing | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 81253 | GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS   | Genetic Counseling & Testing | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 81257 | HBA1 HBA2 GENE ANALYSIS COMMON DELETIONS VARIANT   | Genetic Counseling & Testing | * |    | *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 |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81259 | HBA1 HBA2 GENE ANALYSIS FULL GENE SEQUENCE   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81265 | COMPARATIVE ANAL STR MARKERS PATIENT AND COMP SPEC   | Genetic Counseling & Testing | Y |    |   |
| 81266 | COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN  | Genetic Counseling & Testing | Y |    |   |
| 81269 | HBA1 HBA2 GENE ANALYSIS DUP DEL VARIANTS   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81271 | HTT GENE ANALYSIS DETECT ABNORMAL ALLELES  | Genetic Counseling & Testing | Y |    |   |
| 81272 | KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS   | Genetic Counseling & Testing | Y |    |   |
| 81273 | KIT GENE ANALYSIS D816 VARIANT(S)  | Genetic Counseling & Testing | Y |    |   |
| 81274 | HTT GENE ANALYSIS CHARACTERIZATION ALLELES   | Genetic Counseling & Testing | Y |    |   |
| 81275 | KRAS GENE ANALYSIS VARIANTS IN EXON 2  | Genetic Counseling & Testing | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 81276 | KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)   | Genetic Counseling & Testing | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 81277 | CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS  | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81278 | IGH@/BCL2 (T(14;18)) (EG, FOLLICULAR LYMPHOMA) TRANSLOCATION ANALYSIS, MAJOR BREAKPOINT REGION (MBR) AND MINOR CLUSTER REGION (MCR) BREAKPOINTS, QUALITATIVE OR QUANTITATIVE | Genetic Counseling & Testing | Y |    |   |
| 81279 | JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) TARGETED SEQUENCE ANALYSIS (EG, EXONS 12 AND 13)   | Genetic Counseling & Testing | Y |    |   |
| 81283 | IFNL3 GENE ANALYSIS RS12979860 VARIANT   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81284 | FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES   | Genetic Counseling & Testing | Y |    |   |
| 81285 | FXN GENE ANALYSIS CHARACTERIZATION ALLELES   | Genetic Counseling & Testing | Y |    |   |
| 81286 | FXN GENE ANALYSIS FULL GENE SEQUENCE   | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81289 | FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS  | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81291 | MTHFR GENE ANALYSIS COMMON VARIANTS  | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81292 | MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS  | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81293 | MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS   | Genetic Counseling & Testing | * |    | *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 |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81295 | MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS  | Genetic Counseling & Testing | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |



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| 81296 | MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS   | Genetic Counseling & Testing | * |  | *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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81298 | MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81299 | MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS   | Genetic Counseling & Testing | * |  | *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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81302 | MECP2 GENE ANALYSIS FULL SEQUENCE  | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 81303 | MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT   | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 81304 | MECP2 GENE ANALYSIS DUPLICATION DELETION VARIANT   | Genetic Counseling & Testing | * |  | *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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81306 | NUDT15 GENE ANALYSIS COMMON VARIANTS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81307 | PALB2 GENE ANALYSIS (FULL GENE SEQ)  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81308 | PALB2 GENE ANALYSIS (KNOWN FAMILIAL VARIANT)   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81309 | PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS  | Genetic Counseling & Testing | Y |  |   |
| 81311 | NRAS GENE ANALYSIS VARIANTS IN EXON 2 AND 3  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81312 | PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES  | Genetic Counseling & Testing | Y |  |   |
| 81313 | PCA3 KLK3 PROSTATE SPECIFIC ANTIGEN RATIO  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81314 | PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS  | Genetic Counseling & Testing | Y |  |   |
| 81317 | PMS2 GENE ANALYSIS FULL SEQUENCE   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81318 | PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS   | Genetic Counseling & Testing | * |  | *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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81320 | PLCG2 GENE ANALYSIS COMMON VARIANTS  | Genetic Counseling & Testing | Y |  |   |
| 81321 | PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81322 | PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT  | Genetic Counseling & Testing | * |  | *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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81324 | PMP22 GENE ANAL DUPLICATION DELETION ANALYSIS  | Genetic Counseling & Testing | Y |  |   |
| 81325 | PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81326 | PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT   | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 81327 | SEPT9 GENE PROMOTER METHYLATION ANALYSIS   | Genetic Counseling & Testing | * |  | *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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81329 | SMN1 GENE ANALYSIS DOSAGE DELET ALYS W SMN2 ALYS   | Genetic Counseling & Testing | Y |  |   |
| 81333 | TGFB1 GENE ANALYSIS COMMON VARIANTS  | Genetic Counseling & Testing | Y |  |   |
| 81334 | RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS   | Genetic Counseling & Testing | Y |  |   |
| 81335 | TPMT GENE ANALYSIS COMMON VARIANTS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81336 | SMN1 GENE ANALYSIS FULL GENE SEQUENCE  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81337 | SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81338 | MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; COMMON VARIANTS (EG, W515A, W515K, W515L, W515R)                  | Genetic Counseling & Testing | Y |  |   |
| 81339 | MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; SEQUENCE ANALYSIS, EXON 10  | Genetic Counseling & Testing | Y |  |   |
| 81343 | PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES   | Genetic Counseling & Testing | Y |  |   |
| 81344 | TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES   | Genetic Counseling & Testing | Y |  |   |
| 81345 | TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS  | Genetic Counseling & Testing | Y |  |   |
| 81346 | TYMS GENE ANALYSIS COMMON VARIANTS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81347 | SF3B1 (SPLICING FACTOR [3B] SUBUNIT B1) (EG, MYELODYSPLASTIC SYNDROME/ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, A672T, E622D, L833F, R625C, R625L) | Genetic Counseling & Testing | Y |  |   |
| 81348 | SRSF2 (SERINE AND ARGININE-RICH SPLICING FACTOR 2) (EG, MYELODYSPLASTIC SYNDROME, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, P95H, P95L)            | Genetic Counseling & Testing | Y |  |   |

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| 81350 | UGT1A1 GENE ANALYSIS COMMON VARIANTS  | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 81351 | TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQUENCE  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81352 | TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; TARGETED SEQUENCE ANALYSIS (EG, 4 ONCOLOGY)   | Genetic Counseling & Testing | Y |  |   |
| 81353 | TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81355 | VKORC1 GENE ANALYSIS COMMON VARIANT(S)  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81357 | U2AF1 (U2 SMALL NUCLEAR RNA AUXILIARY FACTOR 1) (EG, MYELODYSPLASTIC SYNDROME, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, S34F, S34Y, Q157R, Q157P)  | Genetic Counseling & Testing | Y |  |   |
| 81360 | ZRSR2 (ZINC FINGER CCCH-TYPE, RNA BINDING MOTIF AND SERINE/ARGININE-RICH 2) (EG, MYELODYSPLASTIC SYNDROME, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANT(S) (EG, E65FS, E122FS, R448FS)   | Genetic Counseling & Testing | Y |  |   |
| 81361 | HBB COMMON VARIANTS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81362 | HBB KNOWN FAMILIAL VARIANTS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81363 | HBB DUPLICATION DELETION VARIANTS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81364 | HBB FULL GENE SEQUENCE  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81400 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 1   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81401 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 2   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81402 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 3   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81403 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 4   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81404 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 5   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81405 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 6   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81406 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 7   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81407 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 8   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81408 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 9   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81410 | AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81411 | AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81412 | ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81413 | CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81414 | CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81415 | EXOME SEQUENCE ANALYSIS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81416 | EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81417 | EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81419 | EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, AND ZEB2 | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81420 | FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS   | Genetic Counseling & Testing | Y |  |   |
| 81422 | FETAL CHROMOSOMAL MICRODELTY GENOMIC SEQ ANALYS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81425 | GENOME SEQUENCE ANALYSIS  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81426 | GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81427 | GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81430 | HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81431 | HEARING LOSS DUP DEL ANALYSIS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81432 | HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81433 | HEREDITARY BRST CA-RELATED DUP DEL ANALYSIS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81434 | HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81435 | HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81436 | HEREDITARY COLON CA DSRDRS DUP DEL ANALYS 5 GEN   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81437 | HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81438 | HEREDTRY NURONDCRN TUM DSRDRS DUP DEL ANALYSIS  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81439 | HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81440 | NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81442 | NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81443 | GENETIC TESTING FOR SEVERE INHERITED CONDITIONS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81445 | GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81448 | HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81450 | GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |

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| 81455 | GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81460 | WHOLE MITOCHONDRIAL GENOME   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81465 | WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81470 | X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81471 | X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81479 | UNLISTED MOLECULAR PATHOLOGY PROCEDURE   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81490 | AUTOIMMUNE RHEUMATOID ARTHRITS ANALYS 12 BIOMRKRS  | Genetic Counseling & Testing | * |  | *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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81500 | ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS  | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 81503 | ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81504 | ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81507 | FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK  | Genetic Counseling & Testing | Y |  |   |
| 81518 | ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81519 | ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81520 | ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81521 | ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81522 | ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81525 | ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81529 | ONCOLOGY (CUTANEOUS MELANOMA), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 31 GENES (28 CONTENT AND 3 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE RISK, INCLUDING LIKELIHOOD OF SENTINEL LYMPH NODE METASTASIS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81535 | ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP 1ST  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81536 | ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP ADD  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81538 | ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81539 | ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS   | Genetic Counseling & Testing | * |  | *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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81541 | ONC PROSTATE MRNA GENE XPRSN PRFL RT-PCR 46 GENES  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81542 | ONC PROSTATE MRNA MICRORA GENE XPRSN PRFL 22 GENES   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81546 | ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 10,196 GENES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (EG, BENIGN OR SUSPICIOUS)  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81551 | ONC PROSTATE PRMTR METHYLATION PRFL R-T PCR 3 GENES  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81552 | ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81554 | PULMONARY DISEASE (IDIOPATHIC PULMONARY FIBROSIS [IPF]), MRNA, GENE EXPRESSION ANALYSIS OF 190 GENES, UTILIZING TRANSBRONCHIAL BIOPSIES, DIAGNOSTIC ALGORITHM REPORTED AS CATEGORICAL RESULT (EG, POSITIVE OR NEGATIVE FOR HIGH PROBABILITY OF USUAL INTERSTITIAL PNEUMONIA [UIP]) | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81595 | CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81596 | NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 81599 | UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 83006 | GROWTH STIMULATION EXPRESSED GENE 2  | Genetic Counseling & Testing | Y |  |   |
| 84999 | UNLISTED CHEMISTRY PROCEDURE   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 86152 | CELL ENUMERATION IMMUNE SELECTJ AND ID FLUID SPEC  | Genetic Counseling & Testing | Y |  |   |
| 86153 | CELL ENUMERATION IMMUNE SELECTJ AND ID PHYS INTERP   | Genetic Counseling & Testing | Y |  |   |
| 88261 | CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING   | Genetic Counseling & Testing | Y |  |   |
| 88271 | MOLECULAR CYTOGENETICS DNA PROBE EACH  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 88369 | M PHMTRC ALYS ISH QUANT SEMIQ MNL PER SPEC EACH  | Genetic Counseling & Testing | Y |  |   |
| 88373 | M PHMTRC ALYS ISH QUANT SEMIQ CPTR PER SPEC EACH   | Genetic Counseling & Testing | Y |  |   |
| 88374 | M PHMTRC ALYS ISH QUANT SEMIQ CPTR EACH MULTIPRB   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 88377 | M PHMTRC ALYS ISH QUANT SEMIQ MNL EACH MULTIPRB  | Genetic Counseling & Testing | Y |  |   |
| 0001U | RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL   | Genetic Counseling & Testing | * |  | *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  | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |

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| 0003M | LIVER DIS 10 ASSAYS SERUM ALGORITHM W NASH           | Genetic Counseling & Testing | * |  | *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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0005U | ONCO PROSTATE GENE XPRS PRFL 3 GENE UR ALG RSK SCOR  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0006M | ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER          | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0007M | ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX      | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0008U | HPYLORI DETECTION AND ANTIBIOTIC RESISTANCE DNA      | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0009U | ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP        | Genetic Counseling & Testing | Y |  |   |
| 0010U | NFCT DS STRN TYP WHL GENOME SEQUENCING PR ISOL       | Genetic Counseling & Testing | Y |  |   |
| 0011M | ONC PROSTATE CA MRNA 12 GENES BLD PLSM AND UR ALG    | Genetic Counseling & Testing | * |  | *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 |  |   |
| 0012M | ONC MRNA 5 GENES UR ALG RISK UROTHELIAL CANCER       | Genetic Counseling & Testing | * |  | *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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0013M | ONC MRNA 5 GENES UR ALG RISK RECR UROTHELIAL CA      | Genetic Counseling & Testing | * |  | *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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0014M | LIVER DS ALYS 3 BMRK SRM ALG                         | Genetic Counseling & Testing | Y |  |   |
| 0014U | HEM HMTLMF NEO GENE REARGMT DNA WHL BLD MARROW       | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0015M | ADRNL CORTCL TUM BCHM ASY                            | Genetic Counseling & Testing | Y |  |   |
| 0016M | ONC BLADDER MRNA 209 GEN ALG                         | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0016U | ONC HMTLMF NEO RNA BCR ABL1 BLD BNE MARROW           | Genetic Counseling & Testing | Y |  |   |
| 0017M | ONC DLBCL MRNA 20 GENES ALG                          | Genetic Counseling & Testing | Y |  |   |
| 0017U | ONC HMTLMF NEO JAK2 MUTATION DNA BLD BNE MARROW      | Genetic Counseling & Testing | Y |  |   |
| 0018U | ONC THYR 10 MICRORNA SEQ PLUS - RSLT MOD HI RSK MAL  | Genetic Counseling & Testing | * |  | *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        | Genetic Counseling & Testing | * |  | *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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0026U | ONC THYR DNA AND MRNA 112 GENES FNA NDUL ALG ALYS    | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0027U | JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15         | Genetic Counseling & Testing | Y |  |   |
| 0029U | RX METAB ADVRS RX RXN AND RSPSE TRGT SEQ ALYS        | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0030U | RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS          | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0031U | CYP1A2 GENE ANALYSIS COMMON VARIANTS                 | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0032U | COMT GENE ANALYSIS C.472G OVER A VARIANT             | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0033U | HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS            | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0034U | TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS            | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0036U | EXOME TUMOR TISSUE AND NORMAL SPECIMEN SEQ ALYS      | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0037U | TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES         | Genetic Counseling & 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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0046U | FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE      | Genetic Counseling & Testing | Y |  |   |
| 0047U | ONC PROSTATE MRNA GEN XPRS PRFL 17 GEN ALG RSK SCOR  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0048U | ONC SLD ORG NEO DNA 468 CANCER ASSOCIATED GENES      | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0049U | NPM1 GENE ANALYSIS QUANTITATIVE                      | Genetic Counseling & Testing | Y |  |   |
| 0050U | TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT     | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0053U | ONC PROSTATE CA FISH ALYS 4 GENES NDL BX SPEC ALG    | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0055U | CARD HRT TRNSPL 96 TARGET DNA SEQUENCES PLASMA       | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0056U | HEM AML DNA GENE REARRANGEMENT BLOOD BONE MARROW     | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0058U | ONC MERKEL CELL CARC DETCJ ANTB SERUM QUAN           | Genetic Counseling & Testing | Y |  |   |
| 0059U | ONC MERKEL CELL CARC DETCJ ANTB SERUM REPRTD PLUS -  | Genetic Counseling & Testing | Y |  |   |
| 0060U | TWN ZYG GEN TRGT SEQ ALYS CHRMS2 FTL DNA MAT BLD     | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0067U | ONC BRST IMHCHEM PRTN XPRS PRFL 4 BMRK CA PRTN       | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0069U | ONC CLRCT MICRORNA XPRS PRFL MIR-31-3P ALG           | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0070U | CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS    | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0071U | CYP2D6 GENE ANALYSIS FULL GENE SEQUENCE              | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0072U | CYP2D6 GENE TRGT SEQ ALYS CYP2D6-2D7 HYBRID GENE     | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0073U | CYP2D6 GENE TRGT SEQ ALYS CYP2D7-2D6 HYBRID GENE     | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |

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| 0074U | CYP2D6 TRGT SEQ ALYS NONDUP GENE DUPL MLT TRANS            | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0075U | CYP2D6 GENE TRGT SEQ ALYS 5' GENE DUPL MLT                 | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0076U | CYP2D6 GENE TRGT SEQ ALYS 3' GENE DUPL MLT                 | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0078U | PAIN MGT OPIOID USE DO GNOTYP PNL 16 CMN VRNTS             | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0079U | CMPRTV DNA ALYS MLT SNPS UR AND BUCCAL SPEC ID VERIF       | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0084U | RBS DNA GNOTYP 10 BLD GRP PHNT PREDICT 37 RBC AG           | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0087U | CARD HRT TRNSPL MRNA GEN XPRS PRFL 1283 GENE ALG           | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0088U | TRNSPL J MED KDN ALGRFT REJ 1494 GENE ALG                  | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0089U | ONC MLNMA GEN XPRS PRFL RTQPCR PRAME AND LINC00518         | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0090U | ONC CUTAN MLNMA MRNA GEN XPRS PRFL 23 GENE ALG             | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0094U | GENOME RAPID SEQUENCE ANALYSIS                             | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0101U | HERED COLON CA DO GEN SEQ ALYS PNL 15 GENE                 | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0102U | HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENE             | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0103U | HERED OVARIAN CA GEN SEQ ALYS PANEL 24 GENE                | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0111U | ONCOLOGY COLON CA TRGT KRAS AND NRAS GENE ALYS             | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0113U | ONCOLOGY PROSTATE MEAS PCA3 AND TMPRSS2-ERG UR AND PSA SRM | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0114U | GI BARRETS ESOPHAGUS VIM AND CCNA1 MTHYLTN ALYS ALG        | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0118U | TRANSPLANT MED QUAN DON-DRV CLL-FR DNA PLSM                | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0120U | ON B CLL LYMPHM MRNA GENE XPRSN PRFL 58 GEN ALG            | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0129U | HERED BRST CA RLTD DO GEN SEQ AND DEL DUP PNL              | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0130U | HERED COLON CA DO TRGT MRAN SEQ ALYS PANEL                 | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0131U | HERED BRST CA RLTD DO TRGT MRNA SEQ ALYS 13 GENE           | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0132U | HERED OVA CA RLTD DO TRGT MRNA SEQ ALYS 17 GENE            | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0133U | HERED PROSTATE CA RLTD DO TRGT MRNA SEQ ALYS 11 GENE       | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0134U | HERED PAN CA GEN SEQ ALYS PANEL 18 GENE                    | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0135U | HERED GYN CA TRGT MRNA SEQ ALYS 12 GENE                    | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0136U | ATM MRNA SEQ ALYS  | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0137U | PALB2 MRNA SEQ ALYS  | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0138U | BRCA1 BRCA2 MRNA SEQ ALYS                                  | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0139U | NEURO AUTISM QUAN MEAS 6 CTR CARBON METABOLITES            | Genetic Counseling & Testing | Y |  |   |
| 0140U | NFCT DS FUNGAL PATHOGEN ID DNA 15 FUNGAL TARGETS           | Genetic Counseling & Testing | Y |  |   |
| 0141U | NFCT DS BACT AND FNG GRAM POS ORG ID AND RX RESIST DNA     | Genetic Counseling & Testing | Y |  |   |
| 0142U | NFCT DS BACT AND FNG GRAM NEG ORG ID AND RX RESIST DNA     | Genetic Counseling & Testing | Y |  |   |
| 0143U | DRUG ASSAY DEF 120 PLUS RX METABOLITES URINE W MRM         | Genetic Counseling & Testing | Y |  |   |

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| 0144U | DRUG ASSAY DEF 160 PLUS RX METABOLITES URINE W MRM   | Genetic Counseling & Testing | Y |  |   |
| 0145U | DRUG ASSAY DEF 65 PLUS RX METABOLITES URINE W MRM    | Genetic Counseling & Testing | Y |  |   |
| 0146U | DRUG ASSAY DEF 80 PLUS RX METABOLITES URINE W MRM    | Genetic Counseling & Testing | Y |  |   |
| 0147U | DRUG ASSAY DEF 85 PLUS RX METABOLITES URINE W MRM    | Genetic Counseling & Testing | Y |  |   |
| 0148U | DRUG ASSAY DEF 100 PLUS RX METABOLITES URINE W MRM   | Genetic Counseling & Testing | Y |  |   |
| 0149U | DRUG ASSAY DEF 60 PLUS RX METABOLITES URINE W MRM    | Genetic Counseling & Testing | Y |  |   |
| 0150U | DRUG ASSAY DEF 120 PLUS RX METABOLITES URINE W MRM   | Genetic Counseling & Testing | Y |  |   |
| 0151U | NFCT DS BCT VIR RESPIR TRC NFCTJ DNA RNA 33 TRGT     | Genetic Counseling & Testing | Y |  |   |
| 0152U | NFCT DS BCT FNG PARASITE DNA VIR DETCJ OVER 1000 ORG | Genetic Counseling & Testing | Y |  |   |
| 0153U | ONC BREAST MRNA GENE EXPRESSION PRFL 101 GENES       | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0154U | ONC UROTHELIAL CANCER RNA RT-PCR FGFR3 GENE ALYS     | Genetic Counseling & Testing | Y |  |   |
| 0155U | ONC BRST CA DNA PIK3CA GENE ALYS BRST TUM TISS       | Genetic Counseling & Testing | Y |  |   |
| 0156U | COPY NUMBER SEQUENCE ALYS                            | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0157U | APC MRNA SEQ ALYS                                    | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0158U | MLH1 MRNA SEQ ALYS                                   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0159U | MSH2 MRNA SEQ ALYS                                   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0160U | MSH6 MRNA SEQ ALYS                                   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0161U | PMS2 MRNA SEQ ALYS                                   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0162U | HERED COLON CA TARGETED MRNA SEQUENCE ALYS PANEL     | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0169U | NUDT15 AND TPMT GENE ANALYSIS COMMON VARIANTS        | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0170U | NEURO ASD RNA NEXT-GNRJ SEQ SALIVA ALG ALYS          | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0171U | TARGETED GENOMIC SEQUENCE ALYS PNL DNA 23 GENES      | Genetic Counseling & Testing | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0172U | ONC SLD TUM ALYS BRCA1 BRCA2                         | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0173U | PSYC GEN ALYS PANEL 14 GENES                         | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0174U | OC SLD TUMOR 30 PRTN TRGT                            | Genetic Counseling & Testing | Y |  |   |
| 0175U | PSYC GEN ALYS PANEL 15 GENES                         | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0176U | CDTB & VINCULIN IGG ANTB IA                          | Genetic Counseling & Testing | Y |  |   |
| 0177U | ONC BRST CA DNA PIK3CA 11                            | Genetic Counseling & Testing | Y |  |   |
| 0178U | PEANUT ALLG ASMT EPI CLIN RX                         | Genetic Counseling & Testing | Y |  |   |
| 0179U | ONC NONSM CLL LNG CA ALYS 23                         | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0180U | ABO GNOTYP ABO 7 EXONS                               | Genetic Counseling & Testing | Y |  |   |
| 0181U | CO GNOTYP AQP1 EXON 1                                | Genetic Counseling & Testing | Y |  |   |
| 0182U | CROM GNOTYP CD55 EXONS 1-10                          | Genetic Counseling & Testing | Y |  |   |
| 0183U | DI GNOTYP SLC4A1 EXON 19                             | Genetic Counseling & Testing | Y |  |   |
| 0184U | DO GNOTYP ART4 EXON 2                                | Genetic Counseling & Testing | Y |  |   |
| 0185U | FUT1 GNOTYP FUT1 EXON 4                              | Genetic Counseling & Testing | Y |  |   |
| 0186U | FUT2 GNOTYP FUT2 EXON2                               | Genetic Counseling & Testing | Y |  |   |
| 0187U | FY GNOTYP ACKR1 EXONS 1-2                            | Genetic Counseling & Testing | Y |  |   |
| 0188U | GE GNOTYP GYPC EXONS 1-4                             | Genetic Counseling & Testing | Y |  |   |
| 0189U | GYPB GNOTYP NTRNS 1 5 EXON 2                         | Genetic Counseling & Testing | Y |  |   |
| 0190U | GYPB GNOTYP NTRNS 1 5 SEUX 3                         | Genetic Counseling & Testing | Y |  |   |
| 0191U | IN GNOTYP CD44 EXONS 2 3 6                           | Genetic Counseling & Testing | Y |  |   |
| 0192U | JK GNOTYP SLC14A1 EXON 9                             | Genetic Counseling & Testing | Y |  |   |
| 0193U | JR GNOTYP ABCG2 EXONS 2-26                           | Genetic Counseling & Testing | Y |  |   |
| 0194U | KEL GNOTYP KEL EXON 8                                | Genetic Counseling & Testing | Y |  |   |
| 0195U | KLF1 TARGETED SEQUENCING                             | Genetic Counseling & Testing | Y |  |   |

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|-------|---|------------------------------|---|--|-----------------------------|
| 0196U | LU GNOTYP BCAM EXON 3   | Genetic Counseling & Testing | Y |  |                             |
| 0197U | LW GNOTYP ICAM4 EXON 1  | Genetic Counseling & Testing | Y |  |                             |
| 0198U | RHD & RHCE GNTYP RHD1-10 & RHCE5  | Genetic Counseling & Testing | Y |  |                             |
| 0199U | SC GNOTYP ERMAPP EXONS 4 12   | Genetic Counseling & Testing | Y |  |                             |
| 0200U | XK GNOTYP XK EXONS 1-3  | Genetic Counseling & Testing | Y |  |                             |
| 0201U | YT GNOTYP ACHE EXON 2   | Genetic Counseling & Testing | Y |  |                             |
| 0203U | AI IBD MRNA XPRSN PRFL 17   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0204U | ONC THYR MRNA XPRSN ALYS 593  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0205U | OPH AMD ALYS 3 GENE VARIANTS  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0208U | ONC MTC MRNA XPRSN ALYS 108   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0209U | CYTOG CONST ALYS INTERROG   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0211U | ONC PAN-TUM DNA&RNA GNRJ SEQ  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0212U | RARE DS GEN DNA ALYS PROBAND  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0213U | RARE DS GEN DNA ALYS EA COMP  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0214U | RARE DS XOM DNA ALYS PROBAND  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0215U | RARE DS XOM DNA ALYS EA COMP  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0216U | NEURO INH ATAXIA DNA 12 COM   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0217U | NEURO INH ATAXIA DNA 51 GENE  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0218U | NEURO MUSC DYS DMD SEQ ALYS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0220U | ONC BRST CA AI ASSMT 12 FEAT  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0228U | ONCOLOGY (PROSTATE), MULTIANALYTE MOLECULAR PROFILE BY PHOTOMETRIC DETECTION OF MACROMOLECULES ADSORBED ON NANOSPONGE ARRAY SLIDES WITH MACHINE LEARNING, UTILIZING FIRST MORNING VOIDED URINE, ALGORITHM REPORTED AS LIKELIHOOD OF PROSTATE CANCER   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0229U | BCAT1 (BRANCHED CHAIN AMINO ACID TRANSAMINASE 1) OR IKZF1 (IKAROS FAMILY ZINC FINGER 1) (EG, COLORECTAL CANCER) PROMOTER METHYLATION ANALYSIS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0230U | AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION), FULL SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0231U | CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA 1A) (EG, SPINOCEREBELLAR ATAXIA), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) GENE EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS                      | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0232U | CSTB (CYSTATIN B) (EG, PROGRESSIVE MYOCLONIC EPILEPSY TYPE 1A, UNVERRICHT-LUNDBORG DISEASE), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS                     | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0233U | FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA), GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0234U | MECP2 (METHYL CPG BINDING PROTEIN 2) (EG,RETT SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON- UNIQUELY MAPPABLE REGIONS  | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 0235U | PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COW DEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS   | Genetic Counseling & Testing | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |

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|-------|---|-------------------------------|---|--|---|--|
| 0236U | SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) AND SMN2 (SURVIVAL OF MOTOR NEURON 2, CENTROMERIC) (EG, SPINAL MUSCULAR ATROPHY) FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DUPLICATIONS AND DELETIONS, AND MOBILE ELEMENT INSERTIONS  | Genetic Counseling & Testing  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |  |
| 0237U | CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA), GENOMIC SEQUENCE ANALYSIS PANEL INCLUDING ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, AND SCN5A, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS | Genetic Counseling & Testing  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |  |
| 0238U | ONCOLOGY (LYNCH SYNDROME), GENOMIC DNA SEQUENCE ANALYSIS OF MLH1, MSH2, MSH6, PMS2, AND EPCAM, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS   | Genetic Counseling & Testing  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |  |
| 0239U | TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE DNA, ANALYSIS OF 311 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS, INCLUDING SUBSTITUTIONS, INSERTIONS, DELETIONS, SELECT REARRANGEMENTS, AND COPY NUMBER VARIATIONS  | Genetic Counseling & Testing  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |  |
| G9143 | WARFARIN RSPN TEST GEN TECH ANY METH ANY # SPEC   | Genetic Counseling & Testing  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |  |
| S3800 | GENETIC TESTING AMYOTROPHIC LATERAL SCLEROSIS   | Genetic Counseling & Testing  | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |  |
| S3840 | DNA ANALYSIS GERMLINE MUTATS RET PROTO-ONCOGENE   | Genetic Counseling & Testing  | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |  |
| S3841 | GENETIC TESTING FOR RETINOBLASTOMA  | Genetic Counseling & Testing  | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |  |
| S3842 | GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE   | Genetic Counseling & Testing  | * |  | *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  | Genetic Counseling & Testing  | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |  |
| S3845 | GENETIC TESTING FOR ALPHA-THALASSEMIA   | Genetic Counseling & Testing  | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |  |
| S3846 | GENETIC TESTING HEMOGLOBIN E BETA-THALASSEMIA   | Genetic Counseling & Testing  | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |  |
| S3850 | GENETIC TESTING FOR SICKLE CELL ANEMIA  | Genetic Counseling & Testing  | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |  |
| S3852 | DNA ANALY APOE EPSILON 4 ALLELE SUSECT ALZS DZ  | Genetic Counseling & Testing  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |  |
| S3854 | GENE EXPRESSION PROFILING PANL MGMT BREAST CA TX  | Genetic Counseling & Testing  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |  |
| S3861 | GENETIC TESTING SCN5A AND VARIANTS FOR SUSPECTED BS   | Genetic Counseling & Testing  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |  |
| S3865 | COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY   | Genetic Counseling & Testing  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |  |
| S3866 | GENETIC ANALY GENE MUTAT HCM INDIV KNOWN HCM FAM  | Genetic Counseling & Testing  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |  |
| S3870 | CGH MICROARRAY TEST DD ASD AND OR INTELL DISABILTY  | Genetic Counseling & Testing  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |  |
| 90281 | IMMUNE GLOBULIN IG HUMAN IM USE   | Healthcare Administered Drugs | Y |  |   |  |
| 90283 | IMMUNE GLOBULIN IGIV HUMAN IV USE   | Healthcare Administered Drugs | Y |  |   |  |
| 90284 | IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA   | Healthcare Administered Drugs | Y |  |   |  |
| 90291 | CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV  | Healthcare Administered Drugs | Y |  |   |  |
| 90371 | HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM   | Healthcare Administered Drugs | Y |  |   |  |
| 90378 | RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E   | Healthcare Administered Drugs | Y |  |   |  |
| A9542 | INDIUM IN-111 IBRITUMOMAB TIUXETAN DX TO 5 MCI  | Healthcare Administered Drugs | Y |  |   |  |
| A9604 | SAMARIUM SM-153 LEXIDRONAM TX DOSE TO 150 MCI   | Healthcare Administered Drugs | Y |  |   |  |
| B4105 | IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA  | Healthcare Administered Drugs | Y |  |   |  |
| B4187 | OMEGAVEN, 10 G LIPIDS   | Healthcare Administered Drugs | Y |  |   |  |
| C9047 | INJECTION CAPLACIZUMAB-YHDP 1 MG  | Healthcare Administered Drugs | Y |  |   |  |
| C9065 | INJECTION, ROMIDEPSIN, NON-LYOPHILIZED, (E.G. LIQUID), 1MG  | Healthcare Administered Drugs | Y |  |   |  |
| C9293 | INJECTION GLUCARPIDASE 10 UNITS   | Healthcare Administered Drugs | Y |  |   |  |
| C9399 | UNCLASSIFIED DRUGS OR BIOLOGICALS   | Healthcare Administered Drugs | Y |  |   |  |
| C9488 | INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG   | Healthcare Administered Drugs | Y |  |   |  |



|       |   |                               |   |    |  |
|-------|---|-------------------------------|---|----|--|
| J0121 | INJECTION OMADACYCLINE 1 MG                       | Healthcare Administered Drugs | Y |    |  |
| J0122 | INJECTION, ERAVACYCLINE, 1 MG                     | Healthcare Administered Drugs | Y |    |  |
| J0129 | INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS   | Healthcare Administered Drugs | Y |    |  |
| J0135 | INJECTION ADALIMUMAB 20 MG                        | Healthcare Administered Drugs | Y |    |  |
| J0178 | INJECTION AFLIBERCEPT 1 MG                        | Healthcare Administered Drugs | Y |    |  |
| J0179 | INJECTION, BROLUCIZUMAB-DBLL, 1MG                 | Healthcare Administered Drugs | Y |    |  |
| J0180 | INJECTION AGALSIDASE BETA 1 MG                    | Healthcare Administered Drugs | Y |    |  |
| J0202 | INJECTION ALEMTUZUMAB 1 MG                        | Healthcare Administered Drugs | Y |    |  |
| J0205 | INJECTION ALGLUCERASE PER 10 UNITS                | Healthcare Administered Drugs | Y |    |  |
| J0220 | INJECTION ALGLUCOSIDASE ALFA 10 MG NOS            | Healthcare Administered Drugs | Y |    |  |
| J0221 | INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG       | Healthcare Administered Drugs | Y |    |  |
| J0222 | INJECTION PATISIRAN 0.1 MG                        | Healthcare Administered Drugs | Y |    |  |
| J0223 | INJECTION, GIVOSIRAN, 0.5 MG                      | Healthcare Administered Drugs | Y |    |  |
| J0256 | INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG     | Healthcare Administered Drugs | Y |    |  |
| J0257 | INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG      | Healthcare Administered Drugs | Y |    |  |
| J0291 | INJECTION PLAZOMICIN 5 MG                         | Healthcare Administered Drugs | Y |    |  |
| J0364 | INJECTION APOMORPHINE HYDROCHLORIDE 1 MG          | Healthcare Administered Drugs | Y |    |  |
| J0480 | INJECTION BASILIXIMAB 20 MG                       | Healthcare Administered Drugs | Y |    |  |
| J0485 | INJECTION BELATACEPT 1 MG                         | Healthcare Administered Drugs | Y |    |  |
| J0490 | INJECTION BELIMUMAB 10 MG                         | Healthcare Administered Drugs | Y |    |  |
| J0517 | INJECTION BENRALIZUMAB 1 MG                       | Healthcare Administered Drugs | Y |    |  |
| J0565 | INJECTION BEZLOTOXUMAB 10 MG                      | Healthcare Administered Drugs | Y |    |  |
| J0567 | INJECTION CERLIPONASE ALFA 1 MG                   | Healthcare Administered Drugs | Y |    |  |
| J0570 | BUPRENORPHINE IMPLANT 74.2 MG                     | Healthcare Administered Drugs | Y |    |  |
| J0584 | INJECTION BUROSUMAB-TWZA 1 MG                     | Healthcare Administered Drugs | Y |    |  |
| J0585 | BOTULINUM TOXIN TYPE A PER UNIT                   | Healthcare Administered Drugs | Y |    |  |
| J0586 | INJECTION ABOBOTULINUMTOXINA 5 UNITS              | Healthcare Administered Drugs | Y |    |  |
| J0587 | INJECTION RIMABOTULINUMTOXINB 100 UNITS           | Healthcare Administered Drugs | Y |    |  |
| J0588 | INJECTION INCOBOTULINUMTOXIN A 1 UNIT             | Healthcare Administered Drugs | Y |    |  |
| J0593 | INJECTION, LANADELUMAB-FLYO 1 MG                  | Healthcare Administered Drugs | Y |    |  |
| J0596 | INJECTION C1 ESTERASE INHIBITOR RUCONEST 10 U     | Healthcare Administered Drugs | Y |    |  |
| J0597 | INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS     | Healthcare Administered Drugs | Y |    |  |
| J0598 | INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS  | Healthcare Administered Drugs | Y |    |  |
| J0599 | INJECTION C-1 ESTERASE INHIBITOR 10 UNITS         | Healthcare Administered Drugs | Y |    |  |
| J0604 | CINACALCET ORAL 1 MG                              | Healthcare Administered Drugs | Y |    |  |
| J0606 | INJECTION ETELCACTIDE 0.1 MG                      | Healthcare Administered Drugs | Y |    |  |
| J0637 | INJECTION CASPOFUNGIN ACETATE 5 MG                | Healthcare Administered Drugs | Y |    |  |
| J0638 | INJECTION CANAKINUMAB 1 MG                        | Healthcare Administered Drugs | Y |    |  |
| J0641 | INJECTION LEVOLEUCOVORIN CALCIUM 0.5 MG           | Healthcare Administered Drugs | Y |    |  |
| J0642 | INJECTION LEVOLEUCOVORIN (KHAPZORY), 0.5 MG       | Healthcare Administered Drugs | Y |    |  |
| J0691 | INJECTION, LEFAMULIN, 1 MG                        | Healthcare Administered Drugs | Y |    |  |
| J0695 | INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG  | Healthcare Administered Drugs | Y |    |  |
| J0712 | INJECTION, CEFTAROLINE FOSAMIL, 10 MG             | Healthcare Administered Drugs | Y |    |  |
| J0714 | INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G | Healthcare Administered Drugs | Y |    |  |
| J0717 | INJECTION CERTOLIZUMAB PEGOL 1 MG                 | Healthcare Administered Drugs | Y |    |  |
| J0725 | INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS   | Healthcare Administered Drugs | Y |    |  |
| J0775 | INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG  | Healthcare Administered Drugs | Y |    |  |
| J0791 | INJECTION, CRIZANLIZUMAB-TMCA, 5 MG               | Healthcare Administered Drugs | Y |    |  |
| J0800 | INJECTION CORTICOTROPIN UP TO 40 UNITS            | Healthcare Administered Drugs | Y |    |  |
| J0841 | INJECTION CROTALIDAE IMMUNE F120 MG               | Healthcare Administered Drugs | Y |    |  |
| J0850 | INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL     | Healthcare Administered Drugs | Y |    |  |
| J0875 | INJECTION DALBAVANCIN 5MG                         | Healthcare Administered Drugs | Y |    |  |
| J0878 | INJECTION DAPTOMYCIN 1 MG                         | Healthcare Administered Drugs | Y |    |  |
| J0881 | INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE     | Healthcare Administered Drugs | Y | WA |  |
| J0885 | INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS    | Healthcare Administered Drugs | Y | WA |  |
| J0888 | INJECTION EPOETIN BETA 1 MICROGRAM                | Healthcare Administered Drugs | Y |    |  |
| J0895 | INJECTION DEFEROXAMINE MESYLATE 500 MG            | Healthcare Administered Drugs | Y |    |  |
| J0896 | INJECTION, LUPATERCEPT-AAMT, 0.25 MG              | Healthcare Administered Drugs | Y |    |  |
| J0897 | INJECTION DENOSUMAB 1 MG                          | Healthcare Administered Drugs | Y |    |  |

|       |   |                               |   |    |  |
|-------|---|-------------------------------|---|----|--|
| J1095 | INJECTION DEXAMETHASONE 9PCT INTRAOCULAR 1 MCG    | Healthcare Administered Drugs | Y |    |  |
| J1096 | DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG   | Healthcare Administered Drugs | Y |    |  |
| J1230 | INJECTION METHADONE HCL UP TO 10 MG               | Healthcare Administered Drugs | Y |    |  |
| J1290 | INJECTION ECALLANTIDE 1 MG                        | Healthcare Administered Drugs | Y |    |  |
| J1300 | INJECTION ECUZUMAB 10 MG                          | Healthcare Administered Drugs | Y |    |  |
| J1301 | INJECTION EDARAVONE 1 MG                          | Healthcare Administered Drugs | Y |    |  |
| J1303 | INJECTION RAVULIZUMAB-CWVZ 10 MG                  | Healthcare Administered Drugs | Y |    |  |
| J1322 | INJECTION ELOSULFASE ALFA 1 MG                    | Healthcare Administered Drugs | Y |    |  |
| J1324 | INJECTION ENFUVIRTIDE 1 MG                        | Healthcare Administered Drugs | Y |    |  |
| J1325 | INJECTION EPOPROSTENOL 0.5 MG                     | Healthcare Administered Drugs | Y |    |  |
| J1427 | INJECTION, VILTOLARSEN, 10 MG                     | Healthcare Administered Drugs | Y |    |  |
| J1427 | INJECTION, VILTOLARSEN, 10 MG                     | Healthcare Administered Drugs | Y |    |  |
| J1428 | INJECTION ETEPLIRSEN 10 MG                        | Healthcare Administered Drugs | Y |    |  |
| J1429 | INJECTION, GOLODIRSEN, 10 MG                      | Healthcare Administered Drugs | Y |    |  |
| J1437 | INJECTION, FERRIC DERISOMALTOSE, 10MG             | Healthcare Administered Drugs | Y |    |  |
| J1438 | INJECTION ETANERCEPT 25 MG                        | Healthcare Administered Drugs | Y |    |  |
| J1439 | INJECTION FERRIC CARBOXYMALTOSE 1 MG              | Healthcare Administered Drugs | Y |    |  |
| J1442 | INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC   | Healthcare Administered Drugs | Y | WA |  |
| J1447 | INJECTION TBO-FILGRASTIM 1 MICROGRAM              | Healthcare Administered Drugs | Y | WA |  |
| J1454 | INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG | Healthcare Administered Drugs | Y |    |  |
| J1458 | INJECTION GALSULFASE 1 MG                         | Healthcare Administered Drugs | Y |    |  |
| J1459 | INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG      | Healthcare Administered Drugs | Y |    |  |
| J1460 | INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC       | Healthcare Administered Drugs | Y |    |  |
| J1554 | INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG      | Healthcare Administered Drugs | Y |    |  |
| J1555 | INJECTION IMMUNE GLOBULIN 100 MG                  | Healthcare Administered Drugs | Y |    |  |
| J1556 | INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG          | Healthcare Administered Drugs | Y |    |  |
| J1557 | INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG      | Healthcare Administered Drugs | Y |    |  |
| J1558 | INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG      | Healthcare Administered Drugs | Y |    |  |
| J1559 | INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG         | Healthcare Administered Drugs | Y |    |  |
| J1560 | INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC     | Healthcare Administered Drugs | Y |    |  |
| J1561 | INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG   | Healthcare Administered Drugs | Y |    |  |
| J1562 | INJECTION IMMUNE GLOBULIN VIVAGLBIN 100 MG        | Healthcare Administered Drugs | Y |    |  |
| J1566 | INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG    | Healthcare Administered Drugs | Y |    |  |
| J1568 | INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG           | Healthcare Administered Drugs | Y |    |  |
| J1569 | INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG     | Healthcare Administered Drugs | Y |    |  |
| J1570 | INJECTION GANCICLOVIR SODIUM 500 MG               | Healthcare Administered Drugs | Y |    |  |
| J1571 | INJ HEPATITIS B IG HEPAGAM B IM 0.5 ML            | Healthcare Administered Drugs | Y |    |  |
| J1572 | INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG      | Healthcare Administered Drugs | Y | WA |  |
| J1573 | INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML         | Healthcare Administered Drugs | Y |    |  |
| J1575 | INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG       | Healthcare Administered Drugs | Y |    |  |
| J1595 | INJECTION GLATIRAMER ACETATE 20 MG                | Healthcare Administered Drugs | Y |    |  |
| J1599 | INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG   | Healthcare Administered Drugs | Y |    |  |
| J1602 | INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE      | Healthcare Administered Drugs | Y |    |  |
| J1627 | INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG     | Healthcare Administered Drugs | Y |    |  |
| J1628 | INJECTION GUSELKUMAB 1 MG                         | Healthcare Administered Drugs | Y |    |  |
| J1632 | INJECTION, BREXANOLONE, 1 MG                      | Healthcare Administered Drugs | Y |    |  |
| J1640 | INJECTION HEMIN 1 MG                              | Healthcare Administered Drugs | Y |    |  |
| J1645 | INJECTION DALTEPARIN SODIUM PER 2500 IU           | Healthcare Administered Drugs | Y | WA |  |
| J1652 | INJECTION FONDAPARINUX SODIUM 0.5 MG              | Healthcare Administered Drugs | Y |    |  |
| J1726 | INJECTION HYDROXYPROGESTERONE CAPROATE 10 MG      | Healthcare Administered Drugs | Y |    |  |
| J1729 | INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG  | Healthcare Administered Drugs | Y |    |  |
| J1740 | INJECTION IBANDRONATE SODIUM 1 MG                 | Healthcare Administered Drugs | Y | WA |  |
| J1743 | INJECTION IDURSULFASE 1 MG                        | Healthcare Administered Drugs | Y |    |  |
| J1744 | INJECTION ICATIBANT 1 MG                          | Healthcare Administered Drugs | Y |    |  |
| J1745 | INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG    | Healthcare Administered Drugs | Y |    |  |
| J1746 | INJECTION IBALIZUMAB-UIYK 10 MG                   | Healthcare Administered Drugs | Y |    |  |
| J1786 | INJECTION IMIGLUCERASE 10 UNITS                   | Healthcare Administered Drugs | Y |    |  |
| J1823 | INJECTION, INEBILIZUMAB-CDON, 1 MG                | Healthcare Administered Drugs | Y |    |  |
| J1826 | INJECTION INTERFERON BETA-1A 30 MCG               | Healthcare Administered Drugs | Y |    |  |
| J1830 | INJECTION INTERFERON BETA-1B 0.25 MG              | Healthcare Administered Drugs | Y |    |  |
| J1833 | INJECTION ISAVUCONAZONIUM 1 MG                    | Healthcare Administered Drugs | Y |    |  |

|       |   |                               |   |    |  |
|-------|---|-------------------------------|---|----|--|
| J1930 | INJECTION LANREOTIDE 1 MG   | Healthcare Administered Drugs | Y |    |  |
| J1931 | INJECTION LARONIDASE 0.1 MG   | Healthcare Administered Drugs | Y |    |  |
| J1950 | INJECTION LEUPROLIDE ACETATE PER 3.75 MG                                  | Healthcare Administered Drugs | Y |    |  |
| J1955 | INJECTION LEVOCARNITINE PER 1 G   | Healthcare Administered Drugs | Y |    |  |
| J2020 | INJECTION LINEZOLID 200 MG  | Healthcare Administered Drugs | Y |    |  |
| J2062 | LOXAPINE FOR INHALATION 1 MG  | Healthcare Administered Drugs | Y |    |  |
| J2170 | INJECTION MECASERMIN 1 MG   | Healthcare Administered Drugs | Y |    |  |
| J2182 | INJECTION MEPOLIZUMAB 1 MG  | Healthcare Administered Drugs | Y |    |  |
| J2186 | INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG                               | Healthcare Administered Drugs | Y |    |  |
| J2248 | INJECTION MICA FUNGIN SODIUM 1 MG   | Healthcare Administered Drugs | Y |    |  |
| J2323 | INJECTION NATALIZUMAB 1 MG  | Healthcare Administered Drugs | Y |    |  |
| J2326 | INJECTION NUSINERSEN 0.1 MG   | Healthcare Administered Drugs | Y |    |  |
| J2350 | INJECTION OCRELIZUMAB 1 MG  | Healthcare Administered Drugs | Y |    |  |
| J2353 | INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG                                     | Healthcare Administered Drugs | Y | WA |  |
| J2357 | INJECTION OMALIZUMAB 5 MG   | Healthcare Administered Drugs | Y |    |  |
| J2407 | INJECTION, ORITAVANCIN, 10 MG   | Healthcare Administered Drugs | Y |    |  |
| J2425 | INJECTION PALIFERMIN 50 MICROGRAMS  | Healthcare Administered Drugs | Y |    |  |
| J2502 | INJECTION PASIREOTIDE LONG ACTING 1 MG                                    | Healthcare Administered Drugs | Y |    |  |
| J2503 | INJECTION PEGAPTANIB SODIUM 0.3 MG  | Healthcare Administered Drugs | Y |    |  |
| J2504 | INJECTION PEGADEMASE BOVINE 25 IU   | Healthcare Administered Drugs | Y |    |  |
| J2505 | INJECTION PEGFILGRASTIM 6 MG  | Healthcare Administered Drugs | Y |    |  |
| J2507 | INJECTION PEGLOTICASE 1 MG  | Healthcare Administered Drugs | Y |    |  |
| J2562 | INJECTION PLERIXAFOR 1 MG   | Healthcare Administered Drugs | Y |    |  |
| J2724 | INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU                             | Healthcare Administered Drugs | Y |    |  |
| J2770 | INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 mg (150/350)                    | Healthcare Administered Drugs | Y |    |  |
| J2778 | INJECTION RANIBIZUMAB 0.1 MG  | Healthcare Administered Drugs | Y |    |  |
| J2783 | INJECTION RASBURICASE 0.5 MG  | Healthcare Administered Drugs | Y |    |  |
| J2786 | INJECTION RESLIZUMAB 1 MG   | Healthcare Administered Drugs | Y |    |  |
| J2787 | RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML                            | Healthcare Administered Drugs | Y |    |  |
| J2793 | INJECTION RILONACEPT 1 MG   | Healthcare Administered Drugs | Y |    |  |
| J2796 | INJECTION ROMIPLOSTIM 10 MCG  | Healthcare Administered Drugs | Y |    |  |
| J2797 | INJECTION ROLAPITANT 0.5 MG   | Healthcare Administered Drugs | Y |    |  |
| J2820 | INJECTION SARGRAMOSTIM 50 MCG   | Healthcare Administered Drugs | Y |    |  |
| J2840 | INJECTION SEBELIPASE ALFA 1 MG  | Healthcare Administered Drugs | Y |    |  |
| J2860 | INJECTION SILTUXIMAB 10 MG  | Healthcare Administered Drugs | Y |    |  |
| J2941 | INJECTION SOMATROPIN 1 MG   | Healthcare Administered Drugs | Y |    |  |
| J3031 | INJECTION FREMANEZUMAB-VFRM 1 MG  | Healthcare Administered Drugs | Y |    |  |
| J3032 | INJECTION, EPTINEZUMAG-JJMR, 1MG  | Healthcare Administered Drugs | Y |    |  |
| J3060 | INJECTION TALIGLUCERASE ALFA 10 UNITS                                     | Healthcare Administered Drugs | Y |    |  |
| J3090 | INJECTION TEDIZOLID PHOSPHATE 1 MG  | Healthcare Administered Drugs | Y |    |  |
| J3095 | INJECTION TELAVANCIN 10 MG  | Healthcare Administered Drugs | Y |    |  |
| J3110 | INJECTION TERIPARATIDE 10 MCG   | Healthcare Administered Drugs | Y |    |  |
| J3111 | INJECTION, ROMOSOZUMAB-AQQG, 1 MG   | Healthcare Administered Drugs | Y |    |  |
| J3145 | INJECTION TESTOSTERONE UNDECANOATE 1 MG                                   | Healthcare Administered Drugs | Y |    |  |
| J3241 | INJECTION, TEPROTUMUMAB-TRBW, 10MG  | Healthcare Administered Drugs | Y |    |  |
| J3245 | INJECTION TILDRAKIZUMAB 1 MG  | Healthcare Administered Drugs | Y |    |  |
| J3262 | INJECTION TOCILIZUMAB 1 MG  | Healthcare Administered Drugs | Y |    |  |
| J3285 | INJECTION TREPROSTINIL 1 MG   | Healthcare Administered Drugs | Y |    |  |
| J3304 | INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG                            | Healthcare Administered Drugs | Y |    |  |
| J3315 | INJECTION TRIPTORELIN PAMOATE 3.75 MG                                     | Healthcare Administered Drugs | Y |    |  |
| J3316 | INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG                            | Healthcare Administered Drugs | Y |    |  |
| J3355 | INJECTION UROFOLLITROPIN 75 IU  | Healthcare Administered Drugs | Y |    |  |
| J3357 | USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG                               | Healthcare Administered Drugs | Y |    |  |
| J3358 | USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG                                | Healthcare Administered Drugs | Y |    |  |
| J3380 | INJECTION VEDOLIZUMAB 1 MG  | Healthcare Administered Drugs | Y |    |  |
| J3385 | INJECTION VELAGLUCERASE ALFA 100 UNITS                                    | Healthcare Administered Drugs | Y |    |  |
| J3396 | INJECTION VERTEPORFIN 0.1 MG  | Healthcare Administered Drugs | Y |    |  |
| J3397 | INJECTION VESTRONIDASE ALFA-VJBK 1 MG                                     | Healthcare Administered Drugs | Y |    |  |
| J3398 | INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G                            | Healthcare Administered Drugs | Y |    |  |
| J3399 | INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5x10^15 VECTOR GENOMES | Healthcare Administered Drugs | Y |    |  |
| J3490 | UNCLASSIFIED DRUGS  | Healthcare Administered Drugs | Y |    |  |

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|-------|--|-------------------------------|---|--|--|
| J3590 | UNCLASSIFIED BIOLOGICS   | Healthcare Administered Drugs | Y |  |  |
| J3591 | UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS  | Healthcare Administered Drugs | Y |  |  |
| J7170 | INJECTION EMICIZUMAB-KXWH 0.5 MG   | Healthcare Administered Drugs | Y |  |  |
| J7175 | INJECTION FACTOR X 1 I.U.  | Healthcare Administered Drugs | Y |  |  |
| J7177 | INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG  | Healthcare Administered Drugs | Y |  |  |
| J7178 | INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG   | Healthcare Administered Drugs | Y |  |  |
| J7179 | INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO   | Healthcare Administered Drugs | Y |  |  |
| J7180 | INJECTION FACTOR XIII 1 I.U.   | Healthcare Administered Drugs | Y |  |  |
| J7181 | INJECTION FACTOR XIII A-SUBUNIT PER IU   | Healthcare Administered Drugs | Y |  |  |
| J7182 | INJECTION FACTOR VIII PER IU   | Healthcare Administered Drugs | Y |  |  |
| J7183 | INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO   | Healthcare Administered Drugs | Y |  |  |
| J7185 | INJECTION FACTOR VIII PER IU   | Healthcare Administered Drugs | Y |  |  |
| J7186 | INJ AHF VWF CMLX PER FACTOR VIII IU  | Healthcare Administered Drugs | Y |  |  |
| J7187 | INJ VONWILLEBRND FACTOR CMLX HUMN RISTOCETIN IU  | Healthcare Administered Drugs | Y |  |  |
| J7188 | INJECTION FACTOR VIII PER I.U.   | Healthcare Administered Drugs | Y |  |  |
| J7189 | FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOSEVEN RT), 1 MICROGRAM                      | Healthcare Administered Drugs | Y |  |  |
| J7190 | FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU   | Healthcare Administered Drugs | Y |  |  |
| J7191 | FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU   | Healthcare Administered Drugs | Y |  |  |
| J7192 | FACTOR VIII PER IU NOT OTHERWISE SPECIFIED   | Healthcare Administered Drugs | Y |  |  |
| J7193 | FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU  | Healthcare Administered Drugs | Y |  |  |
| J7194 | FACTOR IX COMPLEX PER IU   | Healthcare Administered Drugs | Y |  |  |
| J7195 | INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED   | Healthcare Administered Drugs | Y |  |  |
| J7196 | INJECTION ANTITHROMBIN RECOMBINANT 50 I.U.   | Healthcare Administered Drugs | Y |  |  |
| J7197 | ANTITHROMBIN III PER IU  | Healthcare Administered Drugs | Y |  |  |
| J7198 | ANTI-INHIBITOR PER IU  | Healthcare Administered Drugs | Y |  |  |
| J7199 | HEMOPHILIA CLOTTING FACTOR NOC   | Healthcare Administered Drugs | Y |  |  |
| J7200 | INJECTION FACTOR IX RIXUBIS PER IU   | Healthcare Administered Drugs | Y |  |  |
| J7201 | INJECTION FAC IX FC FUS PROTEIN ALPROLIX 1 I.U.  | Healthcare Administered Drugs | Y |  |  |
| J7202 | INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.   | Healthcare Administered Drugs | Y |  |  |
| J7203 | INJECTION FACTOR IX GLYOPEGYLATED 1 IU   | Healthcare Administered Drugs | Y |  |  |
| J7204 | INJECTION, FACTOR VIII, ATHIHEMPHILIC FACTOR (RECOMBINANT), (ESPEROCT), GLYOPEGYLATED-EXEI, PER IU | Healthcare Administered Drugs | Y |  |  |
| J7205 | INJECTION FACTOR VIII FC FUSION PROTEIN PER IU   | Healthcare Administered Drugs | Y |  |  |
| J7207 | INJECTION FACTOR VIII PEGYLATED 1 I.U.   | Healthcare Administered Drugs | Y |  |  |
| J7208 | INJECTION FACTOR VIII PEGYLATED-AUCL 1 IU  | Healthcare Administered Drugs | Y |  |  |
| J7209 | INJECTION FACTOR VIII 1 I.U.   | Healthcare Administered Drugs | Y |  |  |
| J7210 | INJECTION FACTOR VIII AFSTYLA 1 I.U.   | Healthcare Administered Drugs | Y |  |  |
| J7211 | INJECTION FACTOR VIII KOVALTRY 1 I.U.  | Healthcare Administered Drugs | Y |  |  |
| J7212 | ACTOR VIIA (ANTIHEMOPHILIC F FACTOR, RECOMBINANT)- JNCW (SEVENFACT), 1 MICROGRAM                   | Healthcare Administered Drugs | Y |  |  |
| J7308 | AMINOLEVULINIC ACID HCL TOP ADMN 20PCT 1 U DOSE  | Healthcare Administered Drugs | Y |  |  |
| J7309 | METHYL AMINOLEVULINATE MAL TOP ADMIN 16.8PCT 1 G   | Healthcare Administered Drugs | Y |  |  |
| J7310 | GANCICLOVIR 4.5 MG LONG-ACTING IMPLANT   | Healthcare Administered Drugs | Y |  |  |
| J7311 | FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT  | Healthcare Administered Drugs | Y |  |  |
| J7312 | INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG   | Healthcare Administered Drugs | Y |  |  |
| J7313 | INJECTION FA INTRAVITREAL IMPLANT (Lluvien) 0.01 MG  | Healthcare Administered Drugs | Y |  |  |
| J7314 | INJECTION FA INTRAVITREAL IMPLANT (Yutiq), 0.01 MG   | Healthcare Administered Drugs | Y |  |  |
| J7316 | INJECTION OCRIPLASMIN 0.125 MG   | Healthcare Administered Drugs | Y |  |  |
| J7318 | HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG   | Healthcare Administered Drugs | Y |  |  |
| J7320 | HYALURONAN DERIVATIVE GENVISC 850 IA INJ 1 MG  | Healthcare Administered Drugs | Y |  |  |
| J7321 | HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE     | Healthcare Administered Drugs | Y |  |  |
| J7322 | HYALURONAN DERIVATIVE HYMOVIS IA INJ 1 MG  | Healthcare Administered Drugs | Y |  |  |
| J7323 | HYALURONAN DERIVATIVE EUFLEXXA IA INJ PER DOSE   | Healthcare Administered Drugs | Y |  |  |
| J7324 | HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE   | Healthcare Administered Drugs | Y |  |  |
| J7325 | HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG   | Healthcare Administered Drugs | Y |  |  |
| J7326 | HYALURONAN DERIV GEL-ONE INTRA-ARTIC INJ PER DOS   | Healthcare Administered Drugs | Y |  |  |
| J7327 | HYALURONAN DERIVATIVE MONOVISC IA INJ PER DOSE   | Healthcare Administered Drugs | Y |  |  |
| J7328 | HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG   | Healthcare Administered Drugs | Y |  |  |
| J7329 | HYALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG  | Healthcare Administered Drugs | Y |  |  |
| J7330 | AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT   | Healthcare Administered Drugs | Y |  |  |

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|-------|--|-------------------------------|---|----|--|
| J7331 | HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR INJ, 1 mg | Healthcare Administered Drugs | Y |    |  |
| J7332 | HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJ, 1 mg  | Healthcare Administered Drugs | Y |    |  |
| J7336 | CAPSAICIN 8% PATCH, PER SQ CENTIMETER                              | Healthcare Administered Drugs | Y |    |  |
| J7351 | INJECTION, BIMATOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM          | Healthcare Administered Drugs | Y |    |  |
| J7352 | AFAMELANOTIDE IMPLANT, 1 MG  | Healthcare Administered Drugs | Y |    |  |
| J7402 | MOMETASONE FUROATE SINUS IMPLANT (SINUVA), 10 MICROGRAMS           | Healthcare Administered Drugs | Y |    |  |
| J7504 | LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG                       | Healthcare Administered Drugs | Y |    |  |
| J7511 | LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG                        | Healthcare Administered Drugs | Y |    |  |
| J7639 | DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG                    | Healthcare Administered Drugs | Y |    |  |
| J7677 | REVEFENACIN INHAL SOL NONCOMPND ADM DME 1 MCG                      | Healthcare Administered Drugs | Y |    |  |
| J7682 | TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG                     | Healthcare Administered Drugs | Y |    |  |
| J7686 | TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG                      | Healthcare Administered Drugs | Y |    |  |
| J8499 | PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS                     | Healthcare Administered Drugs | Y |    |  |
| J8521 | CAPECITABINE ORAL 500 MG   | Healthcare Administered Drugs | Y |    |  |
| J8655 | NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL                     | Healthcare Administered Drugs | Y |    |  |
| J8670 | ROLAPITANT ORAL 1 MG   | Healthcare Administered Drugs | Y |    |  |
| J8999 | PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS                        | Healthcare Administered Drugs | Y |    |  |
| J9015 | INJECTION ALDESLEUKIN PER SINGLE USE VIAL                          | Healthcare Administered Drugs | Y |    |  |
| J9019 | INJECTION ASPARAGINASE ERWINAZE 1000 IU                            | Healthcare Administered Drugs | Y |    |  |
| J9022 | INJECTION ATEZOLIZUMAB 10 MG                                       | Healthcare Administered Drugs | Y |    |  |
| J9023 | INJECTION AVELUMAB 10 MG   | Healthcare Administered Drugs | Y |    |  |
| J9032 | INJECTION BELINOSTAT 10 MG   | Healthcare Administered Drugs | Y |    |  |
| J9033 | INJECTION BENDAMUSTINE HCL TREANDA 1 MG                            | Healthcare Administered Drugs | Y |    |  |
| J9034 | INJECTION BENDAMUSTINE HCL BENDEKA 1 MG                            | Healthcare Administered Drugs | Y |    |  |
| J9035 | INJECTION BEVACIZUMAB 10 MG  | Healthcare Administered Drugs | Y | WA |  |
| J9036 | INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG                          | Healthcare Administered Drugs | Y |    |  |
| J9037 | INJECTION, BELANTAMAB MAFODONTIN-BLMF, 0.5 MG                      | Healthcare Administered Drugs | Y |    |  |
| J9039 | INJECTION BLINATUMOMAB 1 MICROGRAM                                 | Healthcare Administered Drugs | Y |    |  |
| J9041 | INJECTION BORTEZOMIB 0.1 MG  | Healthcare Administered Drugs | Y | WA |  |
| J9042 | INJECTION BRENTUXIMAB VEDOTIN 1 MG                                 | Healthcare Administered Drugs | Y |    |  |
| J9043 | INJECTION CABAZITAXEL 1 MG   | Healthcare Administered Drugs | Y |    |  |
| J9044 | INJECTION BORTEZOMIB NOS 0.1 MG                                    | Healthcare Administered Drugs | Y |    |  |
| J9047 | INJECTION CARFILZOMIB 1 MG   | Healthcare Administered Drugs | Y |    |  |
| J9055 | INJECTION CETUXIMAB 10 MG  | Healthcare Administered Drugs | Y | WA |  |
| J9057 | INJECTION COPANLISIB 1 MG  | Healthcare Administered Drugs | Y |    |  |
| J9098 | INJECTION CYTARABINE LIPOSOME 10 MG                                | Healthcare Administered Drugs | Y |    |  |
| J9119 | INJECTION CEMIPIMAB-RWLC 1 MG                                      | Healthcare Administered Drugs | Y |    |  |
| J9144 | INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ               | Healthcare Administered Drugs | Y |    |  |
| J9145 | INJECTION DARATUMUMAB 10 MG  | Healthcare Administered Drugs | Y |    |  |
| J9153 | INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA                        | Healthcare Administered Drugs | Y |    |  |
| J9155 | INJECTION DEGARELIX 1 MG   | Healthcare Administered Drugs | Y | WA |  |
| J9160 | INJECTION DENILEUKIN DIFTITOX 300 MCG                              | Healthcare Administered Drugs | Y |    |  |
| J9173 | INJECTION DURVALUMAB 10 MG   | Healthcare Administered Drugs | Y |    |  |
| J9176 | INJECTION ELOTUZUMAB 1 MG  | Healthcare Administered Drugs | Y |    |  |
| J9177 | INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG                        | Healthcare Administered Drugs | Y |    |  |
| J9179 | INJECTION ERIBULIN MESYLATE 0.1 MG                                 | Healthcare Administered Drugs | Y |    |  |
| J9198 | INJECTION, GEMCITABINE HYDROCHLORIDE (infugem), 100 MG             | Healthcare Administered Drugs | Y |    |  |
| J9203 | INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG                             | Healthcare Administered Drugs | Y |    |  |
| J9204 | INJECTION MOGAMULIZUMAB-KPKC 1 MG                                  | Healthcare Administered Drugs | Y |    |  |
| J9205 | INJECTION IRINOTECAN LIPOSOME 1 MG                                 | Healthcare Administered Drugs | Y |    |  |
| J9207 | INJECTION IXABEPILONE 1 MG   | Healthcare Administered Drugs | Y |    |  |
| J9210 | INJECTION EMAPALUMAB-LZSG 1 MG                                     | Healthcare Administered Drugs | Y |    |  |
| J9214 | INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U                     | Healthcare Administered Drugs | Y | WA |  |
| J9215 | INJECTION INTERFERON ALFA-N3 250,000 IU                            | Healthcare Administered Drugs | Y |    |  |
| J9216 | INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS                      | Healthcare Administered Drugs | Y |    |  |
| J9218 | LEUPROLIDE ACETATE PER 1 MG  | Healthcare Administered Drugs | Y | WA |  |
| J9219 | LEUPROLIDE ACETATE IMPLANT 65 MG                                   | Healthcare Administered Drugs | Y |    |  |
| J9223 | INJECTION, LURBINECTEDIN, 0.1 MG                                   | Healthcare Administered Drugs | Y |    |  |
| J9225 | HISTRELIN IMPLANT VANTAS 50 MG                                     | Healthcare Administered Drugs | Y |    |  |
| J9226 | HISTRELIN IMPLANT SUPPRELIN LA 50 MG                               | Healthcare Administered Drugs | Y |    |  |
| J9227 | INJECTION, ISATUXIMAB-IRFC, 10 MG                                  | Healthcare Administered Drugs | Y |    |  |

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|-------|---|-------------------------------|---|----|--|
| J9228 | INJECTION IPILIMUMAB 1 MG   | Healthcare Administered Drugs | Y |    |  |
| J9229 | INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG                                | Healthcare Administered Drugs | Y |    |  |
| J9262 | INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG                           | Healthcare Administered Drugs | Y |    |  |
| J9264 | INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG                      | Healthcare Administered Drugs | Y | WA |  |
| J9266 | INJECTION PEGASPARGASE PER SINGLE DOSE VIAL                           | Healthcare Administered Drugs | Y |    |  |
| J9269 | INJECTION TAGRAXOFUSP-ERZS 10 MCG                                     | Healthcare Administered Drugs | Y |    |  |
| J9271 | INJECTION PEMBROLIZUMAB 1 MG  | Healthcare Administered Drugs | Y |    |  |
| J9281 | MITOMYCIN PYLOCALYCEAL INSTILLATION, 1 MG                             | Healthcare Administered Drugs | Y |    |  |
| J9285 | INJECTION OLARATUMAB 10 MG  | Healthcare Administered Drugs | Y |    |  |
| J9295 | INJECTION NECITUMUMAB 1 MG  | Healthcare Administered Drugs | Y |    |  |
| J9299 | INJECTION NIVOLUMAB 1 MG  | Healthcare Administered Drugs | Y |    |  |
| J9301 | INJECTION OBINUTUZUMAB 10 MG  | Healthcare Administered Drugs | Y |    |  |
| J9302 | INJECTION OFATUMUMAB 10 MG  | Healthcare Administered Drugs | Y |    |  |
| J9303 | INJECTION PANITUMUMAB 10 MG   | Healthcare Administered Drugs | Y | WA |  |
| J9304 | INJECTION PEMETREXED (PEMFEXY) 10 MG                                  | Healthcare Administered Drugs | Y |    |  |
| J9305 | INJECTION PEMETREXED 10 MG  | Healthcare Administered Drugs | Y | WA |  |
| J9306 | INJECTION PERTUZUMAB 1 MG   | Healthcare Administered Drugs | Y |    |  |
| J9307 | INJECTION PRALATREXATE 1 MG   | Healthcare Administered Drugs | Y |    |  |
| J9308 | INJECTION RAMUCIRUMAB 5 MG  | Healthcare Administered Drugs | Y |    |  |
| J9309 | INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG                             | Healthcare Administered Drugs | Y |    |  |
| J9311 | INJECTION RITUXIMAB 10 MG AND HYALURONIDASE                           | Healthcare Administered Drugs | Y |    |  |
| J9312 | INJECTION RITUXIMAB 10 MG   | Healthcare Administered Drugs | Y |    |  |
| J9313 | INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG                          | Healthcare Administered Drugs | Y |    |  |
| J9315 | INJECTION ROMIDEPSIN 1 MG   | Healthcare Administered Drugs | Y |    |  |
| J9316 | INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG | Healthcare Administered Drugs | Y |    |  |
| J9317 | INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG                         | Healthcare Administered Drugs | Y |    |  |
| J9325 | INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U                       | Healthcare Administered Drugs | Y |    |  |
| J9349 | INJECTION, TAFASITAMAB-CXIX, 2 MG                                     | Healthcare Administered Drugs | Y |    |  |
| J9349 | INJECTION, TAFASITAMAB-CXIX, 2 MG                                     | Healthcare Administered Drugs | Y |    |  |
| J9352 | INJECTION TRABECTEDIN 0.1 MG  | Healthcare Administered Drugs | Y |    |  |
| J9354 | INJ ADO-TRASTUZUMAB EMTANSINE 1 MG                                    | Healthcare Administered Drugs | Y |    |  |
| J9355 | INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG                       | Healthcare Administered Drugs | Y |    |  |
| J9356 | INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK                    | Healthcare Administered Drugs | Y |    |  |
| J9358 | INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXXI, 1 MG                      | Healthcare Administered Drugs | Y |    |  |
| J9371 | INJECTION VINCRISTINE SULFATE LIPOSOME 1 MG                           | Healthcare Administered Drugs | Y |    |  |
| J9400 | INJECTION ZIV-AFLIBERCEPT 1 MG  | Healthcare Administered Drugs | Y |    |  |
| J9600 | INJECTION PORFIMER SODIUM 75 MG                                       | Healthcare Administered Drugs | Y |    |  |
| J9999 | NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG                          | Healthcare Administered Drugs | Y |    |  |
| Q0138 | INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD                      | Healthcare Administered Drugs | Y |    |  |
| Q0139 | INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG FOR ESRD                      | Healthcare Administered Drugs | Y |    |  |
| Q2043 | SIPULEUCEL-T AUTO CD54 PLUS   | Healthcare Administered Drugs | Y |    |  |
| Q2050 | INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG                         | Healthcare Administered Drugs | Y |    |  |
| Q3027 | INJECTION INTERFERON BETA-1A 1 MCG IM USE                             | Healthcare Administered Drugs | Y |    |  |
| Q3028 | INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE                           | Healthcare Administered Drugs | Y |    |  |
| Q4074 | ILOPROST INHAL SOL THRU DME UNIT DOSE TO 20 MCG                       | Healthcare Administered Drugs | Y |    |  |
| Q5103 | INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG                            | Healthcare Administered Drugs | Y |    |  |
| Q5104 | INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG                            | Healthcare Administered Drugs | Y |    |  |
| Q5105 | INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 100 U                          | Healthcare Administered Drugs | Y |    |  |
| Q5106 | INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U                         | Healthcare Administered Drugs | Y |    |  |
| Q5107 | INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG                           | Healthcare Administered Drugs | Y |    |  |
| Q5108 | INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG                        | Healthcare Administered Drugs | Y |    |  |
| Q5109 | INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG                            | Healthcare Administered Drugs | Y |    |  |
| Q5112 | INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG                           | Healthcare Administered Drugs | Y |    |  |
| Q5113 | INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG                           | Healthcare Administered Drugs | Y |    |  |
| Q5114 | INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG                           | Healthcare Administered Drugs | Y |    |  |
| Q5115 | INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG                             | Healthcare Administered Drugs | Y |    |  |
| Q5116 | INJECTION, TRASTUZUMAG-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG           | Healthcare Administered Drugs | Y |    |  |
| Q5117 | INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR (kanjinti), 10 MG             | Healthcare Administered Drugs | Y |    |  |

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|-------|---|-------------------------------|---|-------|--|
| Q5118 | INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG         | Healthcare Administered Drugs | Y |       |  |
| Q5119 | INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (ruxience), 10 MG          | Healthcare Administered Drugs | Y |       |  |
| Q5120 | INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ziextenzo), 0.5 MG    | Healthcare Administered Drugs | Y |       |  |
| Q5121 | INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (avsola), 10 MG           | Healthcare Administered Drugs | Y |       |  |
| Q5122 | INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG     | Healthcare Administered Drugs | Y |       |  |
| Q9991 | INJECTION BUPRENORPHINE EXT-RLSE UNDER EQ TO 100 MG               | Healthcare Administered Drugs | Y |       |  |
| Q9992 | INJECTION BUPRENORPHINE EXTENDED-RELEASE OVER 100 MG              | Healthcare Administered Drugs | Y |       |  |
| S0013 | ESKETAMINE, NASAL SPRAY, 1 MG                                     | Healthcare Administered Drugs | Y |       |  |
| S0073 | INJECTION AZTREONAM 500 MG  | Healthcare Administered Drugs | Y |       |  |
| S0122 | INJECTION MENOTROPINS 75 IU                                       | Healthcare Administered Drugs | Y | SC    |  |
| S0126 | INJECTION FOLLITROPIN ALFA 75 IU                                  | Healthcare Administered Drugs | Y | SC    |  |
| S0128 | INJECTION FOLLITROPIN BETA 75 IU                                  | Healthcare Administered Drugs | Y | SC    |  |
| S0132 | INJECTION GANIRELIX ACETATE 250 MCG                               | Healthcare Administered Drugs | Y | SC    |  |
| S0145 | INJECTION, PEGASYS, PEGYLATED INTERFERON ALFA-2A, 180 MCG per ml  | Healthcare Administered Drugs | Y |       |  |
| S0148 | INJECTION, PEGLNTRON/SYLATRON, PEGYLATED INTERFERON ALFA-2B, 1MCG | Healthcare Administered Drugs | Y |       |  |
| S0157 | BECAPLERMIN GEL 0.01PCT 0.5 GM                                    | Healthcare Administered Drugs | Y |       |  |
| S1091 | STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM (PROPEL)     | Healthcare Administered Drugs | Y |       |  |
| G0151 | SERVICE PHYS THERAP HOME HLTH HOSPICE EA 15 MIN                   | Home Health Care Services     | Y |       |  |
| G0152 | SERVICE OCCUP THERAP HOME HLTH HOSPICE EA 15 MIN                  | Home Health Care Services     | Y |       |  |
| G0153 | SRVC SPCH AND LANG PATH HOME HLTH HOSPICE EA 15 MIN               | Home Health Care Services     | Y |       |  |
| G0155 | SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN                  | Home Health Care Services     | Y |       |  |
| G0156 | SRVC HH HOSPICE AIDE IN HH HOSPICE SET EA 15 MIN                  | Home Health Care Services     | Y |       |  |
| G0157 | SERVICES PT ASSIST HOME HEALTH HOSPICE EA 15 MIN                  | Home Health Care Services     | Y |       |  |
| G0158 | SERVICE OT ASSIST HOME HEALTH HOSPICE EA 15 MIN                   | Home Health Care Services     | Y |       |  |
| G0159 | SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS                  | Home Health Care Services     | Y |       |  |
| G0160 | SERVICES OT HOME HEALTH EST DEL OT MP EA 15 MINS                  | Home Health Care Services     | Y |       |  |
| G0161 | SERVICE SLP HH EST DEL SPCH-LANG PATH MP EA 15 M                  | Home Health Care Services     | Y |       |  |
| G0162 | SKILLED SERVICE RN M AND E PLAN OF CARE; EA 15 MINS               | Home Health Care Services     | Y |       |  |
| G0299 | DIRECT SNS RN HOME HEALTH HOSPICE SET EA 15 MIN                   | Home Health Care Services     | Y |       |  |
| G0300 | DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN                    | Home Health Care Services     | Y |       |  |
| G0490 | FACE-TO-FACE HH NSG VST RHC FQHC AREA SHTG HHA                    | Home Health Care Services     | Y |       |  |
| G0493 | SKILLED SERVICES RN OBV AND ASMT PT COND EA 15 MIN                | Home Health Care Services     | Y |       |  |
| G0494 | SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN                   | Home Health Care Services     | Y |       |  |
| G0495 | SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN               | Home Health Care Services     | Y |       |  |
| G0496 | SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN               | Home Health Care Services     | Y |       |  |
| S5111 | HOME CARE TRAINING FAMILY; PER SESSION                            | Home Health Care Services     | Y | SC    |  |
| S5116 | HOME CARE TRAINING, NON-FAMILY; PER SESSION                       | Home Health Care Services     | Y | SC    |  |
| S5151 | UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM                      | Home Health Care Services     | Y | SC    |  |
| S9122 | HOM HLTH AIDE CERT NURSE ASST PROV CARE HOM;-HR                   | Home Health Care Services     | Y |       |  |
| S9123 | NURSING CARE THE HOME; REGISTERED NURSE PER HOUR                  | Home Health Care Services     | Y |       |  |
| S9124 | NURSING CARE IN THE HOME; BY LPN PER HOUR                         | Home Health Care Services     | Y |       |  |
| S9128 | SPEECH THERAPY IN THE HOME PER DIEM                               | Home Health Care Services     | Y |       |  |
| S9129 | OCCUPATIONAL THERAPY IN THE HOME PER DIEM                         | Home Health Care Services     | Y |       |  |
| S9131 | PHYSICAL THERAPY; IN THE HOME PER DIEM                            | Home Health Care Services     | Y | FL    |  |
| S9470 | NUTRITIONAL COUNSELING DIETITIAN VISIT                            | Home Health Care Services     | Y |       |  |
| S9977 | MEALS PER DIEM NOT OTHERWISE SPECIFIED                            | Home Health Care Services     | Y | FL/SC |  |
| T1002 | RN SERVICES UP TO 15 MINUTES                                      | Home Health Care Services     | Y | WA    |  |
| T1003 | LPN LVN SERVICES UP TO 15 MINUTES                                 | Home Health Care Services     | Y |       |  |
| T1005 | RESPIRE CARE SERVICES UP TO 15 MINUTES                            | Home Health Care Services     | Y | WA    |  |
| T1022 | CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY                      | Home Health Care Services     | Y | WA    |  |
| T1030 | NURSING CARE THE HOME REGISTERED NURSE PER DIEM                   | Home Health Care Services     | Y |       |  |
| T1031 | NURSING CARE IN THE HOME BY LPN PER DIEM                          | Home Health Care Services     | Y |       |  |
| 99183 | PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION               | Hyperbaric/Wound Therapy      | Y |       |  |
| G0277 | HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT                      | Hyperbaric/Wound Therapy      | Y |       |  |
| Q4176 | NEOPATCH PER SQUARE CM  | Hyperbaric/Wound Therapy      | Y |       |  |
| Q4177 | FLOWERAMNIOFLO, 0.1 cc  | Hyperbaric/Wound Therapy      | Y |       |  |
| Q4178 | FLOWERAMNIOPATCH PER SQUARE CM                                    | Hyperbaric/Wound Therapy      | Y |       |  |
| Q4179 | FLOWERDERM PER SQUARE CM  | Hyperbaric/Wound Therapy      | Y |       |  |
| Q4180 | REVITA PER SQUARE CM  | Hyperbaric/Wound Therapy      | Y |       |  |

|       |   |                          |   |  |                             |
|-------|---|--------------------------|---|--|-----------------------------|
| Q4181 | AMNIO WOUND PER SQUARE CM   | Hyperbaric/Wound Therapy | Y |  |                             |
| Q4182 | TRANSCYTE PER SQUARE CM   | Hyperbaric/Wound Therapy | Y |  |                             |
| Q4249 | AMNIPLY, FOR TOPICAL USE ONLY, PER SQUARE CENTIMETER  | Hyperbaric/Wound Therapy | Y |  |                             |
| Q4250 | AMNIOAMP-MP, PER SQUARE CENTIMETER  | Hyperbaric/Wound Therapy | Y |  |                             |
| Q4254 | NOVAFIX DL, PER SQUARE CENTIMETER   | Hyperbaric/Wound Therapy | Y |  |                             |
| Q4255 | REGUARD, FOR TOPICAL USE ONLY, PER SQUARE CENTIMETER  | Hyperbaric/Wound Therapy | Y |  |                             |
| 70336 | MRI TEMPOROMANDIBULAR JOINT   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70450 | CT HEAD BRAIN W O CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70460 | CT HEAD BRAIN W CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70470 | CT HEAD BRAIN W O AND W CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70480 | CT ORBIT SELLA POST FOSSA EAR W O CONTRAST MATRL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70481 | CT ORBIT SELLA POST FOSSA EAR W CONTRAST MATRL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70482 | CT ORBIT SELLA POST FOSSA EAR W O AND W CONTR MATR  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70486 | CT MAXILLOFACIAL W O CONTRAST MATERIAL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70487 | CT MAXILLOFACIAL W CONTRAST MATERIAL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70488 | CT MAXILLOFACIAL W O AND W CONTRAST MATERIAL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70490 | CT SOFT TISSUE NECK W O CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70491 | CT SOFT TISSUE NECK W CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70492 | CT SOFT TISSUE NECK W O AND W CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70496 | CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70498 | CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70540 | MRI ORBIT FACE AND NECK W O CONTRAST  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70542 | MRI ORBIT FACE AND NECK W CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70543 | MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70544 | MRA HEAD W O CONTRST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70545 | MRA HEAD W CONTRAST MATERIAL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70546 | MRA HEAD W O AND W CONTRAST MATERIAL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70547 | MRA NECK W O CONTRST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70548 | MRA NECK W CONTRAST MATERIAL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70549 | MRA NECK W O AND W CONTRAST MATERIAL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70551 | MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70552 | MRI BRAIN BRAIN STEM W CONTRAST MATERIAL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70553 | MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70554 | MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMNISTRATION  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 70555 | MRI BRAIN FUNCTIONAL W PHYSICIAN ADMNISTRATION  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 71250 | CT THORAX W O CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 71260 | CT THORAX W CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 71270 | CT THORAX W O AND W CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 71271 | COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S) | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 71275 | CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 71550 | MRI CHEST W O CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 71551 | MRI CHEST W CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 71552 | MRI CHEST W O AND W CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 71555 | MRA CHEST W O AND W CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 72125 | CT CERVICAL SPINE W O CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 72126 | CT CERVICAL SPINE W CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 72127 | CT CERVICAL SPINE W O AND W CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 72128 | CT THORACIC SPINE W O CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 72129 | CT THORACIC SPINE W CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 72130 | CT THORACIC SPINE W O AND W CONTRAST MATRL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 72131 | CT LUMBAR SPINE W O CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 72132 | CT LUMBAR SPINE W CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 72133 | CT LUMBAR SPINE W O AND W CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 72141 | MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 72142 | MRI SPINAL CANAL CERVICAL W CONTRAST MATRL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 72146 | MRI SPINAL CANAL THORACIC W O CONTRAST MATRL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 72147 | MRI SPINAL CANAL THORACIC W CONTRAST MATRL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 72148 | MRI SPINAL CANAL LUMBAR W O CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 72149 | MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL   | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 72156 | MRI SPINAL CANAL CERVICAL WO AND W CONTR MATRL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |
| 72157 | MRI SPINAL CANAL THORACIC WO AND W CONTR MATRL  | Imaging & Special Tests  | Y |  | *APPLIES TO: IL/MI/OH/NY/WI |



|       |  |                         |   |    |   |
|-------|--|-------------------------|---|----|---|
| 72158 | MRI SPINAL CANAL LUMBAR WO AND W CONTR MATRL         | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 72159 | MRA SPINAL CANAL W WO CONTRAST MATERIAL              | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 72191 | CT ANGIOGRAPHY PELVIS W CONTRAST NONCONTRAST         | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 72192 | CT PELVIS W O CONTRAST MATERIAL                      | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 72193 | CT PELVIS W CONTRAST MATERIAL                        | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 72194 | CT PELVIS W O AND W CONTRAST MATERIAL                | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 72195 | MRI PELVIS W O CONTRAST MATERIAL                     | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 72196 | MRI PELVIS W CONTRAST MATERIAL                       | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 72197 | MRI PELVIS W O AND W CONTRAST MATERIAL               | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 72198 | MRA PELVIS W WO CONTRAST MATERIAL                    | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73200 | CT UPPER EXTREMITY W O CONTRAST MATERIAL             | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73201 | CT UPPER EXTREMITY W CONTRAST MATERIAL               | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73202 | CT UPPER EXTREMITY W O AND W CONTRAST MATERIAL       | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73206 | CT ANGIOGRAPHY UPPER EXTREMITY                       | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73218 | MRI UPPER EXTREMITY OTH THAN JT W O CONTR MATRL      | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73219 | MRI UPPER EXTREMITY OTH THAN JT W CONTR MATRL        | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73220 | MRI UPPER EXTREM OTHER THAN JT W O AND W CONTRAS     | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73221 | MRI ANY JT UPPER EXTREMITY W O CONTRAST MATRL        | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73222 | MRI ANY JT UPPER EXTREMITY W CONTRAST MATRL          | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73223 | MRI ANY JT UPPER EXTREMITY W O AND W CONTR MATRL     | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73225 | MRA UPPER EXTREMITY W WO CONTRAST MATERIAL           | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73700 | CT LOWER EXTREMITY W O CONTRAST MATERIAL             | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73701 | CT LOWER EXTREMITY W CONTRAST MATERIAL               | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73702 | CT LOWER EXTREMITY W O AND W CONTRAST MATRL          | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73706 | CT ANGIOGRAPHY LOWER EXTREMITY                       | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73718 | MRI LOWER EXTREM OTH THN JT W O CONTR MATRL          | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73719 | MRI LOWER EXTREM OTH THN JT W CONTRAST MATRL         | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73720 | MRI LOWER EXTREM OTH THN JT W O AND W CONTR MATR     | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73721 | MRI ANY JT LOWER EXTREM W O CONTRAST MATRL           | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73722 | MRI ANY JT LOWER EXTREM W CONTRAST MATERIAL          | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73723 | MRI ANY JT LOWER EXTREM W O AND W CONTRAST MATRL     | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 73725 | MRA LOWER EXTREMITY W WO CONTRAST MATERIAL           | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 74150 | CT ABDOMEN W O CONTRAST MATERIAL                     | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 74160 | CT ABDOMEN W CONTRAST MATERIAL                       | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 74170 | CT ABDOMEN W O AND W CONTRAST MATERIAL               | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 74174 | CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG   | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 74175 | CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST        | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 74176 | CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL          | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 74177 | CT ABDOMEN AND PELVIS W CONTRAST MATERIAL            | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 74178 | CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE   | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 74181 | MRI ABDOMEN W O CONTRAST MATERIAL                    | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 74182 | MRI ABDOMEN W CONTRAST MATERIAL                      | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 74183 | MRI ABDOMEN W O AND W CONTRAST MATERIAL              | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 74185 | MRA ABDOMEN W WO CONTRAST MATERIAL                   | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 74261 | CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST     | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 74262 | CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST       | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 74263 | CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING       | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 74712 | FETAL MRI W PLACNTL MATRNL PLVC IMG SING 1ST GES     | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 75557 | CARDIAC MRI MORPHOLOGY AND FUNCTION W O CONTRAST     | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 75559 | CARDIAC MRI W O CONTRAST W STRESS IMAGING            | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 75561 | CARDIAC MRI W WO CONTRAST AND FURTHER SEQ            | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 75563 | CARDIAC MRI W W O CONTRAST W STRESS                  | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 75571 | CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM      | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 75572 | CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH   | Imaging & 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 |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 75574 | CTA HRT CORNRY ART BYPASS GRFTS CONTRST 3D POST      | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 75635 | CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP   | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 76376 | 3D RENDERING W INTERP AND POSTPROCESS SUPERVISION    | Imaging & Special Tests | Y | WA | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 76377 | 3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 76380 | CT LIMITED LOCALIZED FOLLOW UP STUDY                 | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI                                     |
| 76390 | MRI SPECTROSCOPY                                     | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA |

|       |  |                         |   |  |   |
|-------|--|-------------------------|---|--|---|
| 76391 | MAGNETIC RESONANCE ELASTOGRAPHY                      | Imaging & Special Tests | Y |  |   |
| 76497 | UNLISTED COMPUTED TOMOGRAPHY PROCEDURE               | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 76498 | UNLISTED MAGNETIC RESONANCE PROCEDURE                | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 76999 | UNLISTED US PROCEDURE                                | Imaging & Special Tests | Y |  |   |
| 77021 | MRI GUIDANCE NEEDLE PLACEMENT RS AND I               | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 77022 | MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION         | Imaging & Special Tests | * |  | *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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 77047 | MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL       | Imaging & 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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 77049 | MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 77078 | CT BONE MINERL DENSITY STUDY 1 OR GRT SITS AXIAL SKE | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 77084 | BONE MARROW BLOOD SUPPLY                             | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78012 | THYROID UPTAKE SINGLE MULTIPLE QUANT MEASUREMENT     | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78013 | THYROID IMAGING WITH VASCULAR FLOW                   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78014 | THYROID UPTAKE W BLOOD FLOW SNGLE MULT QUAN MEAS     | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78015 | THYROID CARCINOMA METASTASES IMG LMTD AREA           | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78016 | THYROID CARCINOMA METASTASES IMG ADDL STUDY          | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78018 | THYROID CARCINOMA METASTASES IMG WHOLE BODY          | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78070 | PARATHYROID PLANAR IMAGING                           | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78071 | PARATHYROID PLANAR IMAGING W WO SUBTRACTION          | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78072 | PARATHYROID IMAGING W TOMOGRAPHIC SPECT AND CT       | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78075 | ADRENAL IMAGING CORTEX AND MEDULLA                   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78102 | BONE MARROW IMAGING LIMITED AREA                     | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78103 | BONE MARROW IMAGING MULTIPLE AREAS                   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78104 | BONE MARROW IMAGING WHOLE BODY                       | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78140 | LABELED RBC SEQUESTRATION DIFFERNTL ORGAN TISSUE     | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78185 | SPLEEN IMAGING ONLY W WO VASCULAR FLOW               | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78195 | LYMPHATICS AND LYMPH NODES IMAGING                   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78201 | LIVER IMAGING STATIC ONLY                            | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78202 | LIVER IMAGING W VASCULAR FLOW                        | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78215 | LIVER AND SPLEEN IMAGING STATIC ONLY                 | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78216 | LIVER AND SPLEEN IMAGING W VASCULAR FLOW             | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78226 | HEPATOBIILIARY SYST IMAGING INCLUDING GALLBLADDER    | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78227 | HEPATOBI SYST IMAG INC GB W PHARMA INTERVENJ         | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78230 | SALIVARY GLAND IMAGING                               | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78231 | SALIVARY GLAND IMAGING SERIAL IMAGES                 | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |

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| 78232 | SALIVARY GLAND FUNCTION STUDY                       | Imaging & Special Tests | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78258 | ESOPHAGEAL MOTILITY                                 | Imaging & Special Tests | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78261 | GASTRIC MUCOSA IMAGING                              | Imaging & Special Tests | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78262 | GASTROESOPHAGEAL REFLUX STUDY                       | Imaging & Special Tests | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78264 | GASTRIC EMPTYING IMAGING STUDY                      | Imaging & Special Tests | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78265 | GASTRIC EMPTYNG IMAG STD W SM BWL TRANSIT           | Imaging & Special Tests | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78266 | GSTRC EMPTNG IMAG STD W SM BWL COL TRNST MLT DAY    | Imaging & Special Tests | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78278 | ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING           | Imaging & Special Tests | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78290 | INTESTINE IMAGING                                   | Imaging & Special Tests | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78291 | PERITONEAL-VENOUS SHUNT PATENCY TEST                | Imaging & Special Tests | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78300 | BONE AND JOINT IMAGING LIMITED AREA                 | Imaging & Special Tests | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78305 | BONE AND JOINT IMAGING MULTIPLE AREAS               | Imaging & Special Tests | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78306 | BONE AND JOINT IMAGING WHOLE BODY                   | Imaging & Special Tests | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78315 | BONE AND JOINT IMAGING 3 PHASE STUDY                | Imaging & Special Tests | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78414 | CARD-VASC HEMODYNAM W WO PHARM EXER 1 MLT DETERM    | Imaging & Special Tests | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78428 | CARDIAC SHUNT DETECTION                             | Imaging & Special Tests | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78429 | MYOCDR IMG PET METAB EVAL SINGLE STUDY CNCRNT CT    | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78430 | MYOCDR IMG PET PRFUJ 1STD REST STRESS CNCRNT CT     | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78431 | MYOCDR IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78432 | MYOCDR IMG PET PRFUJ W METAB DUAL RADIOTRACER       | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78433 | MYOCDR IMG PET PRFUJ W METAB 2RTRACER CNCRNT CT     | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78445 | NONCARDIAC VASCULAR FLOW IMAGING                    | Imaging & Special Tests | * |    | *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 |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78452 | MYOCARDIAL SPECT MULTIPLE STUDIES                   | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78453 | MYOCARDIAL PERFUSION PLANAR 1 STUDY REST STRESS     | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78454 | MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES        | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78456 | ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE             | Imaging & Special Tests | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78457 | VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL       | Imaging & Special Tests | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78458 | VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL        | Imaging & Special Tests | * |    | *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 |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78466 | MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL QUAN    | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78468 | MYOCDR IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ     | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78469 | MYOCDR INFARCT AVID PLNR TOMOG SPECT W WO QUANTJ    | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78472 | CARD BLOOD POOL GATED PLANAR 1 STUDY REST STRESS    | Imaging & Special Tests | Y | WA | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78473 | CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT    | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78481 | CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT     | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78483 | CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT     | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78491 | MYOCDR IMAGE PET PERFUS SINGLE STUDY REST STRESS    | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78492 | MYOCDR IMAGE PET PERFUS MULTPL STUDY REST STRESS    | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78494 | CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT    | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78499 | UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE      | Imaging & Special Tests | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |

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| 78579 | PULMONARY VENTILATION IMAGING                              | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78580 | PULMONARY PERFUSION IMAGING PARTICULATE                    | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78582 | PULMONARY VENTILATION AND PERFUSION IMAGING                | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78597 | QUANT DIFFERENTIAL PULM PERFUSION W WO IMAGING             | Imaging & Special Tests | * |  | *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 & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78600 | BRAIN IMAGING UNDER 4 STATIC VIEWS                         | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78601 | BRAIN IMAGING UNDER 4 STATIC VIEWS W VASCULAR FLOW         | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78605 | BRAIN IMAGING MINIMUM 4 STATIC VIEWS                       | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78606 | BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW           | Imaging & Special Tests | * |  | *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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78609 | BRAIN IMAGING PET PERFUSION EVALUATION                     | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78610 | BRAIN IMAGING VASCULAR FLOW ONLY                           | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78630 | CEREBROSPINAL FLUID FLOW W O MATL CISTERNOGRAPHY           | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78635 | CEREBROSPINAL FLUID FLOW W O MATL VENTRICLGRAPHY           | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78645 | CEREBROSPINAL FLUID FLOW W O MATL SHUNT EVALTJ             | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78650 | CEREBROSPINAL FLUID LEAK DETECTION AND LOCALIZATIO         | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78660 | RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY                      | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78700 | KIDNEY IMAGING MORPHOLOGY                                  | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78701 | KIDNEY IMAGING MORPHOOGY W VASCULAR FLOW                   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78707 | KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W O RX               | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78708 | KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W RX                 | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78709 | KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE               | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78725 | KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY             | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78740 | URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM                 | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78761 | TESTICULAR IMAGING WITH VASCULAR FLOW                      | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78800 | RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING               | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78801 | RP LOCLZJ TUM PLNR 2 PLUS AREA 1 PLUS D IMG 1 AREA IMG OVE | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78802 | RP LOCLZJ TUMOR DSTRBJ AGENT WHOLE BDY 1 DAY               | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 78803 | RP LOCLZJ TUMOR DSTRBJ AGENT TOMOG SPECT                   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78804 | RP LOCLZJ TUMOR DSTRBJ AGT WHOL BDY REQ 2 OR GRT DAY       | Imaging & Special Tests | * |  | *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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78812 | PET IMAGING SKULL BASE TO MID-THIGH                        | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78813 | PET IMAGING WHOLE BODY                                     | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78814 | PET IMAGING CT FOR ATTENUATION LIMITED AREA                | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78815 | PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH            | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |

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| 78816 | PET IMAGING FOR CT ATTENUATION WHOLE BODY  | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78830 | SPECT SINGLE AREA SINGLE DAY WITH CONCURRENT CT  | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78831 | SPECT MULTI AREAS SINGLE DAY or SINGLE AREA MULTI DAYS   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 78832 | CONCURRENT CT (WITH SPECT 78831)   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 93241 | EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; INCLUDES RECORDING, SCANNING ANALYSIS WITH REPORT, REVIEW AND INTERPRETATION | Imaging & Special Tests | Y |  | ~APPLIES TO: WA TBD   |
| 93242 | EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; RECORDING (INCLUDES CONNECTION AND INITIAL RECORDING)                        | Imaging & Special Tests | Y |  | ~APPLIES TO: WA TBD   |
| 93243 | EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; SCANNING ANALYSIS WITH REPORT  | Imaging & Special Tests | Y |  | ~APPLIES TO: WA TBD   |
| 93244 | EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; REVIEW AND INTERPRETATION  | Imaging & Special Tests | Y |  | ~APPLIES TO: WA TBD   |
| 93245 | EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; INCLUDES RECORDING, SCANNING ANALYSIS WITH REPORT, REVIEW AND INTERPRETATION  | Imaging & Special Tests | Y |  | ~APPLIES TO: WA TBD   |
| 93246 | EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; RECORDING (INCLUDES CONNECTION AND INITIAL RECORDING)                         | Imaging & Special Tests | Y |  | ~APPLIES TO: WA TBD   |
| 93247 | EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; SCANNING ANALYSIS WITH REPORT   | Imaging & Special Tests | Y |  | ~APPLIES TO: WA TBD   |
| 93248 | EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; REVIEW AND INTERPRETATION   | Imaging & Special Tests | Y |  | ~APPLIES TO: WA TBD   |
| 93303 | COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93304 | F-UP LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93306 | ECHO TTHRC R-T 2D W WOM-MODE COMPL SPEC AND COLR D   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93307 | ECHO TRANSTHORAC R-T 2D W WO M-MODE REC COMP   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93308 | ECHO TRANSTHORC R-T 2D W WO M-MODE REC F-UP LMTD   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93312 | ECHO TRANSESOPHAG R-T 2D W PRB IMG ACQUISJ I AND R   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93313 | ECHO R-T 2D W PROBE PLACEMENT ONLY   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93314 | ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I AND R ONLY  | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93315 | ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I AND R   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93316 | ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY  | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93317 | ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP AND REPORT  | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93350 | ECHO TTHRC R-T 2D W WO M-MODE COMPLETE REST AND ST   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93351 | ECHO TTHRC R-T 2D W WO M-MODE REST AND STRS CONT ECG   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93451 | RIGHT HEART CATH O2 SATURATION AND CARDIAC OUTPUT  | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93452 | L HRT CATH W NJX L VENTRICULOGRAPHY IMG S AND I  | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93453 | R AND L HRT CATH W NJX L VENTRICULOG IMG S AND I   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |

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|-------|---|-------------------------|---|--|---|
| 93454 | CATH PLACEMENT AND NJX CORONARY ART ANGIO IMG S AND I   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93455 | CATH PLMT AND NJX CORONARY ART GRFT ANGIO IMG S AND I   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93456 | CATH PLMT R HRT AND ARTS W NJX AND ANGIO IMG S AND I  | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93457 | CATH PLMT R HRT ARTS GRFTS W NJX AND ANGIO IMG S AND I  | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93458 | CATH PLMT L HRT AND ARTS W NJX AND ANGIO IMG S AND I  | Imaging & Special Tests | * |  | *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 & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93460 | R AND L HRT CATH WINJX HRT ART AND L VENTR IMG  | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93461 | R AND L HRT CATH W INJEC HRT ART GRFT AND L VENT I  | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93530 | R HRT CATHETERIZATION CONGENITAL CARDIAC ANOMALY  | Imaging & Special Tests | * |  | *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 & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93532 | CMBN R HRT T-SEPTAL L HRT CATHJ NTC SEPTUM CGEN   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 93533 | CMBN R HRT T-SEPTAL L HRT CATHJ SEPTAL OPNG CGEN  | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0042T | CEREBRAL PERFUSION ANALYS CT W BLOOD FLOW AND VOLUME  | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0331T | MYOCDR SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT   | Imaging & 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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| 0501T | COR FFR DERIVED CTA DATA ASSESS COR ART DISEASE   | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0502T | COR FFR DERIVED CTA DATA PREP AND TRANSMIS  | Imaging & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0503T | COR FFR CTA DATA ALYS AND GNRJ ESTIMATED FFR MODEL  | Imaging & Special Tests | * |  | *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 & Special Tests | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 0609T | MRS DISC PAIN ACQUISJ DATA  | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI.  |
| 0610T | MRS DISC PAIN TRANSMIS DATA   | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI.  |
| 0611T | MRS DISC PAIN ALG ALYS DATA   | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI.  |
| 0612T | MRS DISCOGENIC PAIN I&R   | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI.  |
| 0633T | COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST MATERIAL                          | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI.  |
| 0634T | COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITH CONTRAST MATERIAL(S)                          | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI.  |
| 0635T | COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(S) | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI.  |
| 0636T | COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST MATERIAL(S)                        | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI.  |
| 0637T | COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITH CONTRAST MATERIAL(S)                           | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI.  |
| 0638T | COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(S)  | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI.  |
| C8900 | MR ANGIOGRAPHY WITH CONTRAST ABDOMEN  | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| C8901 | MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN   | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| C8902 | MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST ABD   | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| C8903 | MR IMAGING WITH CONTRAST BREAST; UNILATERAL   | Imaging & 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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| C8906 | MR IMAGING WITH CONTRAST BREAST; BILATERAL  | Imaging & 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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| C8909 | MR ANGIOGRAPHY WITH CONTRAST CHEST  | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| C8910 | MR ANGIOGRAPHY WITHOUT CONTRAST CHEST   | Imaging & Special Tests | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |

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|-------|--|--|---|-------|---|
| C8911 | MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST CHST   | Imaging & Special Tests                    | Y |       | *APPLIES TO: IL/MI/OH/NY/WI   |
| C8912 | MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY   | Imaging & Special Tests                    | Y |       | *APPLIES TO: IL/MI/OH/NY/WI   |
| C8913 | MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY  | Imaging & 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 |       | *APPLIES TO: IL/MI/OH/NY/WI   |
| C8918 | MR ANGIOGRAPHY WITH CONTRAST PELVIS  | Imaging & Special Tests                    | Y |       | *APPLIES TO: IL/MI/OH/NY/WI   |
| C8919 | MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS   | Imaging & Special Tests                    | Y |       | *APPLIES TO: IL/MI/OH/NY/WI   |
| C8920 | MRA WITHOUT CONTRAST FOLLOWED W CONTRAST PELVIS  | Imaging & Special Tests                    | Y |       | *APPLIES TO: IL/MI/OH/NY/WI   |
| C8921 | TTE W CONTRAST OR W O FLW W CONTRAST; COMPLETE   | Imaging & Special Tests                    | * |       | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| C8922 | TTE W CONTRAST OR W O FLW W CONTRAST; F U OR LTD   | Imaging & Special Tests                    | * |       | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| C8923 | TTE FLW W CNTRST R-T DOC 2D INCL M-MODE REC CMPL   | Imaging & Special Tests                    | * |       | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| C8924 | TTE FLW W CNTRST R-T 2D INCL M-MODE REC FU LTD   | Imaging & Special Tests                    | * |       | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| C8925 | TEE W OR W O FLW W CNTRST REAL TIME 2D; ACQ I AND R  | Imaging & Special Tests                    | * |       | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| C8926 | TEE W OR W O FLW W CNTRST; PROBE PLCMT ACQ I AND R   | Imaging & Special Tests                    | * |       | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| C8928 | TTE W CNTRST INCL M-MODE REC REST AND CV ST W I AND R  | Imaging & Special Tests                    | * |       | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| C8929 | TTE CMPL SPEC DOPPLER AND COLOR FLOW DOPPLER ECHO  | Imaging & Special Tests                    | * |       | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| C8930 | TTE CMPL DUR REST AND CVST W I AND R W PHYS SUP  | Imaging & Special Tests                    | * |       | *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 |       | *APPLIES TO: IL/MI/OH/NY/WI   |
| C8932 | MR ANGIOGRAPHY W O CONTRST SPINAL CANAL CONTENTS   | Imaging & 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 |       | *APPLIES TO: IL/MI/OH/NY/WI   |
| C8934 | MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY   | Imaging & Special Tests                    | Y |       | *APPLIES TO: IL/MI/OH/NY/WI   |
| C8935 | MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY  | Imaging & 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 |       | *APPLIES TO: IL/MI/OH/NY/WI   |
| C8937 | CMP-AID DETN INCL CMP ALG ANALYS BR MRI IMG DATA   | Imaging & Special Tests                    | Y |       |   |
| C9762 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRAIN IMAGING | Imaging & Special Tests                    | Y |       | *APPLIES TO: IL/MI/OH/NY/WI   |
| C9763 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRESS IMAGING | Imaging & Special Tests                    | Y |       | *APPLIES TO: IL/MI/OH/NY/WI   |
| G0219 | PET IMAG WHOLE BODY; MELANOMA  | Imaging & Special Tests                    | Y |       | *APPLIES TO: IL/MI/OH/NY/WI   |
| G0235 | PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED   | Imaging & Special Tests                    | Y |       | *APPLIES TO: IL/MI/OH/NY/WI   |
| G0252 | PET IMAG INIT DX BREST CA AND SURG PLAN  | Imaging & Special Tests                    | Y |       | *APPLIES TO: IL/MI/OH/NY/WI   |
| S8037 | MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY  | Imaging & 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 |       | *APPLIES TO: IL/MI/OH/NY/WI   |
| S8085 | F-18 FDG IMAG USING 2-HEAD COINCIDENCE DETCT SYS   | Imaging & Special Tests                    | * |       | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| S8092 | ELECTRON BEAM COMPUTED TOMOGRAPHY  | Imaging & Special Tests                    | Y |       | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 95700 | EEG CONT REC W VIDEO BY TECH MIN 8 CHANNELS  | Neuropsychological and Psychological Tests | Y | FL/WA |   |
| 95708 | EEG W O VID BY TECH EA INCR 12-26HR UNMONITORED  | Neuropsychological and Psychological Tests | Y | FL/WA |   |
| 95709 | EEG W O VID BY TECH EA INCR 12-26 HR INTMT MNTR  | Neuropsychological and Psychological Tests | Y | FL/WA |   |
| 95710 | EEG W O VID TECH EA INCR 12-26 HR CONT R-T MNTR  | Neuropsychological and Psychological Tests | Y | FL    |   |
| 95711 | VEEG BY TECH 2-12 HOURS UNMONITORED  | Neuropsychological and Psychological Tests | Y | FL/WA |   |
| 95712 | VEEG BY TECH 2-12 HR INTERMITTENT MONITORING   | Neuropsychological and Psychological Tests | Y | FL/WA |   |
| 95713 | VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING   | Neuropsychological and Psychological Tests | Y | FL/WA |   |
| 95714 | VEEG BY TECH EA INCR 12-26 HR UNMONITORED  | Neuropsychological and Psychological Tests | Y | FL/WA |   |
| 95715 | VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR  | Neuropsychological and Psychological Tests | Y | FL    |   |
| 95716 | VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR  | Neuropsychological and Psychological Tests | Y | FL/WA |   |
| 95718 | EEG PHYS QHP 2-12 HR WITH VEEG   | Neuropsychological and Psychological Tests | Y | FL    |   |
| 95719 | EEG PHYS QHP EA INCR OVER 12HR UNDER 26HR AFTER 24HR WO VI   | Neuropsychological and Psychological Tests | Y | FL    |   |
| 95720 | EEG PHYS QHP EA INCR OVER 12HR UNDER 26HR AFTER 24HR W VEE   | Neuropsychological and Psychological Tests | Y | FL/WA |   |
| 95721 | EEG COMPLETE STD PHYS QHP OVER 36 HR UNDER 60 HR W O VIDEO   | Neuropsychological and Psychological Tests | Y | FL    |   |





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|-------|---|---|---|--|--|
| 21151 | RCNSTJ MIDFACE LEFORT II W BONE GRAFTS              | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 21154 | RCNSTJ MIDFACE LEFORT III W O LEFORT I              | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 21155 | RCNSTJ MIDFACE LEFORT III W LEFORT I                | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 21159 | RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 21160 | RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 21172 | RCNSTJ SUPERIOR-LATERAL ORBITAL RIM AND LOWER FHD   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 21175 | RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 21240 | ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 21242 | ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 21243 | ARTHRP TMPRMAND JOINT W PROSTHETIC REPLACEMENT      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 21270 | MALAR AUGMENTATION PROSTHETIC MATERIAL              | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 21280 | MEDIAL CANTHOPEXY SEPARATE PROCEDURE                | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 21282 | LATERAL CANTHOPEXY                                  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 21295 | REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 21296 | REDUCTION MASSETER MUSCLE AND BONE INTRAORAL        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 21601 | EXCISION CH WAL TUM INC RIB(S)                      | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 22100 | PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22101 | PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22102 | PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22110 | PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22112 | PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22114 | PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22206 | OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22207 | OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR           | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22210 | OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22212 | OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22214 | OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22220 | OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22222 | OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22224 | OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22505 | MANIPULATION SPINE REQUIRING ANESTHESIA             | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22526 | PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22527 | PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22532 | ARTHRODESIS LATERAL EXTRACAVITARY THORACIC          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22533 | ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22534 | ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR     | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 22548 | ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22551 | ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22552 | ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC    | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 22554 | ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22556 | ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22558 | ARTHRODESIS ANTERIOR INTERBODY LUMBAR               | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22585 | ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC       | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 22586 | ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22590 | ARTHRODESIS POSTERIOR CRANIOCERVICAL                | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22595 | ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2              | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22600 | ARTHRODESIS PST PSTLAT CERVICAL BELW C2 SGM         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22610 | ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22612 | ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22614 | ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL        | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 22630 | ARTHRODESIS POSTERIOR INTERBODY LUMBAR              | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22632 | ARTHRODESIS POSTERIOR INTERBODY EA ADDL             | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 22633 | ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22634 | ARTHRODESIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 22800 | ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22802 | ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22804 | ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22808 | ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22810 | ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22812 | ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22818 | KYPHECTOMY SINGLE OR TWO SEGMENTS                   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22819 | KYPHECTOMY 3 OR MORE SEGMENTS                       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |

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|-------|--|---|---|--|--|
| 22830 | EXPLORATION SPINAL FUSION                            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22849 | REINSERTION SPINAL FIXATION DEVICE                   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22850 | REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22852 | REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22855 | REMOVAL ANTERIOR INSTRUMENTATION                     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22856 | TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22857 | TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22858 | TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL     | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 22861 | REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22862 | REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22864 | RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22865 | RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22867 | INSJ STABLI DEV W DCMPRN LUMBAR SINGLE LEVEL         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22868 | INSJ STABLI DEV W DCMPRN LUMBAR SECOND LEVEL         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22869 | INSJ STABLI DEV W O DCMPRN LUMBAR SINGLE LEVEL       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 22870 | INSJ STABLI DEV W O DCMPRN LUMBAR SECOND LEVEL       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 23120 | CLAVICULECTOMY PARTIAL                               | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 23125 | CLAVICULECTOMY TOTAL                                 | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 23130 | PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE           | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 23405 | TENOTOMY SHOULDER AREA 1 TENDON                      | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 23410 | OPEN REPAIR OF ROTATOR CUFF ACUTE                    | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 23412 | OPEN REPAIR OF ROTATOR CUFF CHRONIC                  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 23415 | CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY     | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 23420 | RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC         | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 23430 | TENODESIS LONG TENDON BICEPS                         | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 23450 | CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON         | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 23455 | CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR              | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 23460 | CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK              | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 23462 | CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR        | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 23465 | CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK     | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 23466 | CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS      | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 23470 | ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 23472 | ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER       | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 23473 | REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT     | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 23474 | REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 23700 | MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS      | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 25447 | ARTHRP INTERPOS INTERCARPAL METACARPAL JOINTS        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 26499 | CORRECTION CLAW FINGER OTHER METHODS                 | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 27120 | ACETABULOPLASTY                                      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 27122 | ACETABULOPLASTY RESECTION FEMORAL HEAD               | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 27125 | HEMIARTHROPLASTY HIP PARTIAL                         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 27130 | ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 27132 | CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 27134 | REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 27137 | REVJ TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 27138 | REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT             | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 27332 | ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT         | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 27333 | ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL and LAT     | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 27403 | ARTHROTOMY W/MENISCUS REPAIR KNEE                    | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 27405 | RPR PRIMARY TORN LIGM and /CAPSULE KNEE COLLATERAL   | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 27407 | REPAIR PRIMARY TORN LIGM and /CAPSULE KNEE CRUCIAT   | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 27409 | RPR 1 TORN LIGM and /CAPSL KNE COLTRL and CRUCIATE   | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 27412 | AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE             | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 27415 | OSTEOCHONDRAL ALLOGRAFT KNEE OPEN                    | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 27416 | OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY       | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 27418 | ANTERIOR TIBIAL TUBERCLEPLASTY                       | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 27420 | RCNSTJ DISLOCATING PATELLA                           | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 27422 | RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT and /MUSC RL   | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 27424 | RCNSTJ DISLC PATELLA W/PATELLECTOMY                  | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 27425 | LATERAL RETINACULAR RELEASE OPEN                     | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 27427 | LIGAMENOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR       | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 27428 | LIGAMENOUS RECONSTRUCTION KNEE INTRA-ARTICULAR       | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |

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|-------|--|---|---|--|--|
| 27429 | LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR            | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 27438 | ARTHROPLASTY PATELLA W PROSTHESIS                        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 27440 | ARTHROPLASTY KNEE TIBIAL PLATEAU                         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 27441 | ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVTCT       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 27442 | ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 27443 | ARTHRP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 27445 | ARTHROPLASTY KNEE HINGE PROSTHESIS                       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 27446 | ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 27447 | ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 27486 | REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT           | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 27487 | REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 27570 | MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA         | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 28005 | INCISION BONE CORTEX FOOT                                | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28008 | FASCIOTOMY FOOT AND TOE                                  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28010 | TENOTOMY PERCUTANEOUS TOE SINGLE TENDON                  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28011 | TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON                | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28035 | RELEASE TARSAL TUNNEL                                    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28060 | FASCIECTOMY PLANTAR FASCIA PARTIAL SPX                   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28062 | FASCIOTOMY PLANTAR FASCIA RADICAL SPX                    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28080 | EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28090 | EXC LESION TENDON SHEATH CAPSULE W SYNVTCT FOOT          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28092 | EXC LESION TENDON SHEATH CAPSULE W SYNVTCT TOE EA        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28100 | EXCISION CURETTAGE CYST TUMOR TALUS CALCANEUS            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28102 | EXC CURTG CST B9 TUM TALUS CLCNS W ILIAC AGRFT           | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28103 | EXC CURETTAGE CYST TUMOR TALUS CALCANEUS ALGRFT          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28104 | EXC CURTG BONE CYST B9 TUMORTARSAL METATARSAL            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28106 | EXC CURTG CST B9 TUM TARSAL METAR W ILIAC AGRFT          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28107 | EXC CURTG CST B9 TUM TARSAL METAR W ALGRFT               | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28108 | EXC CURTG CST B9 TUM PHALANGES FOOT                      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28110 | OSTECTOMY PRTL 5TH METAR HEAD SPX                        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28111 | OSTECTOMY COMPLETE 1ST METATARSAL HEAD                   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28112 | OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4           | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28113 | OSTECTOMY COMPLETE 5TH METATARSAL HEAD                   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28114 | OSTC COMPL ALL METAR HEADS W PRTL PROX PHALANGC          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28116 | OSTECTOMY TARSAL COALITION                               | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28118 | OSTECTOMY CALCANEUS                                      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28119 | OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28120 | PARTIAL EXCISION BONE TALUS CALCANEUS                    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28122 | PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28124 | PARTIAL EXCISION BONE PHALANX TOE                        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28126 | RESECTION PARTIAL COMPLETE PHALANGEAL BASE EACH          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28130 | TALECTOMY ASTRAGALECTOMY                                 | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28140 | METATARSECTOMY   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28150 | PHALANGECTOMY TOE EACH TOE                               | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28153 | RESECTION CONDYLE DISTAL END PHALANX EACH TOE            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28160 | HEMIPHALANGECTOMY INTERPHALANGEAL JOINT EXC TOE          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28171 | RAD RESCJ TUMOR TARSAL EXCEPT TALUS CALCANEUS            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28173 | RADICAL RESECTION TUMOR METATARSAL                       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28175 | RADICAL RESECTION TUMOR PHALANX OR TOE                   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28200 | RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28202 | RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28208 | REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON              | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28210 | RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28220 | TENOLYSIS FLEXOR FOOT SINGLE TENDON                      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28222 | TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS                   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28225 | TENOLYSIS EXTENSOR FOOT SINGLE TENDON                    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28226 | TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON                  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28230 | TX OPN TENDON FLEXOR FOOT SINGLE MULT TENDON SPX         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28232 | TX OPEN TENDON FLEXOR TOE 1 TENDON SPX                   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28234 | TENOTOMY OPEN EXTENSOR FOOT TOE EACH TENDON              | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28238 | RCNSTJ PST TIBL TDN W EXC ACCESSORY TARSL NAVCLR         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28240 | TENOTOMY LENGTHENING RLS ABDUCTOR HALLUCIS MUSC          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |

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|-------|--|---|---|--|--|
| 28250 | DIVISION PLANTAR FASCIA AND MUSCLE SPX             | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28260 | CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28261 | CAPSULOTOMY MIDFOOT W TENDON LENGTHENING           | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28262 | CAPSUL MIDFOOT W PST TALOTIBL CAPSUL AND TDN LNGTH | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28264 | CAPSULOTOMY MIDTARSAL                              | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28270 | CAPSUL MTTARPHLNGL JT W WO TENORRHAPHY EA JT SPX   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28272 | CAPSULOTOMY IPHAL JOINT EACH JOINT SPX             | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28280 | SYNDACTYLIZATION TOES                              | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28285 | CORRECTION HAMMERTOES                              | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28286 | CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28288 | OSTC PRTL EXOSTC CONDYLIC METAR HEAD               | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28289 | HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28291 | HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28292 | CORRJ HALLUX VALGUS W SESMDC W RESCJ PROX PHAL     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28295 | CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28296 | CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28297 | CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28298 | CORRJ HALLUX VALGUS W SESMDC W PROX PHLNK OSTEOT   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28299 | CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28300 | OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28302 | OSTEOTOMY TALUS                                    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28304 | OSTEOTOMY TARSAL BONES OTH THN CALCANEUS TALUS     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28305 | OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28306 | OSTEOT W WO LNGTH SHRT CORRJ 1ST METAR             | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28307 | OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28308 | OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST EA      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28309 | OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28310 | OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE             | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28312 | OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28313 | RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28315 | SESAMOIDECTOMY FIRST TOE SPX                       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28320 | REPAIR NONUNION MALUNION TARSAL BONES              | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28322 | RPR NON MALUNION METARSAL W WO BONE GRAFT          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28340 | RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28341 | RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28344 | RECONSTRUCTION TOE POLYDACTYLY                     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28345 | RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28360 | RECONSTRUCTION CLEFT FOOT                          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28705 | ARTHRODESIS PANTALAR                               | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28715 | ARTHRODESIS TRIPLE                                 | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28725 | ARTHRODESIS SUBTALAR                               | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28730 | ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28735 | ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28737 | ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR-CUNEIFOR | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28740 | ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28750 | ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28755 | ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28760 | ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 28890 | ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 29805 | ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX   | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |  |
| 29806 | ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 29807 | ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 29819 | ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 29820 | ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 29821 | ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 29822 | ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 29823 | ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 29824 | ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 29825 | ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 29826 | ARTHROSCOPY SHOULDER W CORACOACRM LIGMNT RELEASE   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 29827 | ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR           | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |
| 29828 | ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR           | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |  |

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| 29860 | ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX     | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |                     |
| 29861 | ARTHROSCOPY HIP SURGICAL W/REMOVAL LOOSE/FB          | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |                     |
| 29862 | ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG       | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |                     |
| 29863 | ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY               | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |                     |
| 29866 | ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST     | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |                     |
| 29867 | ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT             | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |                     |
| 29868 | ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT            | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |                     |
| 29870 | ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX     | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |                     |
| 29873 | ARTHROSCOPY KNEE LATERAL RELEASE                     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29874 | ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29875 | ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX             | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29876 | ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GRT COMPARTMENTS   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29877 | ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29879 | ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29880 | ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29881 | ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29882 | ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29883 | ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29884 | ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29885 | ARTHRS KNEE DRILL OSTEOCHONDITIS DISSECANS GRFG      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29886 | ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29887 | ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29888 | ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29889 | ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29891 | ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29892 | ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29893 | ENDOSCOPIC PLANTAR FASCIOTOMY                        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29894 | ARTHROSCOPY ANKLE W REMOVAL LOOSE FOREIGN BODY       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29895 | ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29897 | ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29898 | ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29899 | ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29914 | ARTHROSCOPY HIP W FEMOROPLASTY                       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29915 | ARTHROSCOPY HIP W ACETABULOPLASTY                    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 29916 | ARTHROSCOPY HIP W LABRAL REPAIR                      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 30465 | REPAIR NASAL VESTIBULAR STENOSIS                     | OP Hosp/Amb Surgery Center (ASC) procedures | Y | WA |                     |
| 30520 | SEPTOPLASTY SUBMUCOUS RESECT W WO CARTILAGE GRF      | OP Hosp/Amb Surgery Center (ASC) procedures | Y | WA |                     |
| 30540 | REPAIR CHOANAL ATRESIA INTRANASAL                    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 30545 | REPAIR CHOANAL ATRESIA TRANSPALATINE                 | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 31253 | NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL      | OP Hosp/Amb Surgery Center (ASC) procedures | Y | WA |                     |
| 31257 | NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY            | OP Hosp/Amb Surgery Center (ASC) procedures | Y | WA |                     |
| 31259 | NASAL SINUS NDSC TOT W SPHENDT W SPHEN TISS RMVL     | OP Hosp/Amb Surgery Center (ASC) procedures | Y | WA |                     |
| 31295 | NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 31296 | NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 31297 | NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 31298 | NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION   | OP Hosp/Amb Surgery Center (ASC) procedures | Y | WA |                     |
| 31660 | BRONCHOSCOPIC THERMOPLASTY ONE LOBE                  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 31661 | BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 32994 | ABLATION THER 1 PLUS PULM TUMORS PERQ CRYOABLATION   | OP Hosp/Amb Surgery Center (ASC) procedures | Y | WA |                     |
| 33206 | INS NEW RPLCMT PRM PACEMAKR W TRANS ELTRD ATRIAL     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 33207 | INS NEW RPLC PRM PACEMAKER W TRANSV ELTRD VENTR      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 33208 | INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL AND VENT | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 33210 | INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH       | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    | ~APPLIES TO: WA TBD |
| 33211 | INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX     | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    | ~APPLIES TO: WA TBD |
| 33212 | INS PM PLS GEN W EXIST SINGLE LEAD                   | OP Hosp/Amb Surgery Center (ASC) procedures | Y | WA |                     |
| 33213 | INS PACEMAKER PULSE GEN ONLY W EXIST DUAL LEADS      | OP Hosp/Amb Surgery Center (ASC) procedures | Y | WA |                     |
| 33214 | UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS      | OP Hosp/Amb Surgery Center (ASC) procedures | Y | WA |                     |
| 33215 | RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE     | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    | ~APPLIES TO: WA TBD |
| 33216 | INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB     | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    | ~APPLIES TO: WA TBD |
| 33217 | INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB     | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    | ~APPLIES TO: WA TBD |
| 33221 | INS PACEMAKER PULSE GEN ONLY W EXIST MULT LEADS      | OP Hosp/Amb Surgery Center (ASC) procedures | Y | WA |                     |
| 33224 | INSJ ELTRD CAR VEN SYS ATTCH PREV PM DFB PLS GEN     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |

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| 33225 | INSJ ELTRD CAR VEN SYS TM INSJ DFB PM PLS GEN                            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 33227 | REMLV PERM PM PLSE GEN W REPL PLSE GEN SNGL LEAD                         | OP Hosp/Amb Surgery Center (ASC) procedures | Y | WA |                     |
| 33228 | REMLV PERM PM PLS GEN W REPL PLSE GEN 2 LEAD SYS                         | OP Hosp/Amb Surgery Center (ASC) procedures | Y | WA |                     |
| 33229 | REMLV PERM PM PLS GEN W REPL PLSE GEN MULT LEAD                          | OP Hosp/Amb Surgery Center (ASC) procedures | Y | WA |                     |
| 33230 | INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS                         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 33231 | INSJ IMPLNTBL DEFIB PULSE GEN W EXIST MULTILEADS                         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 33240 | INSJ IMPLNTBL DEFIB PULSE GEN W 1 EXISTING LD                            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 33249 | INSJ RPLCMT PERM DFB W TRNSVNS LDS 1 DUAL CHMBR                          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 33262 | RMVL IMPLTBL DFB PLSE GEN W REPL PLSE GEN 1 LEAD                         | OP Hosp/Amb Surgery Center (ASC) procedures | Y | WA |                     |
| 33263 | RMVL IMPLTBL DFB PLSE GEN W RPLCMT PLSE GEN 2 LD                         | OP Hosp/Amb Surgery Center (ASC) procedures | Y | WA |                     |
| 33264 | RMVL IMPLTBL DFB PLS GEN W RPLCMT PLS GEN MLT LD                         | OP Hosp/Amb Surgery Center (ASC) procedures | Y | WA |                     |
| 33270 | INS RPLCMNT PERM SUBQ IMPLTBL DFB W SUBQ ELTRD                           | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 33274 | TCAT INSJ RPL PERM LEADLESS PACEMAKER RV W IMG                           | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 33275 | TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR                             | OP Hosp/Amb Surgery Center (ASC) procedures | Y | WA |                     |
| 33285 | INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG                           | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    | ~APPLIES TO: WA TBD |
| 33289 | TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR                            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 33975 | INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |                     |
| 33976 | INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR    | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |                     |
| 33979 | INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC                            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 33999 | UNLISTED CARDIAC SURGERY   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 36460 | TRANSFUSION INTRAUTERINE FETAL   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 36465 | NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN                             | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 36466 | NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS                          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 36468 | INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK                          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 36470 | INJECTION SCLEROSANT SINGLE INCMPTNT VEIN                                | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 36471 | INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS                             | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 36473 | ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN                            | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    | ~APPLIES TO: WA TBD |
| 36475 | ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN                              | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 36476 | ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS                        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 36478 | ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN                           | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 36479 | ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS                     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 36482 | ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN                                | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 36483 | ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN                               | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 36514 | THERAPEUTIC APHERESIS PLASMA PHERESIS                                    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 37191 | INS INTRVAS VC FILTR W WO VAS ACS VSL SELXN RS AND I                     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 37220 | REVASCLARIZATION ILIAC ARTERY ANGIOPL 1ST VSL                            | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    | ~APPLIES TO: WA TBD |
| 37221 | REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY                         | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    | ~APPLIES TO: WA TBD |
| 37224 | REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI                                  | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    | ~APPLIES TO: WA TBD |
| 37225 | REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL                              | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    | ~APPLIES TO: WA TBD |
| 37226 | REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL                               | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    | ~APPLIES TO: WA TBD |
| 37227 | REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL                         | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    | ~APPLIES TO: WA TBD |
| 37228 | REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI                                 | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    | ~APPLIES TO: WA TBD |
| 37229 | REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL                             | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    | ~APPLIES TO: WA TBD |
| 37230 | REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL                              | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    | ~APPLIES TO: WA TBD |
| 37231 | REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL                         | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    | ~APPLIES TO: WA TBD |
| 37243 | VASCULAR EMBOLIZE OCCLUDE ORGAN TUMOR INFARCT                            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 37500 | VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX                           | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    | ~APPLIES TO: WA TBD |
| 37700 | LIG AND DIV LONG SAPH VEIN SAPHFEM JUNCT INTERRUPT                       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 37718 | LIGJ DIVJ AND STRIPPING SHORT SAPHENOUS VEIN                             | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 37722 | LIGJ DIVJ AND STRIP LONG SAPH SAPHFEM JUNCT KNE BELW                     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 37735 | LIGJ AND DIVJ RADICAL STRIP LONG SHORT SAPHENOUS                         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 37760 | LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG                         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 37761 | LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG                         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 37765 | STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS                         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 37766 | STAB PHLEBT VARICOSE VEINS 1 XTR OVER 20 INCS                            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 37780 | LIGJ AND DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX                        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 37785 | LIGJ DIVJ AND EXCJ VARICOSE VEIN CLUSTER 1 LEG                           | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 38204 | MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ                       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 38207 | TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR                         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |
| 38208 | TRNSPL PREPJ HEMATOP PROGEN THAW PREV HRV PER DNR                        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |                     |

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| 38209 | TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 38210 | TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 38211 | TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 38212 | TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 38213 | TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 38214 | TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 38215 | TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 38232 | BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 38573 | LAPS W BI TOT PEL LMPHADEC AND OMNTC LYMPH BX  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 43644 | LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM   | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |             |
| 43645 | LAPS GSTR RSTCV PX W BYP AND SM INT RCNSTJ   | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |             |
| 43647 | LAPS IMPLTJ RPLCMT GASTRIC NSTIM ELTRD ANTRUM  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 43648 | LAPS REVISION RMVL GASTRIC NSTIM ELTRD ANTRUM  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 43653 | LAPS SURG GASTROSTOMY W O CONSTJ GSTR TUBE SPX   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 43770 | LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE  | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |             |
| 43771 | LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE  | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |             |
| 43772 | LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE  | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |             |
| 43773 | LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE   | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |             |
| 43774 | LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE AND PORT   | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |             |
| 43775 | LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 43842 | GASTRIC RSTCV W O BYP VERTICAL-BANDED GASTROPLY  | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |             |
| 43843 | GSTR RSTCV W O BYP OTH THN VER-BANDED GSTP   | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |             |
| 43845 | GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 43846 | GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS  | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |             |
| 43847 | GASTRIC RSTCV W BYP W SM INT RCNSTJ LIMIT ABSRPJ   | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |             |
| 43848 | REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE  | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |             |
| 43881 | IMPLTJ RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 43882 | REVISION RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 43886 | GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY  | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |             |
| 43887 | GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 43888 | GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT   | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |             |
| 47380 | ABLTJ OPN 1 OR GRT LVR TUM RF  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 47381 | ABLTJ OPN 1 OR GRT LVR TUM CRYOSURG  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 47382 | ABLTJ 1 OR GRT LVR TUM PRQ RF  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 47605 | CHOLECYSTECTOMY W CHOLANGIOGRAPHY  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 47610 | CHOLECYSTECTOMY W EXPLORATION COMMON DUCT  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 47612 | CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 47620 | CHOLECSTC EXPL DUX SPHNCTROTOMY SPHNCTROP  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 49255 | OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 49904 | OMENTAL FLAP EXTRA-ABDOMINAL   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 49906 | FREE OMENTAL FLAP W MICROVASCULAR ANAST  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 50590 | LITHOTRIPSY XTRCORP SHOCK WAVE   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 52441 | CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 52649 | LASER ENUCLEATION PROSTATE W MORCELLATION  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 53850 | TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 53852 | TRURL DSTRJ PRSTATE TISS RF THERMOTH   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 53854 | TRURL DSTRJ PROSTATE TISS RF WV THERMOTHERAPY  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 54401 | INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 54405 | INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 55874 | TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1 MLT NJX   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 55880 | ABLATION OF MALIGNANT PROSTATE TISSUE, TRANSRECTAL, WITH HIGH INTENSITY- FOCUSED ULTRASOUND (HIFU), INCLUDING ULTRASOUND GUIDANCE  | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |             |
| 55970 | INTERSEX SURG MALE FEMALE  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 55980 | INTERSEX SURG FEMALE MALE  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 57288 | SLING OPERATION STRESS INCONTINENCE  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 57289 | PEREYRA PX W ANTERIOR COLPORRHAPHY   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |             |
| 57465 | COMPUTER-AIDED MAPPING OF CERVIX UTERI DURING COLPOSCOPY, INCLUDING OPTICAL DYNAMIC SPECTRAL IMAGING AND ALGORITHMIC QUANTIFICATION OF THE ACETOWHITENING EFFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |             |
| 58150 | TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    | MARKETPLACE |

|       |  |   |   |    |  |
|-------|--|---|---|----|--|
| 58152 | TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58180 | SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58200 | TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58210 | RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58240 | PEL EXNTJ GYNECOLOGIC MAL                              | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58260 | VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS             | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58262 | VAG HYST 250 GM OR LESS W RMVL TUBE AND OVARY          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58263 | VAG HYST 250 GM OR LESS W RMVL TUBE OVARY W RPR NTRCL  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58267 | VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58270 | VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58275 | VAGINAL HYSTERECTOMY W TOT PRTL VAGINECTOMY            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58280 | VAG HYSTER W TOT PRTL VAGINECT W RPR ENTEROCELE        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58285 | VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58290 | VAGINAL HYSTERECTOMY UTERUS OVER 250 GM                | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58291 | VAG HYST OVER 250 GM RMVL TUBE AND OVARY               | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58292 | VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58294 | VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58321 | ARTIFICIAL INSEMINATION INTRA-CERVICAL                 | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |  |
| 58322 | ARTIFICIAL INSEMINATION INTRA-UTERINE                  | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |  |
| 58323 | SPERM WASHING ARTIFICIAL INSEMINATION                  | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |  |
| 58345 | TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING        | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |  |
| 58350 | CHROMOTUBATION OVIDUCT W MATERIALS                     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58356 | ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58540 | HYSTEROPLASTY RPR UTERINE ANOMALY                      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58541 | LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58542 | LAPS SUPRACRV HYSTERECT 250 GM OR LESS RMVL TUBE OVAR  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58543 | LAPS SUPRACERVICAL HYSTERECTOMY OVER 250               | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58544 | LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58545 | LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58546 | LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58548 | LAPS W RAD HYST W BILAT LMPHADEC RMVL TUBE OVARY       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58550 | LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58552 | LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58553 | LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS             | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58554 | LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVAR  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58570 | LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OR LESS | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58571 | LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58572 | LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58573 | LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVAR    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58660 | LAPAROSCOPY W LYSIS OF ADHESIONS                       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58661 | LAPAROSCOPY W RMVL ADNEXAL STRUCTURES                  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58662 | LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58672 | LAPAROSCOPY FIMBRIOPLASTY                              | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58673 | LAPAROSCOPY SALPINGOSTOMY                              | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58700 | SALPINGECTOMY COMPLETE PARTIAL UNI BI SPX              | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58720 | SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI SPX            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58740 | LYSIS OF ADHESIONS SALPINX OVARY                       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58750 | TUBOTUBAL ANASTATOMOSIS                                | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |  |
| 58752 | TUBOUTERINE IMPLANTATION                               | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |  |
| 58760 | FIMBRIOPLASTY  | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |  |
| 58770 | SALPINGOSTOMY  | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |  |
| 58940 | OOPHORECTOMY PARTIAL TOTAL UNI BI                      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58943 | OOPHORECTOMY PRTL TOT UNI BI OVARIAN MALIGNANCY        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58950 | RESCJ OVARIAN TUBAL PERITONEAL MALIGNANCY W BSO        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58951 | RESCJ PRIM PRTL MAL W BSO AND OMNTC TAH AND LMPHAD     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58952 | RESCJ PRIM PRTL MAL W BSO AND OMNTC RAD DEBULKING      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58953 | BSO W OMENTECTOMY TAH AND RAD DEBULKING DISSECTION     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58954 | BSO W OMENTECTOMY TAH DEBULKING W LMPHADECOTOMY        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58956 | BSO W TOT OMENTECTOMY AND HYSTERECTOMY MALIGNANC       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58957 | RESE CJ RECUR OVARIAN TUBAL PERITONEAL MALIGNANCY      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58958 | RESECTION RECRT MAL W OMENTECTOMY PEL LMPHADEC         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 58970 | FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD          | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |  |



|       |  |   |   |    |  |
|-------|--|---|---|----|--|
| 58974 | EMBRYO TRANSFER INTRAUTERINE                         | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |  |
| 58976 | GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METH     | OP Hosp/Amb Surgery Center (ASC) procedures | Y | SC |  |
| 59070 | TRANSABDOMINAL AMNIOINFUSION W ULTRSDND GUIDANCE     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 59072 | FETAL UMBILICAL CORD OCCLUSION W ULTRSDND GUIDNCE    | OP Hosp/Amb Surgery Center (ASC) procedures | Y | WA |  |
| 59074 | FETAL FLUID DRAINAGE W ULTRASOUND GUIDANCE           | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 59076 | FETAL SHUNT PLACEMENT W ULTRASOUND GUIDANCE          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 61863 | STRCTC IMPLTJ NSTIM ELTRD W O RECORD 1ST ARRAY       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 61867 | STRCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 61885 | INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 61886 | INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 62324 | NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 62325 | NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 62326 | NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 62327 | NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 62369 | ELECT ANLYS IMPLT ITHCL EDRL PMP W REPRG AND REFIL   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 62370 | ELEC ANLYS IMPLT ITHCL EDRL PMP W REPR PHYS QHP      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 62380 | NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63001 | LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63003 | LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63005 | LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR              | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63011 | LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL              | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63012 | LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR            | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63015 | LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63016 | LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63017 | LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR           | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63020 | LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERV      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63030 | LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63035 | LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR          | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |  |
| 63040 | LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63042 | LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63043 | LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV       | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |  |
| 63044 | LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR       | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |  |
| 63045 | LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63046 | LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63047 | LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63048 | LAM FACETECTOMY and FORAMTOMY 1 SGM EA CRV THRC/LMBR | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |  |
| 63050 | LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63051 | LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63055 | TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63056 | TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63057 | TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR       | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |  |
| 63064 | COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63075 | DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63076 | DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC        | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |  |
| 63077 | DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63081 | VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63082 | VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG          | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |  |
| 63085 | VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63087 | VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG        | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63090 | VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG      | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63101 | VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63102 | VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 63300 | VCRPEC LES 1 SGM XDRL CERVICAL                       | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |  |
| 63304 | VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL     | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |  |
| 63308 | VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG          | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |    |  |
| 64553 | PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE       | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 64568 | INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 64569 | REVISION REPLMT NEUROSTIMULATOR ELTRD CRANIAL NRV    | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 64570 | REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO     | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 64590 | INSERTION RPLCMT PERIPHERAL GASTRIC NPGR             | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 64595 | REVISION RMVL PERIPHERAL GASTRIC NPGR                | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |
| 64912 | NERVE REPAIR W NERVE ALLOGRAFT FIRST STRAND          | OP Hosp/Amb Surgery Center (ASC) procedures | Y |    |  |

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|-------|---|---|---|-------------|---------------------|
| 65771 | RADIAL KERATOTOMY   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 65772 | CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 65775 | CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 67900 | REPAIR BROW PTOSIS  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 67901 | RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 67902 | RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 67903 | RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 67909 | REDUCTION OVERCORRECTION PTOSIS   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 67950 | CANTHOPLASTY  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 69714 | IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 69715 | IMPLJ OSSEOINTEGRATED TEMPORAL BONE W O MASTOID   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 69717 | RPLMCT OSSEOINTEGRATE IMPLNT W O MASTOIDECTOMY  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 69718 | RPLMCT OSSEOINTEGRATE IMPLNT W MASTOIDECTOMY  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 69930 | COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 93025 | MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS   | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |             | ~APPLIES TO: WA TBD |
| 93229 | XTRNL MOBILE CV TELEMTRY W TECHNICAL SUPPORT  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 93580 | PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT   | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |             | ~APPLIES TO: WA TBD |
| 93581 | PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT  | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |             | ~APPLIES TO: WA TBD |
| 93582 | PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS  | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |             | ~APPLIES TO: WA TBD |
| 95249 | CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96567 | PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96570 | PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96571 | PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96573 | PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96574 | DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96900 | ACTINOTHERAPY ULTRAVIOLET LIGHT   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96902 | MCRSCP XM HAIR PLUCK CLIP FOR CNTS STRUCT ABNORM  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96904 | WHOLE BODY INTEGUMENTARY PHOTOGRAPHY  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96910 | PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96912 | PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96913 | PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96920 | LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96921 | LASER SKIN DISEASE PSORIASIS 250-500 SQ CM  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96922 | LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96931 | RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I & R 1ST  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96932 | RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQUISITION  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96933 | RCM CELULR AND SUBCELULR SKN IMGNG I AND R 1ST LES  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96934 | RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I & R ADD  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96935 | RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ EA ADDL  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 96936 | RCM CELULR AND SUBCELULR SKN IMGNG I AND R EA ADDL  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| 0095T | RMVL TOT DISC ARTHRP ANT APPR CRV EA NTRSPC   | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |             |                     |
| 0098T | REVJ TOT DISC ARTHRP ANT APPR CRV EA NTRSPC   | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |             |                     |
| C1825 | GEN NEUROSTIM NONRCHRGBL W/CAR SIN BR STIM LEAD   | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |             |                     |
| C2616 | BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| C9734 | FOCUSED U S ABL TX INT OTH THAN UT LEIOMYOMATA  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| C9738 | ADJUNCTIVE BLUE LIGHT CYSTOSCOPY FLUO IMAG AGT  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             | WA                  |
| C9739 | CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 1-3 IMPL  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| C9740 | CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 4 OR GRT IMPL   | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| C9747 | ABLATION PROSTATE TRANSRECTAL HIFU INCL I GUID  | OP Hosp/Amb Surgery Center (ASC) procedures | Y |             |                     |
| C9757 | LAMINOTOMY DECOMP NERVE ROOT; 1 INTERSPACE LUMB   | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |             |                     |
| C9761 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSOCOPY, WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED) AND VACUUM ASPIRATION OF THE KIDNEY, COLLECTING SYSTEM AND URETHRA IF APPLICABLE | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |             |                     |
| C9764 | REV EVAR OPEN/PERQ ANY VESSEL;IV LITHOTRIPSY  | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |             |                     |
| C9765 | REV EVAR ANY VES;IV LITHOTRIPSY and TL STENT PLCMT  | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |             |                     |
| C9766 | REV EVAR ANY VES;IV LITHOTRIPSY AND ATHERECTOMY   | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |             |                     |
| C9767 | REV EVAR ANY VES;IV LITHO and TL STNT PLCMT and ATHERECT  | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |             |                     |
| C9769 | CYSTOURETHROSCOPY, WITH INSERTION OF TEMPORARY PROSTATIC IMPLANT/STENT WITH FIXATION/ANCHOR AND INCISIONAL STRUTS   | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |             |                     |
| C9770 | VITRECTOMY MECH PP APP SR INJ PHRMACL/BIOAGENT  | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |             |                     |
| C9771 | NASAL/SINUS ENDO-CRYO AND / NERVE UNIL/BIL  | OP Hosp/Amb Surgery Center (ASC) Procedures | Y | MARKETPLACE |                     |

|       |  |   |   |  |       |
|-------|--|---|---|--|-------|
| C9772 | RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIpsy         | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |       |
| C9773 | RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH and TL SP         | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |       |
| C9774 | RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH and ATHREC     | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |       |
| C9775 | RVSC EVAR OPN/P TIB/PA;IVASC LITH and TL STNT PL and ATH | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |       |
| G0289 | SCOPE KNEE REMV FB/SHAV TM OTH SURG DIFF CMPRTMT         | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |       |
| G2170 | AVF BY TISSUE W THERMAL E                                | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |       |
| G2171 | AVF USE MAGNETIC/ART/VEN                                 | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |       |
| S2095 | TRNSCATH OCCL EMBOLIZ TUMR DESTRUC PERQ METH USI         | OP Hosp/Amb Surgery Center (ASC) procedures | Y |  |       |
| S2118 | METL-ON-METL TOT HIP RESRFC ACETAB AND FEM CMPNT         | OP Hosp/Amb Surgery Center (ASC) Procedures | Y |  |       |
| 27096 | INJECT SI JOINT ARTHRGRPHY AND ANES STEROID W IMA        | Pain Management Procedures                  | Y |  |       |
| 27279 | ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS                | Pain Management Procedures                  | Y |  |       |
| 62263 | PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS     | Pain Management Procedures                  | Y |  |       |
| 62264 | PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY         | Pain Management Procedures                  | Y |  |       |
| 62320 | NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN           | Pain Management Procedures                  | Y |  |       |
| 62321 | NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN             | Pain Management Procedures                  | Y |  |       |
| 62322 | NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN           | Pain Management Procedures                  | Y |  |       |
| 62323 | NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN             | Pain Management Procedures                  | Y |  |       |
| 62350 | IMPLTJ REVJ RPSG ITHCL EDRL CATH PMP W O LAM             | Pain Management Procedures                  | Y |  |       |
| 62351 | IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM                   | Pain Management Procedures                  | Y |  |       |
| 62360 | IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR              | Pain Management Procedures                  | Y |  |       |
| 62361 | IMPLTJ RPLCMT FS NON-PRGRBL PUMP                         | Pain Management Procedures                  | Y |  |       |
| 62362 | IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP            | Pain Management Procedures                  | Y |  |       |
| 62367 | ELECT ANALYS IMPLT ITHCL EDRL PMP W O REPRG REFIL        | Pain Management Procedures                  | Y |  |       |
| 62368 | ELECT ANALYS IMPLT ITHCL EDRL PUMP W REPRGRMG            | Pain Management Procedures                  | Y |  |       |
| 63650 | PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL                | Pain Management Procedures                  | Y |  |       |
| 63655 | LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL                | Pain Management Procedures                  | Y |  |       |
| 63661 | RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR             | Pain Management Procedures                  | Y |  |       |
| 63662 | RMVL SPINAL NSTIM ELTRD PLATE PADDLE INCL FLUOR          | Pain Management Procedures                  | Y |  |       |
| 63663 | REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR           | Pain Management Procedures                  | Y |  |       |
| 63664 | REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR         | Pain Management Procedures                  | Y |  |       |
| 63685 | INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING               | Pain Management Procedures                  | Y |  |       |
| 63688 | REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR           | Pain Management Procedures                  | Y |  |       |
| 64450 | INJECTION ANES OTHER PERIPHERAL NERVE BRANCH             | Pain Management Procedures                  | Y |  |       |
| 64451 | INJECTION AA AND STRD NERVES NRVTG SI JOINT W IMG        | Pain Management Procedures                  | Y |  |       |
| 64454 | INJECTION AA AND STRD GENICULAR NRV BRANCHES W IMG       | Pain Management Procedures                  | Y |  |       |
| 64461 | PVB THORACIC SINGLE INJECTION SITE W IMG GID             | Pain Management Procedures                  | Y |  |       |
| 64462 | PVB THORACIC SECOND AND ADDL INJ SITE W IMG GID          | Pain Management Procedures                  | Y |  |       |
| 64463 | PVB THORACIC CONT CATHETER INFUSION W IMG GID            | Pain Management Procedures                  | Y |  |       |
| 64479 | NJX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL        | Pain Management Procedures                  | Y |  |       |
| 64480 | NJX ANES AND STRD W IMG TFRML EDRL CRV THRC EA LV        | Pain Management Procedures                  | Y |  |       |
| 64483 | NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL        | Pain Management Procedures                  | Y |  |       |
| 64484 | NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV        | Pain Management Procedures                  | Y |  |       |
| 64486 | TAP BLOCK UNILATERAL BY INJECTION(S)                     | Pain Management Procedures                  | Y |  |       |
| 64487 | TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)           | Pain Management Procedures                  | Y |  |       |
| 64488 | TAP BLOCK BILATERAL BY INJECTION(S)                      | Pain Management Procedures                  | Y |  |       |
| 64489 | TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)            | Pain Management Procedures                  | Y |  |       |
| 64490 | NJX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL           | Pain Management Procedures                  | Y |  |       |
| 64491 | NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL         | Pain Management Procedures                  | Y |  |       |
| 64492 | NJX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL      | Pain Management Procedures                  | Y |  |       |
| 64493 | NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL           | Pain Management Procedures                  | Y |  |       |
| 64494 | NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL         | Pain Management Procedures                  | Y |  |       |
| 64495 | NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL      | Pain Management Procedures                  | Y |  |       |
| 64600 | DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH            | Pain Management Procedures                  | Y |  |       |
| 64624 | DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W IMG         | Pain Management Procedures                  | Y |  |       |
| 64625 | RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W IMG GDN           | Pain Management Procedures                  | Y |  |       |
| 64633 | DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA         | Pain Management Procedures                  | Y |  |       |
| 64634 | DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA         | Pain Management Procedures                  | Y |  |       |
| 64635 | DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL         | Pain Management Procedures                  | Y |  |       |
| 64636 | DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL         | Pain Management Procedures                  | Y |  |       |
| 64640 | DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE            | Pain Management Procedures                  | Y |  |       |
| 97810 | ACUPUNCTURE 1 OR GRT NDLES W O ELEC STIMJ INIT 15 MIN    | Pain Management Procedures                  | Y |  | OH/SC |
| 97811 | ACUPUNCTURE 1 OR GRT NDLES W O ELEC STIMJ EA 15 MIN      | Pain Management Procedures                  | Y |  | OH/SC |

|       |  |                            |   |       |  |
|-------|--|----------------------------|---|-------|--|
| 97813 | ACUPUNCTURE 1 OR GRT NDLS W ELEC STIMJ 1ST 15 MIN                | Pain Management Procedures | Y | OH/SC |  |
| 97814 | ACCUPUNTURE 1 OR GRT NDLS W ELEC STIM, EA 15 MINS, W REINSERTION | Pain Management Procedures | Y | OH/SC |  |
| G0260 | INJ PROC SI JNT;ANES STEROID AND TX AGT AND ARTHROGRPH           | Pain Management Procedures | Y |       |  |
| 93797 | OUTPATIENT CARDIAC REHAB W/CONT ECG MONITOR                      | Physical Therapy           | Y |       |  |
| 93798 | OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR                    | Physical Therapy           | Y |       |  |
| 97110 | THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES              | Physical Therapy           | Y |       |  |
| 97112 | THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC RE-ED               | Physical Therapy           | Y |       |  |
| 97129 | THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES                        | Physical Therapy           | Y |       |  |
| 97130 | THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES                    | Physical Therapy           | Y |       |  |
| 97763 | ORTHOTICS PROSTH MGMT AND TRAINJ SBSQ ENCTR 15 MIN               | Physical Therapy           | Y |       |  |
| G0422 | INTENSIVE CARD REHAB; W/WO CONT ECG MON W/EXER                   | Physical Therapy           | Y |       |  |
| G0423 | INTENSIVE CARD REHAB; W/WO CONT ECG MON W/O EXER                 | Physical Therapy           | Y |       |  |
| G0424 | PULM REHAB INCL EXER 1 HR PER SESS TO 2 PER DAY                  | Physical Therapy           | Y |       |  |
| S9472 | CARD REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM                 | Physical Therapy           | Y |       |  |
| S9473 | PULM REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM                 | Physical Therapy           | Y |       |  |
| L0452 | TLSO FLEXIBLE TRUNK SUPP UP THOR REGION CUSTOM                   | Prosthetics & Orthotics    | Y |       |  |
| L0480 | TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM                   | Prosthetics & Orthotics    | Y |       |  |
| L0482 | TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM                     | Prosthetics & Orthotics    | Y |       |  |
| L0484 | TLSO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM                   | Prosthetics & Orthotics    | Y |       |  |
| L0486 | TLSO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM                     | Prosthetics & Orthotics    | Y |       |  |
| L0622 | SACROILIAC ORTHOTIC FLEXIBLE CUSTOM FABRICATED                   | Prosthetics & Orthotics    | Y |       |  |
| L0637 | LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB             | Prosthetics & Orthotics    | Y | WA    |  |
| L0640 | LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB                 | Prosthetics & Orthotics    | Y |       |  |
| L0650 | LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS                 | Prosthetics & Orthotics    | Y |       |  |
| L0700 | CTL SO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL                 | Prosthetics & Orthotics    | Y |       |  |
| L0710 | CTL SO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL                   | Prosthetics & Orthotics    | Y |       |  |
| L1000 | CTL SO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL                 | Prosthetics & Orthotics    | Y |       |  |
| L1005 | TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS              | Prosthetics & Orthotics    | Y |       |  |
| L1110 | ADD CTL SO SCOLIOS RING FLNGE MOLD PT MDL                        | Prosthetics & Orthotics    | Y |       |  |
| L1640 | HIP ORTHOTIC-PELV BAND SPRDR BAR THI CUFFS FAB                   | Prosthetics & Orthotics    | Y |       |  |
| L1680 | HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB                  | Prosthetics & Orthotics    | Y |       |  |
| L1685 | HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM                     | Prosthetics & Orthotics    | Y |       |  |
| L1700 | LEGG PERTHES ORTHOTIC TORONTO CUSTOM FABRICATED                  | Prosthetics & Orthotics    | Y |       |  |
| L1710 | LEGG PERTHES ORTHOTIC NEWINGTON CUSTOM FAB                       | Prosthetics & Orthotics    | Y |       |  |
| L1720 | LEGG PERTHES ORTHOTIC TRILAT TACHDIJAN CSTM FAB                  | Prosthetics & Orthotics    | Y |       |  |
| L1730 | LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB                   | Prosthetics & Orthotics    | Y |       |  |
| L1755 | LEGG PERTHES ORTHOTIC PATTEN BOTTOM CSTM FAB                     | Prosthetics & Orthotics    | Y |       |  |
| L1834 | KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED                    | Prosthetics & Orthotics    | Y |       |  |
| L1840 | KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB                      | Prosthetics & Orthotics    | Y |       |  |
| L1844 | KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM               | Prosthetics & Orthotics    | Y |       |  |
| L1846 | KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM               | Prosthetics & Orthotics    | Y |       |  |
| L1860 | KNEE ORTHOS MOD SUPRACONDYL R PROS SOCKT CSTM FAB                | Prosthetics & Orthotics    | Y |       |  |
| L1900 | AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB                  | Prosthetics & Orthotics    | Y |       |  |
| L1904 | ANKLE ORTH ANKLE GAUNTLET SIMILAR CUSTOM FAB                     | Prosthetics & Orthotics    | Y |       |  |
| L1907 | ANKLE ORTHOSIS SUPRAMALLEOLAR WITH STRAPS CUSTM                  | Prosthetics & Orthotics    | Y |       |  |
| L1920 | AFO SINGLE UPRT W STATIC ADJUSTBL STOP CSTM FAB                  | Prosthetics & Orthotics    | Y |       |  |
| L1940 | ANK FT ORTHOTIC PLASTIC OTH MATERIAL CUSTOM FAB                  | Prosthetics & Orthotics    | Y |       |  |
| L1945 | AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM                    | Prosthetics & Orthotics    | Y |       |  |
| L1950 | ANKLE FOOT ORTHOTIC SPIRAL PLASTIC CUSTOM-FAB                    | Prosthetics & Orthotics    | Y |       |  |
| L1960 | AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB                       | Prosthetics & Orthotics    | Y |       |  |
| L1970 | AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED                   | Prosthetics & Orthotics    | Y |       |  |
| L1980 | AFO 1 UPRT FREE PLANTR DORSIFLX SOLID STIRUP FAB                 | Prosthetics & Orthotics    | Y |       |  |
| L1990 | AFO DBL UPRT PLANTR DORSIFLX SOLID STIRUP CSTM                   | Prosthetics & Orthotics    | Y |       |  |
| L2000 | KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM                 | Prosthetics & Orthotics    | Y |       |  |
| L2005 | KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM             | Prosthetics & Orthotics    | Y |       |  |
| L2006 | KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB                    | Prosthetics & Orthotics    | Y |       |  |
| L2010 | KAFO 1 UPRT SOLID STIRUP W O KNEE JNT CSTM FAB                   | Prosthetics & Orthotics    | Y |       |  |
| L2020 | KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB                 | Prosthetics & Orthotics    | Y |       |  |
| L2030 | KAFO DBL UPRT SOLID STIRUP W O KNEE JNT CSTM                     | Prosthetics & Orthotics    | Y |       |  |
| L2034 | KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB                        | Prosthetics & Orthotics    | Y |       |  |
| L2036 | KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB                        | Prosthetics & Orthotics    | Y |       |  |
| L2037 | KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB                      | Prosthetics & Orthotics    | Y |       |  |

|       |  |                                   |   |    |   |
|-------|--|-----------------------------------|---|----|---|
| L2038 | KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB           | Prosthetics & Orthotics           | Y |    |   |
| L2050 | HKAFO TORSION CNTRL BIL TORSION CABLES CSTM FAB      | Prosthetics & Orthotics           | Y |    |   |
| L2060 | HKAFO TORSION CNTRL BIL TORSION BALL BEAR CSTM       | Prosthetics & Orthotics           | Y |    |   |
| L2080 | HKAFO TORSION CNTRL UNI TORSION CABLE CSTM FAB       | Prosthetics & Orthotics           | Y |    |   |
| L2090 | HKAFO UNI TORSION CABLE BALL BEAR CSTM               | Prosthetics & Orthotics           | Y |    |   |
| L2106 | AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB     | Prosthetics & Orthotics           | Y |    |   |
| L2108 | AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB     | Prosthetics & Orthotics           | Y |    |   |
| L2126 | KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB       | Prosthetics & Orthotics           | Y |    |   |
| L2128 | KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB       | Prosthetics & Orthotics           | Y |    |   |
| L2232 | ADD LOW EXT ORTHOS ROCKR BOTTOM TOT CNTC CSTM        | Prosthetics & Orthotics           | Y |    |   |
| L2800 | ADD LOW EXT ORTHOT KNEE CNTRL KNEE CAP CSTM ONLY     | Prosthetics & Orthotics           | Y |    |   |
| L3761 | ELBOW ORTHOSIS ADJ POS LOCKING JOINT PREFAB OTS      | Prosthetics & Orthotics           | Y | WA |   |
| L4631 | AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM     | Prosthetics & Orthotics           | Y |    |   |
| L5856 | ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE | Prosthetics & Orthotics           | Y | WA |   |
| L5857 | ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY      | Prosthetics & Orthotics           | Y |    |   |
| L5858 | ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY      | Prosthetics & Orthotics           | Y |    |   |
| L5859 | ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR      | Prosthetics & Orthotics           | Y |    |   |
| L6026 | TRANSCARPAL MC PART HAND DISARTICULATION PROS        | Prosthetics & Orthotics           | Y |    |   |
| L7259 | ELECTRONIC WRIST ROTATOR ANY TYPE                    | Prosthetics & Orthotics           | Y |    |   |
| L7700 | GASKET SEAL USE PROS SOCKET INSERT ANY TYPE EA       | Prosthetics & Orthotics           | Y | WA |   |
| L8033 | NIPPLE PROSTH CSTM FAB REUSABL ANY MATL ANY T EA     | Prosthetics & Orthotics           | Y |    |   |
| L8614 | COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS  | Prosthetics & Orthotics           | Y | WA |   |
| L8625 | EXT RECHARGING SYS BATT CI AO DEVC REPL ONLY EA      | Prosthetics & Orthotics           | Y | WA |   |
| L8692 | AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN     | Prosthetics & Orthotics           | Y |    |   |
| L8694 | AUD OSSEOINTEG DEVC TRANSDUCER ACTR REPL ONLY EA     | Prosthetics & Orthotics           | Y | WA |   |
| S1040 | CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB      | Prosthetics & Orthotics           | Y |    |   |
| 77014 | CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT         | Radiation Therapy & Radio Surgery | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 77371 | RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT       | Radiation Therapy & Radio Surgery | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 77372 | RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR       | Radiation Therapy & Radio Surgery | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 77373 | STEREOTACTIC BODY RADIATION DELIVERY                 | Radiation Therapy & Radio Surgery | * |    | *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 & Radio Surgery | * |    | *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 & Radio Surgery | * |    | *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 & Radio Surgery | * |    | *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 & Radio Surgery | * |    | *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 & Radio Surgery | * |    | *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 & Radio Surgery | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 77423 | HI ENRGY NEUTRON RADJ TX DLVR 1 OR GRT ISOCENTER     | Radiation Therapy & Radio Surgery | * |    | *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 & Radio Surgery | * |    | *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 & Radio Surgery | * |    | *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 |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 77522 | PROTON TX DELIVERY SIMPLE W COMPENSATION             | Radiation Therapy & Radio Surgery | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 77523 | PROTON TX DELIVERY INTERMEDIATE                      | Radiation Therapy & Radio Surgery | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 77525 | PROTON TX DELIVERY COMPLEX                           | Radiation Therapy & Radio Surgery | Y |    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 77600 | HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL          | Radiation Therapy & Radio Surgery | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 77605 | HYPERTHERMIA EXTERNAL GENERATED DEEP                 | Radiation Therapy & Radio Surgery | * |    | *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 & Radio Surgery | * |  | *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 & Radio Surgery | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 77620 | HYPERTHERMIA INTRACAVITARY PROBES                         | Radiation Therapy & Radio Surgery | * |  | *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 & Radio Surgery | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 77761 | INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE              | Radiation Therapy & Radio Surgery | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 77762 | INTRACAVITARY RADIATION SOURCE APPLIC INTERMED            | Radiation Therapy & Radio Surgery | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 77763 | INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX             | Radiation Therapy & Radio Surgery | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 77767 | HDR RDNCL SKN SURF BRACHYTX LES UNDER 2CM 1 CHAN          | Radiation Therapy & Radio Surgery | * |  | *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 & Radio Surgery | * |  | *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 & Radio Surgery | * |  | *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 & Radio Surgery | * |  | *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 & Radio Surgery | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 77778 | INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX              | Radiation Therapy & Radio Surgery | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 79101 | RP THERAPY INTRAVENOUS ADMINISTRATION                     | Radiation Therapy & Radio Surgery | * |  | *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 & Radio Surgery | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| A9513 | LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI                | Radiation Therapy & Radio Surgery | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| A9543 | YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI            | Radiation Therapy & Radio Surgery | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| A9590 | IODINE I-131 IBOBENGUANE, THERAPEUTIC, 1 MILLICURE        | Radiation Therapy & Radio Surgery | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| A9606 | RADIUM RA-223 DICHLORIDE THERAPEUTIC PER UCI              | Radiation Therapy & Radio Surgery | Y |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| G0339 | IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS          | Radiation Therapy & Radio Surgery | 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 |  | *APPLIES TO: IL/MI/OH/NY/WI   |
| G6001 | ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS             | Radiation Therapy & Radio Surgery | * |  | *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 & Radio Surgery | * |  | *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 & Radio Surgery | * |  | *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 & Radio Surgery | * |  | *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 & Radio Surgery | * |  | *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 & Radio Surgery | * |  | *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 & Radio Surgery | * |  | *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 & Radio Surgery | * |  | *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 & Radio Surgery | * |  | *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 & Radio Surgery | * |  | *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 & Radio Surgery | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| G6012 | RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING; 6-10 MEV     | Radiation Therapy & Radio Surgery | * |  | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |

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| G6013 | RAD TX DEL 3 OR GRT SEP TX AR CSTM BLOCKING;11-19 MEV     | Radiation Therapy & Radio Surgery | * |          | *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 & Radio Surgery | * |          | *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 |          | *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 |          | *APPLIES TO: IL/MI/OH/NY/WI   |
| G6017 | INTRA-FRAC LOC AND TRACKING TARGET PT M EA FRAC TX        | Radiation Therapy & Radio Surgery | Y |          | *APPLIES TO: IL/MI/OH/NY/WI   |
| 95782 | POLYSOM UNDER 6 YRS SLEEP STAGE 4 OR GRT ADDL PARAM ATTN  | Sleep Studies                     | * | NM       | *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 Studies                     | * | NM       | *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 | NM/UT/WA | *APPLIES TO: IL/MI/OH/NY/WI   |
| 95801 | SLP STDY UNATND W MIN HRT RATE O2 SAT RESP ANAL           | Sleep Studies                     | Y | NM/UT/WA | *APPLIES TO: IL/MI/OH/NY/WI   |
| 95805 | MLT SLEEP LATENCY MAINT OF WAKEFULNESS TSTG               | Sleep Studies                     | Y | UT       | *APPLIES TO: IL/MI/OH/NY/WI   |
| 95806 | SLEEP STD AIRFLOW HRT RATE AND O2 SAT EFFORT UNATT        | Sleep Studies                     | Y | NM/UT/WA | *APPLIES TO: IL/MI/OH/NY/WI   |
| 95807 | SLEEP STD REC VNTJ RESPIR ECG HRT RATE AND O2 ATTN        | Sleep Studies                     | Y | UT/WA    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 95808 | POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND          | Sleep Studies                     | Y | UT/WA    | *APPLIES TO: IL/MI/OH/NY/WI   |
| 95810 | POLYSOM 6 OR GRT YRS SLEEP 4 OR GRT ADDL PARAM ATTND      | Sleep Studies                     | Y | UT/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 | UT/WA    | *APPLIES TO: IL/MI/OH/NY/WI   |
| A4604 | TUBING W INTGR HEAT ELEM W POS AIRWAY PRESS DEVC          | Sleep Studies                     | * |          | *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 Studies                     | * |          | *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 Studies                     | * |          | *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 Studies                     | * |          | *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 Studies                     | * |          | *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 Studies                     | * |          | *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 Studies                     | * |          | *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 Studies                     | * |          | *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 Studies                     | * |          | *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 Studies                     | * |          | *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 Studies                     | * |          | *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 Studies                     | * |          | *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 Studies                     | * |          | *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 Studies                     | * |          | *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 Studies                     | * |          | *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 Studies                     | * |          | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| A7046 | WATR CHAMB HUMDFIR USED W POS ARWAY PRSS DEVC R           | Sleep Studies                     | * |          | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| E0470 | RESP ASST DEVC BI-LEVL PRSS CAPABILITY W O BACKU          | Sleep Studies                     | * |          | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| E0471 | RESP ASST DEVC BI-LEVL PRSS CAPABILITY W BACK-UP          | Sleep Studies                     | * |          | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| E0561 | HUMDFIR NON-HEATED USED W POS AIRWAY PRESS DEVC           | Sleep Studies                     | * | FL       | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| E0562 | HUMDFIR HEATED USED W POS ARWAY PRESSURE DEVICE           | Sleep Studies                     | * | FL       | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |

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| E0601 | CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE   | Sleep Studies            | * |    | *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 Studies            | * |    | *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 Studies            | * |    | *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 Studies            | * |    | *APPLIES TO: IL/MI/OH/NY/WI. OTHER PLANS: FOLLOW CURRENT MOLINA PROCESS FOR THIS CODE |
| 92507 | TX SPEECH LANG VOICE COMMJ AND AUDITORY PROC IND   | Speech Therapy           | Y |    |   |
| 92508 | TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GRT INDIV  | Speech Therapy           | Y |    |   |
| 32850 | DONOR PNEUMONECTOMY(S), INCL COLD PRESERV, FROM CADAVER DONOR  | Transplants/Gene Therapy | Y |    |   |
| 32851 | LUNG TRANSPL, SINGLE, W O CARDIOPULM BYPASS  | Transplants/Gene Therapy | Y |    |   |
| 32852 | LUNG TRANSPL, SINGLE, W CARDIOPULM BYPASS  | Transplants/Gene Therapy | Y |    |   |
| 32853 | LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS   | Transplants/Gene Therapy | Y |    |   |
| 32854 | LUNG TRANSPLANT 2 W CARDIOPULMONARY BYPASS   | Transplants/Gene Therapy | Y |    |   |
| 32855 | BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI   | Transplants/Gene Therapy | Y |    |   |
| 32856 | BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI  | Transplants/Gene Therapy | Y |    |   |
| 33929 | REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL  | Transplants/Gene Therapy | Y |    |   |
| 33930 | DONOR CARDIECTOMY - PNEUMONECTOMY  | Transplants/Gene Therapy | Y |    |   |
| 33933 | BKBENCH PREPJ CADAVER DONOR HEART LUNG ALLOGRAFT   | Transplants/Gene Therapy | Y |    |   |
| 33935 | HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC   | Transplants/Gene Therapy | Y |    |   |
| 33940 | DONOR CARDIECTOMY  | Transplants/Gene Therapy | Y |    |   |
| 33944 | BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT  | Transplants/Gene Therapy | Y |    |   |
| 33945 | HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY  | Transplants/Gene Therapy | Y |    |   |
| 33995 | INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; RIGHT HEART, VENOUS ACCESS ONLY | Transplants/Gene Therapy | Y |    |   |
| 38205 | BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC   | Transplants/Gene Therapy | Y |    |   |
| 38206 | BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPL AUTO   | Transplants/Gene Therapy | Y | WA |   |
| 38230 | BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC   | Transplants/Gene Therapy | Y |    |   |
| 38240 | TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR   | Transplants/Gene Therapy | Y |    |   |
| 38241 | TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR   | Transplants/Gene Therapy | Y |    |   |
| 38242 | ALLOGENEIC LYMPHOCYTE INFUSIONS  | Transplants/Gene Therapy | Y |    |   |
| 38243 | TRNSPLJ HEMATOPOIETIC CELL BOOST   | Transplants/Gene Therapy | Y |    |   |
| 44132 | DONOR ENTERECTOMY OPEN CADAVER DONOR   | Transplants/Gene Therapy | Y |    |   |
| 44133 | DONOR ENTERECTOMY OPEN LIVING DONOR  | Transplants/Gene Therapy | Y |    |   |
| 44135 | INTESTINAL ALLOTRANSPLANTATION; CADAVER DONOR  | Transplants/Gene Therapy | Y |    |   |
| 44136 | INTESTINAL ALLOTRANSPLANTATION; LIVING DONOR   | Transplants/Gene Therapy | Y |    |   |
| 44137 | RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL   | Transplants/Gene Therapy | Y |    |   |
| 44715 | BKBENCH PREP CADAVER LIVING DONOR INTESTINE  | Transplants/Gene Therapy | Y |    |   |
| 44720 | BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA   | Transplants/Gene Therapy | Y |    |   |
| 44721 | BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA  | Transplants/Gene Therapy | Y |    |   |
| 47133 | DONOR HEPATECTOMY CADAVER DONOR  | Transplants/Gene Therapy | Y |    |   |
| 47135 | LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE  | Transplants/Gene Therapy | Y |    |   |
| 47140 | DONOR HEPATECTOMY LIVING DONOR SEG II AND III  | Transplants/Gene Therapy | Y |    |   |
| 47141 | DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV   | Transplants/Gene Therapy | Y |    |   |
| 47142 | DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI   | Transplants/Gene Therapy | Y |    |   |
| 47143 | BKBENCH PREP CADAVER DONOR   | Transplants/Gene Therapy | Y |    |   |
| 47144 | BKBENCH PREPJ CADAVER WHOLE LIVER GRF I AND IV VII   | Transplants/Gene Therapy | Y |    |   |
| 47145 | BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I AND V VI   | Transplants/Gene Therapy | Y |    |   |
| 47146 | BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA   | Transplants/Gene Therapy | Y |    |   |
| 47147 | BKBENCH RCNSTJ LVR GRF ARTL ANAST EA   | Transplants/Gene Therapy | Y |    |   |
| 48160 | PANCREATECTOMY W TRNSPLJ PANCREAS ISLET CELLS  | Transplants/Gene Therapy | Y |    |   |
| 48550 | DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT   | Transplants/Gene Therapy | Y |    |   |
| 48551 | BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT   | Transplants/Gene Therapy | Y |    |   |
| 48552 | BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA  | Transplants/Gene Therapy | Y |    |   |
| 48554 | TRANSPLANTATION PANCREATIC ALLOGRAFT   | Transplants/Gene Therapy | Y |    |   |
| 48556 | RMVL TRANSPLANTED PANCREATIC ALLOGRAFT   | Transplants/Gene Therapy | Y |    |   |
| 50300 | DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL  | Transplants/Gene Therapy | Y |    |   |
| 50320 | DONOR NEPHRECTOMY OPEN LIVING DONOR  | Transplants/Gene Therapy | Y |    |   |
| 50323 | BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT  | Transplants/Gene Therapy | Y |    |   |



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| 50325        | BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT                 | Transplants/Gene Therapy | Y |             |  |
| 50327        | BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA                | Transplants/Gene Therapy | Y |             |  |
| 50328        | BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA           | Transplants/Gene Therapy | Y |             |  |
| 50329        | BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA                    | Transplants/Gene Therapy | Y |             |  |
| 50340        | RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE                   | Transplants/Gene Therapy | Y |             |  |
| 50360        | RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY             | Transplants/Gene Therapy | Y |             |  |
| 50365        | RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY               | Transplants/Gene Therapy | Y |             |  |
| 50370        | RMVL TRNSPLED RENAL ALLOGRAFT                              | Transplants/Gene Therapy | Y |             |  |
| 50380        | RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY                    | Transplants/Gene Therapy | Y |             |  |
| 0537T        | CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY                | Transplants/Gene Therapy | Y |             |  |
| 0538T        | CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F TRNS               | Transplants/Gene Therapy | Y |             |  |
| 0539T        | CAR-T THERAPY RECEIPT AND PREP CAR-T CELLS F ADMN          | Transplants/Gene Therapy | Y |             |  |
| 0540T        | CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION               | Transplants/Gene Therapy | Y |             |  |
| 0584T        | PERCUTANEOUS ISLET CELL TRANSPLANT                         | Transplants/Gene Therapy | Y |             |  |
| 0585T        | LAPAROSCOPIC ISLET CELL TRANSPLANT                         | Transplants/Gene Therapy | Y |             |  |
| 0586T        | OPEN ISLET CELL TRANSPLANT                                 | Transplants/Gene Therapy | Y |             |  |
| Q2041        | KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD             | Transplants/Gene Therapy | Y |             |  |
| Q2042        | TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD           | Transplants/Gene Therapy | Y |             |  |
| Q2053        | BREXUCABTAGENE CAR POST                                    | Transplants/Gene Therapy | Y |             |  |
| S2053        | TRANSPLANTATION SMALL INTESTINE AND LIVER ALLOGRAFTS       | Transplants/Gene Therapy | Y |             |  |
| S2054        | TRANSPLANTATION OF MULTIVISCERAL ORGANS                    | Transplants/Gene Therapy | Y |             |  |
| S2055        | HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR              | Transplants/Gene Therapy | Y |             |  |
| S2060        | LOBAR LUNG TRANSPLANTATION                                 | Transplants/Gene Therapy | Y |             |  |
| S2061        | DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR           | Transplants/Gene Therapy | Y |             |  |
| S2065        | SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION               | Transplants/Gene Therapy | Y |             |  |
| S2107        | ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT             | Transplants/Gene Therapy | Y |             |  |
| S2140        | CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC           | Transplants/Gene Therapy | Y |             |  |
| S2142        | CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC                | Transplants/Gene Therapy | Y |             |  |
| S2150        | BN MARROW BLD DERIVD STEM CELLS HARV TPLNT AND COMP;       | Transplants/Gene Therapy | Y |             |  |
| S2152        | SOLID ORGAN; TRANSPLANTATION AND RELATED COMP              | Transplants/Gene Therapy | Y |             |  |
| A0430        | AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY FIXED WING  | Transportation Services  | Y |             |  |
| A0431        | AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY ROTARY WING | Transportation Services  | Y |             |  |
| S9960        | AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING              | Transportation Services  | Y | SC          |  |
| S9961        | AMB SERVICE AIR NONEMERGENCY 1 WAY ROTARY WING             | Transportation Services  | Y | SC          |  |
| 01999        | UNLISTED ANESTHESIA PROCEDURE                              | Unlisted/Miscellaneous   | Y |             |  |
| 15999        | UNLISTED PROCEDURE EXCISION PRESSURE ULCER                 | Unlisted/Miscellaneous   | Y |             |  |
| 17999        | UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE              | Unlisted/Miscellaneous   | Y |             |  |
| 19499        | UNLISTED PROCEDURE BREAST                                  | Unlisted/Miscellaneous   | Y |             |  |
| 20999        | UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL             | Unlisted/Miscellaneous   | Y |             |  |
| 21089        | UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE                | Unlisted/Miscellaneous   | Y |             |  |
| 21299        | UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE          | Unlisted/Miscellaneous   | Y |             |  |
| 21499        | UNLISTED MUSCULOSKELETAL PROCEDURE HEAD                    | Unlisted/Miscellaneous   | Y |             |  |
| 21899        | UNLISTED PROCEDURE NECK THORAX                             | Unlisted/Miscellaneous   | Y |             |  |
| 22899        | UNLISTED PROCEDURE SPINE                                   | Unlisted/Miscellaneous   | Y |             |  |
| 22999        | UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM                 | Unlisted/Miscellaneous   | Y |             |  |
| 23929        | UNLISTED PROCEDURE SHOULDER                                | Unlisted/Miscellaneous   | Y |             |  |
| 24999        | UNLISTED PROCEDURE HUMERUS ELBOW                           | Unlisted/Miscellaneous   | Y |             |  |
| 25999        | UNLISTED PROCEDURE FOREARM WRIST                           | Unlisted/Miscellaneous   | Y |             |  |
| 26989        | UNLISTED PROCEDURE HANDS FINGERS                           | Unlisted/Miscellaneous   | Y |             |  |
| 27299        | UNLISTED PROCEDURE PELVIS HIP JOINT                        | Unlisted/Miscellaneous   | Y |             |  |
| 27599        | UNLISTED PROCEDURE FEMUR KNEE                              | Unlisted/Miscellaneous   | Y |             |  |
| 27899        | UNLISTED PROCEDURE LEG ANKLE                               | Unlisted/Miscellaneous   | Y |             |  |
| 28899        | UNLISTED PROCEDURE FOOT TOES                               | Unlisted/Miscellaneous   | Y |             |  |
| 29999        | UNLISTED PROCEDURE ARTHROSCOPY                             | Unlisted/Miscellaneous   | Y |             |  |
| 30999        | UNLISTED PROCEDURE NOSE                                    | Unlisted/Miscellaneous   | Y |             |  |
| 31299        | UNLISTED PROCEDURE ACCESSORY SINUSES                       | Unlisted/Miscellaneous   | Y |             |  |
| 31599        | UNLISTED PROCEDURE LARYNX                                  | Unlisted/Miscellaneous   | Y |             |  |
| 31899        | UNLISTED PROCEDURE TRACHEA BRONCHI                         | Unlisted/Miscellaneous   | Y |             |  |
| 32999        | UNLISTED PROCEDURE LUNGS AND PLEURA                        | Unlisted/Miscellaneous   | Y |             |  |
| 36299        | UNLISTED PROCEDURE VASCULAR INJECTION                      | Unlisted/Miscellaneous   | Y |             |  |
| 37501        | UNLISTED VASCULAR ENDOSCOPY PROCEDURE                      | Unlisted/Miscellaneous   | Y |             |  |
| 37799        | UNLISTED PROCEDURE VASCULAR SURGERY                        | Unlisted/Miscellaneous   | Y |             |  |
| MHI 30799 PA | UNLISTED PROCEDURE VASCULAR SURGERY                        | Unlisted/Miscellaneous   | Y | MARKETPLACE |  |

|       |   |                        |   |  |  |
|-------|---|------------------------|---|--|--|
| 38129 | UNLISTED LAPAROSCOPY PROCEDURE SPLEEN               | Unlisted/Miscellaneous | Y |  |  |
| 38589 | UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM            | Unlisted/Miscellaneous | Y |  |  |
| 38999 | UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM        | Unlisted/Miscellaneous | Y |  |  |
| 39499 | UNLISTED PROCEDURE MEDIASTINUM                      | Unlisted/Miscellaneous | Y |  |  |
| 39599 | UNLISTED PROCEDURE DIAPHRAGM                        | Unlisted/Miscellaneous | Y |  |  |
| 40799 | UNLISTED PROCEDURE LIPS                             | Unlisted/Miscellaneous | Y |  |  |
| 40899 | UNLISTED PROCEDURE VESTIBULE MOUTH                  | Unlisted/Miscellaneous | Y |  |  |
| 41599 | UNLISTED PROCEDURE TONGUE FLOOR MOUTH               | Unlisted/Miscellaneous | Y |  |  |
| 42299 | UNLISTED PROCEDURE PALATE UVULA                     | Unlisted/Miscellaneous | Y |  |  |
| 42699 | UNLISTED PX SALIVARY GLANDS DUCTS                   | Unlisted/Miscellaneous | Y |  |  |
| 42999 | UNLISTED PROCEDURE PHARYNX ADENOIDS TONSILS         | Unlisted/Miscellaneous | Y |  |  |
| 43289 | UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS           | Unlisted/Miscellaneous | Y |  |  |
| 43499 | UNLISTED PROCEDURE ESOPHAGUS                        | Unlisted/Miscellaneous | Y |  |  |
| 43659 | UNLISTED LAPAROSCOPIC PROCEDURE STOMACH             | Unlisted/Miscellaneous | Y |  |  |
| 43999 | UNLISTED PROCEDURE STOMACH                          | Unlisted/Miscellaneous | Y |  |  |
| 44238 | UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM        | Unlisted/Miscellaneous | Y |  |  |
| 44799 | UNLISTED PROCEDURE SMALL INTESTINE                  | Unlisted/Miscellaneous | Y |  |  |
| 44899 | UNLISTED PX MECKEL'S DIVERTICULUM AND MESENTERY     | Unlisted/Miscellaneous | Y |  |  |
| 44979 | UNLISTED LAPAROSCOPY PROCEDURE APPENDIX             | Unlisted/Miscellaneous | Y |  |  |
| 45399 | UNLISTED PROCEDURE COLON                            | Unlisted/Miscellaneous | Y |  |  |
| 45499 | UNLISTED LAPAROSCOPY PROCEDURE RECTUM               | Unlisted/Miscellaneous | Y |  |  |
| 45999 | UNLISTED PROCEDURE RECTUM                           | Unlisted/Miscellaneous | Y |  |  |
| 46999 | UNLISTED PROCEDURE ANUS                             | Unlisted/Miscellaneous | Y |  |  |
| 47379 | UNLIS LAPAROSCOPIC PROCEDURE LIVER                  | Unlisted/Miscellaneous | Y |  |  |
| 47399 | UNLISTED PROCEDURE LIVER                            | Unlisted/Miscellaneous | Y |  |  |
| 47579 | UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT        | Unlisted/Miscellaneous | Y |  |  |
| 47999 | UNLISTED PROCEDURE BILIARY TRACT                    | Unlisted/Miscellaneous | Y |  |  |
| 48999 | UNLISTED PROCEDURE PANCREAS                         | Unlisted/Miscellaneous | Y |  |  |
| 49329 | UNLISTED LAPAROSCOPIC PX ABD PERTONEUM AND OMENTUM  | Unlisted/Miscellaneous | Y |  |  |
| 49659 | UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY        | Unlisted/Miscellaneous | Y |  |  |
| 49999 | UNLISTED PROCEDURE ABDOMEN PERITONEUM AND OMENTUM   | Unlisted/Miscellaneous | Y |  |  |
| 50549 | UNLISTED LAPAROSCOPY PROCEDURE RENAL                | Unlisted/Miscellaneous | Y |  |  |
| 50949 | UNLISTED LAPAROSCOPY PROCEDURE URETER               | Unlisted/Miscellaneous | Y |  |  |
| 51999 | UNLISTED LAPAROSCOPY PROCEDURE BLADDER              | Unlisted/Miscellaneous | Y |  |  |
| 53899 | UNLISTED PROCEDURE URINARY SYSTEM                   | Unlisted/Miscellaneous | Y |  |  |
| 54699 | UNLISTED LAPAROSCOPY PROCEDURE TESTIS               | Unlisted/Miscellaneous | Y |  |  |
| 55559 | UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD        | Unlisted/Miscellaneous | Y |  |  |
| 55899 | UNLISTED PROCEDURE MALE GENITAL SYSTEM              | Unlisted/Miscellaneous | Y |  |  |
| 58578 | UNLISTED LAPAROSCOPY PROCEDURE UTERUS               | Unlisted/Miscellaneous | Y |  |  |
| 58579 | UNLISTED HYSTEROSCOPY PROCEDURE UTERUS              | Unlisted/Miscellaneous | Y |  |  |
| 58679 | UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY        | Unlisted/Miscellaneous | Y |  |  |
| 58999 | UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL    | Unlisted/Miscellaneous | Y |  |  |
| 59897 | UNLISTED FETAL INVASIVE PX W ULTRASOUND             | Unlisted/Miscellaneous | Y |  |  |
| 59898 | UNLISTED LAPAROSCOPY PX MATERNITY CARE AND DELIVERY | Unlisted/Miscellaneous | Y |  |  |
| 59899 | UNLISTED PROCEDURE MATERNITY CARE AND DELIVERY      | Unlisted/Miscellaneous | Y |  |  |
| 60659 | UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM     | Unlisted/Miscellaneous | Y |  |  |
| 60699 | UNLISTED PROCEDURE ENDOCRINE SYSTEM                 | Unlisted/Miscellaneous | Y |  |  |
| 64999 | UNLISTED PROCEDURE NERVOUS SYSTEM                   | Unlisted/Miscellaneous | Y |  |  |
| 66999 | UNLISTED PROCEDURE ANTERIOR SEGMENT EYE             | Unlisted/Miscellaneous | Y |  |  |
| 67299 | UNLISTED PROCEDURE POSTERIOR SEGMENT                | Unlisted/Miscellaneous | Y |  |  |
| 67399 | UNLISTED PROCEDURE EXTRAOCULAR MUSCLE               | Unlisted/Miscellaneous | Y |  |  |
| 67599 | UNLISTED PROCEDURE ORBIT                            | Unlisted/Miscellaneous | Y |  |  |
| 67999 | UNLISTED PROCEDURE EYELIDS                          | Unlisted/Miscellaneous | Y |  |  |
| 68399 | UNLISTED PROCEDURE CONJUNCTIVA                      | Unlisted/Miscellaneous | Y |  |  |
| 68899 | UNLISTED PROCEDURE LACRIMAL SYSTEM                  | Unlisted/Miscellaneous | Y |  |  |
| 69399 | UNLISTED PROCEDURE EXTERNAL EAR                     | Unlisted/Miscellaneous | Y |  |  |
| 69799 | UNLISTED PROCEDURE MIDDLE EAR                       | Unlisted/Miscellaneous | Y |  |  |
| 69949 | UNLISTED PROCEDURE INNER EAR                        | Unlisted/Miscellaneous | Y |  |  |
| 69979 | UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA       | Unlisted/Miscellaneous | Y |  |  |
| 76496 | UNLISTED FLUOROSCOPIC PROCEDURE                     | Unlisted/Miscellaneous | Y |  |  |
| 76499 | UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE          | Unlisted/Miscellaneous | Y |  |  |
| 77399 | UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS           | Unlisted/Miscellaneous | Y |  |  |

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|-------|--|------------------------|----|----|--|
| 77799 | UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY              | Unlisted/Miscellaneous | Y  |    |  |
| 78099 | UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE              | Unlisted/Miscellaneous | Y  |    |  |
| 78199 | UNLIS HEMATOP RET ENDO AND LYMPHATIC DX NUC MED        | Unlisted/Miscellaneous | Y  |    |  |
| 78299 | UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE       | Unlisted/Miscellaneous | Y  |    |  |
| 78399 | UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE        | Unlisted/Miscellaneous | Y  |    |  |
| 78599 | UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE            | Unlisted/Miscellaneous | Y  |    |  |
| 78699 | UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE         | Unlisted/Miscellaneous | Y  |    |  |
| 78799 | UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE          | Unlisted/Miscellaneous | Y  |    |  |
| 78999 | UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE          | Unlisted/Miscellaneous | Y  |    |  |
| 79999 | RP THERAPY UNLISTED PROCEDURE                          | Unlisted/Miscellaneous | Y  |    |  |
| 80299 | QUANTITATION DRUG NOT ELSEWHERE SPECIFIED              | Unlisted/Miscellaneous | Y  |    |  |
| 81099 | UNLISTED URINALYSIS PROCEDURE                          | Unlisted/Miscellaneous | Y  |    |  |
| 85999 | UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE          | Unlisted/Miscellaneous | Y  |    |  |
| 86486 | SKIN TEST UNLISTED ANTIGEN EACH                        | Unlisted/Miscellaneous | Y  |    |  |
| 86849 | UNLISTED IMMUNOLOGY                                    | Unlisted/Miscellaneous | Y  |    |  |
| 86999 | UNLISTED TRANSFUSION MEDICINE PROCEDURE                | Unlisted/Miscellaneous | Y  |    |  |
| 87797 | IADNA NOS DIRECT PROBE TQ EACH ORGANISM                | Unlisted/Miscellaneous | Y  |    |  |
| 87798 | IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM             | Unlisted/Miscellaneous | Y  |    |  |
| 87799 | IADNA NOS QUANTIFICATION EACH ORGANISM                 | Unlisted/Miscellaneous | Y  |    |  |
| 87899 | IAADIADOO NOT OTHERWISE SPECIFIED                      | Unlisted/Miscellaneous | Y  |    |  |
| 87999 | UNLISTED MICROBIOLOGY                                  | Unlisted/Miscellaneous | Y  |    |  |
| 88099 | UNLISTED NECROPSY PROCEDURE                            | Unlisted/Miscellaneous | Y  | SC |  |
| 88199 | UNLISTED CYTOPATHOLOGY PROCEDURE                       | Unlisted/Miscellaneous | Y  |    |  |
| 88299 | UNLISTED CYTOGENETIC STUDY                             | Unlisted/Miscellaneous | Y  |    |  |
| 88399 | UNLISTED SURGICAL PATHOLOGY PROCEDURE                  | Unlisted/Miscellaneous | Y  |    |  |
| 88749 | UNLISTED IN VIVO LABORTORY SERVICE                     | Unlisted/Miscellaneous | Y  |    |  |
| 89240 | UNLIS MISC PATH  | Unlisted/Miscellaneous | Y  |    |  |
| 89398 | UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE           | Unlisted/Miscellaneous | Y  | SC |  |
| 90399 | UNLISTED IMMUNE GLOBULIN                               | Unlisted/Miscellaneous | Y  |    |  |
| 90749 | UNLISTED VACCINE TOXOID                                | Unlisted/Miscellaneous | Y  |    |  |
| 90899 | UNLISTED PSYCHIATRIC SERVICE PROCEDURE                 | Unlisted/Miscellaneous | Y  |    |  |
| 91299 | UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE         | Unlisted/Miscellaneous | Y  |    |  |
| 92499 | UNLISTED OPHTHALMOLOGICAL SERVICE PROCEDURE            | Unlisted/Miscellaneous | Y  |    |  |
| 92700 | UNLISTED OTORHINOLARYNGOLOGICAL SERVICE                | Unlisted/Miscellaneous | Y  |    |  |
| 93799 | UNLISTED CARDIOVASCULAR SERVICE PROCEDURE              | Unlisted/Miscellaneous | Y  |    |  |
| 94799 | UNLISTED PULMONARY SERVICE PROCEDURE                   | Unlisted/Miscellaneous | Y  |    |  |
| 95199 | UNLISTED ALLERGY CLINICAL IMMUNOLOGIC SRVC PX          | Unlisted/Miscellaneous | Y  |    |  |
| 95999 | UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX                 | Unlisted/Miscellaneous | Y  |    |  |
| 96379 | UNLISTED THERAPEUTIC PROPH DX IV IA NJX NFS            | Unlisted/Miscellaneous | Y  |    |  |
| 96549 | UNLISTED CHEMOTHERAPY PROCEDURE                        | Unlisted/Miscellaneous | Y  |    |  |
| 96999 | UNLISTED SPECIAL DERMATOLOGICAL SERVICE PROCED         | Unlisted/Miscellaneous | Y  |    |  |
| 97039 | UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND     | Unlisted/Miscellaneous | Y  |    |  |
| 97139 | UNLISTED THERAPEUTIC PROCEDURE SPECIFY                 | Unlisted/Miscellaneous | Y  |    |  |
| 97799 | UNLISTED PHYSICAL MEDICINE REHAB SERVICE PROC          | Unlisted/Miscellaneous | Y  |    |  |
| 99199 | UNLISTED SPECIAL SERVICE PROCEDURE REPORT              | Unlisted/Miscellaneous | Y  |    |  |
| 99429 | UNLISTED PREVENTIVE MEDICINE SERVICE                   | Unlisted/Miscellaneous | Y  |    |  |
| 99487 | COMPLEX CHRONIC CARE MANAGEMENT SERVICES, 60 MIN       | Unlisted/Miscellaneous | NC |    |  |
| 99489 | COMPLEX CHRONIC CARE MANAGEMENT SERVICES, ADDL 30 MIN  | Unlisted/Miscellaneous | NC |    |  |
| 99490 | COMPLEX CHRONIC CARE MANAGEMENT SERVICES, FIRST 20 MIN | Unlisted/Miscellaneous | NC |    |  |
| 99491 | COMPLEX CHRONIC CARE MANAGEMENT SERVICES, BY PHYSICIAN | Unlisted/Miscellaneous | NC |    |  |
| 99499 | UNLISTED EVALUATION AND MANAGEMENT SERVICE             | Unlisted/Miscellaneous | Y  |    |  |
| 99600 | UNLISTED HOME VISIT SERVICE PROCEDURE                  | Unlisted/Miscellaneous | Y  |    |  |
| A0999 | UNLISTED AMBULANCE SERVICE                             | Unlisted/Miscellaneous | Y  |    |  |
| A4421 | OSTOMY SUPPLY; MISCELLANEOUS                           | Unlisted/Miscellaneous | Y  | WA |  |
| A4641 | RADIOPHARMACEUTICAL DIAGNOSTIC NOC                     | Unlisted/Miscellaneous | Y  |    |  |
| A4649 | SURGICAL SUPPLY; MISCELLANEOUS                         | Unlisted/Miscellaneous | Y  |    |  |
| A4913 | MISCELLANEOUS DIALYSIS SUPPLIES NOS                    | Unlisted/Miscellaneous | Y  |    |  |
| A6261 | WOUND FILLER GEL PASTE PER FL OZ NOS                   | Unlisted/Miscellaneous | Y  |    |  |
| A6262 | WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC         | Unlisted/Miscellaneous | Y  |    |  |
| A9698 | NON-RADIOACTV CONTRST IMAG MATERIAL NOC PER STDY       | Unlisted/Miscellaneous | Y  |    |  |
| A9699 | RADIOPHARMACEUTICAL THERAPEUTIC NOC                    | Unlisted/Miscellaneous | Y  |    |  |

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|-------|---|------------------------|---|----|--|
| A9900 | DME SUP ACCESS SRV-COMPON OTH HCPCS                                   | Unlisted/Miscellaneous | Y |    |  |
| A9999 | MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS                             | Unlisted/Miscellaneous | Y |    |  |
| B9998 | NOC FOR ENTERAL SUPPLIES  | Unlisted/Miscellaneous | Y |    |  |
| B9999 | NOC FOR PARENTERAL SUPPLIES   | Unlisted/Miscellaneous | Y |    |  |
| C1849 | SKIN SUBSTITUTE SYNTHETIC RESORBABLE PER SQ CM                        | Unlisted/Miscellaneous | Y |    |  |
| C2698 | BRACHYTHERAPY SOURCE STRANDED NOS PER SOURCE                          | Unlisted/Miscellaneous | Y |    |  |
| C2699 | BRACHYTHERAPY SOURCE NONSTRANDED NOS PER SOURCE                       | Unlisted/Miscellaneous | Y |    |  |
| E0769 | ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC                        | Unlisted/Miscellaneous | Y |    |  |
| E0770 | FES TRANSQ STIM NERV AND MUSC GRP CMPL SYS NOS                        | Unlisted/Miscellaneous | Y |    |  |
| E1399 | DURABLE MEDICAL EQUIPMENT MISCELLANEOUS                               | Unlisted/Miscellaneous | Y |    |  |
| E1699 | DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED                            | Unlisted/Miscellaneous | Y |    |  |
| G0501 | RESOURCE-INT SRVC PT SPZ M-ASST TECH MED NEC                          | Unlisted/Miscellaneous | Y |    |  |
| G9012 | OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC                           | Unlisted/Miscellaneous | Y |    |  |
| J7599 | IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED                       | Unlisted/Miscellaneous | Y |    |  |
| J7699 | NOC DRUGS INHALATION SOLUTION ADMINED THRU DME                        | Unlisted/Miscellaneous | Y |    |  |
| J7799 | NOC RX OTH THAN INHALATION RX ADMINED THRU DME                        | Unlisted/Miscellaneous | Y |    |  |
| J7999 | COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED                              | Unlisted/Miscellaneous | Y |    |  |
| J8597 | ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED                          | Unlisted/Miscellaneous | Y |    |  |
| K0812 | POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED                       | Unlisted/Miscellaneous | Y |    |  |
| K0898 | POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED                             | Unlisted/Miscellaneous | Y |    |  |
| K0899 | PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT                      | Unlisted/Miscellaneous | Y |    |  |
| L0999 | ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED                        | Unlisted/Miscellaneous | Y |    |  |
| L1499 | SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED                               | Unlisted/Miscellaneous | Y |    |  |
| L2999 | LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED                      | Unlisted/Miscellaneous | Y |    |  |
| L3649 | ORTHOPED SHOE MODIFICATION ADDITION TRANSFER NOS                      | Unlisted/Miscellaneous | Y |    |  |
| L3999 | UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED                           | Unlisted/Miscellaneous | Y |    |  |
| L5999 | LOWER EXTREMITY PROSTHESIS NOS  | Unlisted/Miscellaneous | Y |    |  |
| L7499 | UPPER EXTREMITY PROSTHESIS NOS  | Unlisted/Miscellaneous | Y |    |  |
| L8039 | BREAST PROSTHESIS NOT OTHERWISE SPECIFIED                             | Unlisted/Miscellaneous | Y |    |  |
| L8499 | UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES                       | Unlisted/Miscellaneous | Y |    |  |
| L8698 | MISC COMP SPL ACCESS FOR USE WITH TOT AH SYSTEM                       | Unlisted/Miscellaneous | Y |    |  |
| L8699 | PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED                            | Unlisted/Miscellaneous | Y |    |  |
| P9603 | TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE                       | Unlisted/Miscellaneous | Y |    |  |
| P9604 | TRAVEL 1 WAY MED NEC LAB SPEC; PRORATD TRIP CHR                       | Unlisted/Miscellaneous | Y |    |  |
| P9099 | BLOOD COMPONENT OR PRODUCT NOT OTHERWISE CLASSIFIED                   | Unlisted/Miscellaneous | Y |    |  |
| Q0507 | MISC SUPPLY OR ACCESSORY USE WITH EXTERNAL VAD                        | Unlisted/Miscellaneous | Y |    |  |
| Q0508 | MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD                       | Unlisted/Miscellaneous | Y |    |  |
| Q0509 | MISC SPL ACSS IMPL VAD NO PAYMENT MEDICARE PRT A                      | Unlisted/Miscellaneous | Y |    |  |
| Q2039 | INFLUENZA VIRUS VACCINE NOT OTHERWISE SPECIFIED                       | Unlisted/Miscellaneous | Y |    |  |
| Q4050 | CAST SUPPLIES UNLISTED TYPES AND MATERIALS OF CASTS                   | Unlisted/Miscellaneous | Y |    |  |
| Q4051 | SPLINT SUPPLIES MISCELLANEOUS   | Unlisted/Miscellaneous | Y |    |  |
| Q4082 | DRUG OR BIOLOGICAL NOC PART B DRUG CAP                                | Unlisted/Miscellaneous | Y |    |  |
| Q4100 | SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED                               | Unlisted/Miscellaneous | Y |    |  |
| S0590 | INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP                      | Unlisted/Miscellaneous | Y |    |  |
| S8189 | TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED                          | Unlisted/Miscellaneous | Y |    |  |
| S9110 | TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH                       | Unlisted/Miscellaneous | Y | SC |  |
| T5999 | SUPPLY NOT OTHERWISE SPECIFIED  | Unlisted/Miscellaneous | Y |    |  |
| V2199 | NOT OTHERWISE CLASSIFIED SINGLE VISION LENS                           | Unlisted/Miscellaneous | Y |    |  |
| V2524 | CONTACT LENS, HYDROPHILIC, SPHERICAL, PHOTOCHROMIC ADDITIVE, PER LENS | Unlisted/Miscellaneous | Y |    |  |
| V2797 | VISN SPL ACSS AND SRVC CMPNT ANOTHER HCPCS CODE                       | Unlisted/Miscellaneous | Y |    |  |
| V2799 | VISION ITEM OR SERVICE MISCELLANEOUS                                  | Unlisted/Miscellaneous | Y |    |  |
| V5298 | HEARING AID NOT OTHERWISE CLASSIFIED                                  | Unlisted/Miscellaneous | Y | SC |  |
| V5299 | HEARING SERVICE MISCELLANEOUS   | Unlisted/Miscellaneous | Y | SC |  |

**NM CODE/BENEFIT EXCEPTIONS**

**MARKETPLACE:**

**Home Health Services** - (including home based OT/PT/ST): All home healthcare services require PA after initial evaluation plus (6) visits per calendar year. Plan limits 100 visits per calendar year counting all visits (includes Skilled nurse, aid, PT/OT/ST).

**Rehabilitation Services** - Cardiac and pulmonary rehab - PA Required for all Visits. OT/PT - PA required after initial 23 visits/year in outpatient and home settings. ST - PA required after initial 6 visits for outpatient and home settings.

**Sleep Study:** - Prior auth required except for Home Sleep Study

PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting.

**Hospice:** inpatient care is notification only; Prior Authorization is not required.

**Healthcare Administered Drug Requests faxed to:**

▫ Medicare via Novologix Provider Portal or fax at 800-391-6437    ▫ Marketplace 866-472-4578

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

| Code  | Marketplace | Description for "Y" Exceptions                         | Service Category for "Y" Exceptions | Code Notes  |
|-------|-------------|--|-------------------------------------|---|
| 95782 | Y           | POLYSOM LT 6 YRS SLEEP STAGE 4 OR GT ADDL PARAM ATTND  | Sleep Studies                       | *POS Exceptions: 95800, 95801, and 95806 are configured in the SLEEP STUDY HOME and SLEEP STUDY HOME OP benefits, no PA required. IF DONE IN FACILITY REQUIRES PA- 95800, 95801, 95806, 95782 and 95783 are configured in the SLEEP STUDY NOT HOME W/PA FAC and SLEEP STUDY NOT HOME W/PA PROF benefits, PA is required |
| 95783 | Y           | POLYSOM LT 6 YRS SLEEP W/CPAP/BILVL VENT 4 OR GT PARAM | Sleep Studies                       | *POS Exceptions: 95800, 95801, and 95806 are configured in the SLEEP STUDY HOME and SLEEP STUDY HOME OP benefits, no PA required. IF DONE IN FACILITY REQUIRES PA- 95800, 95801, 95806, 95782 and 95783 are configured in the SLEEP STUDY NOT HOME W/PA FAC and SLEEP STUDY NOT HOME W/PA PROF benefits, PA is required |
| 95800 | Y           |  |                                     | *POS Exceptions: 95800, 95801, and 95806 are configured in the SLEEP STUDY HOME and SLEEP STUDY HOME OP benefits, no PA required. IF DONE IN FACILITY REQUIRES PA- 95800, 95801, 95806, 95782 and 95783 are configured in the SLEEP STUDY NOT HOME W/PA FAC and SLEEP STUDY NOT HOME W/PA PROF benefits, PA is required |
| 95801 | Y           |  |                                     | *POS Exceptions: 95800, 95801, and 95806 are configured in the SLEEP STUDY HOME and SLEEP STUDY HOME OP benefits, no PA required. IF DONE IN FACILITY REQUIRES PA- 95800, 95801, 95806, 95782 and 95783 are configured in the SLEEP STUDY NOT HOME W/PA FAC and SLEEP STUDY NOT HOME W/PA PROF benefits, PA is required |
| 95803 | Y           |  |                                     | *POS Exceptions: 95800, 95801, and 95806 are configured in the SLEEP STUDY HOME and SLEEP STUDY HOME OP benefits, no PA required. IF DONE IN FACILITY REQUIRES PA- 95800, 95801, 95806, 95782 and 95783 are configured in the SLEEP STUDY NOT HOME W/PA FAC and SLEEP STUDY NOT HOME W/PA PROF benefits, PA is required |
| 95805 | Y           |  |                                     | *POS Exceptions: 95800, 95801, and 95806 are configured in the SLEEP STUDY HOME and SLEEP STUDY HOME OP benefits, no PA required. IF DONE IN FACILITY REQUIRES PA- 95800, 95801, 95806, 95782 and 95783 are configured in the SLEEP STUDY NOT HOME W/PA FAC and SLEEP STUDY NOT HOME W/PA PROF benefits, PA is required |
| 95806 | Y           |  |                                     | *POS Exceptions: 95800, 95801, and 95806 are configured in the SLEEP STUDY HOME and SLEEP STUDY HOME OP benefits, no PA required. IF DONE IN FACILITY REQUIRES PA- 95800, 95801, 95806, 95782 and 95783 are configured in the SLEEP STUDY NOT HOME W/PA FAC and SLEEP STUDY NOT HOME W/PA PROF benefits, PA is required |

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| 95807 | Y |  |  | *POS Exceptions: 95800, 95801, and 95806 are configured in the SLEEP STUDY HOME and SLEEP STUDY HOME OP benefits, no PA required. IF DONE IN FACILITY REQUIRES PA- 95800, 95801, 95806, 95782 and 95783 are configured in the SLEEP STUDY NOT HOME W/PA FAC and SLEEP STUDY NOT HOME W/PA PROF benefits, PA is required |
|-------|---|--|--|---|

|       |   |  |  |   |
|-------|---|--|--|---|
| 95808 | Y |  |  | *POS Exceptions: 95800, 95801, and 95806 are configured in the SLEEP STUDY HOME and SLEEP STUDY HOME OP benefits, no PA required. IF DONE IN FACILITY REQUIRES PA- 95800, 95801, 95806, 95782 and 95783 are configured in the SLEEP STUDY NOT HOME W/PA FAC and SLEEP STUDY NOT HOME W/PA PROF benefits, PA is required |
| 95810 | Y |  |  | *POS Exceptions: 95800, 95801, and 95806 are configured in the SLEEP STUDY HOME and SLEEP STUDY HOME OP benefits, no PA required. IF DONE IN FACILITY REQUIRES PA- 95800, 95801, 95806, 95782 and 95783 are configured in the SLEEP STUDY NOT HOME W/PA FAC and SLEEP STUDY NOT HOME W/PA PROF benefits, PA is required |
| 95811 | Y |  |  | *POS Exceptions: 95800, 95801, and 95806 are configured in the SLEEP STUDY HOME and SLEEP STUDY HOME OP benefits, no PA required. IF DONE IN FACILITY REQUIRES PA- 95800, 95801, 95806, 95782 and 95783 are configured in the SLEEP STUDY NOT HOME W/PA FAC and SLEEP STUDY NOT HOME W/PA PROF benefits, PA is required |
| V5171 | N |  |  |   |
| V5172 | N |  |  |   |
| V5181 | N |  |  |   |
| V5211 | N |  |  |   |
| V5212 | N |  |  |   |
| V5213 | N |  |  |   |
| V5214 | N |  |  |   |
| V5215 | N |  |  |   |
| V5221 | N |  |  |   |