

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	IA	73200	Ct Scan, Upper Extremity; W/O Contrast
Medicaid	IA	63270	Laminectomy, Excision, Intraspinal Lesion Other Than Neoplasm, Intradural; Cervical
Medicaid	IA	63282	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Extramedullary, Lumbar
Medicaid	IA	63290	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural-Intradural Lesion, Any Level
Medicaid	IA	20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (a
Medicaid	IA	20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)
Medicaid	IA	20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)
Medicaid	IA	20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)
Medicaid	IA	20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
Medicaid	IA	20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separat
Medicaid	IA	20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)
Medicaid	IA	20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments
Medicaid	IA	22207	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicaid	IA	22206	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicaid	IA	22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
Medicaid	IA	22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic
Medicaid	IA	22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
Medicaid	IA	22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment
Medicaid	IA	22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
Medicaid	IA	22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
Medicaid	IA	22216	Osteotomy, Spine, Posterior/Posterolateral Approach, 1 Vertebral Segment; Add'l Segment

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Medicaid	IA	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicaid	IA	22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicaid	IA	22558	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Lumbar
Medicaid	IA	22556	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Thoracic
Medicaid	IA	22548	Arthrodesis, Anterior Transoral/Extraoral, Atlas-Axis, W/Wo Excision Odontoid Process
Medicaid	IA	22830	Exploration of Spinal Fusion
Medicaid	IA	67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of
Medicaid	IA	22818	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 1-2 Segs
Medicaid	IA	22812	Spinal Fixation, Wiring, Spinous Processes
Medicaid	IA	22810	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 4 To 7 Vertebral Segments
Medicaid	IA	22808	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 2 To 3 Vertebral Segments
Medicaid	IA	22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12
Medicaid	IA	22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
Medicaid	IA	22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoax
Medicaid	IA	22819	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 3 / More
Medicaid	IA	22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separate
Medicaid	IA	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
Medicaid	IA	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
Medicaid	IA	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumba
Medicaid	IA	22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separa
Medicaid	IA	22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
Medicaid	IA	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for

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Medicaid	IA	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervi
Medicaid	IA	22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)
Medicaid	IA	22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
Medicaid	IA	22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
Medicaid	IA	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
Medicaid	IA	22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)
Medicaid	IA	70460	Ct Scan, Head/Brain; W/Contrast Matl(S)
Medicaid	IA	70336	Mri, Temporomandibular Joints
Medicaid	IA	70487	Ct Scan, Maxillofacial Area; W/Contrast Matl(S)
Medicaid	IA	70486	Ct Scan, Maxillofacial Area; W/O Contrast Matl
Medicaid	IA	70491	Ct Scan, Soft Tissue Neck; W/Contrast Matl(S)
Medicaid	IA	70490	Ct Scan, Soft Tissue Neck; W/O Contrast Matl
Medicaid	IA	70488	Ct Scan, Maxillofacial Area; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	IA	70482	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/O Contrast, Then W/Contrast
Medicaid	IA	70480	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast
Medicaid	IA	70450	Ct Scan, Head/Brain; W/O Contrast Matl
Medicaid	IA	70544	Mra, Head; W/O Contrast Matl(S)
Medicaid	IA	70548	Mra, Neck; W/Contrast Matl(S)
Medicaid	IA	70546	Mra, Head; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	IA	70545	Mra, Head; W/Contrast Matl(S)
Medicaid	IA	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
Medicaid	IA	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast ma

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Medicaid	IA	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	IA	70492	Ct Scan, Neck Tissue; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	IA	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	IA	71552	Mri, Chest; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	IA	71551	Mri, Chest; W/Contrast Matl(S)
Medicaid	IA	71270	Ct Scan, Thorax; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	IA	71550	Mri, Chest; W/O Contrast Matl(S)
Medicaid	IA	71260	Ct Scan, Thorax; W/Contrast Matl(S)
Medicaid	IA	71250	Ct Scan, Thorax; W/O Contrast Matl
Medicaid	IA	70552	Mri, Brain; W/Contrast
Medicaid	IA	70551	Mri, Brain; W/O Contrast
Medicaid	IA	70549	Mra, Neck; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	IA	72129	Computed tomography, thoracic spine; with contrast material
Medicaid	IA	72128	Computed tomography, thoracic spine; without contrast material
Medicaid	IA	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	IA	72125	Computed tomography, cervical spine; without contrast material
Medicaid	IA	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	IA	72126	Computed tomography, cervical spine; with contrast material
Medicaid	IA	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	IA	72146	Mri, Thoracic Spine; W/O Contrast
Medicaid	IA	23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
Medicaid	IA	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	IA	72132	Computed tomography, lumbar spine; with contrast material
Medicaid	IA	72131	Computed tomography, lumbar spine; without contrast material
Medicaid	IA	72149	Mri, Lumbar Spine; W/Contrast
Medicaid	IA	72158	Mri, Spine W/O Contrast, Then W/Contrast; Lumbar
Medicaid	IA	72157	Mri, Spine W/O Contrast, Then W/Contrast; Thoracic
Medicaid	IA	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and ima
Medicaid	IA	72159	Mra, Spine W/Wo Contrast
Medicaid	IA	72197	Mri, Pelvis; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences

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Medicaid	IA	72196	Mri, Pelvis; W/Contrast Matl(S)
Medicaid	IA	72195	Mri, Pelvis; W/O Contrast Matl(S)
Medicaid	IA	72194	Ct Scan, Pelvis; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	IA	72192	Ct Scan, Pelvis; W/O Contrast
Medicaid	IA	73221	Mri, Any Joint, Upper Extremity; W/O Contrast Matl(S)
Medicaid	IA	73222	Mri, Any Joint, Upper Extremity; W/Contrast Matl(S)
Medicaid	IA	73218	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)
Medicaid	IA	73220	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Sequenc
Medicaid	IA	73201	Ct Scan, Upper Extremity; W/Contrast
Medicaid	IA	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed
Medicaid	IA	73202	Ct Scan, Upper Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	IA	73720	Mri, Lower Extremity, Other Than Joint; W/O Contrast Matl(S), Followed Contrast Matl(S) & Furthr Seq
Medicaid	IA	72198	Mra, Pelvis, W/Wo Contrast
Medicaid	IA	73719	Mri, Lower Extremity Other Than Joint; W/Contrast Matl(S)
Medicaid	IA	73718	Mri, Lower Extremity Other Than Joint; W/O Contrast Matl(S)
Medicaid	IA	73700	Ct Scan, Lower Extremity; W/O Contrast
Medicaid	IA	73225	Mra, Upper Extremity, W/Wo Contrast
Medicaid	IA	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
Medicaid	IA	74185	Mra, Abdomen, W/Wo Contrast
Medicaid	IA	74177	Computed tomography, abdomen and pelvis; with contrast material(s)
Medicaid	IA	74182	Mri, Abdomen; W/Contrast Matl(S)
Medicaid	IA	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
Medicaid	IA	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and im
Medicaid	IA	74170	Ct Scan, Abdomen; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	IA	74160	Computed tomography, abdomen; with contrast material(s)
Medicaid	IA	74150	Ct Scan, Abdomen; W/O Contrast
Medicaid	IA	73723	Mri, Any Joint, Lower Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Seq
Medicaid	IA	73725	Mra, Lower Extremity, W/Wo Contrast
Medicaid	IA	73722	Mri, Any Joint, Lower Extremity; W/Contrast Matl(S)
Medicaid	IA	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
Medicaid	IA	76965	Us Guided, Interstitial Radioelement Application

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Medicaid	IA	77046	Magnetic resonance imaging, breast, without contrast material; unilateral
Medicaid	IA	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast materi
Medicaid	IA	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, inc
Medicaid	IA	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of
Medicaid	IA	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid	IA	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid	IA	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Medicaid	IA	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
Medicaid	IA	74263	Computed tomographic (CT) colonography, screening, including image postprocessing
Medicaid	IA	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single of first gestation
Medicaid	IA	77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
Medicaid	IA	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT
Medicaid	IA	77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
Medicaid	IA	77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)
Medicaid	IA	77301	Intensity Modulated Radiotherapy Plan W/Dose Volume Histograms
Medicaid	IA	77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
Medicaid	IA	77047	Magnetic resonance imaging, breast, without contrast material; bilateral
Medicaid	IA	77523	Proton Treatment Delivery; Intermediate
Medicaid	IA	77525	Proton Treatment Delivery; Complex
Medicaid	IA	77520	Proton Treatment Delivery; Simple W/O Compensation
Medicaid	IA	77522	Proton Treatment Delivery; Simple W/Compensation
Medicaid	IA	77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed

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Medicaid	IA	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan
Medicaid	IA	78453	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	IA	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
Medicaid	IA	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
Medicaid	IA	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);
Medicaid	IA	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan
Medicaid	IA	77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
Medicaid	IA	77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
Medicaid	IA	78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Rest, Spect, & Ejection Fraction W/Wo Quantification
Medicaid	IA	78491	Myocardial Pet; Single Study, Rest/Stress
Medicaid	IA	78492	Myocardial Pet; Multiple Studies, Rest &/Or Stress
Medicaid	IA	78483	Cardiac Blood Pool Imaging, Planar, 1st Pass; Mult Studies, Rest & Stress & Eject Fractn W/Wo Quant
Medicaid	IA	78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative/Quantitative
Medicaid	IA	78481	Cardiac Blood Pool Imaging, Planar, 1st Pass; Single Study & Ejection Fraction W/Wo Quantification
Medicaid	IA	78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Multiple Studies, Rest/Stress
Medicaid	IA	78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study, Rest/Stress

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Line of Business	State	Procedure Code	Description
Medicaid	IA	78468	Myocardial Imaging, Infarct Avid, Planar; W/Ejection Fraction, 1st Pass Technique
Medicaid	IA	78454	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	IA	78459	Myocardial Imaging, Positron Emission Tomography (Pet), Metabolic Evaluation
Medicaid	IA	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	IA	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	IA	27280	Arthrodesis, Sacroiliac Joint (Including Obtaining Graft)
Medicaid	IA	93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com
Medicaid	IA	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel
Medicaid	IA	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	IA	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	IA	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
Medicaid	IA	93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional
Medicaid	IA	93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, dur
Medicaid	IA	93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acq
Medicaid	IA	93315	Echocardiography, Transesophageal, Congenital Anomalies; W/Probe, Image, Intepretation & Report
Medicaid	IA	93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement
Medicaid	IA	93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including

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Medicaid	IA	93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, fol
Medicaid	IA	93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com
Medicaid	IA	93303	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Complete
Medicaid	IA	93304	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Follow-Up/Limited Study
Medicaid	IA	93930	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study
Medicaid	IA	93931	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study
Medicaid	IA	93926	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study
Medicaid	IA	93882	Duplex Scan, Extracranial Arteries; Unilat/Limited Study
Medicaid	IA	93925	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study
Medicaid	IA	93979	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Unilat/Limited
Medicaid	IA	93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)
Medicaid	IA	93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)

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Medicaid	IA	93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study
Medicaid	IA	A7037	Tube Used With Positive Airway Pressure Device
Medicaid	IA	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Press
Medicaid	IA	A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair
Medicaid	IA	A7028	Oral cushion for combination oral/nasal mask, replacement only, each
Medicaid	IA	A4604	Tube with integrated heating element for use with positive airway pressure device
Medicaid	IA	A7027	Combination oral/nasal mask, used with continuous positive airway pressure
Medicaid	IA	A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each
Medicaid	IA	A7045	Repl exhalation port for PAP
Medicaid	IA	A7044	Oral Interface Used With Positive Airway Pressure Device, Each
Medicaid	IA	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device
Medicaid	IA	A7033	Pillow for use on nasal cannula type interface, replacement only, pair
Medicaid	IA	A7032	Cushion for use on nasal mask interface, replacement only, each
Medicaid	IA	A7031	Face Mask Interface, Replacement For Full Face Mask, Each
Medicaid	IA	C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
Medicaid	IA	C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
Medicaid	IA	C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)

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Medicaid	IA	C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	IA	C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Medicaid	IA	C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	IA	G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels
Medicaid	IA	E0562	Humidifier, heated, used with positive airway pressure device
Medicaid	IA	E0748	Elec Osteogen Stim Spinal
Medicaid	IA	E0601	Continuous positive airway pressure (cpap) device
Medicaid	IA	C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
Medicaid	IA	E0561	Humidifier, non-heated, used with positive airway pressure device
Medicaid	IA	E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment
Medicaid	IA	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate
Medicaid	IA	E0470	Respiratory assist device, bi-level pressure capability, without backup rate
Medicaid	IA	G0340	Robt lin-radsurg fractx 2-5
Medicaid	IA	G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart r
Medicaid	IA	G0339	Robot lin-radsurg com, first
Medicaid	IA	Q3001	Brachytherapy Radioelements
Medicaid	IA	27122	Acetabuloplasty; Resection, Femoral Head
Medicaid	IA	27120	Acetabuloplasty;
Medicaid	IA	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
Medicaid	IA	27134	Revision, Total Hip Arthroplasty; Both Components, W/Wo Autograft/Allograft
Medicaid	IA	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
Medicaid	IA	63185	Laminectomy with rhizotomy; 1 or 2 segments
Medicaid	IA	63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural

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Line of Business	State	Procedure Code	Description
Medicaid	IA	63190	Laminectomy with rhizotomy; more than 2 segments
Medicaid	IA	27488	Removal, Knee Prosthesis, Methylmethacrylate W/Wo Spacer Insertion
Medicaid	IA	95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory
Medicaid	IA	95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)
Medicaid	IA	95805	Multiple Sleep Latency Test, Multiple Trails
Medicaid	IA	95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
Medicaid	IA	95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicaid	IA	G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow,
Medicaid	IA	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicaid	IA	95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
Medicaid	IA	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
Medicaid	IA	95807	Sleep Study, Attended
Medicaid	IA	32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment
Medicaid	IA	64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)
Medicaid	IA	20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)
Medicaid	IA	20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)
Medicaid	IA	19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
Medicaid	IA	19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicaid	IA	19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicaid	IA	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

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Line of Business	State	Procedure Code	Description
Medicaid	IA	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
Medicaid	IA	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
Medicaid	IA	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
Medicaid	IA	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
Medicaid	IA	64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
Medicaid	IA	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
Medicaid	IA	64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
Medicaid	IA	64520	Injection, Anesthetic Agent; Lumbar/Thoracic (Paravertebral Sympathetic)
Medicaid	IA	C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromio
Medicaid	IA	78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation

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Line of Business	State	Procedure Code	Description
Medicaid	IA	78816	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning.
Medicaid	IA	78815	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning
Medicaid	IA	78813	Positron emission tomography (PET) imaging; whole body
Medicaid	IA	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Medicaid	IA	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Medicaid	IA	78609	Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluation

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Line of Business	State	Procedure Code	Description
Medicaid	IA	70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part m
Medicaid	IA	76390	Mr Spectroscopy
Medicaid	IA	70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofun
Medicaid	IA	62282	Injection/Infusion Neurolytic Substance; Epidural, Lumbar/Caudal
Medicaid	IA	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
Medicaid	IA	27345	Excision, Synovial Cyst, Popliteal Space
Medicaid	IA	92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)
Medicaid	IA	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicaid	IA	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
Medicaid	IA	23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty
Medicaid	IA	22849	Reinsertion, Spinal Fixation Device
Medicaid	IA	27137	Revision, Total Hip Arthroplasty; Acetabular Component Only, W/Wo Autograft/Allograft
Medicaid	IA	62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar
Medicaid	IA	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
Medicaid	IA	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
Medicaid	IA	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
Medicaid	IA	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
Medicaid	IA	22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)

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Line of Business	State	Procedure Code	Description
Medicaid	IA	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes
Medicaid	IA	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
Medicaid	IA	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)
Medicaid	IA	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar
Medicaid	IA	22585	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Add'l Interspace
Medicaid	IA	23105	Arthrotomy; Glenohumeral Joint, W/Synovectomy, W/Wo Bx
Medicaid	IA	23120	Claviclectomy; Partial
Medicaid	IA	23107	Arthrotomy, Glenohumeral Joint, W/Exploration, W/Wo Loose/Fb Removal
Medicaid	IA	23412	Repair, Ruptured Musculotendinous Cuff; Chronic
Medicaid	IA	23130	Acromioplasty/Acromionectomy, Partial, W/Wo Coracoacromial Ligament Release
Medicaid	IA	23420	Reconstruction, Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty)
Medicaid	IA	23415	Coracoacromial Ligament Release, W/Wo Acromioplasty
Medicaid	IA	55920	Placement of needles or catheters into pelvic organs and/or genitalia (expect prostate) for subsequent interstitial radi
Medicaid	IA	23440	Resection/Transplantation, Long Tendon, Biceps
Medicaid	IA	23430	Tenodesis, Long Tendon, Biceps
Medicaid	IA	57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
Medicaid	IA	58346	Insertion, Heyman Capsules, Clinical Brachytherapy
Medicaid	IA	23455	Capsulorrhaphy, Anterior; W/Labral Repair
Medicaid	IA	22802	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 7 To 12 Vertebral Segments
Medicaid	IA	22630	Arthrodesis, Post Interbody W/Laminectomy &/Or Discect, Prep Interspace, Single Interspace; Lumbar
Medicaid	IA	63045	Laminectomy, Facetectomy & Foraminotomy, 1 Segment; Cervical
Medicaid	IA	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]
Medicaid	IA	22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or mo
Medicaid	IA	63200	Laminectomy, W/Release, Tethered Spinal Cord, Lumbar

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Line of Business	State	Procedure Code	Description
Medicaid	IA	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]
Medicaid	IA	63275	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural, Cervical
Medicaid	IA	63250	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Cervical
Medicaid	IA	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
Medicaid	IA	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar
Medicaid	IA	63280	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Extramedullary, Cervical
Medicaid	IA	62264	Lysis, Perq Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 1 Day
Medicaid	IA	62263	Lysis, Perq, Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 2 Days/>
Medicaid	IA	63055	Transpedicular Approach, 1 Segment; Thoracic
Medicaid	IA	63046	Laminectomy, Facetectomy & Foraminotomy, 1 Segment; Thoracic
Medicaid	IA	63016	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, > 2 Segments; Thoracic
Medicaid	IA	63003	Laminectomy, W/O Facetectomy/Foraminotomy/Diskectomy, 1/2 Segments; Thoracic
Medicaid	IA	63285	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Intramedullary, Cervical
Medicaid	IA	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
Medicaid	IA	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
Medicaid	IA	63103	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression Spinal Cord/Nerve Rts; Thoracic/Lumbar, ea addl Seg

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Line of Business	State	Procedure Code	Description
Medicaid	IA	23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
Medicaid	IA	63090	Vertebral Corpectomy, Transperitoneal/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; 1 Segment
Medicaid	IA	63088	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar; Add'l Segment
Medicaid	IA	63087	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar; 1 Segment
Medicaid	IA	63086	Vertebral Corpectomy, Transthoracic; Thoracic, Add'l Segment
Medicaid	IA	63085	Vertebral Corpectomy, Transthoracic; Thoracic, 1 Segment
Medicaid	IA	63082	Vertebral Corpectomy, Anterior; Cervical, Add'l Segment
Medicaid	IA	63081	Vertebral Corpectomy, Anterior; Cervical, 1 Segment
Medicaid	IA	63308	Vertebral Corpectomy, Add'l Segment
Medicaid	IA	63302	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Thoracolumbar Approach
Medicaid	IA	63301	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Transthoracic Approach
Medicaid	IA	63300	Vertebral Corpectomy, 1 Segment; Extradural, Cervical
Medicaid	IA	63305	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Transthoracic Approach
Medicaid	IA	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy
Medicaid	IA	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including flu
Medicaid	IA	63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural
Medicaid	IA	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separat
Medicaid	IA	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
Medicaid	IA	63306	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Thoracolumbar Approach
Medicaid	IA	23460	Capsulorrhaphy, Anterior, Any Type; W/Bone Block
Medicaid	IA	63685	Incision/Placement, Spinal Neurostimulator Pulse Generator/Receiver
Medicaid	IA	63688	Revision/Removal, Implanted Spinal Neurostimulator Pulse Generator/Receiver
Medicaid	IA	64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint
Medicaid	IA	64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint

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Line of Business	State	Procedure Code	Description
Medicaid	IA	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
Medicaid	IA	64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code
Medicaid	IA	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral
Medicaid	IA	27138	Revision, Total Hip Arthroplasty; Femoral Component Only, W/Wo Allograft
Medicaid	IA	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
Medicaid	IA	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en
Medicaid	IA	27125	Hemiarthroplasty, Hip, Partial
Medicaid	IA	77778	Interstitial Radioelement Application; Complex
Medicaid	IA	77762	Intracavitary Radiation Source Application; Intermediate
Medicaid	IA	77763	Intracavitary Radiation Source Application; Complex
Medicaid	IA	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image g
Medicaid	IA	77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
Medicaid	IA	77761	Intracavitary Radiation Source Application; Simple
Medicaid	IA	23462	Capsulorrhaphy, Anterior, Any Type; W/Coracoid Process Transfer
Medicaid	IA	23465	Capsulorrhaphy, Glenohumeral Joint, Posterior, W/Wo Bone Block
Medicaid	IA	27332	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial/Lateral
Medicaid	IA	27331	Arthrotomy, Knee; W/Joint Exploration, Bx/Removal, Loose/Fb
Medicaid	IA	27130	Arthroplasty, Acetabular/Proximal Femoral Prosthetic Replacement, W/Wo Autograft/Allograft
Medicaid	IA	27334	Arthrotomy, W/Synovectomy Knee; Anterior/Posterior
Medicaid	IA	27333	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial & Lateral
Medicaid	IA	92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
Medicaid	IA	27335	Arthrotomy, W/Synovectomy Knee; Anterior & Posterior W/Popliteal Area
Medicaid	IA	27487	Revision, Total Knee Arthroplasty; Femoral & Entire Tibial Component

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Line of Business	State	Procedure Code	Description
Medicaid	IA	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
Medicaid	IA	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
Medicaid	IA	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
Medicaid	IA	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;
Medicaid	IA	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
Medicaid	IA	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization
Medicaid	IA	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography
Medicaid	IA	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
Medicaid	IA	27403	Arthrotomy W/Meniscus Repair, Knee
Medicaid	IA	27405	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral
Medicaid	IA	27412	Autologous Chondrocyte Implantation, Knee

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Line of Business	State	Procedure Code	Description
Medicaid	IA	27409	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral & Cruciate Ligaments
Medicaid	IA	27428	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open)
Medicaid	IA	27427	Ligamentous Reconstruction (Augmentation), Knee; Extra-Articular
Medicaid	IA	27429	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open) & Extra-Articular
Medicaid	IA	27443	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee; W/Debridement & Partial Synovectomy
Medicaid	IA	27442	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee
Medicaid	IA	27441	Arthroplasty, Knee, Tibial Plateau; W/Debridement & Partial Synovectomy
Medicaid	IA	27438	Arthroplasty, Patella; W/Prosthesis
Medicaid	IA	29807	Arthroscopy, Shoulder, Surgical; Repair, Slap Lesion
Medicaid	IA	29819	Arthroscopy, Shoulder, Surgical; W/Removal, Loose/Fb
Medicaid	IA	29806	Arthroscopy, Shoulder, Surgical; Capsulorrhaphy
Medicaid	IA	29805	Arthroscopy, Shoulder, Dx, W/Wo Synovial Bx (Sep Proc)
Medicaid	IA	27446	Arthroplasty, Knee, Condyle & Plateau; Medial/Lateral Compartment
Medicaid	IA	27447	Arthroplasty, Knee, Condyle & Plateau; Medial & Lateral Compartments, W/Wo Patella Resurfacing
Medicaid	IA	27440	Arthroplasty, Knee, Tibial Plateau
Medicaid	IA	29825	Arthroscopy, Shoulder, Surgical; W/Lysis & Resection, Adhesions, W/Wo Manipulation
Medicaid	IA	29823	Arthroscopy, Shoulder, Surgical; Debridement, Extensive
Medicaid	IA	29824	Arthroscopy, Shoulder, Surgical; Distal Claviclectomy W/ Articular Surface
Medicaid	IA	29821	Arthroscopy, Shoulder, Surgical; Synovectomy, Complete
Medicaid	IA	29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)
Medicaid	IA	29860	Arthroscopy, Hip, Dx W/Wo Synovial Bx (Sep Proc)
Medicaid	IA	29861	Arthroscopy, Hip, Surgical; W/Removal, Loose/Foreign Body
Medicaid	IA	29827	Arthroscopy, Shoulder, Surgical; W/Rotator Cuff Repair
Medicaid	IA	31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intr
Medicaid	IA	41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transn
Medicaid	IA	29868	Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral
Medicaid	IA	29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
Medicaid	IA	29867	Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty)

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Line of Business	State	Procedure Code	Description
Medicaid	IA	29863	Arthroscopy, Hip, Surgical; W/Synovectomy
Medicaid	IA	29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (W/Chondroplasty)/Multiple Drilling/Microfx
Medicaid	IA	29877	Arthroscopy, Knee, Surgical; Debridement/Shaving, Articular Cartilage (Chondroplasty)
Medicaid	IA	29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Sep Proc)
Medicaid	IA	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
Medicaid	IA	29871	Arthroscopy, Knee, Surgical; Infection, Lavage & Drainage
Medicaid	IA	29873	Arthroscopy, Knee, Surgical; W/Lateral Release
Medicaid	IA	29870	Arthroscopy, Knee, Dx, W/Wo Synovial Bx (Sep Proc)
Medicaid	IA	29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
Medicaid	IA	29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
Medicaid	IA	29882	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial/Lateral
Medicaid	IA	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
Medicaid	IA	29889	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation/Reconstruction
Medicaid	IA	29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation/Reconstruction
Medicaid	IA	29886	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion
Medicaid	IA	29885	Arthroscopy, Knee, Surgical; Drill, Osteochondritis Dissecans W/Bone Graft, W/Wo Int/Ext Fixation
Medicaid	IA	29884	Arthroscopy, Knee, Surgical; W/Lysis, Adhesions, W/Wo Manipulation (Sep Proc)
Medicaid	IA	29883	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial & Lateral
Medicaid	IA	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
Medicaid	IA	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
Medicaid	IA	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
Medicaid	IA	63012	Laminectomy W/Removal, Abnormal Facets, Lumbar

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Line of Business	State	Procedure Code	Description
Medicaid	IA	63005	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, 1/2 Segments; Lumbar
Medicaid	IA	29916	Arthroscopy, hip, surgical; with labral repair
Medicaid	IA	29915	Arthroscopy, subtalar joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
Medicaid	IA	29892	Arthroscopically Aided Repair, Osteochondritis/Talar Dome Fx/Tibial Plafond Fx
Medicaid	IA	63056	Transpedicular Approach, 1 Segment; Lumbar (Transfacet/Lateral Extraforaminal)
Medicaid	IA	63047	Laminectomy. Facetectomy & Foraminotomy, 1 Segment; Lumbar
Medicaid	IA	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex
Medicaid	IA	63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex
Medicaid	IA	63042	Laminotomy W/Partl Facetectomy/Foraminotomy/Herniated Diskect, Re-Explor, Sngle Interspc; Lumbar
Medicaid	IA	63040	Laminotomy W/Partl Facetctmy/Foramnotmy/Herniated Diskect, Re-Exploratn, Sngle Interspc; Cervical
Medicaid	IA	63267	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Lumbar
Medicaid	IA	63265	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Cervical
Medicaid	IA	63076	Diskectomy, Anterior; Cervical, Add'l Interspace
Medicaid	IA	63057	Transpedicular Approach, Add'l Segment; Thoracic/Lumbar
Medicaid	IA	63048	Laminectomy, Facetectomy & Foraminotomy; Add'l Segment, Cervical/Thoracic/Lumbar
Medicaid	IA	55860	Exposure, Prostate, Any Approach, Radiation Insertion
Medicaid	IA	57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
Medicaid	IA	63001	Laminectomy, W/O Facetectomy/Foraminotomy/Diskectomy, 1/2 Segments; Cervical
Medicaid	IA	63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments;
Medicaid	IA	0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi
Medicaid	IA	63015	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, > 2 Segments; Cervical
Medicaid	IA	63191	Laminectomy W/Section, Spinal Accessory Nerve
Medicaid	IA	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
Medicaid	IA	95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist

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Medicaid	IA	93316	Echocardiography, Transesophageal, Congenital Anomalies; Transesophageal Probe Placement Only
Medicaid	IA	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	IA	A7035	Headgear Used With Positive Airway Pressure Device
Medicaid	IA	A7036	Chinstrap Used With Positive Airway Pressure Device
Medicaid	IA	C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)
Medicaid	IA	93978	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Complete Study
Medicaid	IA	93880	Duplex Scan, Extracranial Arteries; Complete Bilat Study
Medicaid	IA	J7330	Cultured Chondrocytes Implnt
Medicaid	IA	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including
Medicaid	IA	74183	Mri, Abdomen; W/O Contrast Matl(S) Followed By Contrast Matl(S) & Further Sequences
Medicaid	IA	73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl
Medicaid	IA	74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing
Medicaid	IA	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral
Medicaid	IA	22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
Medicaid	IA	70481	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/Contrast
Medicaid	IA	72147	Mri, Thoracic Spine; W/Contrast
Medicaid	IA	73223	Mri, Any Joint Of Upper Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequ
Medicaid	IA	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D ima
Medicaid	IA	20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)

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Line of Business	State	Procedure Code	Description
Medicaid	IA	22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
Medicaid	IA	22208	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicaid	IA	63272	Laminectomy, Excision, Intraspinal Lesion Other Than Neoplasm, Intradural; Lumbar
Medicaid	IA	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
Medicaid	IA	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)
Medicaid	IA	23410	Repair, Ruptured Musculotendinous Cuff, Open; Acute
Medicaid	IA	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2
Medicaid	IA	27407	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Cruciate
Medicaid	IA	29820	Arthroscopy, Shoulder, Surgical; Synovectomy, Partial
Medicaid	IA	29862	Arthroscopy, Hip, Surgical; W/Chondroplasty/Arthroplasty, &/Or Resection, Labrum
Medicaid	IA	63303	Vertebral Corpectomy, 1 Segment; Extradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach
Medicaid	IA	63091	Vertebral Corpectomy, Trans/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; Add'l Segment
Medicaid	IA	63307	Vertebral Corpectomy, 1 Segment; Intradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach
Medicaid	IA	63075	Discectomy, Anterior; Cervical, 1 Interspace
Medicaid	IA	63051	Laminoplasty, Cerv, W Decompression Of Spinal Cord, 2 Or > Verteb Segments; W Reconstruction Of Posterior Bony Elements
Medicaid	IA	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
Medicaid	IA	27132	Conversion, Previous Hip Surgery To Total Hip Arthroplasty, W/Wo Autograft/Allograft
Medicaid	IA	77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
Medicaid	IA	93317	Echocardiography, Transesophageal, Congenital Anomalies; Image, Interpretation & Report
Medicaid	IA	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)

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Line of Business	State	Procedure Code	Description
Medicaid	IA	72156	Mri, Spine W/O Contrast, Then W/Contrast; Cervical
Medicaid	IA	72148	Mri, Lumbar Spine; W/O Contrast
Medicaid	IA	72141	Mri, Cervical Spine; W/O Contrast
Medicaid	IA	73219	Mri, Upper Extremity, Other Than Joint; W/Contrast Matl(S)
Medicaid	IA	72193	Ct Scan, Pelvis; W/Contrast
Medicaid	IA	74181	Mri, Abdomen; W/O Contrast Matl(S)
Medicaid	IA	74176	Computed tomography, abdomen and pelvis; without contrast material
Medicaid	IA	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed
Medicaid	IA	73701	Ct Scan, Lower Extremity; W/Contrast
Medicaid	IA	22632	Arthrodesis, Post Interbody W/Laminect &/Or Dissect, Prep Interspace, Sngl Intrspc; Add'l Intersp
Medicaid	IA	22600	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Cervical Below C2
Medicaid	IA	22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
Medicaid	IA	71555	Mra, Chest (Exclude Myocardium), W/Wo Contrast Matl(S)
Medicaid	IA	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
Medicaid	IA	63287	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Intramedullary, Thoracolumbar
Medicaid	IA	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)
Medicaid	IA	22614	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Add'l Segment
Medicaid	IA	78814	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. These radionuclides must be produced in a cyclotron or generator that can bombard chemicals with neutrons to produce unstable, short-lived radioisotopes, such as carbon-11, nitrogen-13, and oxygen-15. These can be readily incorporated into common and important, biological body compounds for administration. Data from this kind of imaging yields metabolic or biochemical function information depending on the type of molecule tagged. In PET tumor imaging, information about the tumor's glucose and oxygen utilization is obtained, which reveals the tumor's behavior compared to normal tissue or benign tumors. Report 78811 for PET imaging of a limited area such as the chest alone; 78812 for imaging from the skull base to the mid-thigh; and 78813 for imaging of the whole body.

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Medicaid	IA	62281	Injection/Infusion Neurolytic Substance, W/Wo Therapeutic Substance; Epidural Cervical/Thoracic
Medicaid	IA	29822	Arthroscopy, Shoulder, Surgical; Debridement, Limited
Medicaid	IA	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
Medicaid	IA	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
Medicaid	IA	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))
Medicaid	IA	63277	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural, Lumbar
Medicaid	IA	22800	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; Up To 6 Vertebral Segments
Medicaid	IA	27437	Arthroplasty, Patella; W/O Prosthesis
Medicaid	IA	29828	Arthroscopy, shoulder, surgical; biceps tenodesis
Medicaid	IA	29874	Arthroscopy, Knee, Surgical; Removal, Loose/Fb
Medicaid	IA	29887	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion W/Int Fixation
Medicaid	IA	63017	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, > 2 Segments; Lumbar
Medicaid	IA	23466	Capsulorrhaphy, Glenohumeral Joint, Any Type Multi-Directional Instability
Medicaid	IA	27415	Osteochondral allograft, knee, open
Medicaid	IA	63252	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Thoracolumbar
Medicaid	IA	23472	Arthroplasty, Glenohumeral Joint; Total Shoulder
Medicaid	IA	63102	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Lumbar, Sgl Segment
Medicaid	IA	63101	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Thoracic, Sgl Segment
Medicaid	IA	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
Medicaid	IA	23450	Capsulorrhaphy, Anterior; Putti-Platt Proc/Magnuson Type Operation
Medicaid	IA	22804	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 13+ Vertebral Segments
Medicaid	IA	22554	Arthrodesis, Anterior Interbody, W/Minimal Diskectomy; Cervical Below C2
Medicaid	IA	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)

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Line of Business	State	Procedure Code	Description
Medicaid	IA	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 v
Medicaid	IA	27486	Revision, Total Knee Arthroplasty, W/Wo Allograft; 1 Component
Medicaid	IA	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each
Medicaid	IA	78469	Myocardial Imaging, Infarct Avid, Planar; Tomographic Spect W/Wo Quantification
Medicaid	IA	70547	Mra, Neck; W/O Contrast Matl(S)
Medicaid	IA	70553	Mri, Brain; W/O Contrast, Then W/Contrast & Further Sequences
Medicaid	IA	70470	Ct Scan, Head/Brain; W/O Contrast, Then W/Contrast
Medicaid	IA	72142	Mri, Cervical Spine; W/Contrast
Medicaid	IA	73702	Ct Scan, Lower Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	IA	S5102	Day Care Services, Adult, Per Diem
Medicaid	IA	H0034	Medication training and support, per 15 minutes
Medicaid	IA	E0705	Transfer device, any type, each
Medicaid	IA	Q5154	Injection, omalizumab-igec (Omyclo), biosimilar, 5 mg
Medicaid	IA	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
Medicaid	IA	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)
Medicaid	IA	32856	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Bilateral
Medicaid	IA	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	IA	J0180	Agalsidase beta injection
Medicaid	IA	J0485	Injection, belatacept, 1 mg
Medicaid	IA	L5999	Lower Extremity Prosthesis Nos
Medicaid	IA	93580	Perc Transcatheter Closure, Congenital Interatrial Communication W/Implant
Medicaid	IA	J0584	Injection, burosumab-twza 1 mg
Medicaid	IA	J0599	Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units
Medicaid	IA	J0179	Injection, brolocizumab-dbl, 1 mg
Medicaid	IA	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type
Medicaid	IA	55862	Exposure, Prostate, Any Approach, Radiation Insertion; W/Lymph Node Bx (Limited Pelvic Lymphadenect)
Medicaid	IA	J9349	Injection, tafasitamab-cxix, 2 mg
Medicaid	IA	Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg
Medicaid	IA	Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Medicaid	IA	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	IA	A2026	Restrata MiniMatrix, 5 mg

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Medicaid	IA	Q5129	Injection, bevacizumab-adcd (vezgelma), biosimilar, 10 mg
Medicaid	IA	S2067	Breast reconstruction of a single breast with "stacked" deep inferior
Medicaid	IA	J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg
Medicaid	IA	J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg
Medicaid	IA	J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj
Medicaid	IA	J2323	Injection, natalizumab, 1 mg
Medicaid	IA	J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg
Medicaid	IA	J0567	Injection, cerliponase alfa, 1 mg
Medicaid	IA	J0174	Injection, lecanemab-irmb, 1 mg
Medicaid	IA	55865	Exposure, Prostate, Any Approach, Radiation Insertion; W/Bilat Pelvic Lymphadenectomy
Medicaid	IA	E0986	Manual wheelchair accessory, push-rim activated power assist, each
Medicaid	IA	J7355	Injection, travoprost, intracameral implant, 1 mcg
Medicaid	IA	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
Medicaid	IA	J2277	Injection, motixafortide, 0.25 mg
Medicaid	IA	G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min
Medicaid	IA	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
Medicaid	IA	J9382	Injection, zenocutuzumab-zbco, 1 mg
Medicaid	IA	Q5149	Injection, aflibercept-abzv (Enzeevu), biosimilar, 1 mg
Medicaid	IA	Q5150	Injection, aflibercept-mrbb (Ahzantive), biosimilar, 1 mg
Medicaid	IA	22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace
Medicaid	IA	T1030	Nursing Care, In The Home, By Registered Nurse, Per Diem
Medicaid	IA	J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes
Medicaid	IA	J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	IA	97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
Medicaid	IA	J9329	Injection, tislelizumab-jsgr, 1mg
Medicaid	IA	81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis
Medicaid	IA	J7356	Injection, foscarnidopa 0.25 mg/foslevodopa 5 mg
Medicaid	IA	S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy

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Medicaid	IA	L5973	Endoskeletal Ankle Foot System, Microprocessor Controlled Feature, Dorsiflexion And/OR Plantar Flexion Control, Includes
Medicaid	IA	L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional EMG inputs, pattern-recognition decoding intent movement
Medicaid	IA	66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif
Medicaid	IA	95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
Medicaid	IA	33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber
Medicaid	IA	47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy
Medicaid	IA	H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
Medicaid	IA	Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg
Medicaid	IA	J0013	Esketamine, nasal spray, 1 mg
Medicaid	IA	81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)
Medicaid	IA	81291	Mthfr (5,10-Methylenetetrahydrofolate Reductase) (Eg, Hereditary Hypercoagulability) Gene Analysis, Common Variants (Eg, 677T, 1298C)
Medicaid	IA	Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	IA	S2054	Transplantation Of Multivisc
Medicaid	IA	S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including
Medicaid	IA	S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SI
Medicaid	IA	J9223	Injection, lurbinectedin, 0.1 mg
Medicaid	IA	J3111	Injection, romosozumab-aqqg, 1 mg
Medicaid	IA	J1437	Injection, ferric derisomaltose, 10 mg

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Medicaid	IA	48160	Pancreatectomy, Total/Subtotal W/Autologous Transplantation Pancreas/Pancreatic Islets
Medicaid	IA	J9348	Injection, naxitamab-gqgk, 1 m
Medicaid	IA	S0800	Laser In Situ Keratomileusis
Medicaid	IA	22590	Arthrodesis, Posterior Technique, Craniocervical
Medicaid	IA	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
Medicaid	IA	Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg
Medicaid	IA	J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Medicaid	IA	J1303	Injection, ravulizumab-cwvz, 10 mg
Medicaid	IA	J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg
Medicaid	IA	J0139	Injection, adalimumab, 1 mg
Medicaid	IA	J0870	Injection, imetelstat, 1 mg
Medicaid	IA	81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant
Medicaid	IA	Q5158	Injection, denosumab-bnht (Bomynta/Conexence), biosimilar, 1 mg
Medicaid	IA	E0735	Non-invasive vagus nerve stimulator
Medicaid	IA	B9006	Parenteral nutrition infusion pump, stationary
Medicaid	IA	48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft
Medicaid	IA	33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only
Medicaid	IA	G0088	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 min
Medicaid	IA	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To An
Medicaid	IA	E0250	Hosp Bed Fixed Ht W/ Mattres
Medicaid	IA	S9122	Home health aide or certified nurse assistant, providing care in the home; per hour
Medicaid	IA	J7172	Injection, marstacimab-hncq, 0.5 mg
Medicaid	IA	C9399	Unclassified Drugs Or Biologicals
Medicaid	IA	S5199	Personal Care Item, NOS, Each

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Line of Business	State	Procedure Code	Description
Medicaid	IA	J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	IA	J1073	Testosterone pellet, implant, 75 mg
Medicaid	IA	J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 m
Medicaid	IA	H2033	Multisystemic therapy for juveniles, per 15 minutes
Medicaid	IA	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
Medicaid	IA	J9326	Injection, telisotuzumab vedotin-tllv, 1 mg
Medicaid	IA	T2017	Habilitation, residential, waiver; 15 minutes
Medicaid	IA	T2030	Assisted living, waiver; per month
Medicaid	IA	J2797	Injection, rolapitant, 0.5 mg
Medicaid	IA	J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg
Medicaid	IA	H2024	Supported employment, per diem
Medicaid	IA	S5100	Day Care Services, Adult, Per 15 Minutes
Medicaid	IA	T2001	Non-Emergency Transportation; Patient Attendant/Escort
Medicaid	IA	J3316	Injection, triptorelin, extended-release, 3.75 mg
Medicaid	IA	J1072	Injection, testosterone cypionate (Azmiro), 1 mg
Medicaid	IA	T2048	Behavioral health; long-term care residential (non-acute care in a residential program, per diem
Medicaid	IA	J9256	Injection, nipocalimab-aahu, 3 mg
Medicaid	IA	T2027	Specialized childcare, waiver; per 15 minutes
Medicaid	IA	S5151	Unskilled Respite Care, Not Hospice, Per Diem
Medicaid	IA	L6100	Elb Mold Sock Flex Hinge Pad
Medicaid	IA	T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter
Medicaid	IA	S5140	Foster Care, Adult, Per Diem
Medicaid	IA	J3590	Unclassified Biologics
Medicaid	IA	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
Medicaid	IA	96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)
Medicaid	IA	81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)

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Line of Business	State	Procedure Code	Description
Medicaid	IA	42831	Adenoidectomy, Primary; Age 12+
Medicaid	IA	J0177	Injection, aflibercept HD, 1 mg
Medicaid	IA	J0217	Injection, velmanase alfa-tycv, 1 mg
Medicaid	IA	J0589	Injection, daxibotulinumtoxina-lanm, 1 unit
Medicaid	IA	J1203	Injection, cipaglicosidase alfa-atga, 5 mg
Medicaid	IA	J1323	Injection, elranatamab-bcmm, 1 mg
Medicaid	IA	J2782	Injection, avacincaptad pegol, 0.1 mg
Medicaid	IA	J3055	Injection, talquetamab-tgvs, 0.25 mg
Medicaid	IA	J7353	Anacaulase-bcdb, 8.8% gel, 1 gm
Medicaid	IA	J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)
Medicaid	IA	J9376	Injection, pozelimab-bbfg, 1 mg
Medicaid	IA	Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg
Medicaid	IA	Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg
Medicaid	IA	J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg
Medicaid	IA	J2267	Injection, mirikizumab-mrkz, 1 mg
Medicaid	IA	J3263	Injection, toripalimab-tpzi, 1 mg
Medicaid	IA	J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU
Medicaid	IA	J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg
Medicaid	IA	Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram
Medicaid	IA	Q5126	Injection, bevacizumab-maly, biosimilar, (alymys), 10 mg
Medicaid	IA	Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg
Medicaid	IA	Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg
Medicaid	IA	Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg
Medicaid	IA	Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg
Medicaid	IA	S0155	Sterile dilutant for epoprostenol, 50 ml
Medicaid	IA	S2340	Chemodeneration Of Abductor
Medicaid	IA	S2341	Chemodeneration of adductor muscle(s) of vocal cord
Medicaid	IA	S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous infusion therapy (e.g., Epoprostenol)
Medicaid	IA	S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., Infliximab)
Medicaid	IA	S9558	Home injectable therapy; growth hormone,
Medicaid	IA	J9353	Injection, margetuximab-cmkb, 5 m
Medicaid	IA	J9347	Injection, tremelimumab-actl, 1 mg
Medicaid	IA	J9380	Injection, teclistamab-cqyv, 0.5 mg
Medicaid	IA	J9381	Injection, teplizumab-mzww, 5 mcg
Medicaid	IA	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
Medicaid	IA	J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg
Medicaid	IA	Q0138	Injection, Ferumoxytol, For Treatment Of Iron Deficiency Anemia, 1 Mg (Non-Esrd Use)
Medicaid	IA	Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose

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Line of Business	State	Procedure Code	Description
Medicaid	IA	Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	IA	Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	IA	Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures
Medicaid	IA	Q5105	Injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units
Medicaid	IA	Q5106	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use), 1000 units
Medicaid	IA	Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
Medicaid	IA	Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg
Medicaid	IA	Q5110	Injection, filgrastim-aafi, biosimilar, (nivistym), 1 microgram
Medicaid	IA	Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg
Medicaid	IA	Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg
Medicaid	IA	Q5113	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg
Medicaid	IA	Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg
Medicaid	IA	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg
Medicaid	IA	Q5114	Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg
Medicaid	IA	Q5115	Injection, rituximab-abbs, biosimilar, 10 mg
Medicaid	IA	Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 m
Medicaid	IA	Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg
Medicaid	IA	T2037	Therapeutic camping, day, waiver; each session
Medicaid	IA	J9057	Injection, copanlisib, 1 mg
Medicaid	IA	T2036	Therapeutic camping, overnight, waiver; each session
Medicaid	IA	J9118	Injection, calaspargase pegol-mknl, 10 units
Medicaid	IA	J9119	Injection, cemiplimab-rwlc, 1 mg
Medicaid	IA	J9064	Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg
Medicaid	IA	J9173	Injection, durvalumab, 10 mg
Medicaid	IA	J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg
Medicaid	IA	J9210	Injection, emapalumab-lzsg, 1 mg
Medicaid	IA	J9229	Injection, inotuzumab ozogamicin, 0.1 mg
Medicaid	IA	J9274	Injection, tebentafusp-tebn, 1 microgram
Medicaid	IA	J9269	Injection, tagraxofusp-erzs, 10 micrograms
Medicaid	IA	J9286	Injection, glofitamab-gxbm, 2.5 mg
Medicaid	IA	J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
Medicaid	IA	J9309	Injection, polatuzumab vedotin-piiq, 1 mg
Medicaid	IA	J9304	Injection, pemetrexed (pemfexy), 10 mg
Medicaid	IA	J9312	Injection, rituximab, 10 mg

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Medicaid	IA	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
Medicaid	IA	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg
Medicaid	IA	J9321	Injection, epcoritamab-bysp, 0.16 mg
Medicaid	IA	J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units
Medicaid	IA	J9319	Injection, romidepsin, lyophilized, 0.1 mg
Medicaid	IA	J9333	Injection, rozanolixizumab-noli, 1 mg
Medicaid	IA	J9345	Injection, retifanlimab-dlwr, 1 mg
Medicaid	IA	J7351	Injection, bimatoprost, intracameral implant, 1 microgram
Medicaid	IA	J7352	Afamelanotide implant, 1 mg
Medicaid	IA	S2053	Transplantation Of Small Int
Medicaid	IA	S2060	Lobar Lung Transplantation
Medicaid	IA	S2061	Donor Lobectomy (Lung)
Medicaid	IA	S2065	Simultaneous pancreas kidney transplantation
Medicaid	IA	S2080	Laser-assisted uvulopalatoplasty (LAUP)
Medicaid	IA	S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)
Medicaid	IA	J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg
Medicaid	IA	J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose
Medicaid	IA	J9035	Bevacizumab injection
Medicaid	IA	J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg
Medicaid	IA	H2015	Comprehensive community support services, per 15 minutes
Medicaid	IA	H2016	Comprehensive community support services, per diem
Medicaid	IA	J1632	Injection, brexanolone, 1 mg
Medicaid	IA	J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg
Medicaid	IA	J7170	Injection, emicizumab-kxwh, 0.5 mg
Medicaid	IA	J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg
Medicaid	IA	J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebinyn), 1 IU
Medicaid	IA	J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucI, (jivi), 1 i.u.
Medicaid	IA	J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram
Medicaid	IA	J7214	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviio), per Factor VIII IU
Medicaid	IA	J1961	Injection, lenacapavir, 1 mg
Medicaid	IA	J1952	Leuprolide injectable, camcevi, 1 mg
Medicaid	IA	J2326	Injection, nusinersen, 0.1 mg
Medicaid	IA	J2350	Injection, ocrelizumab, 1 mg
Medicaid	IA	J2329	Injection, ublituximab-xiiy, 1mg
Medicaid	IA	J2356	Injection, tezepelumab-ekko, 1 mg
Medicaid	IA	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
Medicaid	IA	J2777	Injection, faricimab-svoa, 0.1 mg

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Medicaid	IA	J2781	Injection, pegcetacoplan, intravitreal, 1 mg
Medicaid	IA	J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
Medicaid	IA	J3032	Injection, eptinezumab-jjmr, 1 mg
Medicaid	IA	J3241	Injection, teprotumumab-trbw, 10 mg
Medicaid	IA	J3245	Injection, tildrakizumab, 1 mg
Medicaid	IA	J3299	Injection, triamcinolone acetonide (xipere), 1 mg
Medicaid	IA	J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
Medicaid	IA	J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5×10^9 pfu/ml vector genomes, per 0.1 ml
Medicaid	IA	J1429	Injection, golodirsen, 10 mg
Medicaid	IA	J1439	Injection, ferric carboxymaltose, 1mg
Medicaid	IA	J1440	Fecal microbiota, live - jsfm, 1 ml
Medicaid	IA	J1448	Injection, trilaciclib, 1 mg
Medicaid	IA	J1449	Injection, eflapegrastim-xnst, 0.1 mg
Medicaid	IA	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg
Medicaid	IA	J1558	Injection, immune globulin (xembify), 100 mg
Medicaid	IA	J1628	Injection, guselkumab, 1 mg
Medicaid	IA	J1747	Injection, spesolimab-sbzo, 1 mg
Medicaid	IA	J1750	Injection, Iron Dextran, 50mg
Medicaid	IA	J1756	Injection, Iron Sucrose, 1 Mg
Medicaid	IA	J1823	Injection, inebilizumab-cdon, 1 mg
Medicaid	IA	J1932	Injection, lanreotide, (cipl), 1 mg
Medicaid	IA	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes
Medicaid	IA	J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)
Medicaid	IA	J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg
Medicaid	IA	J0801	Injection, corticotropin (Acthar Gel), up to 40 units
Medicaid	IA	J0802	Injection, corticotropin (ANI), up to 40 units
Medicaid	IA	J0896	Injection, luspatercept-aamt, 0.25 mg
Medicaid	IA	J1301	Injection, edaravone, 1 mg
Medicaid	IA	J1302	Injection, sutimlimab-jome, 10 mg
Medicaid	IA	J1304	Injection, tofersen, 1 mg
Medicaid	IA	J1305	Injection, evinacumab-dgnb, 5 mg
Medicaid	IA	J1426	Injection, casimersen, 10 mg
Medicaid	IA	J1427	Injection, viltolarsen, 10 mg
Medicaid	IA	J0218	Injection, olipudase alfa-rpcp, 1 mg
Medicaid	IA	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg
Medicaid	IA	J0223	Injection, givosiran, 0.5 mg
Medicaid	IA	J0208	Injection, sodium thiosulfate, 100 mg
Medicaid	IA	J0224	Injection, lumasiran, 0.5 m
Medicaid	IA	J0225	Injection, vutrisiran, 1 mg
Medicaid	IA	J0517	Injection, benralizumab, 1 mg

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Medicaid	IA	A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
Medicaid	IA	C9047	Injection, caplacizumab-yhdp, 1 mg
Medicaid	IA	Q4305	American Amnion AC Tri-Layer, per sq cm
Medicaid	IA	Q4306	American Amnion AC, per sq cm
Medicaid	IA	Q4307	American Amnion, per sq cm
Medicaid	IA	Q4308	Sanopellis, per sq cm
Medicaid	IA	Q4309	VIA Matrix, per sq cm
Medicaid	IA	Q4310	Procenta, per 100 mg
Medicaid	IA	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
Medicaid	IA	64640	Destruction, Neurolytic; Other Peripheral Nerve/Branch
Medicaid	IA	C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)
Medicaid	IA	C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])
Medicaid	IA	L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
Medicaid	IA	A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each
Medicaid	IA	K0108	W/C Component-Accessory Nos
Medicaid	IA	J3393	Injection, betibeglogene autotemcel, per treatment
Medicaid	IA	J3394	Injection, lovitibeglogene autotemcel, per treatment
Medicaid	IA	61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with co
Medicaid	IA	61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)
Medicaid	IA	50365	Renal Allotransplantation, Implantation, Graft; W/Recipient Nephrectomy
Medicaid	IA	0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage
Medicaid	IA	55899	Unlisted Proc, Male Genital System
Medicaid	IA	L1499	Spinal Orthosis Nos
Medicaid	IA	47999	Unlisted Proc, Biliary Tract
Medicaid	IA	T1022	Contracted Home Health Agency Services, All Services Provided Under Co
Medicaid	IA	Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
Medicaid	IA	Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg
Medicaid	IA	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg

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Medicaid	IA	J0222	Injection, Patisiran, 0.1 mg
Medicaid	IA	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg
Medicaid	IA	J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg
Medicaid	IA	J0490	Injection, belimumab, 10 mg
Medicaid	IA	J0791	Injection, crizanlizumab-tmca, 5 mg
Medicaid	IA	J1322	Injection, elosulfase alfa, 1mg
Medicaid	IA	J1458	INJECTION, GALSULFASE, 1 MG
Medicaid	IA	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	IA	J1554	Injection, immune globulin (asceniv), 500 mg
Medicaid	IA	J1556	Injection, immune globulin (bivigam), 500 mg
Medicaid	IA	J2357	Injection, omalizumab, 5 mg
Medicaid	IA	J2507	Injection, pegloticase, 1 mg
Medicaid	IA	J2786	Injection, reslizumab, 1 mg
Medicaid	IA	J2840	Injection, sebelipase alfa, 1 mg
Medicaid	IA	J3060	Injection, taliglucerase alfa, 10 units
Medicaid	IA	J3262	Injection, tocilizumab, 1 mg
Medicaid	IA	J3380	Injection, vedolizumab, 1 mg
Medicaid	IA	J3385	Injection, velaglucerase alfa, 100 units
Medicaid	IA	J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg
Medicaid	IA	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
Medicaid	IA	J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	IA	J1602	Injection, golimumab, 1 mg, for intravenous use
Medicaid	IA	J1743	Injection, idursulfase, 1 mg
Medicaid	IA	J1745	Injection, infliximab, excludes biosimilar, 10 mg
Medicaid	IA	J1786	Injection, imiglucerase, 10 units
Medicaid	IA	J1931	Laronidase injection
Medicaid	IA	J3397	Injection, vestronidase alfa-vjbc, 1 mg
Medicaid	IA	G9012	Other specified case management service not elsewhere classified
Medicaid	IA	S9364	Home infusion therapy, total parenteral nutrition (TPN) (do not use with home infusion codes S9365-S9368 using daily vol
Medicaid	IA	S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day
Medicaid	IA	97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan

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Medicaid	IA	S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day
Medicaid	IA	S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liter but no more than three liters per day
Medicaid	IA	97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
Medicaid	IA	S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liter per day
Medicaid	IA	J1460	Gamma Globulin 1 Cc Inj
Medicaid	IA	J1560	Injection, gamma globulin, intramuscular, over 10 cc
Medicaid	IA	Q5136	Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg
Medicaid	IA	Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg
Medicaid	IA	Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg
Medicaid	IA	Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg
Medicaid	IA	Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg
Medicaid	IA	Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg
Medicaid	IA	Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg
Medicaid	IA	Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg
Medicaid	IA	S9562	Home Injectable Therapy, Palivizumab, Including Administrative Service
Medicaid	IA	S8035	Magnetic Source Imaging
Medicaid	IA	J0175	Injection, donanemab-azbt, 2 mg
Medicaid	IA	J1307	Injection, crovalimab-akkz, 10 mg
Medicaid	IA	J1428	Injection, eteplirsen, 10 mg
Medicaid	IA	J1552	Injection, immune globulin (alyglo), 500 mg
Medicaid	IA	J2802	Injection, romiplostim, 1 microgram
Medicaid	IA	J9026	Injection, tarlatamab-dlle, 1 mg
Medicaid	IA	J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram
Medicaid	IA	Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg
Medicaid	IA	S5180	Home Health Respiratory Therapy, Initial Evaluation
Medicaid	IA	J1326	Injection, zolbetuximab-clzb, 2 mg
Medicaid	IA	J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq
Medicaid	IA	J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs
Medicaid	IA	J9038	Injection, axatilimab-csfr, 0.1 mg
Medicaid	IA	J9161	Injection, denileukin diftotox-cxdl, 1 mcg
Medicaid	IA	J9275	Injection, cosibelimab-ipdl, 2 mg
Medicaid	IA	J9276	Injection, zanidatamab-hrii, 2 mg
Medicaid	IA	J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy
Medicaid	IA	Q2058	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion
Medicaid	IA	Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg
Medicaid	IA	Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg

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Line of Business	State	Procedure Code	Description
Medicaid	IA	Q5147	Injection, aflibercept-ayyh (Pavblu), biosimilar, 1 mg
Medicaid	IA	Q5148	Injection, filgrastim-txid (Nypozi), biosimilar, 1 mcg
Medicaid	IA	S2150	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including phe
Medicaid	IA	S2235	Implantation of auditory brain stem implant
Medicaid	IA	H0046	Mental health services, not otherwise specified
Medicaid	IA	T2028	Specialized supply, not otherwise specified, waiver
Medicaid	IA	22595	Arthrodesis, Posterior Technique, Atlas-Axis
Medicaid	IA	S2055	Harvesting Of Donor Multivis
Medicaid	IA	43499	Unlisted Proc, Esophagus
Medicaid	IA	T1005	Respite care services, up to 15 minutes
Medicaid	IA	T2018	Habilitation, supported employment, waiver; per diem
Medicaid	IA	L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)
Medicaid	IA	L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement
Medicaid	IA	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
Medicaid	IA	L5280	Hemipelvect Canad Sing Axis
Medicaid	IA	H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes
Medicaid	IA	H2021	Community-based wrap-around services, per 15 minutes
Medicaid	IA	H2023	Supported employment, per 15 minutes
Medicaid	IA	H2025	Ongoing support to maintain employment, per 15 minutes
Medicaid	IA	T2029	Specialized medical equipment, not otherwise specified, waiver
Medicaid	IA	L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system
Medicaid	IA	J9248	Injection, melphalan (Hepzato), 1 mg
Medicaid	IA	L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control
Medicaid	IA	H0035	Mental health partial hospitalization, treatment, less than 24 hours
Medicaid	IA	S5165	Home Modifications, Per Service
Medicaid	IA	S9480	Intensive Outpatient Psychia
Medicaid	IA	L1810	Knee orthosis (KO), elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
Medicaid	IA	L1820	Ko Elas W/ Condyle Pads & Jo
Medicaid	IA	L1847	Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
Medicaid	IA	21255	Reconstruction, Zygomatic Arch/Glenoid Fossa W/Bone & Cartilage (Includes Obtaining Autografts)

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Line of Business	State	Procedure Code	Description
Medicaid	IA	L5200	Kne Sing Axis Fric Shin Sach
Medicaid	IA	K0009	Other Manual Wheelchair/Base
Medicaid	IA	L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
Medicaid	IA	L0643	Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
Medicaid	IA	L0999	Add To Spinal Orthosis Nos
Medicaid	IA	E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
Medicaid	IA	E2398	Wheelchair accessory, dynamic positioning hardware for back
Medicaid	IA	E2510	Speech generating device, synthesized speech, permitting multiple methods
Medicaid	IA	E2603	Skin protect wc cus wd <22in
Medicaid	IA	E2615	Pos back post/lat wdth <22in
Medicaid	IA	G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 min
Medicaid	IA	G0089	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min
Medicaid	IA	38230	Bone marrow harvesting for transplantation; allogeneic
Medicaid	IA	C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed
Medicaid	IA	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed
Medicaid	IA	C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed
Medicaid	IA	E1161	Manual Adult Size Wheelchair, Includes Tilt In Space

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Medicaid	IA	81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence
Medicaid	IA	81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed
Medicaid	IA	81304	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	IA	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence
Medicaid	IA	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence
Medicaid	IA	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence
Medicaid	IA	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	IA	C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance
Medicaid	IA	E0260	Hosp Bed Semi-Electr W/ Matt
Medicaid	IA	E0261	Hosp Bed Semi-Electr W/O Mat
Medicaid	IA	E0277	Powered Pres-Redu Air Mattrs
Medicaid	IA	E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions
Medicaid	IA	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)
Medicaid	IA	E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
Medicaid	IA	E0957	Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware, each
Medicaid	IA	A7025	High Frequency Chest Wall Oscillation System Vest, Replacement For Use
Medicaid	IA	A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply
Medicaid	IA	A9278	Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)
Medicaid	IA	A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
Medicaid	IA	36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk

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Line of Business	State	Procedure Code	Description
Medicaid	IA	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
Medicaid	IA	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
Medicaid	IA	36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
Medicaid	IA	C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical dev
Medicaid	IA	J3392	Injection, exagamlogene autotemcel, per treatment
Medicaid	IA	81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination
Medicaid	IA	81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)
Medicaid	IA	S2140	Cord Blood Harvesting
Medicaid	IA	S2142	Cord Blood-Derived Stem-Cell
Medicaid	IA	47143	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; Without Trisegment Or Lobe Split
Medicaid	IA	47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy
Medicaid	IA	47146	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each
Medicaid	IA	47147	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Arterial Anastomosis, Each
Medicaid	IA	50328	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Arterial Anastomosis, Each
Medicaid	IA	64447	Injection, Anesthetic Agent; Femoral Nerve, Single
Medicaid	IA	64450	Injection, Anesthetic Agent; Other Peripheral Nerve/Branch
Medicaid	IA	33944	Backbench Standard Preparation Of Cadaver Donor Heart Allograft
Medicaid	IA	33979	Insertion, Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle
Medicaid	IA	38243	Hematopoietic progenitor cell (HPC); HPC boost
Medicaid	IA	32855	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Unilateral
Medicaid	IA	21196	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/Int Rigid Fixation

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Line of Business	State	Procedure Code	Description
Medicaid	IA	S2405	Repair Of Sacrococcygeal Teratoma In The Fetus, Procedure Performed In
Medicaid	IA	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified
Medicaid	IA	S2404	Repair, myelomeningocele in the fetus, procedure performed in utero
Medicaid	IA	51715	Endoscopic Injection, Implant Matl Into Submucosal Tissues, Urethra &/Or Bladder Neck
Medicaid	IA	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero
Medicaid	IA	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero
Medicaid	IA	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero
Medicaid	IA	66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif
Medicaid	IA	95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
Medicaid	IA	90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor Threshold Re-Determination With Delivery And Management
Medicaid	IA	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
Medicaid	IA	E0784	Ext Amb Infusn Pump Insulin
Medicaid	IA	E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing
Medicaid	IA	E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface
Medicaid	IA	E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type
Medicaid	IA	E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type

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Line of Business	State	Procedure Code	Description
Medicaid	IA	L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping
Medicaid	IA	B4189	Parenteral Sol Amino Acid &
Medicaid	IA	B4193	Parenteral Sol 52-73 Gm Prot
Medicaid	IA	B4197	Parenteral Sol 74-100 Gm Pro
Medicaid	IA	B4199	Parenteral Sol > 100gm Prote
Medicaid	IA	B4220	Parenteral Supply Kit Premix
Medicaid	IA	G0458	Low dose rate (ldr) prostate brachytherapy services, composite rate
Medicaid	IA	S2118	Metal-on-metal total hip resurfacing including acetabular and femoral components
Medicaid	IA	81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score
Medicaid	IA	81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue,
Medicaid	IA	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)
Medicaid	IA	81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score
Medicaid	IA	G0282	Electrical Stimulation, (Unattended), To One Or More Areas, For Wound
Medicaid	IA	81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP
Medicaid	IA	S2202	Echosclerotherapy
Medicaid	IA	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
Medicaid	IA	81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)
Medicaid	IA	81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg, Prader-Willi Syndrome And/Or Angelman Syndrome), Methylation Analysis
Medicaid	IA	Q5159	Injection, denosumab-dssb (Ospomyv/Xbryk), biosimilar, 1 mg
Medicaid	IA	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant

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Line of Business	State	Procedure Code	Description
Medicaid	IA	81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	IA	81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis
Medicaid	IA	81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	IA	81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	IA	81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	IA	81302	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	IA	Q5157	Injection, denosumab-bmwo (Stoboclo/Osenvelt), biosimilar, 1 mg
Medicaid	IA	Q5156	Injection, tocilizumab-anoh (Avtozma), biosimilar, 1 mg
Medicaid	IA	81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9,
Medicaid	IA	81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	IA	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)
Medicaid	IA	Q5155	Injection, aflibercept-jbvf (Yesafili), biosimilar, 1 mg
Medicaid	IA	81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	IA	81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	IA	81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	IA	J9011	Injection, datopotamab deruxtecan-dlnk, 1 mg
Medicaid	IA	J7173	Injection, concizumab-mtci, 0.5 mg
Medicaid	IA	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	IA	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)

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Medicaid	IA	81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	IA	J7174	Injection, fitusiran, 0.04 mg
Medicaid	IA	77790	Supervision, Handling, Loading, Radiation Source
Medicaid	IA	J0739	Injection, cabotegravir, 1 mg
Medicaid	IA	J0752	Oral, lenacapavir, 300 mg, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (PrEP) (not for use as treatment for HIV)
Medicaid	IA	J0614	Injection, treosulfan, 50 mg
Medicaid	IA	J0738	Injection, lenacapavir, 1 mg, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (PrEP) (not for use as treatment for HIV)
Medicaid	IA	97022	Application of a modality to 1 or more areas; whirlpool
Medicaid	IA	15840	Graft, Facial Nerve Paralysis; Free Fascia Graft (W/Obtaining Fascia)
Medicaid	IA	15821	Blepharoplasty, Lower Eyelid; W/Extensive Herniated Fat Pad
Medicaid	IA	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy, abdomen, infraumbilical panniculectomy)
Medicaid	IA	77402	Radiation Treatment Delivery, Single Area, Single/Parallel Opposed Ports; Up To 5 Mev
Medicaid	IA	77412	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational
Medicaid	IA	77407	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple bl
Medicaid	IA	61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
Medicaid	IA	77370	Special Medical Radiation Physics Consultation
Medicaid	IA	61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)
Medicaid	IA	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (Lis
Medicaid	IA	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (Li
Medicaid	IA	61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
Medicaid	IA	J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Medicaid	IA	30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ab
Medicaid	IA	H2014	Skills training and development, per 15 minutes
Medicaid	IA	S9129	Occupational Therapy, In The
Medicaid	IA	19357	Breast Reconstruction W/Tissue Expander, Immediate/Delayed, W/Subseq Expansion

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Medicaid	IA	43842	Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Vertical-Banded Gastroplasty
Medicaid	IA	L6945	Elbow Disart Myoelectronic C
Medicaid	IA	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
Medicaid	IA	50547	Laparoscopy, Surgical; Donor Nephrectomy, Living Donor W/O Allograft Prep & Maintenance
Medicaid	IA	T2015	Habilitation, prevocational, waiver; per hour
Medicaid	IA	T2020	Day habilitation, waiver; per diem
Medicaid	IA	L5220	No Knee Joint With Artic Ali
Medicaid	IA	L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion an
Medicaid	IA	L2034	KAFO, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without f
Medicaid	IA	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicaid	IA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS
Medicaid	IA	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	IA	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	IA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	IA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	IA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	IA	E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mount
Medicaid	IA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,
Medicaid	IA	E2397	Power wheelchair accessory, lithium-based battery, each
Medicaid	IA	E2612	Gen use back cush wdth>=22in
Medicaid	IA	E2227	Manual wheelchair accessory, gear reduction drive wheel, each
Medicaid	IA	E2201	Manual wheelchair accessory, nonstandard seat frame, width 20-24 in.
Medicaid	IA	E1030	Wheelchair accessory, ventilator tray, gimbaled
Medicaid	IA	E1029	Wheelchair accessory, ventilator tray, fixed
Medicaid	IA	E1085	Hemi-Wheelchair Fixed Arms
Medicaid	IA	E0968	Wheelchair Commode Seat
Medicaid	IA	E1005	Wheelchair accessory, power seatng system, recline only, with power shear

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Medicaid	IA	A0888	Noncovered Ambulance Mileage
Medicaid	IA	33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary byp
Medicaid	IA	21195	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/O Int Rigid Fixation
Medicaid	IA	J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose
Medicaid	IA	B4180	Parenteral Sol Carb > 50%
Medicaid	IA	19368	Breast Reconstruction W/Myocutan (Tram) Flap, Single Pedicle W/Closure Donor Site; W/Microvasc Anast
Medicaid	IA	19316	Mastopexy
Medicaid	IA	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
Medicaid	IA	E0112	Crutch Underarm Pair Wood
Medicaid	IA	E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
Medicaid	IA	E1037	Transport Chair, Pediatric Size
Medicaid	IA	S5161	Emergency Response System, Service Fee Per Month
Medicaid	IA	21137	Reduction Forehead; Contouring Only
Medicaid	IA	97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
Medicaid	IA	97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes
Medicaid	IA	J9225	Histrelin implant (Vantas), 50 mg
Medicaid	IA	43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
Medicaid	IA	L5700	Replace Socket Below Knee
Medicaid	IA	L5960	Endo Hip Ultra-Light Materia
Medicaid	IA	L5979	Multi-Axial Ankle/Ft Prosth
Medicaid	IA	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS
Medicaid	IA	L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf
Medicaid	IA	G0176	Opps/Php;Activity Therapy
Medicaid	IA	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicaid	IA	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE

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Line of Business	State	Procedure Code	Description
Medicaid	IA	E2402	Negative pressure wound therapy electrical pump, stationary or portable
Medicaid	IA	E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.
Medicaid	IA	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only,
Medicaid	IA	E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each
Medicaid	IA	E2321	Power wheelchair accessory, hand control interface, remote joystick,
Medicaid	IA	E1170	Whlchr Ampu Fxd Arm Leg Rest
Medicaid	IA	E1220	Whlchr Special Size/Constrc
Medicaid	IA	E1295	Wheelchair Heavy Duty Fixed
Medicaid	IA	C1778	Lead, neurostimulator (implantable)
Medicaid	IA	D7996	Implant-Mandible For Augmentation Purposes (Excluding Alveolar Ridge), By Report
Medicaid	IA	42145	Palatopharyngoplasty
Medicaid	IA	J9400	Injection, ziv-aflibercept, 1 mg
Medicaid	IA	Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use
Medicaid	IA	J7999	Compounded drug, not otherwise classified
Medicaid	IA	97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
Medicaid	IA	J3285	Injection, treprostinil, 1 mg
Medicaid	IA	J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin
Medicaid	IA	J1930	Injection, lanreotide, 1 mg
Medicaid	IA	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg
Medicaid	IA	J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)
Medicaid	IA	64740	Transection/Avulsion; Lingual Nerve
Medicaid	IA	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
Medicaid	IA	E0157	Walker Crutch Attachment
Medicaid	IA	E0159	Brake For Wheeled Walker
Medicaid	IA	E0191	Protector Heel Or Elbow
Medicaid	IA	J9226	Histrelin implant (supprelin LA), 50 mg
Medicaid	IA	L0810	Halo Cervical Into Jckt Vest
Medicaid	IA	S5105	Day Care Services, Center Based, Not Incl In Program Fee, Per Diem
Medicaid	IA	C9727	Insertion of implants into the soft palate; minimum of 3 implants
Medicaid	IA	J9305	Pemetrexed injection
Medicaid	IA	J9032	Injection, belinostat, 10 mg
Medicaid	IA	J9207	Injection, ixabepilone, 1 mg

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Medicaid	IA	G0483	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed
Medicaid	IA	J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU
Medicaid	IA	J3358	Ustekinumab, for intravenous injection, 1 mg
Medicaid	IA	J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0
Medicaid	IA	J7190	Factor Viii
Medicaid	IA	J2860	Injection, siltuximab, 10 mg
Medicaid	IA	J1442	5G-CSFexcludes biosimilars, 1 microgram
Medicaid	IA	81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	IA	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
Medicaid	IA	A0435	Fixed Wing Air Mileage
Medicaid	IA	15793	Chemical Peel, Nonfacial; Dermal
Medicaid	IA	T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes
Medicaid	IA	21685	Hyoid Myotomy and Suspension
Medicaid	IA	50360	Renal Allotransplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy
Medicaid	IA	31237	Nasa/Sinus Endoscopy, Surgical; W/Bx, Polypectomy/Debridement (Sep Proc)
Medicaid	IA	J9145	Injection, daratumumab, 10 mg
Medicaid	IA	J9155	Injection, Degarelix, 1 Mg
Medicaid	IA	J9266	Injection, pegaspargase, per single dose vial
Medicaid	IA	J7185	Injection, Factor Viii (Antihemophilic Factor, Recombinant) (Xyntha), Per I.U.
Medicaid	IA	J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (AfstylA), 1 IU
Medicaid	IA	J2278	Injection, ziconotide, 1 mcg
Medicaid	IA	J2941	Injection, somatropin, 1 mg
Medicaid	IA	J3489	Injection, zoledronic acid, 1 mg

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Medicaid	IA	J2170	INJECTION, MECASERMIN, 1 MG
Medicaid	IA	J0565	Injection, bezlotoxumab, 10 mg
Medicaid	IA	64865	Suture, Facial Nerve; Infratemporal, W/Wo Grafting
Medicaid	IA	J1675	Injection, histrelin acetate, 10 mcg
Medicaid	IA	T1019	Personal Care Services, Per 15 Minutes, Not For An Inpatient Or Reside
Medicaid	IA	21159	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/O Lefort I
Medicaid	IA	L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)
Medicaid	IA	L8699	Prosthetic Implant Nos
Medicaid	IA	B4164	Parenteral 50% Dextrose Solu
Medicaid	IA	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant
Medicaid	IA	81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)
Medicaid	IA	21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open
Medicaid	IA	15792	Chemical Peel, Nonfacial; Epidermal
Medicaid	IA	15782	Dermabrasion; Regional, Other Than Face
Medicaid	IA	15786	Abrasion; Single Lesion
Medicaid	IA	15787	Abrasion; Add'l 4 Lesions/<
Medicaid	IA	15789	Chemical Peel, Facial; Dermal
Medicaid	IA	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
Medicaid	IA	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
Medicaid	IA	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
Medicaid	IA	17107	Destruction, Cutaneous Vascular Proliferative Lesions; 10.0-50.0 Sq Cm
Medicaid	IA	17106	Destruction, Cutaneous Vascular Proliferative Lesions; < 10 Sq Cm
Medicaid	IA	17108	Destruction, Cutaneous Vascular Proliferative Lesions; > 50.0 Sq Cm
Medicaid	IA	19300	Mastectomy for gynecomastia
Medicaid	IA	19318	Reduction Mammoplasty
Medicaid	IA	19325	Mammoplasty, Augmentation; W/Prosthetic Implant
Medicaid	IA	19367	Breast Reconstruction W/Myocutaneous (Tram) Flap, Single Pedicle W/Closure Donor Site;
Medicaid	IA	19369	Breast Reconstruction W/Myocutaneous (Tram) Flap, Double Pedicle W/Closure Donor Site
Medicaid	IA	A0436	Rotary Wing Air Mileage
Medicaid	IA	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin

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Medicaid	IA	21199	Osteotomy, Mandible, Segmental; W/Genioglossus Advancement
Medicaid	IA	E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels
Medicaid	IA	E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels
Medicaid	IA	21742	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/O Thoracoscopy
Medicaid	IA	J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose
Medicaid	IA	J1559	Injection, immune globulin (hizentra), 100 mg
Medicaid	IA	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain
Medicaid	IA	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
Medicaid	IA	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
Medicaid	IA	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants
Medicaid	IA	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
Medicaid	IA	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	IA	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
Medicaid	IA	81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	IA	81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	IA	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis
Medicaid	IA	81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant
Medicaid	IA	81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	IA	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
Medicaid	IA	B4168	Parenteral Sol Amino Acid 3.

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Medicaid	IA	B4172	Parenteral Sol Amino Acid 5.
Medicaid	IA	B4176	Parenteral Sol Amino Acid 7-
Medicaid	IA	B4178	Parenteral Sol Amino Acid >
Medicaid	IA	B4185	Parenteral nutrition solution, per 10 grams lipids
Medicaid	IA	B4222	Parenteral Supply Kit Homemi
Medicaid	IA	B4224	Parenteral Administration Ki
Medicaid	IA	B5000	Parenteral Sol Renal-Amirosy
Medicaid	IA	B5100	Parenteral Sol Hepatic-Fream
Medicaid	IA	B5200	Parenteral Sol Stres-Brnch C
Medicaid	IA	L7499	Upper extremity prosthesis, not otherwise specified
Medicaid	IA	L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder
Medicaid	IA	J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2×10^{13} vector genomes
Medicaid	IA	0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field
Medicaid	IA	0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed
Medicaid	IA	0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)
Medicaid	IA	L5856	Elec knee-shin swing/stance
Medicaid	IA	L5857	Elec knee-shin swing only
Medicaid	IA	L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only
Medicaid	IA	L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)
Medicaid	IA	L7510	Prosthetic Device Repair Rep
Medicaid	IA	L7520	Repair Prosthesis Per 15 Min
Medicaid	IA	30120	Excision/Surgical Planing, Skin, Nose, Rhinophyma
Medicaid	IA	32851	Lung Transplant, Single; W/O Cardiopulmonary Bypass

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Medicaid	IA	32852	Lung Transplant, Single; W/Cardiopulmonary Bypass
Medicaid	IA	32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass
Medicaid	IA	33140	Transmyocardial Laser Revascularization, By Thoracotomy
Medicaid	IA	33141	Transmyocardial Laser Revascularization, By Thoracotomy; Performed W/Other Open Cardiac Proc
Medicaid	IA	33264	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Multiple Lead System
Medicaid	IA	33263	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Dual Lead System
Medicaid	IA	33271	Insertion of subcutaneous implantable defibrillator electrode
Medicaid	IA	33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)
Medicaid	IA	0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device
Medicaid	IA	E2210	Wheelchair accessory, bearings, any type, replacement only, each
Medicaid	IA	66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach
Medicaid	IA	33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed
Medicaid	IA	53445	Insertion, Inflatable Urethra/Bladder Neck Sphincter, W/Placement Pump &/Or Reservoir & Cuff
Medicaid	IA	54360	Plastic Operation, Penis To Correct Angulation
Medicaid	IA	53447	Removal & Replacement, Inflatable Sphincter W/Pump, Reservoir, Cuff, Same Session
Medicaid	IA	53448	Remov & Replace Inflatable Sphincter W/Pump/Reservoir/Cuff, Infected, W/Irrig & Debride
Medicaid	IA	53449	Repair, Inflatable Urethral/Bladder Neck Sphincter Device, Incl Pump/Reservoir/Cuff
Medicaid	IA	15841	Graft, Facial Nerve Paralysis; Free Muscle Graft (W/Obtaining Graft)
Medicaid	IA	15845	Graft, Facial Nerve Paralysis; Regional Muscle Transfer
Medicaid	IA	21138	Reduction Forehead; Contouring/Prosthesis/Bone Graft W/Obtaining Autograft
Medicaid	IA	21193	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/O Bone Graft
Medicaid	IA	56800	Plastic Repair, Introitus
Medicaid	IA	57335	Vaginoplasty, Intersex State
Medicaid	IA	C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)
Medicaid	IA	33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy

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Line of Business	State	Procedure Code	Description
Medicaid	IA	33928	Removal and replacement of total replacement heart system (artificial heart)
Medicaid	IA	33945	Heart Transplant, W/Wo Recipient Cardiectomy
Medicaid	IA	20979	Low Intensity Ultrasound Stimulation To Aid Bone Healing; Noninvasive
Medicaid	IA	21086	Impression & Custom Preparation; Auricular Prosthesis
Medicaid	IA	H0045	Respite care services, not in the home, per diem
Medicaid	IA	33975	Insertion, Ventricular Assist Device; Extracorporeal, Single Ventricle
Medicaid	IA	33976	Insertion, Ventricular Assist Device; Extracorporeal, Biventricular
Medicaid	IA	38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Allogenic
Medicaid	IA	38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous
Medicaid	IA	33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
Medicaid	IA	33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary
Medicaid	IA	41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
Medicaid	IA	50323	Backbench Standard Preparation Of Cadaver Donor Renal Allograft
Medicaid	IA	50325	Backbench Standard Preparation Of Living Donor Renal Allograft (Open Or Laparoscopic)
Medicaid	IA	50327	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Venous Anastomosis, Each
Medicaid	IA	76125	Cineradiography/Videoradiography W/Routine Exam
Medicaid	IA	76120	Cineradiography/Videoradiology, Except Where Specifically Included
Medicaid	IA	76499	Unlisted Dx Radiographic Procedure
Medicaid	IA	64417	Injection, Anesthetic Agent; Axillary Nerve
Medicaid	IA	64405	Injection, Anesthetic Agent; Greater Occipital Nerve
Medicaid	IA	64415	Injection, Anesthetic Agent; Brachial Plexus, Single
Medicaid	IA	64505	Injection, Anesthetic Agent; Sphenopalatine Ganglion
Medicaid	IA	21160	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/Lefort I
Medicaid	IA	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)
Medicaid	IA	A0430	Fixed Wing Air Transport
Medicaid	IA	A0431	Rotary Wing Air Transport
Medicaid	IA	A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only
Medicaid	IA	B9999	Parenteral Supp Not Othrs C
Medicaid	IA	D7940	Osteoplasty - For Orthognathic Deformities

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Medicaid	IA	D7941	Osteotomy - Mandibular Rami
Medicaid	IA	D7943	Osteotomy - Mandibular Rami With Bone Graft; Includes Obtaining The Graft
Medicaid	IA	D7945	osteotomy - body of mandible
Medicaid	IA	D7946	LeFort I (maxilla - total)
Medicaid	IA	D7947	Lefort I (Maxilla - Segmented)
Medicaid	IA	D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL
Medicaid	IA	D7949	Lefort li Or Lefort lii - With Bone Graft
Medicaid	IA	E0189	Lambswool Sheepskin Pad
Medicaid	IA	E0194	Air Fluidized Bed
Medicaid	IA	E0199	Dry Pressure Pad For Mattres
Medicaid	IA	E0217	Water Circ Heat Pad W Pump
Medicaid	IA	E0251	Hosp Bed Fixd Ht W/O Mattres
Medicaid	IA	E0255	Hospital Bed Var Ht W/ Matr
Medicaid	IA	E0256	Hospital Bed Var Ht W/O Matt
Medicaid	IA	E0265	Hosp Bed Total Electr W/ Mat
Medicaid	IA	E0266	Hosp Bed Total Elec W/O Matt
Medicaid	IA	E0280	Bed Cradle
Medicaid	IA	E0290	Hosp Bed Fx Ht W/O Rails W/M
Medicaid	IA	E0294	Hosp Bed Semi-Elect W/ Matr
Medicaid	IA	E0316	Safety enclosure frame/canopy for use with hospital bed, any type
Medicaid	IA	E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard
Medicaid	IA	E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures,
Medicaid	IA	E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
Medicaid	IA	E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each
Medicaid	IA	E0636	Multipositional Patient Support System, With Integrated Lift, Patient
Medicaid	IA	E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels
Medicaid	IA	E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric
Medicaid	IA	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE
Medicaid	IA	E0692	Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer An
Medicaid	IA	E0693	Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer An
Medicaid	IA	E0694	Ultraviolet Multidirectional Light Therapy System In 6 Foot Cabinet, I
Medicaid	IA	E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type
Medicaid	IA	E0747	Elec Osteogen Stim Not Spine
Medicaid	IA	E0760	Osteogen Ultrasound Stimltor

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Medicaid	IA	E0782	Non-Programable Infusion Pump
Medicaid	IA	E0955	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each
Medicaid	IA	E0956	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each
Medicaid	IA	E0958	Whlchr Att- Conv 1 Arm Drive
Medicaid	IA	E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
Medicaid	IA	E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
Medicaid	IA	E0969	Wheelchair Narrowing Device
Medicaid	IA	E0980	Wheelchair Safety Vest
Medicaid	IA	E0981	Wheelchair accessory, seat upholstery, replacement only, each
Medicaid	IA	E0982	Wheelchair accessory, back upholstery, replacement only, each
Medicaid	IA	E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized
Medicaid	IA	E0985	Wheelchair accessory, seat lift mechanism
Medicaid	IA	E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized
Medicaid	IA	E0992	Wheelchair Solid Seat Insert
Medicaid	IA	E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
Medicaid	IA	E1002	Wheelchair accessory, power seating system, tilt only
Medicaid	IA	E1003	Wheelchair accessory, power seating system, recline only, without shear
Medicaid	IA	E0995	Wheelchair accessory, calf rest/pad, replacement only, each
Medicaid	IA	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
Medicaid	IA	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear
Medicaid	IA	E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction
Medicaid	IA	E1010	Wheelchair accessory, addition to power seating system, power leg elevation
Medicaid	IA	E1011	Modification To Pediatric Wheelchair, Width Adjustment Package (Not To
Medicaid	IA	E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
Medicaid	IA	E1014	Reclining Back, Addition To Pediatric Wheelchair
Medicaid	IA	E1016	Shock Absorber For Power Wheelchair, Each
Medicaid	IA	E1015	Shock Absorber For Manual Wheelchair, Each
Medicaid	IA	E1017	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wh
Medicaid	IA	E1018	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Whe

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Medicaid	IA	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware
Medicaid	IA	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4
Medicaid	IA	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6
Medicaid	IA	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8
Medicaid	IA	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9
Medicaid	IA	C1767	Generator, neurostimulator (implantable), nonrechargeable
Medicaid	IA	C1787	Patient programmer, neurostimulator
Medicaid	IA	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
Medicaid	IA	L8679	Implantable neurostimulator, pulse generator, any type
Medicaid	IA	L8680	Implantable neurostimulator electrode, each
Medicaid	IA	L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
Medicaid	IA	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
Medicaid	IA	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
Medicaid	IA	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
Medicaid	IA	E1050	Wheelchr Fxd Full Length Arms
Medicaid	IA	E1083	Hemi-wheelchair, fixed full-length arms, swing-away, detachable elevating legrest
Medicaid	IA	E1084	Hemi-Wheelchair Detachable A
Medicaid	IA	E1086	Hemi-Wheelchair Detachable A
Medicaid	IA	E1090	Wheelchair Lightweight Det A
Medicaid	IA	E1110	Wheelchair Semi-Recl Detach
Medicaid	IA	E1171	Wheelchair Amputee W/O Leg R
Medicaid	IA	E1172	Wheelchair Amputee Detach Ar
Medicaid	IA	E1180	Wheelchair Amputee W/ Foot R
Medicaid	IA	E1200	Wheelchair Amputee Fixed Arm
Medicaid	IA	E1221	Wheelchair Spec Size W Foot
Medicaid	IA	E1190	Wheelchair Amputee W/ Leg Re
Medicaid	IA	E1195	Wheelchair Amputee Heavy Dut
Medicaid	IA	E1224	Wheelchair Spec Size W/ Leg
Medicaid	IA	E1222	Wheelchair Spec Size W/ Leg
Medicaid	IA	E1223	Wheelchair Spec Size W Foot
Medicaid	IA	E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
Medicaid	IA	E1229	Pediatric wheelchair NOS
Medicaid	IA	E1230	Power Operated Vehicle
Medicaid	IA	E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, W Seating
Medicaid	IA	E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adj, Wo Seating
Medicaid	IA	E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, Wo Seating
Medicaid	IA	E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System

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Medicaid	IA	E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System
Medicaid	IA	E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating Syst
Medicaid	IA	E1239	Ped power wheelchair NOS
Medicaid	IA	E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System
Medicaid	IA	E1250	Wheelchair Lightwt Fixed Arm
Medicaid	IA	E1270	Wheelchair Lightweight Leg R
Medicaid	IA	E1285	Wheelchair Heavy Duty Fixed
Medicaid	IA	E1296	Wheelchair Special Seat Heig
Medicaid	IA	E1298	Wheelchair Spec Seat Depth/W
Medicaid	IA	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicaid	IA	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
Medicaid	IA	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
Medicaid	IA	E2208	Wheelchair accessory, cylinder tank carrier, each
Medicaid	IA	E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
Medicaid	IA	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
Medicaid	IA	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
Medicaid	IA	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each
Medicaid	IA	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
Medicaid	IA	E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
Medicaid	IA	E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
Medicaid	IA	E2219	Manual wheelchair accessory, foam caster tire, any size, each
Medicaid	IA	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
Medicaid	IA	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
Medicaid	IA	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
Medicaid	IA	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
Medicaid	IA	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
Medicaid	IA	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
Medicaid	IA	E2230	Manual wheelchair accessory, manual standing system
Medicaid	IA	E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
Medicaid	IA	E2291	Planar back for ped size wc

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Line of Business	State	Procedure Code	Description
Medicaid	IA	E2292	Planar seat for ped size wc
Medicaid	IA	E2294	Contour seat for ped size wc
Medicaid	IA	E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multip
Medicaid	IA	E2310	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid	IA	E2311	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid	IA	E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional
Medicaid	IA	E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches
Medicaid	IA	E2323	Power wheelchair accessory, specialty joystick handle for hand control
Medicaid	IA	E2324	Power wheelchair accessory, chin cup for chin control interface
Medicaid	IA	E2313	Power wheelchair accessory, harness for upgrade to expandable controller,
Medicaid	IA	E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
Medicaid	IA	E2325	Power wheelchair accessory, sip and puff interface, nonproportional
Medicaid	IA	E2327	Power wheelchair accessory, head control interface, mechanical, proportional
Medicaid	IA	E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional
Medicaid	IA	E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional
Medicaid	IA	E2331	Power wheelchair accessory, attendant control, proportional, including all electronics and hardware
Medicaid	IA	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
Medicaid	IA	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
Medicaid	IA	E2351	Power wheelchair accessory, electronic interface to operate speech generating device
Medicaid	IA	E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each
Medicaid	IA	E2360	Power wheelchair accessory, 22 nf non-sealed lead acid battery, each
Medicaid	IA	E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each
Medicaid	IA	E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
Medicaid	IA	E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each
Medicaid	IA	E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each

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Line of Business	State	Procedure Code	Description
Medicaid	IA	E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each
Medicaid	IA	E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type
Medicaid	IA	E2368	Power wheelchair component, drive wheel motor, replacement only
Medicaid	IA	E2369	Power wheelchair component, drive wheel gear box, replacement only
Medicaid	IA	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
Medicaid	IA	E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
Medicaid	IA	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	IA	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	IA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),
Medicaid	IA	E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE,
Medicaid	IA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT
Medicaid	IA	E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY,
Medicaid	IA	E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
Medicaid	IA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicaid	IA	E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE,
Medicaid	IA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY
Medicaid	IA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
Medicaid	IA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
Medicaid	IA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED
Medicaid	IA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
Medicaid	IA	E2500	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less
Medicaid	IA	E2502	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.
Medicaid	IA	E2506	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.

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Medicaid	IA	E2511	Speech generating software program, for personal computer or personal digital assistant
Medicaid	IA	E2512	Accessory for speech generating device, mounting system
Medicaid	IA	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling
Medicaid	IA	E2608	Skin pro/pos wc cus wd>=22in
Medicaid	IA	E2609	Custom fabricate w/c cushion
Medicaid	IA	E2605	Position wc cush wdth <22 in
Medicaid	IA	E2606	Position wc cush wdth>=22 in
Medicaid	IA	E2613	Position back cush wd <22in
Medicaid	IA	E2610	Powered w/c cushion
Medicaid	IA	E2614	Position back cush wd>=22in
Medicaid	IA	E2616	Pos back post/lat wdth>=22in
Medicaid	IA	E2617	Custom fab w/c back cushion
Medicaid	IA	E2619	Replace cover w/c seat cush
Medicaid	IA	E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
Medicaid	IA	E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
Medicaid	IA	E2621	WC planar back cush wd>=22in
Medicaid	IA	E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
Medicaid	IA	E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type
Medicaid	IA	E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
Medicaid	IA	E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
Medicaid	IA	E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
Medicaid	IA	E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
Medicaid	IA	E2633	Wheelchair accessory, addition to mobile arm support, supinator
Medicaid	IA	E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm
Medicaid	IA	38232	Bone Marrow Harvesting For Transplantation; Autologous
Medicaid	IA	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
Medicaid	IA	K0005	Ultralightweight Wheelchair
Medicaid	IA	K0008	Custom manual wheelchair/base
Medicaid	IA	K0010	Std Wt Frame Power Whlchr
Medicaid	IA	K0011	Std Wt Pwr Whlchr W Control
Medicaid	IA	K0012	Ltwt Portbl Power Whlchr

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Medicaid	IA	K0014	Other Power Whlchr Base
Medicaid	IA	K0013	Custom motorized/power wheelchair base
Medicaid	IA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	IA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	IA	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED
Medicaid	IA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	IA	K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	IA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACTIY UP TO AND INCLUDING 300 POUNDS
Medicaid	IA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU
Medicaid	IA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	IA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	IA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	IA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	IA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	IA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	IA	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 30
Medicaid	IA	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicaid	IA	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	IA	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	IA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

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Line of Business	State	Procedure Code	Description
Medicaid	IA	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	IA	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	IA	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 3
Medicaid	IA	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	IA	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicaid	IA	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUN
Medicaid	IA	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	IA	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	IA	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	IA	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	IA	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	IA	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	IA	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	IA	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	IA	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	IA	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

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Medicaid	IA	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicaid	IA	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	IA	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	IA	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 PO
Medicaid	IA	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	IA	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	IA	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	IA	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	IA	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	IA	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO
Medicaid	IA	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	IA	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS
Medicaid	IA	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	IA	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	IA	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	IA	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU

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Medicaid	IA	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC
Medicaid	IA	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED
Medicaid	IA	K0899	Power mobility device, not coded by DME PDAC or does not meet criteria
Medicaid	IA	K0900	Customized durable medical equipment, other than wheelchair
Medicaid	IA	L0628	Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
Medicaid	IA	L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
Medicaid	IA	L0629	LSO, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces i
Medicaid	IA	L0631	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
Medicaid	IA	L0632	LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 v
Medicaid	IA	L0633	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
Medicaid	IA	L0634	LSO, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-

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Medicaid	IA	L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
Medicaid	IA	L0649	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
Medicaid	IA	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
Medicaid	IA	L2036	KAFO, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricat
Medicaid	IA	L2628	Metal Frame Recipro Hip & Ca
Medicaid	IA	L5050	Ank Symes Mold Sckt Sach Ft
Medicaid	IA	50320	Donor Nephrectomy, Open, Living Donor W/O Allograft Preparation & Maintenance
Medicaid	IA	50340	Recipient Nephrectomy (Sep Proc)
Medicaid	IA	L5100	Molded Socket Shin Sach Foot
Medicaid	IA	L5210	No Knee/Ankle Joints W/ Ft B
Medicaid	IA	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
Medicaid	IA	H0004	Behavioral health counseling and therapy, per 15 minutes
Medicaid	IA	L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system
Medicaid	IA	S5135	Companion Care, Adult, Per 15 Minutes
Medicaid	IA	S5136	Companion Care, Adult, Per Diem
Medicaid	IA	S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)
Medicaid	IA	S9124	Nursing care, in the home; by licensed practical nurse, per hour
Medicaid	IA	T1002	RN services, up to 15 minutes
Medicaid	IA	T1003	LPN/LVN services, up to 15 minutes
Medicaid	IA	T1031	Nursing Care, In The Home, By Licensed Practical Nurse, Per Diem
Medicaid	IA	T2021	Day habilitation, waiver; per 15 minutes
Medicaid	IA	L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee
Medicaid	IA	L5590	Prep Ak Ischial Laminated
Medicaid	IA	L5613	Ak 4 Bar Ling W/Hydraul Swig
Medicaid	IA	H0014	Alcohol and/or drug services; ambulatory detoxification
Medicaid	IA	H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem

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Medicaid	IA	H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
Medicaid	IA	H2022	Community-based wrap-around services, per diem
Medicaid	IA	L5649	Addition to lower extremity, ischial containment/narrow M-L socket
Medicaid	IA	S5150	Unskilled Respite Care, Not Hospice, Per 15 Minutes
Medicaid	IA	L5701	Replace Socket Above Knee
Medicaid	IA	L5814	Endo Knee-Shin Hydral Swg Ph
Medicaid	IA	L5828	Endo Knee-Shin Fluid Swg/Sta
Medicaid	IA	L5840	Multi-Axial Knee/Shin System
Medicaid	IA	L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control
Medicaid	IA	L5968	Multiaxial Ankle W Dorsiflex
Medicaid	IA	L5987	Shank Ft W Vert Load Pylon
Medicaid	IA	L5980	Flex Foot System
Medicaid	IA	L5981	Flex-Walk Sys Low Ext Prosth
Medicaid	IA	L5988	Vertical Shock Reducing Pylo
Medicaid	IA	L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
Medicaid	IA	L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL
Medicaid	IA	L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)
Medicaid	IA	L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device
Medicaid	IA	L6925	Wrist Disart Myoelectronic C
Medicaid	IA	L6935	Below Elbow Myoelectronic Ct
Medicaid	IA	L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
Medicaid	IA	L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ONTROLLED, PEDIATRIC
Medicaid	IA	L6955	Above Elbow Myoelectronic Ct
Medicaid	IA	L6965	Shldr Disartic Myoelectronic
Medicaid	IA	L6975	Interscap-Thor Myoelectronic
Medicaid	IA	L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
Medicaid	IA	L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC
Medicaid	IA	L7180	Electronic Elbow Utah Myoele
Medicaid	IA	L7181	Electronic elbow simultaneous
Medicaid	IA	L7190	Elbow Adolescent Myoelectron
Medicaid	IA	L7191	Elbow Child Myoelectronic Ct
Medicaid	IA	L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement

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Line of Business	State	Procedure Code	Description
Medicaid	IA	L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband O
Medicaid	IA	H2017	Psychosocial rehabilitation services, per 15 minutes
Medicaid	IA	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
Medicaid	IA	15842	Graft, Facial Nerve Paralysis; Free Muscle Flap, Microsurgical Technique
Medicaid	IA	19330	Removal, Mammary Implant Matl
Medicaid	IA	19342	Delayed Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction
Medicaid	IA	19350	Nipple/Areola Reconstruction
Medicaid	IA	19364	Breast Reconstruction W/Free Flap
Medicaid	IA	21139	Reduction Forehead; Contouring & Setback, Anterior Frontal Sinus Wall
Medicaid	IA	21206	Osteotomy, Maxilla, Segmental
Medicaid	IA	21743	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/Thoracoscopy
Medicaid	IA	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,
Medicaid	IA	J1950	Leuprolide Acetate /3.75 Mg
Medicaid	IA	44135	Intestinal Allograft Transplantation; From Cadaver Donor
Medicaid	IA	44136	Intestinal Allograft Transplantation; From Living Donor
Medicaid	IA	J9202	Goserelin Acetate Implant
Medicaid	IA	J9217	Leuprolide Acetate Suspension
Medicaid	IA	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
Medicaid	IA	S9128	Speech Therapy, In The Home
Medicaid	IA	S9131	Physical therapy, in the home, per diem
Medicaid	IA	90281	Immune Globulin (Ig), Human, Im Use
Medicaid	IA	37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
Medicaid	IA	J3315	Injection, Triptorelin Pamoate, 3.75 Mg
Medicaid	IA	97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes
Medicaid	IA	97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
Medicaid	IA	H2012	Behavioral health day treatment, per hour

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Medicaid	IA	S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
Medicaid	IA	S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
Medicaid	IA	32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass
Medicaid	IA	33935	Heart-Lung Transplant W/Recipient Cardiectomy-Pneumonectomy
Medicaid	IA	47135	Liver Allotransplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age
Medicaid	IA	30110	Excision, Nasal Polyp(S), Simple
Medicaid	IA	30115	Excision, Nasal Polyp(S), Extensive
Medicaid	IA	47140	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only
Medicaid	IA	47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy
Medicaid	IA	47142	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy
Medicaid	IA	47381	Ablation, Open, 1+ Liver Tumor(S); Cryosurgical
Medicaid	IA	48554	Transplantation, Pancreatic Allograft
Medicaid	IA	48556	Removal, Transplanted Pancreatic Allograft
Medicaid	IA	E1399	Durable medical equipment, miscellaneous
Medicaid	IA	30465	Repair, Nasal Vestibular Stenosis (Spreader Grafting, Lateral Nasal Wall Reconstruction)
Medicaid	IA	30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ab
Medicaid	IA	54440	Plastic Operation, Penis, Injury
Medicaid	IA	32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor
Medicaid	IA	58999	Unlisted Proc, Female Genital System (Nonobstetrical)
Medicaid	IA	61864	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; ea addl Array
Medicaid	IA	61867	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array
Medicaid	IA	61868	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; ea addl Array
Medicaid	IA	61863	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array
Medicaid	IA	61885	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection Sngle Electrode Array
Medicaid	IA	61886	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection 2+ Electrode Arrays
Medicaid	IA	H2019	Therapeutic behavioral services, per 15 minutes
Medicaid	IA	E0761	Non-Thermal Pulsed High Frequency Radiowaves, High Peak Power Electrom

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Medicaid	IA	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicaid	IA	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
Medicaid	IA	64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
Medicaid	IA	64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicaid	IA	64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
Medicaid	IA	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupl
Medicaid	IA	64716	Neuroplasty &/Or Transposition; Cranial Nerve (Specify)
Medicaid	IA	64732	Transection/Avulsion; Supraorbital Nerve
Medicaid	IA	64736	Transection/Avulsion; Mental Nerve
Medicaid	IA	64738	Transection/Avulsion; Inferior Alveolar Nerve, Osteotomy
Medicaid	IA	64742	Transection/Avulsion; Facial Nerve, Differential/Complete
Medicaid	IA	64734	Transection/Avulsion; Infraorbital Nerve
Medicaid	IA	90283	Immune Globulin (Igiv), Human, Iv Use
Medicaid	IA	90284	Immune globulin (SClg), human, for use in subcutaneous infusions, 100mg, each
Medicaid	IA	69300	Otoplasty, Protruding Ear, W/Wo Size Reduction
Medicaid	IA	J0202	Injection, alemtuzumab, 1 mg
Medicaid	IA	J0207	Amifostine
Medicaid	IA	J0178	Injection, aflibercept, 1 mg
Medicaid	IA	64864	Suture, Facial Nerve; Extracranial
Medicaid	IA	64866	Anastomosis; Facial-Spinal Accessory
Medicaid	IA	64868	Anastomosis; Facial-Hypoglossal
Medicaid	IA	67900	Repair, Brow Ptosis, (Supraciliary/Mid-Forehead/Coronal Approach)
Medicaid	IA	69955	Total Facial Nerve Decompression &/Or Repair, (May Include Graft)
Medicaid	IA	J0585	Injection, OnabotulinumtoxinA, 1 Unit
Medicaid	IA	J0586	Injection, AbobotulinumtoxinA, 5 Units
Medicaid	IA	J0587	Injection, RimabotulinumtoxinB, 100 Units
Medicaid	IA	J0588	Injection, incobotulinumtoxinA, 1 unit
Medicaid	IA	J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units
Medicaid	IA	J0638	Injection, canakinumab, 1 mg
Medicaid	IA	J0641	Injection, levoleucovorin, 0.5 mg
Medicaid	IA	J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units
Medicaid	IA	J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units
Medicaid	IA	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg
Medicaid	IA	J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)
Medicaid	IA	J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units
Medicaid	IA	J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)
Medicaid	IA	J0897	Injection, denosumab, 1 mg

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Medicaid	IA	J0888	Injectin, epoetin beta, 1 microgram, (for non esrd use)
Medicaid	IA	J1290	Injection, ecallantide, 1 mg
Medicaid	IA	J1324	INJECTION, ENFUVIRTIDE, 1 MG
Medicaid	IA	J1325	Epoprostenol Injection
Medicaid	IA	J1438	Etanercept Injection
Medicaid	IA	J1447	Injection, tbo-filgrastim, 1 microgram
Medicaid	IA	J1555	Injection, immune globulin (Cuvitru), 100 mg
Medicaid	IA	J1595	Injection, glatiramer acetate, 20 mg
Medicaid	IA	J1744	Injection, icatibant, 1 mg
Medicaid	IA	J1746	Injection, ibalizumab-uiyk, 10 mg
Medicaid	IA	J1826	Injection, interferon beta-1a, 30 mcg
Medicaid	IA	J1830	Interferon Beta-1b / .25 Mg
Medicaid	IA	J2182	Injection, mepolizumab, 1 mg
Medicaid	IA	J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous
Medicaid	IA	J2502	Injection, pasireotide long acting, 1 mg
Medicaid	IA	J2562	Injection, Plerixafor, 1 Mg
Medicaid	IA	J2778	Injection, ranibizumab, 0.1 mg
Medicaid	IA	J2793	Injection, Rilonacept, 1 Mg
Medicaid	IA	J2820	Sargramostim Injection
Medicaid	IA	J3110	Teriparatide injection
Medicaid	IA	J3357	Ustekinumab, for subcutaneous injection, 1 mg
Medicaid	IA	J7175	Injection, factor x, (human), 1 i.u.
Medicaid	IA	J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU
Medicaid	IA	J7181	Injection, factor xiii a-subunit, (recombinant), per iu
Medicaid	IA	J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu
Medicaid	IA	J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg
Medicaid	IA	J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.
Medicaid	IA	J7187	Injection, von Willebrand factor complex (Humate-P), per IU vWF-RC0
Medicaid	IA	J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.
Medicaid	IA	J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo
Medicaid	IA	J7191	Factor Viii (Porcine)
Medicaid	IA	J7189	Factor VIIa (antihemophilic Factor, recombinant), per 1 mcg
Medicaid	IA	J7194	Factor Ix Complex
Medicaid	IA	J7192	Factor Viii (Antihemophilic Factor, Recombinant) Per I.U., Not Otherwise Specified
Medicaid	IA	J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU
Medicaid	IA	J7195	Factor IX (antihemophilic factor, recombinant) per IU
Medicaid	IA	J7198	Anti-Inhibitor

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Medicaid	IA	J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu
Medicaid	IA	J7201	Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU
Medicaid	IA	J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.
Medicaid	IA	J7205	Injection, factor viii fc fusion (recombinant), per iu
Medicaid	IA	J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.
Medicaid	IA	J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.
Medicaid	IA	J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg
Medicaid	IA	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg
Medicaid	IA	J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg
Medicaid	IA	G0482	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed
Medicaid	IA	J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml
Medicaid	IA	J7686	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg
Medicaid	IA	J9015	Injection, aldesleukin, per single use vial
Medicaid	IA	J9022	Injection, atezolizumab, 10 mg
Medicaid	IA	J9023	Injection, avelumab, 10 mg
Medicaid	IA	J9034	Injection, bendamustine hcl (bendeka), 1 mg
Medicaid	IA	J9033	Injection, bendamustine HCl (Treanda), 1 mg
Medicaid	IA	J9042	Injection, brentuximab vedotin, 1 mg
Medicaid	IA	J9043	Injection, cabazitaxel, 1 mg
Medicaid	IA	J9039	Injection, blinatumomab, 1 microgram
Medicaid	IA	J9047	Injection, carfilzomib, 1 mg
Medicaid	IA	J9055	Cetuximab injection
Medicaid	IA	J9176	Injection, elotuzumab, 1 mg
Medicaid	IA	J9216	Injection, interferon, gamma-1B, 3 million units
Medicaid	IA	J9179	Injection, eribulin mesylate, 0.1 mg
Medicaid	IA	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg

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Medicaid	IA	J9228	Injection, ipilimumab, 1 mg
Medicaid	IA	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg
Medicaid	IA	J9264	Injection, paclitaxel protein-bound particles, 1 mg
Medicaid	IA	J9271	Injection, pembrolizumab, 1 mg
Medicaid	IA	J9299	Injection, nivolumab, 1 mg
Medicaid	IA	J9301	Injection, obinutuzumab, 10 mg
Medicaid	IA	J9302	Injection, ofatumumab, 10 mg
Medicaid	IA	J9303	Injection, panitumumab, 10 mg
Medicaid	IA	J9306	Injection, pertuzumab, 1 mg
Medicaid	IA	J9308	Injection, ramucirumab, 5 mg
Medicaid	IA	J9330	Injection, temsirolimus, 1 mg
Medicaid	IA	J9354	Injection, ado-trastuzumab emtansine, 1 mg
Medicaid	IA	J9355	Injection, trastuzumab, excludes biosimilar, 10 mg
Medicaid	IA	J9395	Injection, fulvestrant, 25 mg
Medicaid	IA	Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram
Medicaid	IA	Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use
Medicaid	IA	Q4074	Iloprost, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Up
Medicaid	IA	Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)
Medicaid	IA	30410	Rhinoplasty, Primary; Complete, Ext Parts W/Bony Pyramid, Lat & Alar Cartilages &/Or Elev Nasal Tip
Medicaid	IA	30420	Rhinoplasty, Primary; W/Major Septal Repair
Medicaid	IA	30430	Rhinoplasty, Secondary; Minor Revision (Small Amount, Nasal Tip Work)
Medicaid	IA	42836	Adenoidectomy, Secondary; Age 12+
Medicaid	IA	30520	Septoplasty/Submucous Resection W/Wo Cartilage Scoring/Contouring/Graft
Medicaid	IA	30999	Unlisted Proc, Nose
Medicaid	IA	81381	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Allele Or Allele Group (Eg, B*57:01P), Each
Medicaid	IA	G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)
Medicaid	IA	C1813	Prosthesis, penile, inflatable
Medicaid	IA	C2622	Prosthesis, penile, noninflatable
Medicaid	IA	L8600	Implant Breast Silicone/Eq
Medicaid	IA	J9999	NOC, antineoplastic drug
Medicaid	IA	T2039	Vehicle modifications, waiver; per service
Medicaid	IA	S5120	Chore Services, Per 15 Minutes
Medicaid	IA	E1637	Hemostats, for dialysis, each
Medicaid	IA	S5101	Day Care Services, Adult, Per Half Day
Medicaid	IA	J3121	Injection, testosterone enanthate, 1mg
Medicaid	IA	J3145	Injection, testosterone undecanoate, 1 mg
Medicaid	IA	E0161	Sitz Bath/Equipment W/Faucet
Medicaid	IA	E0210	Electric Heat Pad Standard
Medicaid	IA	E0153	Forearm Crutch Platform Atta

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Medicaid	IA	E0154	Walker Platform Attachment
Medicaid	IA	T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit
Medicaid	IA	S5125	Attendant Care Services, Per 15 Minutes
Medicaid	IA	Q0515	Injection, sermorelin acetate, 1 mcg
Medicaid	IA	H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem
Medicaid	IA	E1575	Transducer Protector/Fluid B
Medicaid	IA	E1636	Sorbent Cartridges For Dialy
Medicaid	IA	E0158	Walker Leg Extenders Set Of4
Medicaid	IA	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY
Medicaid	IA	T2014	Habilitation, prevocational, waiver; per diem
Medicaid	IA	E0155	Walker Wheel Attachment,Pair
Medicaid	IA	H2034	Alcohol and/or drug abuse halfway house services, per diem
Medicaid	IA	E0700	Safety Equipment, Device Or Accessory, Any Type
Medicaid	IA	E0710	Restraints Any Type
Medicaid	IA	E0215	Electric Heat Pad Moist
Medicaid	IA	S0215	Non-emergency transportation; mileage
Medicaid	IA	J7199	Hemophilia Clot Factor Noc
Medicaid	IA	E0785	Replacement Impl Pump Cathet
Medicaid	IA	J1071	Injection, testosterone cypionate, 1mg
Medicaid	IA	E0245	Tub Stool Or Bench
Medicaid	IA	E0116	Crutch, underarm, other than wood, adjustable or fixed, with PAD, tip, handgrip, with or without shock absorber, each
Medicaid	IA	T2031	Assisted living; waiver, per diem
Medicaid	IA	E0141	Rigid Walker Wheeled Wo Seat
Medicaid	IA	A0130	Non ER Transport Wheelch Van
Medicaid	IA	E0610	Pacemaker Monitr Audible/Vis
Medicaid	IA	S5170	Home Delivered Meals, Including Preparation, Per Meal
Medicaid	IA	J9285	Injection, olaratumab, 10 mg
Medicaid	IA	E0942	Cervical Head Harness/Halter
Medicaid	IA	E0615	Pacemaker Monitr Digital/Vis
Medicaid	IA	E1630	Reciprocating Peritoneal Dia
Medicaid	IA	E0160	Sitz Type Bath Or Equipment
Medicaid	IA	E0130	Walker Rigid Adjust/Fixed Ht
Medicaid	IA	S5160	Emergency Response System, Installation And Testing
Medicaid	IA	J3490	Unclassified drugs
Medicaid	IA	L5702	Replace Socket Hip
Medicaid	IA	L5845	Knee-Shin Sys Stance Flexion
Medicaid	IA	T1004	Services of a qualified nursing aide, up to 15 minutes
Medicaid	IA	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD

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Medicaid	IA	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
Medicaid	IA	L0630	Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
Medicaid	IA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	IA	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	IA	K0007	Extra Heavy Duty Wheelchair
Medicaid	IA	38241	Hematopoietic progenitor cell (HPC); autologous transplantation
Medicaid	IA	E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional
Medicaid	IA	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
Medicaid	IA	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type
Medicaid	IA	E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each
Medicaid	IA	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	IA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicaid	IA	E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE,
Medicaid	IA	E1297	Wheelchair Special Seat Dept
Medicaid	IA	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
Medicaid	IA	E2293	Contour back for ped size wc
Medicaid	IA	E1087	Wheelchair Lightwt Fixed Arm
Medicaid	IA	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction
Medicaid	IA	E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg
Medicaid	IA	L8682	Implantable neurostimulator radiofrequency receiver
Medicaid	IA	L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
Medicaid	IA	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft

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Medicaid	IA	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg