

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	DC	17106	Destruction, Cutaneous Vascular Proliferative Lesions; < 10 Sq Cm
Medicaid	DC	21256	Reconstruction, Orbit W/Osteotomies & Bone Grafts (Includes Obtaining Autografts)
Medicaid	DC	15845	Graft, Facial Nerve Paralysis; Regional Muscle Transfer
Medicaid	DC	15841	Graft, Facial Nerve Paralysis; Free Muscle Graft (W/Obtaining Graft)
Medicaid	DC	65778	Placement of amniotic membrane on the ocular surface; without sutures
Medicaid	DC	65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
Medicaid	DC	65779	Placement of amniotic membrane on the ocular surface; single layer, sutured
Medicaid	DC	15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
Medicaid	DC	15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
Medicaid	DC	15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
Medicaid	DC	15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
Medicaid	DC	15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
Medicaid	DC	15157	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
Medicaid	DC	67900	Repair, Brow Ptosis, (Supraciliary/Mid-Forehead/Coronal Approach)
Medicaid	DC	J0178	Injection, aflibercept, 1 mg
Medicaid	DC	J0585	Injection, OnabotulinumtoxinA, 1 Unit
Medicaid	DC	J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg
Medicaid	DC	J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg
Medicaid	DC	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg
Medicaid	DC	15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
Medicaid	DC	J2778	Injection, ranibizumab, 0.1 mg
Medicaid	DC	15821	Blepharoplasty, Lower Eyelid; W/Extensive Herniated Fat Pad
Medicaid	DC	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
Medicaid	DC	Q4325	ACApatch, per sq cm
Medicaid	DC	A2022	InnovaBurn or InnovaMatrix XL, per sq cm
Medicaid	DC	A2025	Miro3D, per cu cm
Medicaid	DC	53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance
Medicaid	DC	38243	Hematopoietic progenitor cell (HPC); HPC boost
Medicaid	DC	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)

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Medicaid	DC	A2007	Restrata, per square centimeter
Medicaid	DC	Q4183	Surgigraft, per sq cm
Medicaid	DC	Q4234	XCellerate, per sq cm
Medicaid	DC	J1299	Injection, eculizumab, 2 mg
Medicaid	DC	Q5149	Injection, aflibercept-abzv (Enzeevu), biosimilar, 1 mg
Medicaid	DC	Q5150	Injection, aflibercept-mrbb (Ahzantive), biosimilar, 1 mg
Medicaid	DC	48554	Transplantation, Pancreatic Allograft
Medicaid	DC	55882	Transurethral ablation of prostate tissue, using thermal ultrasound; with insertion of ultrasound transducer
Medicaid	DC	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type
Medicaid	DC	L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
Medicaid	DC	Q4291	Lamellas xt, per square centimeter
Medicaid	DC	J1628	Injection, guselkumab, 1 mg
Medicaid	DC	J2781	Injection, pegcetacoplan, intravitreal, 1 mg
Medicaid	DC	Q4303	Complete aa, per square centimeter
Medicaid	DC	Q4310	Procenta, per 100 mg
Medicaid	DC	64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode arra
Medicaid	DC	J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg
Medicaid	DC	J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg
Medicaid	DC	J9353	Injection, margetuximab-cmkb, 5 m
Medicaid	DC	Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg
Medicaid	DC	J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
Medicaid	DC	J3397	Injection, vestronidase alfa-vjkb, 1 mg
Medicaid	DC	J2267	Injection, mirikizumab-mrkz, 1 mg
Medicaid	DC	J9376	Injection, pozelimab-bbfg, 1 mg
Medicaid	DC	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	DC	J0896	Injection, luspatercept-aamt, 0.25 mg
Medicaid	DC	J1448	Injection, trilaciclib, 1 mg
Medicaid	DC	J0224	Injection, lumasiran, 0.5 m
Medicaid	DC	Q4298	Amnicore pro, per square centimeter
Medicaid	DC	Q4309	VIA Matrix, per sq cm
Medicaid	DC	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	DC	J2327	Injection, risankizumab-rzaa, intravenous, 1 mg
Medicaid	DC	J9312	Injection, rituximab, 10 mg
Medicaid	DC	Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Medicaid	DC	Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg
Medicaid	DC	J9064	Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg
Medicaid	DC	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
Medicaid	DC	J0589	Injection, daxibotulinumtoxina-lanm, 1 unit
Medicaid	DC	C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance
Medicaid	DC	J9248	Injection, melphalan (Hepzato), 1 mg
Medicaid	DC	Q4211	Amnion bio or Axobiomembrane, per square centimeter
Medicaid	DC	Q4237	Cryo-Cord, per sq cm
Medicaid	DC	Q4240	CoreCyte, for topical use only, per 0.5 cc
Medicaid	DC	50365	Renal Allotransplantation, Implantation, Graft; W/Recipient Nephrectomy

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Medicaid	DC	97034	Application, Modality To 1+ Areas; Contrast Baths, Each 15 Min
Medicaid	DC	97016	Application of a modality to 1 or more areas; vasopneumatic devices
Medicaid	DC	Q4187	Epicord, per sq cm
Medicaid	DC	Q4286	NuDYN SL or NuDYN SLW, per sq cm
Medicaid	DC	95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicaid	DC	33979	Insertion, Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle
Medicaid	DC	Q4351	Enclose tl matrix, per square centimeter
Medicaid	DC	81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)
Medicaid	DC	Q4302	Complete aca, per square centimeter
Medicaid	DC	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg
Medicaid	DC	J9304	Injection, pemetrexed (pemfexy), 10 mg
Medicaid	DC	J9322	Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg
Medicaid	DC	J9348	Injection, naxitamab-gqgk, 1 m
Medicaid	DC	J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg
Medicaid	DC	Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
Medicaid	DC	J9119	Injection, cemiplimab-rwlc, 1 mg
Medicaid	DC	J9173	Injection, durvalumab, 10 mg
Medicaid	DC	Q4192	Restorigin, 1 cc
Medicaid	DC	Q4213	Ascent, 0.5 mg
Medicaid	DC	Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm
Medicaid	DC	J1552	Injection, immune globulin (alyglo), 500 mg
Medicaid	DC	97032	Application, Modality 1+ Areas; Electrical Stimulation (Manual), Each 15 Min
Medicaid	DC	97036	Application, Modality To 1+ Areas; Hubbard Tank, Each 15 Min
Medicaid	DC	Q4312	Acesso AC, per sq cm
Medicaid	DC	E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing
Medicaid	DC	Q4283	Biovance tri-layer or biovance 3l, per square centimeter
Medicaid	DC	95805	Multiple Sleep Latency Test, Multiple Trails
Medicaid	DC	64415	Injection, Anesthetic Agent; Brachial Plexus, Single
Medicaid	DC	E2398	Wheelchair accessory, dynamic positioning hardware for back
Medicaid	DC	S5160	Emergency Response System, Installation And Testing
Medicaid	DC	J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg
Medicaid	DC	43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastropasty (ESG), including argon plasma coagulation, when performed
Medicaid	DC	77605	Hyperthermia, Externally Generated; Deep
Medicaid	DC	J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	DC	J2797	Injection, rolapitant, 0.5 mg
Medicaid	DC	S5100	Day Care Services, Adult, Per 15 Minutes
Medicaid	DC	E2513	Accessory for speech generating device, electromyographic sensor
Medicaid	DC	J1746	Injection, ibalizumab-uiyk, 10 mg
Medicaid	DC	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
Medicaid	DC	J3590	Unclassified Biologics
Medicaid	DC	J7172	Injection, marstacimab-hncq, 0.5 mg
Medicaid	DC	J3490	Unclassified drugs
Medicaid	DC	81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion an
Medicaid	DC	81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence
Medicaid	DC	63042	Laminotomy W/Partl Facetectomy/Foraminotomy/Herniated Diskect, Re-Explor, Sngle Interspc; Lumbar

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Medicaid	DC	63047	Laminectomy, Facetectomy & Foraminotomy, 1 Segment; Lumbar
Medicaid	DC	Q5138	Injection, ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg
Medicaid	DC	69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral
Medicaid	DC	69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral
Medicaid	DC	J0177	Injection, aflibercept HD, 1 mg
Medicaid	DC	J0217	Injection, velmanase alfa-tycv, 1 mg
Medicaid	DC	J1203	Injection, cipaglucosidase alfa-atga, 5 mg
Medicaid	DC	J1323	Injection, elranatamab-bcmm, 1 mg
Medicaid	DC	J2277	Injection, motixafortide, 0.25 mg
Medicaid	DC	J2782	Injection, avacincaptad pegol, 0.1 mg
Medicaid	DC	J3055	Injection, talquetamab-tgvs, 0.25 mg
Medicaid	DC	J7353	Anacaulase-bcdb, 8.8% gel, 1 gm
Medicaid	DC	J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)
Medicaid	DC	Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg
Medicaid	DC	Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg
Medicaid	DC	J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg
Medicaid	DC	J3247	Injection, secukinumab, IV, 1 mg
Medicaid	DC	J3263	Injection, toripalimab-tpzi, 1 mg
Medicaid	DC	J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU
Medicaid	DC	J7355	Injection, travoprost, intracameral implant, 1 mcg
Medicaid	DC	J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg
Medicaid	DC	Q5137	Injection, ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg
Medicaid	DC	31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve
Medicaid	DC	31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve
Medicaid	DC	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	DC	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	DC	Q5105	Injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units
Medicaid	DC	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	DC	Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg
Medicaid	DC	Q5106	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use), 1000 units
Medicaid	DC	Q5110	Injection, filgrastim-aafi, biosimilar, (nivistym), 1 microgram
Medicaid	DC	Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg
Medicaid	DC	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg
Medicaid	DC	Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg
Medicaid	DC	Q5115	Injection, rituximab-abbs, biosimilar, 10 mg
Medicaid	DC	Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 m
Medicaid	DC	Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg
Medicaid	DC	J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose
Medicaid	DC	J9035	Bevacizumab injection
Medicaid	DC	J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg
Medicaid	DC	J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg
Medicaid	DC	J9057	Injection, copanlisib, 1 mg
Medicaid	DC	J9118	Injection, calaspargase pegol-mknl, 10 units
Medicaid	DC	J9061	Injection, amivantamab-vmjw, 2 mg

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Medicaid	DC	J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg
Medicaid	DC	J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj
Medicaid	DC	J9210	Injection, emapalumab-lzsg, 1 mg
Medicaid	DC	J9223	Injection, lurbinectedin, 0.1 mg
Medicaid	DC	J9227	Injection, isatuximab-irfc, 10 mg
Medicaid	DC	J9229	Injection, inotuzumab ozogamicin, 0.1 mg
Medicaid	DC	J9272	Injection, dostarlimab-gxly, 10 mg
Medicaid	DC	J9273	Injection, tisotumab vedotin-tftv, 1 mg
Medicaid	DC	J9269	Injection, tagraxofusp-erzs, 10 micrograms
Medicaid	DC	J9286	Injection, glofitamab-gxbm, 2.5 mg
Medicaid	DC	J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg
Medicaid	DC	J9309	Injection, polatuzumab vedotin-piiq, 1 mg
Medicaid	DC	J9314	Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg
Medicaid	DC	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
Medicaid	DC	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg
Medicaid	DC	J9321	Injection, epcoritamab-bysp, 0.16 mg
Medicaid	DC	J9323	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg
Medicaid	DC	J9324	Injection, pemetrexed (pemrydi rtu), 10 mg
Medicaid	DC	J9319	Injection, romidepsin, lyophilized, 0.1 mg
Medicaid	DC	J9333	Injection, rozanolixizumab-noli, 1 mg
Medicaid	DC	J9345	Injection, retifanlimab-dlwr, 1 mg
Medicaid	DC	J9350	Injection, mosunetuzumab-axgb, 1 mg
Medicaid	DC	J9349	Injection, tafasitamab-cxix, 2 mg
Medicaid	DC	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
Medicaid	DC	J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg
Medicaid	DC	S2053	Transplantation Of Small Int
Medicaid	DC	S2065	Simultaneous pancreas kidney transplantation
Medicaid	DC	J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg
Medicaid	DC	J1632	Injection, brexanolone, 1 mg
Medicaid	DC	J7351	Injection, bimatoprost, intracameral implant, 1 microgram
Medicaid	DC	J7352	Afamelanotide implant, 1 mg
Medicaid	DC	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	DC	J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg
Medicaid	DC	J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.
Medicaid	DC	J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram
Medicaid	DC	J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.
Medicaid	DC	J7214	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviio), per Factor VIII IU
Medicaid	DC	J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebiny), 1 IU
Medicaid	DC	J7170	Injection, emicizumab-kxwh, 0.5 mg
Medicaid	DC	J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg
Medicaid	DC	J3111	Injection, romosozumab-aqqg, 1 mg
Medicaid	DC	J3241	Injection, teprotumumab-trbw, 10 mg
Medicaid	DC	J3245	Injection, tildrakizumab, 1 mg
Medicaid	DC	J3316	Injection, triptorelin, extended-release, 3.75 mg
Medicaid	DC	J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5×10^9 pfu/ml vector genomes, per 0.1 ml
Medicaid	DC	J3032	Injection, eptinezumab-jjmr, 1 mg
Medicaid	DC	J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg
Medicaid	DC	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
Medicaid	DC	J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 m

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Medicaid	DC	J1952	Leuprolide injectable, camcevi, 1 mg
Medicaid	DC	J2356	Injection, tezepelumab-ekko, 1 mg
Medicaid	DC	J1427	Injection, viltolarsen, 10 mg
Medicaid	DC	J1429	Injection, golodirsen, 10 mg
Medicaid	DC	J1437	Injection, ferric derisomaltose, 10 mg
Medicaid	DC	J1440	Fecal microbiota, live - jsfm, 1 ml
Medicaid	DC	J1558	Injection, immune globulin (xembify), 100 mg
Medicaid	DC	J1554	Injection, immune globulin (asceniv), 500 mg
Medicaid	DC	J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
Medicaid	DC	J1756	Injection, Iron Sucrose, 1 Mg
Medicaid	DC	J1823	Injection, inebilizumab-cdon, 1 mg
Medicaid	DC	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes
Medicaid	DC	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	DC	J0599	Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units
Medicaid	DC	J0642	Injection, levoleucovorin (khapsory), 0.5 mg
Medicaid	DC	J0791	Injection, crizanlizumab-tmca, 5 mg
Medicaid	DC	J0801	Injection, corticotropin (Acthar Gel), up to 40 units
Medicaid	DC	J0802	Injection, corticotropin (ANI), up to 40 units
Medicaid	DC	J1301	Injection, edaravone, 1 mg
Medicaid	DC	J1303	Injection, ravulizumab-cwvz, 10 mg
Medicaid	DC	J1304	Injection, tofersen, 1 mg
Medicaid	DC	J1305	Injection, evinacumab-dgnb, 5 mg
Medicaid	DC	J1426	Injection, casimersen, 10 mg
Medicaid	DC	J0491	Injection, anifrolumab-fnia, 1 mg
Medicaid	DC	J0517	Injection, benralizumab, 1 mg
Medicaid	DC	J0584	Injection, burosumab-twza 1 mg
Medicaid	DC	J0567	Injection, cerliponase alfa, 1 mg
Medicaid	DC	66683	Iris prosthesis Implantation
Medicaid	DC	A9606	Radium ra-223 dichloride, therapeutic, per microcurie
Medicaid	DC	J0179	Injection, brolicizumab-dblt, 1 mg
Medicaid	DC	J0222	Injection, Patisiran, 0.1 mg
Medicaid	DC	J0223	Injection, givosiran, 0.5 mg
Medicaid	DC	A9590	Iodine I-131, iobenguane, 1 mCi
Medicaid	DC	A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi
Medicaid	DC	64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electr
Medicaid	DC	64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed
Medicaid	DC	Q4272	Esano a, per square centimeter
Medicaid	DC	Q4273	Esano aaa, per square centimeter
Medicaid	DC	Q4274	Esano ac, per square centimeter
Medicaid	DC	Q4275	Esano aca, per square centimeter
Medicaid	DC	Q4276	Orion, per square centimeter
Medicaid	DC	Q4278	Epieffect, per square centimeter
Medicaid	DC	Q4279	Vendaje ac, per square centimeter
Medicaid	DC	Q4280	Xcell amnio matrix, per square centimeter
Medicaid	DC	Q4281	Barrera sl or barrera dl, per square centimeter
Medicaid	DC	Q4282	Cygnus dual, per square centimeter
Medicaid	DC	Q4284	Dermabind sl, per square centimeter
Medicaid	DC	Q4287	Dermabind dl, per square centimeter

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Medicaid	DC	Q4288	Dermabind ch, per square centimeter
Medicaid	DC	Q4289	Revoshield + amniotic barrier, per square centimeter
Medicaid	DC	Q4290	Membrane wrap-hydro, per square centimeter
Medicaid	DC	Q4292	Lamellas, per square centimeter
Medicaid	DC	Q4293	Acesso dl, per square centimeter
Medicaid	DC	Q4294	Amnio quad-core, per square centimeter
Medicaid	DC	Q4295	Amnio tri-core amniotic, per square centimeter
Medicaid	DC	Q4296	Rebound matrix, per square centimeter
Medicaid	DC	Q4297	Emerge matrix, per square centimeter
Medicaid	DC	Q4299	Amnicore pro+, per square centimeter
Medicaid	DC	Q4300	Acesso tl, per square centimeter
Medicaid	DC	Q4301	Activate matrix, per square centimeter
Medicaid	DC	Q4304	Grafix plus, per square centimeter
Medicaid	DC	Q4305	American Amnion AC Tri-Layer, per sq cm
Medicaid	DC	Q4306	American Amnion AC, per sq cm
Medicaid	DC	Q4307	American Amnion, per sq cm
Medicaid	DC	Q4308	Sanopellis, per sq cm
Medicaid	DC	A2026	Restrata MiniMatrix, 5 mg
Medicaid	DC	L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
Medicaid	DC	J3393	Injection, betibeglogene autotemcel, per treatment
Medicaid	DC	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	DC	61715	MRI guided focused ultrasound high intensity stereotactic intracranial ablation
Medicaid	DC	60660	Percutaneous ablation of 1 or more thyroid nodule(s)
Medicaid	DC	60661	Percutaneous ablation of additional lobe of thyroid nodule(s)
Medicaid	DC	55881	Transurethral ablation of prostate tissue, using thermal ultrasound
Medicaid	DC	50360	Renal Allotransplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy
Medicaid	DC	55899	Unlisted Proc, Male Genital System
Medicaid	DC	48160	Pancreatectomy, Total/Subtotal W/Autologous Transplantation Pancreas/Pancreatic Islets
Medicaid	DC	48556	Removal, Transplanted Pancreatic Allograft
Medicaid	DC	47999	Unlisted Proc, Biliary Tract
Medicaid	DC	47135	Liver Allotransplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age
Medicaid	DC	33945	Heart Transplant, W/Wo Recipient Cardiectomy
Medicaid	DC	33935	Heart-Lung Transplant W/Recipient Cardiectomy-Pneumonectomy
Medicaid	DC	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	DC	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	DC	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	DC	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	DC	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	DC	J0139	Injection, adalimumab, 1 mg
Medicaid	DC	J0175	Injection, donanemab-azbt, 2 mg
Medicaid	DC	J0870	Injection, imetelstat, 1 mg
Medicaid	DC	J1307	Injection, crovalimab-akkz, 10 mg
Medicaid	DC	J2802	Injection, romiplostim, 1 microgram
Medicaid	DC	J9026	Injection, tarlatamab-dlle, 1 mg
Medicaid	DC	J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram
Medicaid	DC	J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg
Medicaid	DC	J9329	Injection, tislelizumab-jsgr, 1mg
Medicaid	DC	Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg
Medicaid	DC	Q5136	Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg
Medicaid	DC	Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg
Medicaid	DC	Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg
Medicaid	DC	Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg
Medicaid	DC	Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg
Medicaid	DC	Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg
Medicaid	DC	Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg
Medicaid	DC	Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg
Medicaid	DC	J1326	Injection, zolbetuximab-clzb, 2 mg
Medicaid	DC	J1954	Injection, leuprolide acetate for depot suspension (Lutrate), 7.5 mg
Medicaid	DC	J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq
Medicaid	DC	J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs
Medicaid	DC	J9038	Injection, axatilimab-csfr, 0.1 mg
Medicaid	DC	J9161	Injection, denileukin diftiox-cxdl, 1 mcg
Medicaid	DC	Q2058	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion
Medicaid	DC	Q5147	Injection, aflibercept-ayyh (Pavblu), biosimilar, 1 mg
Medicaid	DC	Q5148	Injection, filgrastim-txid (Nypozi), biosimilar, 1 mcg
Medicaid	DC	44133	Donor Enterectomy, Open With Prep & Maintenance, Allograft; Partial, Living Donor
Medicaid	DC	44135	Intestinal Allograft; From Cadaver Donor
Medicaid	DC	44136	Intestinal Allograft; From Living Donor
Medicaid	DC	44132	Donor Enterectomy, Open, W/Prep & Maintenance, Allograft; Cadaver Donor
Medicaid	DC	S2055	Harvesting Of Donor Multivis
Medicaid	DC	Q4246	CoreText or ProText, per cc
Medicaid	DC	Q4251	Vim, per sq cm
Medicaid	DC	Q4252	Vendaje, per sq cm
Medicaid	DC	Q4253	Zenith Amniotic Membrane, per sq cm
Medicaid	DC	Q4242	AmnioCyte Plus, per 0.5 cc
Medicaid	DC	Q4245	AmnioText, per cc
Medicaid	DC	Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm
Medicaid	DC	Q4241	PolyCyte, for topical use only, per 0.5 cc
Medicaid	DC	Q4247	Amniotext patch, per sq cm
Medicaid	DC	Q4221	Amniowrap2, per square centimeter
Medicaid	DC	Q4222	Progenamatrix, per square centimeter
Medicaid	DC	Q4226	MyOwn skin, includes harvesting and preparation procedures, per square centimeter
Medicaid	DC	Q4227	AmnioCoreTM, per sq cm
Medicaid	DC	Q4229	Cogenex Amniotic Membrane, per sq cm
Medicaid	DC	Q4230	Cogenex Flowable Amnion, per 0.5 cc
Medicaid	DC	Q4232	Corplex, per sq cm
Medicaid	DC	Q4235	AMNIOREPAIR or AltiPly, per sq cm
Medicaid	DC	Q4233	SurFactor or NuDyn, per 0.5 cc

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Line of Business	State	Procedure Code	Description
Medicaid	DC	Q4238	Derm-Maxx, per sq cm
Medicaid	DC	Q4212	Allogen, per cc
Medicaid	DC	Q4216	Artacent cord, per square centimeter
Medicaid	DC	Q4214	Cellesta cord, per square centimeter
Medicaid	DC	Q4215	Axolotl ambient or axolotl cryo, 0.1 mg
Medicaid	DC	Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter
Medicaid	DC	Q4219	Surgigraft-dual, per square centimeter
Medicaid	DC	Q4218	Surgicord, per square centimeter
Medicaid	DC	Q4220	BellaCell HD or Surederm, per square centimeter
Medicaid	DC	Q4204	XWRAP, per sq cm
Medicaid	DC	Q4208	Novafix, per square centimeter
Medicaid	DC	Q4205	Membrane graft or membrane wrap, per square centimeter
Medicaid	DC	Q4206	Fluid flow or fluid GF, 1 cc
Medicaid	DC	Q4209	Surgraft, per square centimeter
Medicaid	DC	Q4202	Kerxxx (2.5g/cc), 1cc
Medicaid	DC	Q4203	Derma-Gide, per sq cm
Medicaid	DC	Q4201	Matrion, per sq cm
Medicaid	DC	Q4198	Genesis Amniotic Membrane, per sq cm
Medicaid	DC	Q4199	Cygnus matrix, per square centimeter
Medicaid	DC	Q4200	SkinTE, per sq cm
Medicaid	DC	43499	Unlisted Proc, Esophagus
Medicaid	DC	Q4196	PuraPly AM, per sq cm
Medicaid	DC	Q4197	PuraPly XT, per sq cm
Medicaid	DC	Q4191	Restorigin, per sq cm
Medicaid	DC	Q4195	PuraPly, per sq cm
Medicaid	DC	Q4193	Coll-e-Derm, per sq cm
Medicaid	DC	Q4194	Novachor, per sq cm
Medicaid	DC	Q4190	Artacent AC, per sq cm
Medicaid	DC	Q4184	Cellesta, per sq cm
Medicaid	DC	Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc
Medicaid	DC	Q4188	AmnioArmor, per sq cm
Medicaid	DC	Q4189	Artacent AC, 1 mg
Medicaid	DC	L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control
Medicaid	DC	A4543	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month
Medicaid	DC	A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome
Medicaid	DC	E0743	External lower extremity nerve stimulator for restless legs syndrome, each
Medicaid	DC	E0721	Transcutaneous electrical nerve stimulator, stimulates nerves in the auricular region
Medicaid	DC	E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories
Medicaid	DC	50320	Donor Nephrectomy, Open, Living Donor W/O Allograft Preparation & Maintenance
Medicaid	DC	38241	Hematopoietic progenitor cell (HPC); autologous transplantation
Medicaid	DC	38230	Bone marrow harvesting for transplantation; allogeneic
Medicaid	DC	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
Medicaid	DC	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	DC	A7025	High Frequency Chest Wall Oscillation System Vest, Replacement For Use
Medicaid	DC	A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply
Medicaid	DC	A9278	Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)

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Medicaid	DC	A2002	Mirragen advanced wound matrix, per square centimeter
Medicaid	DC	A2001	Innovamatrix ac, per square centimeter
Medicaid	DC	A2006	Novosorb synpath dermal matrix, per square centimeter
Medicaid	DC	A2004	Xcellistem, per square centimeter
Medicaid	DC	A2005	Microlyte matrix, per square centimeter
Medicaid	DC	A2008	Theragenesis, per square centimeter
Medicaid	DC	A2009	Symphony, per square centimeter
Medicaid	DC	A2010	Apis, per square centimeter
Medicaid	DC	99600	Unlisted Home Visit Service/Procedure
Medicaid	DC	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed
Medicaid	DC	C8003	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and
Medicaid	DC	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4
Medicaid	DC	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6
Medicaid	DC	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence
Medicaid	DC	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence
Medicaid	DC	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence
Medicaid	DC	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
Medicaid	DC	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	DC	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
Medicaid	DC	C9809	Cryoablation needle (e.g., iovera system), including needle/tip and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medic
Medicaid	DC	E0739	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors
Medicaid	DC	J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose
Medicaid	DC	J3392	Injection, exagamglogene autotemcel, per treatment
Medicaid	DC	Q4346	Shelter dm matrix, per square centimeter
Medicaid	DC	Q4347	Rampart dl matrix, per square centimeter
Medicaid	DC	Q4348	Sentry sl matrix, per square centimeter
Medicaid	DC	Q4349	Mantle dl matrix, per square centimeter
Medicaid	DC	Q4350	Palisade dm matrix, per square centimeter
Medicaid	DC	Q4352	Overlay sl matrix, per square centimeter
Medicaid	DC	Q4353	Xceed tl matrix, per square centimeter
Medicaid	DC	83884	Neurofilament light chain
Medicaid	DC	C1735	Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components
Medicaid	DC	C1736	Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components
Medicaid	DC	C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical dev
Medicaid	DC	C9808	Nerve cryoablation probe (e.g., cryoice, cryosphere, cryosphere max, cryoice cryosphere, cryoice cryo2), including probe and all disposable system components, non-opioid medic

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Medicaid	DC	33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only
Medicaid	DC	51721	Transurethral ablation transducer insertion for delivery of thermal ultrasound for prostate
Medicaid	DC	64405	Injection, Anesthetic Agent; Greater Occipital Nerve
Medicaid	DC	64417	Injection, Anesthetic Agent; Axillary Nerve
Medicaid	DC	64447	Injection, Anesthetic Agent; Femoral Nerve, Single
Medicaid	DC	64450	Injection, Anesthetic Agent; Other Peripheral Nerve/Branch
Medicaid	DC	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	DC	64520	Injection, Anesthetic Agent; Lumbar/Thoracic (Paravertebral Sympathetic)
Medicaid	DC	44715	Backbench Standard Preparation Of Cadaver Or Living Donor Intestine Allograft
Medicaid	DC	44720	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Venous Anastomosis, Each
Medicaid	DC	44721	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Arterial Anastomosis, Each
Medicaid	DC	48550	Donor Pancreatectomy, W/Prep & Maintenance, Cadaver Donor, W/Wo Duodenal Segment
Medicaid	DC	48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft
Medicaid	DC	48552	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each
Medicaid	DC	53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance
Medicaid	DC	53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon
Medicaid	DC	53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume
Medicaid	DC	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	DC	G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow,
Medicaid	DC	95807	Sleep Study, Attended
Medicaid	DC	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
Medicaid	DC	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicaid	DC	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
Medicaid	DC	95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
Medicaid	DC	95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)
Medicaid	DC	95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory
Medicaid	DC	33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial ana
Medicaid	DC	33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)
Medicaid	DC	33264	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Multiple Lead System
Medicaid	DC	Q4285	NuDYN DL or NuDYN DL MESH, per sq cm
Medicaid	DC	A2023	InnovaMatrix PD, 1 mg

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Medicaid	DC	A2024	Resolve Matrix, per sq cm
Medicaid	DC	E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface
Medicaid	DC	E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type
Medicaid	DC	E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type
Medicaid	DC	Q4186	Epifix, per sq cm
Medicaid	DC	G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels
Medicaid	DC	G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart r
Medicaid	DC	81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported
Medicaid	DC	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	DC	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	DC	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	DC	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant
Medicaid	DC	97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
Medicaid	DC	97750	Physical Performance Test, W/Written Report, Each 15 Min
Medicaid	DC	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)
Medicaid	DC	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10
Medicaid	DC	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	DC	Q4330	TOTAL, per sq cm
Medicaid	DC	Q4331	Axolotl Graft, per sq cm
Medicaid	DC	Q4332	Axolotl DualGraft, per sq cm
Medicaid	DC	Q4333	ArdeoGraft, per sq cm
Medicaid	DC	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)
Medicaid	DC	Q5155	Injection, aflibercept-jbvf (Yesafili), biosimilar, 1 mg
Medicaid	DC	Q4318	E-Graft, per sq cm
Medicaid	DC	Q4319	SanoGraft, per sq cm
Medicaid	DC	Q4320	PelloGraft, per sq cm
Medicaid	DC	Q4321	RenoGraft, per sq cm
Medicaid	DC	Q4322	CaregraFT, per sq cm
Medicaid	DC	Q4323	alloPLY, per sq cm
Medicaid	DC	Q4324	AmnioTX, per sq cm
Medicaid	DC	Q4326	WoundPlus, per sq cm
Medicaid	DC	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
Medicaid	DC	Q4327	DuoAmnion, per sq cm

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Line of Business	State	Procedure Code	Description
Medicaid	DC	Q4329	Singlay, per sq cm
Medicaid	DC	Q4328	MOST, per sq cm
Medicaid	DC	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis
Medicaid	DC	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis
Medicaid	DC	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis
Medicaid	DC	81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis
Medicaid	DC	Q4311	Acesso, per sq cm
Medicaid	DC	Q4313	DermaBind FM, per sq cm
Medicaid	DC	Q4314	Reeva FT, per sq cm
Medicaid	DC	Q4315	RegeneLink Amniotic Membrane Allograft, per sq cm
Medicaid	DC	Q4316	AmchoPlast, per sq cm
Medicaid	DC	Q4317	VitoGraft, per sq cm
Medicaid	DC	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	DC	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	DC	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	DC	97168	Reevaluation of occupational therapy care/established plan of care requiring components
Medicaid	DC	97164	Reevaluation of physical therapy established plan of care requiring components
Medicaid	DC	97140	Manual Therapy Techniques, 1+ Regions, Each 15 Min
Medicaid	DC	97116	Therapeutic Proc, 1+ Areas, Each 15 Min; Gait Training (W/Stair Climbing)
Medicaid	DC	97124	Therapeutic Proc, 1+ Areas, Each 15 Min; Massage
Medicaid	DC	97112	Therapeutic Proc, 1+ Areas, Each 15 Min; Neuromuscular Reeducation
Medicaid	DC	97113	Therapeutic Proc, 1+ Areas, Each 15 Min; Aquatic Therapy W/Exercises
Medicaid	DC	97110	Therapeutic Proc, 1+ Areas, Each 15 Min; Therapeutic Exercises
Medicaid	DC	97026	Application of a modality to 1 or more areas; infrared
Medicaid	DC	97028	Application of a modality to 1 or more areas; ultraviolet
Medicaid	DC	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
Medicaid	DC	97035	Application, Modality To 1+ Areas; Ultrasound, Each 15 Min
Medicaid	DC	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
Medicaid	DC	97022	Application of a modality to 1 or more areas; whirlpool
Medicaid	DC	97018	Application of a modality to 1 or more areas; paraffin bath
Medicaid	DC	97012	Application of a modality to 1 or more areas; traction, mechanical
Medicaid	DC	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
Medicaid	DC	97010	Application of a modality to 1 or more areas; hot or cold packs
Medicaid	DC	L6696	Cus elbo skt in for con/atyp
Medicaid	DC	19396	Preparation, Moulage, Custom Breast Implant
Medicaid	DC	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
Medicaid	DC	E0470	Respiratory assist device, bi-level pressure capability, without backup rate
Medicaid	DC	93925	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study
Medicaid	DC	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch

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Medicaid	DC	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	DC	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
Medicaid	DC	21255	Reconstruction, Zygomatic Arch/Glenoid Fossa W/Bone & Cartilage (Includes Obtaining Autografts)
Medicaid	DC	27488	Removal, Knee Prosthesis, Methylmethacrylate W/Wo Spacer Insertion
Medicaid	DC	63185	Laminectomy with rhizotomy; 1 or 2 segments
Medicaid	DC	53445	Insertion, Inflatable Urethra/Bladder Neck Sphincter, W/Placement Pump &/Or Reservoir & Cuff
Medicaid	DC	33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary byp
Medicaid	DC	C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)
Medicaid	DC	E0256	Hospital Bed Var Ht W/O Matt
Medicaid	DC	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
Medicaid	DC	E2291	Planar back for ped size wc
Medicaid	DC	E1190	Wheelchair Amputee W/ Leg Re
Medicaid	DC	E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System
Medicaid	DC	E0694	Ultraviolet Multidirectional Light Therapy System In 6 Foot Cabinet, I
Medicaid	DC	K0012	Ltwt Portbl Power Whlchr
Medicaid	DC	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	DC	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
Medicaid	DC	E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mount
Medicaid	DC	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	DC	L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
Medicaid	DC	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
Medicaid	DC	Q4103	Oasis burn matrix, per square centimeter
Medicaid	DC	L5611	Ak 4 Bar Link W/Fric Swing
Medicaid	DC	L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
Medicaid	DC	19330	Removal, Mammary Implant Matl
Medicaid	DC	19357	Breast Reconstruction W/Tissue Expander, Immediate/Delayed, W/Subseq Expansion
Medicaid	DC	43842	Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Vertical-Banded Gastroplasty
Medicaid	DC	Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm
Medicaid	DC	L5999	Lower Extremity Prothes Nos
Medicaid	DC	22614	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Add'l Segment
Medicaid	DC	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	DC	30450	Rhinoplasty, Secondary; Major Revision (Nasal Tip Work & Osteotomies)
Medicaid	DC	22554	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Cervical Below C2
Medicaid	DC	47381	Ablation, Open, 1+ Liver Tumor(S); Cryosurgical
Medicaid	DC	64864	Suture, Facial Nerve; Extracranial

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Line of Business	State	Procedure Code	Description
Medicaid	DC	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
Medicaid	DC	J9302	Injection, ofatumumab, 10 mg
Medicaid	DC	J9301	Injection, obinutuzumab, 10 mg
Medicaid	DC	J9308	Injection, ramucirumab, 5 mg
Medicaid	DC	J9395	Injection, fulvestrant, 25 mg
Medicaid	DC	27415	Osteochondral allograft, knee, open
Medicaid	DC	J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rco
Medicaid	DC	J0485	Injection, belatacept, 1 mg
Medicaid	DC	29884	Arthroscopy, Knee, Surgical; W/Lysis, Adhesions, W/Wo Manipulation (Sep Proc)
Medicaid	DC	29873	Arthroscopy, Knee, Surgical; W/Lateral Release
Medicaid	DC	29874	Arthroscopy, Knee, Surgical; Removal, Loose/Fb
Medicaid	DC	81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *4, *8, *17)
Medicaid	DC	81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)
Medicaid	DC	81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)
Medicaid	DC	L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric
Medicaid	DC	L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric
Medicaid	DC	J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU
Medicaid	DC	J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo
Medicaid	DC	J7189	Factor VIIa (antihemophilic Factor, recombinant), per 1 mcg
Medicaid	DC	J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin
Medicaid	DC	J1743	Injection, idursulfase, 1 mg
Medicaid	DC	J2357	Injection, omalizumab, 5 mg
Medicaid	DC	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	DC	27138	Revision, Total Hip Arthroplasty; Femoral Component Only, W/Wo Allograft
Medicaid	DC	J1458	INJECTION, GALSULFASE, 1 MG
Medicaid	DC	J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg
Medicaid	DC	J0587	Injection, Rimabotulinumtoxinb, 100 Units
Medicaid	DC	J9305	Pemetrexed injection
Medicaid	DC	Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)
Medicaid	DC	J9055	Cetuximab injection
Medicaid	DC	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg
Medicaid	DC	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;
Medicaid	DC	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	DC	J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
Medicaid	DC	J3145	Injection, testosterone undecanoate, 1 mg
Medicaid	DC	E1005	Wheelchair accessory, power seatng system, recline only, with power shear
Medicaid	DC	E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
Medicaid	DC	E0957	Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware, each

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Line of Business	State	Procedure Code	Description
Medicaid	DC	E0290	Hosp Bed Fx Ht W/O Rails W/M
Medicaid	DC	D7940	Osteoplasty - For Orthognathic Deformities
Medicaid	DC	D7949	Lefort Ii Or Lefort Iii - With Bone Graft
Medicaid	DC	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	DC	G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
Medicaid	DC	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
Medicaid	DC	E2397	Power wheelchair accessory, lithium-based battery, each
Medicaid	DC	E2615	Pos back post/lat wth <22in
Medicaid	DC	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
Medicaid	DC	E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multip
Medicaid	DC	E1230	Power Operated Vehicle
Medicaid	DC	L2020	Kafo Dbl Solid Stirrup Band/
Medicaid	DC	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	DC	Q4132	Grafix Core and GrafixPL Core, per sq cm
Medicaid	DC	Q4141	Alloskin ac, per square centimeter
Medicaid	DC	L5840	Multi-Axial Knee/Shin System
Medicaid	DC	L5980	Flex Foot System
Medicaid	DC	L5100	Molded Socket Shin Sach Foot
Medicaid	DC	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
Medicaid	DC	46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])
Medicaid	DC	54417	Removal & Replace, Non-Inflatable/Inflatable Penile Prosthesis Infect, W/Irrig & Debride
Medicaid	DC	22819	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 3 / More
Medicaid	DC	21159	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/O Lefort I
Medicaid	DC	21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open
Medicaid	DC	Q4107	Graftjacket, per square centimeter
Medicaid	DC	Q4110	Primatrix, per square centimeter
Medicaid	DC	Q4121	Theraskin, per square centimeter
Medicaid	DC	30999	Unlisted Proc, Nose
Medicaid	DC	38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Allogenic
Medicaid	DC	38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous
Medicaid	DC	38215	Transplant Prep, Hematoiepotic Progenitor Cells; Cell Conc, Plasma/Mononuclear/Buffy Coat
Medicaid	DC	33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion
Medicaid	DC	56810	Perineoplasty, Repair, Perineum, Nonobstetrical (Sep Proc)
Medicaid	DC	62263	Lysis, Perq, Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 2 Days/>
Medicaid	DC	22802	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 7 To 12 Vertebral Segments
Medicaid	DC	22590	Arthrodesis, Posterior Technique, Craniocervical
Medicaid	DC	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	DC	J3385	Injection, velaglycerase alfa, 100 units
Medicaid	DC	J1556	Injection, immune globulin (bivigam), 500 mg
Medicaid	DC	J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)
Medicaid	DC	J0897	Injection, denosumab, 1 mg

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Line of Business	State	Procedure Code	Description
Medicaid	DC	27134	Revision, Total Hip Arthroplasty; Both Components, W/Wo Autograft/Allograft
Medicaid	DC	30410	Rhinoplasty, Primary; Complete, Ext Parts W/Bony Pyramid, Lat & Alar Cartilages &/Or Elev Nasal Tip
Medicaid	DC	J9179	Injection, eribulin mesylate, 0.1 mg
Medicaid	DC	J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml
Medicaid	DC	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	DC	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy 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	DC	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,
Medicaid	DC	Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc
Medicaid	DC	Q4166	Cytal, per square centimeter
Medicaid	DC	T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes
Medicaid	DC	15824	Rhytidectomy; Forehead
Medicaid	DC	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	DC	19367	Breast Reconstruction W/Myocutaneous (Tram) Flap, Single Pedicle W/Closure Donor Site;
Medicaid	DC	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for
Medicaid	DC	97150	Therapeutic Proc(S), Group, (2+ Individuals)
Medicaid	DC	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)
Medicaid	DC	97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
Medicaid	DC	E0601	Continuous positive airway pressure (cpap) device
Medicaid	DC	33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)
Medicaid	DC	50300	Donor Nephrectomy; Cadaver Donor, Unilat/Bilat W/Prep & Maintenance, Allograft
Medicaid	DC	53449	Repair, Inflatable Urethral/Bladder Neck Sphincter Device, Incl Pump/Reservoir/Cuff
Medicaid	DC	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	DC	99509	Home Visit, Assistance W/Activities Daily Living & Personal Care

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Line of Business	State	Procedure Code	Description
Medicaid	DC	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	DC	C1787	Patient programmer, neurostimulator
Medicaid	DC	E2210	Wheelchair accessory, bearings, any type, replacement only, each
Medicaid	DC	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
Medicaid	DC	E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional
Medicaid	DC	E1270	Wheelchair Lightweight Leg R
Medicaid	DC	E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress
Medicaid	DC	E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
Medicaid	DC	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)
Medicaid	DC	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	DC	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	DC	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	DC	E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
Medicaid	DC	L5530	Prep Bk Ptb Thermopls Molded
Medicaid	DC	L5210	No Knee/Ankle Joints W/ Ft B
Medicaid	DC	L2036	KAFO, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricat
Medicaid	DC	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU
Medicaid	DC	K0899	Power mobility device, not coded by DME PDAC or does not meet criteria
Medicaid	DC	J9999	NOC, antineoplastic drug
Medicaid	DC	Q4111	Gammagraft, per square centimeter
Medicaid	DC	Q4127	Talymed, per sq cm
Medicaid	DC	Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm
Medicaid	DC	Q4143	Repriza, per square centimeter
Medicaid	DC	E0942	Cervical Head Harness/Halter
Medicaid	DC	S5130	Homemaker Service, NOS, Per 15 Minutes
Medicaid	DC	T2031	Assisted living; waiver, per diem
Medicaid	DC	L7259	Electronic wrist rotator, any type
Medicaid	DC	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	DC	L0810	Halo Cervical Into Jckt Vest
Medicaid	DC	S5165	Home Modifications, Per Service
Medicaid	DC	L6697	Cus elbo skt in not con/atyp
Medicaid	DC	S5120	Chore Services, Per 15 Minutes
Medicaid	DC	L6721	Terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined
Medicaid	DC	L6100	Elb Mold Sock Flex Hinge Pad
Medicaid	DC	S5125	Attendant Care Services, Per 15 Minutes
Medicaid	DC	S5170	Home Delivered Meals, Including Preparation, Per Meal
Medicaid	DC	L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric
Medicaid	DC	L1680	Pelvic & Hip Control Thigh C

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Line of Business	State	Procedure Code	Description
Medicaid	DC	J9285	Injection, olaratumab, 10 mg
Medicaid	DC	J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg
Medicaid	DC	S5135	Companion Care, Adult, Per 15 Minutes
Medicaid	DC	T1019	Personal Care Services, Per 15 Minutes, Not For An Inpatient Or Reside
Medicaid	DC	L3900	Hinge Extension/Flex Wrist/F
Medicaid	DC	T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit
Medicaid	DC	S5161	Emergency Response System, Service Fee Per Month
Medicaid	DC	E1037	Transport Chair, Pediatric Size
Medicaid	DC	H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes
Medicaid	DC	81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)
Medicaid	DC	81350	Ugt1A1 (Udp Glucuronosyltransferase 1 Family, Polypeptide A1) (Eg, Irinotecan Metabolism), Gene Analysis, Common Variants (Eg, *28, *36, *37)
Medicaid	DC	81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)
Medicaid	DC	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)
Medicaid	DC	81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)
Medicaid	DC	63056	Transpedicular Approach, 1 Segment; Lumbar (Transfacet/Lateral Extraforaminal)
Medicaid	DC	L8600	Implant Breast Silicone/Eq
Medicaid	DC	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
Medicaid	DC	29915	Arthroscopy, subtalar joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
Medicaid	DC	29916	Arthroscopy, hip, surgical; with labral repair
Medicaid	DC	63005	Laminectomy W/O Facetectomy/Foraminotomy/Dissectomy, 1/2 Segments; Lumbar
Medicaid	DC	63012	Laminectomy W/Removal, Abnormal Facets, Lumbar
Medicaid	DC	63017	Laminectomy W/O Facetectomy/Foraminotomy/Dissectomy, > 2 Segments; Lumbar
Medicaid	DC	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	DC	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
Medicaid	DC	29886	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion
Medicaid	DC	29887	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion W/Int Fixation
Medicaid	DC	C1813	Prosthesis, penile, inflatable
Medicaid	DC	C2622	Prosthesis, penile, noninflatable
Medicaid	DC	29883	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial & Lateral
Medicaid	DC	29885	Arthroscopy, Knee, Surgical; Drill, Osteochondritis Dissecans W/Bone Graft, W/Wo Int/Ext Fixation
Medicaid	DC	29882	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial/Lateral
Medicaid	DC	J9217	Leuprolide Acetate Suspnsion
Medicaid	DC	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	DC	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

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Line of Business	State	Procedure Code	Description
Medicaid	DC	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
Medicaid	DC	29877	Arthroscopy, Knee, Surgical; Debridement/Shaving, Articular Cartilage (Chondroplasty)
Medicaid	DC	29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (W/Chondroplasty)/Multiple Drilling/Microfx
Medicaid	DC	29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Sep Proc)
Medicaid	DC	30400	Rhinoplasty, Primary; Lateral & Alar Cartilages &/Or Elevation, Nasal Tip
Medicaid	DC	30435	Rhinoplasty, Secondary; Intermediate Revision (Bony Work W/Osteotomies)
Medicaid	DC	30420	Rhinoplasty, Primary; W/Major Septal Repair
Medicaid	DC	29870	Arthroscopy, Knee, Dx, W/Wo Synovial Bx (Sep Proc)
Medicaid	DC	30117	Excision/Destruction, Intranasal Lesion; Int Approach
Medicaid	DC	J9355	Injection, trastuzumab, excludes biosimilar, 10 mg
Medicaid	DC	J9400	Injection, ziv-aflibercept, 1 mg
Medicaid	DC	Q0138	Injection, Ferumoxytol, For Treatment Of Iron Deficiency Anemia, 1 Mg (Non-Esrd Use)
Medicaid	DC	Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use
Medicaid	DC	Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram
Medicaid	DC	Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
Medicaid	DC	Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use
Medicaid	DC	Q4074	Iloprost, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Up
Medicaid	DC	27437	Arthroplasty, Patella; W/O Prosthesis
Medicaid	DC	27446	Arthroplasty, Knee, Condyle & Plateau; Medial/Lateral Compartment
Medicaid	DC	27447	Arthroplasty, Knee, Condyle & Plateau; Medial & Lateral Compartments, W/Wo Patella Resurfacing
Medicaid	DC	J9034	Injection, bendamustine hcl (bendeka), 1 mg
Medicaid	DC	J9032	Injection, belinostat, 10 mg
Medicaid	DC	J9033	Injection, bendamustine HCl (Treanda), 1 mg
Medicaid	DC	J9042	Injection, brentuximab vedotin, 1 mg
Medicaid	DC	J9043	Injection, cabazitaxel, 1 mg
Medicaid	DC	J9039	Injection, blinatumomab, 1 microgram
Medicaid	DC	J9047	Injection, carfilzomib, 1 mg
Medicaid	DC	J9176	Injection, elotuzumab, 1 mg
Medicaid	DC	J9145	Injection, daratumumab, 10 mg
Medicaid	DC	J9155	Injection, Degarelix, 1 Mg
Medicaid	DC	J9202	Goserelin Acetate Implant
Medicaid	DC	J9207	Injection, ixabepilone, 1 mg
Medicaid	DC	J9228	Injection, ipilimumab, 1 mg
Medicaid	DC	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg
Medicaid	DC	J9264	Injection, paclitaxel protein-bound particles, 1 mg
Medicaid	DC	J9271	Injection, pembrolizumab, 1 mg
Medicaid	DC	J9266	Injection, pegaspargase, per single dose vial
Medicaid	DC	J9299	Injection, nivolumab, 1 mg
Medicaid	DC	J9303	Injection, panitumumab, 10 mg
Medicaid	DC	J9306	Injection, pertuzumab, 1 mg
Medicaid	DC	J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units
Medicaid	DC	J9354	Injection, ado-trastuzumab emtansine, 1 mg
Medicaid	DC	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))
Medicaid	DC	J7686	Treprostiniil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg
Medicaid	DC	J9015	Injection, aldesleukin, per single use vial
Medicaid	DC	J9022	Injection, atezolizumab, 10 mg
Medicaid	DC	J9023	Injection, avelumab, 10 mg

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Line of Business	State	Procedure Code	Description
Medicaid	DC	27412	Autologous Chondrocyte Implantation, Knee
Medicaid	DC	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	DC	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	DC	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	DC	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	DC	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	DC	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
Medicaid	DC	J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu
Medicaid	DC	J7201	Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU
Medicaid	DC	J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.
Medicaid	DC	J7205	Injection, factor viii fc fusion (recombinant), per iu
Medicaid	DC	J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.
Medicaid	DC	J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.
Medicaid	DC	J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU
Medicaid	DC	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	DC	J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU
Medicaid	DC	J3489	Injection, zoledronic acid, 1 mg
Medicaid	DC	J7175	Injection, factor x, (human), 1 i.u.
Medicaid	DC	J7181	Injection, factor xiii a-subunit, (recombinant), per iu
Medicaid	DC	J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu
Medicaid	DC	J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg
Medicaid	DC	J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.
Medicaid	DC	J7187	Injection, von Willebrand factor complex (Humate-P), per IU vWF-RC0
Medicaid	DC	J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.
Medicaid	DC	J7185	Injection, Factor Viii (Antihemophilic Factor, Recombinant) (Xyntha), Per I.U.
Medicaid	DC	J7190	Factor Viii
Medicaid	DC	J2326	Injection, nusinersen, 0.1 mg
Medicaid	DC	J2278	Injection, ziconotide, 1 mcg
Medicaid	DC	J2350	Injection, ocrelizumab, 1 mg
Medicaid	DC	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg
Medicaid	DC	J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous

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Medicaid	DC	J2502	Injection, pasireotide long acting, 1 mg
Medicaid	DC	J2507	Injection, pegloticase, 1 mg
Medicaid	DC	J2562	Injection, Plerixafor, 1 Mg
Medicaid	DC	J2786	Injection, reslizumab, 1 mg
Medicaid	DC	J2793	Injection, Rilonacept, 1 Mg
Medicaid	DC	J2820	Sargramostim Injection
Medicaid	DC	J2840	Injection, sebelipase alfa, 1 mg
Medicaid	DC	J2860	Injection, siltuximab, 10 mg
Medicaid	DC	J2941	Injection, somatropin, 1 mg
Medicaid	DC	J3060	Injection, taliglucerase alfa, 10 units
Medicaid	DC	J3110	Teriparatide injection
Medicaid	DC	J3121	Injection, testosterone enanthate, 1mg
Medicaid	DC	J3285	Injection, treprostinil, 1 mg
Medicaid	DC	J3262	Injection, tocilizumab, 1 mg
Medicaid	DC	J3357	Ustekinumab, for subcutaneous injection, 1 mg
Medicaid	DC	J3358	Ustekinumab, for intravenous injection, 1 mg
Medicaid	DC	J3380	Injection, vedolizumab, 1 mg
Medicaid	DC	J1744	Injection, icatibant, 1 mg
Medicaid	DC	J1745	Injection, infliximab, excludes biosimilar, 10 mg
Medicaid	DC	J1750	Injection, Iron Dextran, 50mg
Medicaid	DC	J1786	Injection, imiglucerase, 10 units
Medicaid	DC	J1826	Injection, interferon beta-1a, 30 mcg
Medicaid	DC	J1830	Interferon Beta-1b / .25 Mg
Medicaid	DC	J1930	Injection, lanreotide, 1 mg
Medicaid	DC	27130	Arthroplasty, Acetabular/Proximal Femoral Prosthetic Replacement, W/Wo Autograft/Allograft
Medicaid	DC	J1950	Leuprolide Acetate /3.75 Mg
Medicaid	DC	J2170	INJECTION, MECASERMIN, 1 MG
Medicaid	DC	J2182	Injection, mepolizumab, 1 mg
Medicaid	DC	J2323	Injection, natalizumab, 1 mg
Medicaid	DC	J1322	Injection, elosulfase alfa, 1mg
Medicaid	DC	J1325	Epoprostenol Injection
Medicaid	DC	J1428	Injection, eteplirsen, 10 mg
Medicaid	DC	J1439	Injection, ferric carboxymaltose, 1mg
Medicaid	DC	J1442	5G-CSFexcludes biosimilars, 1 microgram
Medicaid	DC	J1447	Injection, tbo-filgrastim, 1 microgram
Medicaid	DC	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	DC	J1557	Injection, immune globulin, (Gammalex), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	DC	J1555	Injection, immune globulin (Cuvitru), 100 mg
Medicaid	DC	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
Medicaid	DC	J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	DC	J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg
Medicaid	DC	J1595	Injection, glatiramer acetate, 20 mg
Medicaid	DC	J1602	Injection, golimumab, 1 mg, for intravenous use
Medicaid	DC	27125	Hemiarthroplasty, Hip, Partial
Medicaid	DC	J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units
Medicaid	DC	J0638	Injection, canakinumab, 1 mg
Medicaid	DC	J0641	Injection, levoleucovorin, 0.5 mg
Medicaid	DC	J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units
Medicaid	DC	J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units
Medicaid	DC	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg

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Medicaid	DC	J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)
Medicaid	DC	J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)
Medicaid	DC	J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units
Medicaid	DC	J1071	Injection, testosterone cypionate, 1mg
Medicaid	DC	J0888	Injectin, epoetin beta, 1 microgram, (for non esrd use)
Medicaid	DC	J1290	Injection, ecallantide, 1 mg
Medicaid	DC	69955	Total Facial Nerve Decompression &/Or Repair, (May Include Graft)
Medicaid	DC	J0490	Injection, belimumab, 10 mg
Medicaid	DC	J0586	Injection, Abobotulinumtoxina, 5 Units
Medicaid	DC	J0565	Injection, bezlotoxumab, 10 mg
Medicaid	DC	J0588	Injection, incobotulinumtoxinA, 1 unit
Medicaid	DC	J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg
Medicaid	DC	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg
Medicaid	DC	J0202	Injection, alemtuzumab, 1 mg
Medicaid	DC	J0207	Amifostine
Medicaid	DC	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg
Medicaid	DC	64865	Suture, Facial Nerve; Infratemporal, W/Wo Grafting
Medicaid	DC	64866	Anastomosis; Facial-Spinal Accessory
Medicaid	DC	64868	Anastomosis; Facial-Hypoglossal
Medicaid	DC	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
Medicaid	DC	69300	Otoplasty, Protruding Ear, W/Wo Size Reduction
Medicaid	DC	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	DC	64732	Transection/Avulsion; Supraorbital Nerve
Medicaid	DC	64736	Transection/Avulsion; Mental Nerve
Medicaid	DC	64738	Transection/Avulsion; Inferior Alveolar Nerve, Osteotomy
Medicaid	DC	64740	Transection/Avulsion; Lingual Nerve
Medicaid	DC	64742	Transection/Avulsion; Facial Nerve, Differential/Complete
Medicaid	DC	64734	Transection/Avulsion; Infraorbital Nerve
Medicaid	DC	90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100mg, each
Medicaid	DC	64716	Neuroplasty &/Or Transposition; Cranial Nerve (Specify)
Medicaid	DC	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupl
Medicaid	DC	64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint
Medicaid	DC	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	DC	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
Medicaid	DC	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicaid	DC	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
Medicaid	DC	64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
Medicaid	DC	64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicaid	DC	63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural
Medicaid	DC	63685	Incision/Placement, Spinal Neurostimulator Pulse Generator/Receiver
Medicaid	DC	K0108	W/C Component-Accessory Nos
Medicaid	DC	S5110	Home Care Training, Family, Per 15 Minutes

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Line of Business	State	Procedure Code	Description
Medicaid	DC	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	DC	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	DC	61864	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; ea addl Array
Medicaid	DC	61867	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array
Medicaid	DC	61868	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; ea addl Array
Medicaid	DC	61863	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array
Medicaid	DC	61885	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection Sngle Electrode Array
Medicaid	DC	61886	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection 2+ Electrode Arrays
Medicaid	DC	22630	Arthrodesis, Post Interbody W/Laminectomy &/Or Discect, Prep Interspace, Single Interspace; Lumbar
Medicaid	DC	22800	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; Up To 6 Vertebral Segments
Medicaid	DC	22804	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 13+ Vertebral Segments
Medicaid	DC	61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous
Medicaid	DC	22548	Arthrodesis, Anterior Transoral/Extraoral, Atlas-Axis, W/Wo Excision Odontoid Process
Medicaid	DC	22558	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Lumbar
Medicaid	DC	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
Medicaid	DC	58999	Unlisted Proc, Female Genital System (Nonobstetrical)
Medicaid	DC	56805	Clitoroplasty, Intersex State
Medicaid	DC	54440	Plastic Operation, Penis, Injury
Medicaid	DC	22585	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Add'l Interspace
Medicaid	DC	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	DC	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes
Medicaid	DC	E1399	Durable medical equipment, miscellaneous
Medicaid	DC	L1499	Spinal Orthosis Nos
Medicaid	DC	21137	Reduction Forehead; Contouring Only
Medicaid	DC	21210	Graft, Bone; Nasal, Maxillary/Malar Areas (Includes Obtaining Graft)
Medicaid	DC	21235	Graft; Ear Cartilage, Autogenous, Nose/Ear (Includes Obtaining Graft)
Medicaid	DC	21230	Graft; Rib Cartilage, Autogenous, Face/Chin/Nose/Ear (Includes Obtaining Graft)
Medicaid	DC	47140	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only
Medicaid	DC	47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy
Medicaid	DC	47142	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy
Medicaid	DC	15877	Suction Assisted Lipectomy; Trunk
Medicaid	DC	11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmen

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Medicaid	DC	11920	Tattooing To Correct Color Defects; 6.0 Sq Cm/<
Medicaid	DC	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2
Medicaid	DC	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	DC	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	DC	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)
Medicaid	DC	T1002	RN services, up to 15 minutes
Medicaid	DC	T1003	LPN/LVN services, up to 15 minutes
Medicaid	DC	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
Medicaid	DC	J1460	Gamma Globulin 1 Cc Inj
Medicaid	DC	J9225	Histrelin implant (Vantas), 50 mg
Medicaid	DC	S9124	Nursing care, in the home; by licensed practical nurse, per hour
Medicaid	DC	S5111	Home Care Training, Family, Per Session
Medicaid	DC	27132	Conversion, Previous Hip Surgery To Total Hip Arthroplasty, W/Wo Autograft/Allograft
Medicaid	DC	22595	Arthrodesis, Posterior Technique, Atlas-Axis
Medicaid	DC	21270	Malar Augmentation, Prosthetic Matl
Medicaid	DC	21743	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/Thoracoscopy
Medicaid	DC	21206	Osteotomy, Maxilla, Segmental
Medicaid	DC	19350	Nipple/Areola Reconstruction
Medicaid	DC	19364	Breast Reconstruction W/Free Flap
Medicaid	DC	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
Medicaid	DC	Q4167	Truskin, per square centimeter
Medicaid	DC	Q4165	Keramatrix, per square centimeter
Medicaid	DC	Q4175	Miroderm, per square centimeter
Medicaid	DC	Q4176	NeoPatch, per sq cm
Medicaid	DC	Q4169	Artacent wound, per square centimeter
Medicaid	DC	Q4170	Cygnus, per square centimeter
Medicaid	DC	Q4171	Interfyl, 1 mg
Medicaid	DC	Q4173	Palingen or palingen xplus, per square centimeter
Medicaid	DC	Q4174	Palingen or promatrix, 0.36 mg per 0.25 cc
Medicaid	DC	Q4177	FlowerAmnioFlo, 0.1 cc
Medicaid	DC	Q4178	FlowerAmnioPatch, per sq cm
Medicaid	DC	Q4179	FlowerDerm, per sq cm
Medicaid	DC	Q4180	Revita, per sq cm
Medicaid	DC	Q4181	Amnio Wound, per sq cm
Medicaid	DC	Q4152	Dermapure, per square centimeter
Medicaid	DC	Q4153	Dermavest, per square centimeter
Medicaid	DC	Q4155	Neoxflo or clarixflo, 1 mg
Medicaid	DC	Q4156	Neox 100 or Clarix 100, per sq cm
Medicaid	DC	Q4157	Revitalon, per square centimeter

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Medicaid	DC	Q4159	Affinity, per square centimeter
Medicaid	DC	Q4161	Bio-connekt wound matrix, per square centimeter
Medicaid	DC	Q4163	WoundEx, BioSkin, per sq cm
Medicaid	DC	Q4164	Helicoll, per square centimeter
Medicaid	DC	Q4134	Hmatrix, per square centimeter
Medicaid	DC	Q4135	Mediskin, per square centimeter
Medicaid	DC	Q4139	Amniomatrix or biodmatrix, injectable, 1 cc
Medicaid	DC	Q4140	Biodfence, per square centimeter
Medicaid	DC	Q4142	Xcm biologic tissue matrix, per square centimeter
Medicaid	DC	Q4145	Epifix, injectable, 1 mg
Medicaid	DC	Q4146	Tensix, per square centimeter
Medicaid	DC	Q4149	Excellagen, 0.1 cc
Medicaid	DC	Q4150	Allowrap ds or dry, per square centimeter
Medicaid	DC	L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband O
Medicaid	DC	Q4108	Integra matrix, per square centimeter
Medicaid	DC	Q4113	GRAFTJACKET XPRESS, injectable, 1cc
Medicaid	DC	Q4114	Integra flowable wound matrix, injectable, 1 cc
Medicaid	DC	Q4117	Hyalomatrix, per square centimeter
Medicaid	DC	Q4118	Matristem micromatrix, 1 mg
Medicaid	DC	Q4112	Cymetra, injectable, 1cc
Medicaid	DC	Q4123	AlloSkin RT, per sq cm
Medicaid	DC	Q4125	Arthroflex, per sq cm
Medicaid	DC	Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm
Medicaid	DC	L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL
Medicaid	DC	L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)
Medicaid	DC	L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device
Medicaid	DC	L6935	Below Elbow Myoelectronic Ct
Medicaid	DC	L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
Medicaid	DC	L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC
Medicaid	DC	L7181	Electronic elbow simultaneous
Medicaid	DC	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
Medicaid	DC	L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement
Medicaid	DC	L5960	Endo Hip Ultra-Light Materia
Medicaid	DC	L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control
Medicaid	DC	50547	Laparoscopy, Surgical; Donor Nephrectomy, Living Donor W/O Allograft Prep & Maintenance
Medicaid	DC	L5979	Multi-Axial Ankle/Ft Prosth
Medicaid	DC	L5987	Shank Ft W Vert Load Pylon
Medicaid	DC	L5981	Flex-Walk Sys Low Ext Prosth
Medicaid	DC	L5988	Vertical Shock Reducing Pylo
Medicaid	DC	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	DC	L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement
Medicaid	DC	L5781	Addition To Lower Limb Prosthesis, Vacuum Pump, Residual Limb Volume M
Medicaid	DC	L5814	Endo Knee-Shin Hydral Swg Ph
Medicaid	DC	L5822	Endo Knee-Shin Pneum Swg Frc

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Medicaid	DC	L5828	Endo Knee-Shin Fluid Swg/Sta
Medicaid	DC	L5845	Knee-Shin Sys Stance Flexion
Medicaid	DC	L5930	High Activity Knee Frame
Medicaid	DC	L5651	Ak Flex Inner Socket Ext Fra
Medicaid	DC	L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert
Medicaid	DC	L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert
Medicaid	DC	L5700	Replace Socket Below Knee
Medicaid	DC	L5701	Replace Socket Above Knee
Medicaid	DC	L5702	Replace Socket Hip
Medicaid	DC	L5707	Custm Shape Cover Hip Disart
Medicaid	DC	L5613	Ak 4 Bar Ling W/Hydraul Swig
Medicaid	DC	L5614	4-Bar Link Above Knee W/Swng
Medicaid	DC	L5649	Addition to lower extremity, ischial containment/narrow M-L socket
Medicaid	DC	L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system
Medicaid	DC	L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system
Medicaid	DC	L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee
Medicaid	DC	L5520	Perp Bk Ptb Thermopls Direct
Medicaid	DC	L5540	Prep Bk Ptb Laminated Socket
Medicaid	DC	L5590	Prep Ak Ischial Laminated
Medicaid	DC	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	DC	84999	Unlisted Chemistry Proc
Medicaid	DC	L4631	Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated
Medicaid	DC	L5010	Mold Socket Ank Hgt W/ Toe F
Medicaid	DC	L5020	Tibial Tubercle Hgt W/ Toe F
Medicaid	DC	L5050	Ank Symes Mold Sckt Sach Ft
Medicaid	DC	50340	Recipient Nephrectomy (Sep Proc)
Medicaid	DC	L5200	Kne Sing Axis Fric Shin Sach
Medicaid	DC	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease
Medicaid	DC	L2627	Plastic Mold Recipro Hip & C
Medicaid	DC	L3000	Ft Insert Ucb Berkeley Shell
Medicaid	DC	L3001	Foot Insert Remov Molded Spe
Medicaid	DC	L3002	Foot Insert Plastazote Or Eq
Medicaid	DC	L1945	Afo Molded Plas Rig Ant Tib
Medicaid	DC	L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion an
Medicaid	DC	L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric),
Medicaid	DC	L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric),
Medicaid	DC	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
Medicaid	DC	L1300	Body Jacket Mold To Patient
Medicaid	DC	L0999	Add To Spinal Orthosis Nos
Medicaid	DC	L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment
Medicaid	DC	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance

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Medicaid	DC	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	DC	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO
Medicaid	DC	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	DC	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS
Medicaid	DC	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	DC	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	DC	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicaid	DC	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	DC	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC
Medicaid	DC	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED
Medicaid	DC	K0900	Customized durable medical equipment, other than wheelchair
Medicaid	DC	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	DC	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	DC	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	DC	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	DC	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	DC	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	DC	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	DC	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	DC	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicaid	DC	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	DC	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	DC	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS
Medicaid	DC	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 PO
Medicaid	DC	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	DC	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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Medicaid	DC	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	DC	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	DC	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	DC	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 30
Medicaid	DC	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicaid	DC	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	DC	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	DC	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	DC	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	DC	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	DC	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicaid	DC	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUN
Medicaid	DC	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 3
Medicaid	DC	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	DC	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	DC	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	DC	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED
Medicaid	DC	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	DC	K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	DC	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	DC	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	DC	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACTIY UP TO AND INCLUDING 300 POUNDS
Medicaid	DC	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU
Medicaid	DC	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	DC	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	DC	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	DC	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	DC	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

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Medicaid	DC	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	DC	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	DC	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS
Medicaid	DC	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	DC	K0009	Other Manual Wheelchair/Base
Medicaid	DC	K0010	Stnd Wt Frame Power Whlchr
Medicaid	DC	K0011	Stnd Wt Pwr Whlchr W Control
Medicaid	DC	K0014	Other Power Whlchr Base
Medicaid	DC	K0013	Custom motorized/power wheelchair base
Medicaid	DC	K0005	Ultralightweight Wheelchair
Medicaid	DC	K0007	Extra Heavy Duty Wheelchair
Medicaid	DC	K0008	Custom manual wheelchair/base
Medicaid	DC	G0176	Opps/Php;Activity Therapy
Medicaid	DC	E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
Medicaid	DC	E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
Medicaid	DC	E8000	Posterior gait trainer
Medicaid	DC	E8001	Upright gait trainer
Medicaid	DC	E8002	Anterior gait trainer
Medicaid	DC	38232	Bone Marrow Harvesting For Transplantation; Autologous
Medicaid	DC	E2612	Gen use back cush wdth>=22in
Medicaid	DC	E2613	Position back cush wd <22in
Medicaid	DC	E2610	Powered w/c cushion
Medicaid	DC	E2614	Position back cush wd>=22in
Medicaid	DC	E2616	Pos back post/lat wdth>=22in
Medicaid	DC	E2617	Custom fab w/c back cushion
Medicaid	DC	E2619	Replace cover w/c seat cush
Medicaid	DC	E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
Medicaid	DC	E2621	WC planar back cush wd>=22in
Medicaid	DC	E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
Medicaid	DC	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
Medicaid	DC	E2402	Negative pressure wound therapy electrical pump, stationary or portable
Medicaid	DC	E2500	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less
Medicaid	DC	E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.
Medicaid	DC	E2506	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.
Medicaid	DC	E2510	Speech generating device, synthesized speech, permitting multiple methods
Medicaid	DC	E2512	Accessory for speech generating device, mounting system
Medicaid	DC	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling
Medicaid	DC	E2608	Skin pro/pos wc cus wd>=22in
Medicaid	DC	E2609	Custom fabricate w/c cushion
Medicaid	DC	E2605	Position wc cush wdth <22 in

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Medicaid	DC	E2606	Position wc cush wdth>=22 in
Medicaid	DC	E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE,
Medicaid	DC	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),
Medicaid	DC	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,
Medicaid	DC	E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE,
Medicaid	DC	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT
Medicaid	DC	E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY,
Medicaid	DC	E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
Medicaid	DC	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicaid	DC	E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE,
Medicaid	DC	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY
Medicaid	DC	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
Medicaid	DC	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
Medicaid	DC	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED
Medicaid	DC	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type
Medicaid	DC	E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type
Medicaid	DC	E2368	Power wheelchair component, drive wheel motor, replacement only
Medicaid	DC	E2369	Power wheelchair component, drive wheel gear box, replacement only
Medicaid	DC	E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
Medicaid	DC	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE
Medicaid	DC	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	DC	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	DC	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicaid	DC	E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each
Medicaid	DC	E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
Medicaid	DC	E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each
Medicaid	DC	E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each
Medicaid	DC	E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each
Medicaid	DC	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicaid	DC	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
Medicaid	DC	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
Medicaid	DC	E2360	Power wheelchair accessory, 22 nf non-sealed lead acid battery, each
Medicaid	DC	E2325	Power wheelchair accessory, sip and puff interface, nonproportional
Medicaid	DC	E2327	Power wheelchair accessory, head control interface, mechanical, proportional
Medicaid	DC	E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional

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Medicaid	DC	E2310	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid	DC	E2311	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid	DC	E2313	Power wheelchair accessory, harness for upgrade to expandable controller,
Medicaid	DC	E2323	Power wheelchair accessory, specialty joystick handle for hand control
Medicaid	DC	E2324	Power wheelchair accessory, chin cup for chin control interface
Medicaid	DC	E2321	Power wheelchair accessory, hand control interface, remote joystick,
Medicaid	DC	E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
Medicaid	DC	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
Medicaid	DC	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
Medicaid	DC	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
Medicaid	DC	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
Medicaid	DC	E2227	Manual wheelchair accessory, gear reduction drive wheel, each
Medicaid	DC	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
Medicaid	DC	E2230	Manual wheelchair accessory, manual standing system
Medicaid	DC	E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
Medicaid	DC	E2292	Planar seat for ped size wc
Medicaid	DC	E2293	Contour back for ped size wc
Medicaid	DC	E2294	Contour seat for ped size wc
Medicaid	DC	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
Medicaid	DC	E2201	Manual wheelchair accessory, nonstandard seat frame, width 20-24 in.
Medicaid	DC	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only,
Medicaid	DC	E2208	Wheelchair accessory, cylinder tank carrier, each
Medicaid	DC	E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
Medicaid	DC	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
Medicaid	DC	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each
Medicaid	DC	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
Medicaid	DC	E2219	Manual wheelchair accessory, foam caster tire, any size, each
Medicaid	DC	E1295	Wheelchair Heavy Duty Fixed
Medicaid	DC	E1221	Wheelchair Spec Size W Foot
Medicaid	DC	E1195	Wheelchair Amputee Heavy Dut
Medicaid	DC	E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
Medicaid	DC	E1229	Pediatric wheelchair NOS
Medicaid	DC	E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, W Seating
Medicaid	DC	E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adj, Wo Seating
Medicaid	DC	E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, Wo Seating
Medicaid	DC	E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System
Medicaid	DC	E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System
Medicaid	DC	E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating Syst
Medicaid	DC	E1239	Ped power wheelchair NOS
Medicaid	DC	E1250	Wheelchair Lightwt Fixed Arm
Medicaid	DC	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To An
Medicaid	DC	E1050	Whelchr Fxd Full Length Arms
Medicaid	DC	E1083	Hemi-wheelchair, fixed full-length arms, swing-away, detachable elevating legrest
Medicaid	DC	E1084	Hemi-Wheelchair Detachable A
Medicaid	DC	E1086	Hemi-Wheelchair Detachable A

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Medicaid	DC	E1087	Wheelchair Lightwt Fixed Arm
Medicaid	DC	E1090	Wheelchair Lightweight Det A
Medicaid	DC	E1171	Wheelchair Amputee W/O Leg R
Medicaid	DC	E1180	Wheelchair Amputee W/ Foot R
Medicaid	DC	E1161	Manual Adult Size Wheelchair, Includes Tilt In Space
Medicaid	DC	E1220	Whlchr Special Size/Constrc
Medicaid	DC	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction
Medicaid	DC	E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg
Medicaid	DC	E1010	Wheelchair accessory, addition to power seating system, power leg elevation
Medicaid	DC	E1011	Modification To Pediatric Wheelchair, Width Adjustment Package (Not To
Medicaid	DC	E1014	Reclining Back, Addition To Pediatric Wheelchair
Medicaid	DC	E1016	Shock Absorber For Power Wheelchair, Each
Medicaid	DC	E1017	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wh
Medicaid	DC	E1015	Shock Absorber For Manual Wheelchair, Each
Medicaid	DC	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware
Medicaid	DC	E1018	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Whe
Medicaid	DC	E1030	Wheelchair accessory, ventilator tray, gimbaled
Medicaid	DC	E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
Medicaid	DC	E0969	Wheelchair Narrowing Device
Medicaid	DC	E0980	Wheelchair Safety Vest
Medicaid	DC	E0981	Wheelchair accessory, seat upholstery, replacement only, each
Medicaid	DC	E0982	Wheelchair accessory, back upholstery, replacement only, each
Medicaid	DC	E0986	Manual wheelchair accessory, push-rim activated power assist, each
Medicaid	DC	E0992	Wheelchair Solid Seat Insert
Medicaid	DC	E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
Medicaid	DC	E1002	Wheelchair accessory, power seating system, tilt only
Medicaid	DC	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear
Medicaid	DC	E0995	Wheelchair accessory, calf rest/pad, replacement only, each
Medicaid	DC	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
Medicaid	DC	E0760	Osteogen Ultrasound Stimltor
Medicaid	DC	E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
Medicaid	DC	E0955	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each
Medicaid	DC	E0956	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each
Medicaid	DC	E0958	Whlchr Att- Conv 1 Arm Drive
Medicaid	DC	E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
Medicaid	DC	E0636	Multipositional Patient Support System, With Integrated Lift, Patient
Medicaid	DC	E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels
Medicaid	DC	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE
Medicaid	DC	E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less
Medicaid	DC	E0692	Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer An
Medicaid	DC	E0693	Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer An
Medicaid	DC	E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type

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Medicaid	DC	E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each
Medicaid	DC	E0266	Hosp Bed Total Elec W/O Matt
Medicaid	DC	E0277	Powered Pres-Redu Air Mattrs
Medicaid	DC	E0280	Bed Cradle
Medicaid	DC	E0294	Hosp Bed Semi-Elect W/ Mattr
Medicaid	DC	E0301	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress
Medicaid	DC	E0303	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress
Medicaid	DC	E0316	Safety enclosure frame/canopy for use with hospital bed, any type
Medicaid	DC	E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard
Medicaid	DC	E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures,
Medicaid	DC	D7947	Lefort I (Maxilla - Segmented)
Medicaid	DC	D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL
Medicaid	DC	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft
Medicaid	DC	D7996	Implant-Mandible For Augmentation Purposes (Excluding Alveolar Ridge), By Report
Medicaid	DC	E0194	Air Fluidized Bed
Medicaid	DC	E0217	Water Circ Heat Pad W Pump
Medicaid	DC	E0250	Hosp Bed Fixed Ht W/ Mattres
Medicaid	DC	E0255	Hospital Bed Var Ht W/ Mattr
Medicaid	DC	E0260	Hosp Bed Semi-Electr W/ Matt
Medicaid	DC	E0261	Hosp Bed Semi-Electr W/O Mat
Medicaid	DC	E0265	Hosp Bed Total Electr W/ Mat
Medicaid	DC	C1789	Prosthesis, breast (implantable)
Medicaid	DC	D7941	Osteotomy - Mandibular Rami
Medicaid	DC	D7943	Osteotomy - Mandibular Rami With Bone Graft; Includes Obtaining The Graft
Medicaid	DC	D7945	osteotomy - body of mandible
Medicaid	DC	D7946	LeFort I (maxilla - total)
Medicaid	DC	99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session
Medicaid	DC	A0431	Rotary Wing Air Transport
Medicaid	DC	A0888	Noncovered Ambulance Mileage
Medicaid	DC	A0436	Rotary Wing Air Mileage
Medicaid	DC	L8680	Implantable neurostimulator electrode, each
Medicaid	DC	L8682	Implantable neurostimulator radiofrequency receiver
Medicaid	DC	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
Medicaid	DC	C1767	Generator, neurostimulator (implantable), nonrechargeable
Medicaid	DC	C1778	Lead, neurostimulator (implantable)
Medicaid	DC	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	DC	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	DC	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)

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Line of Business	State	Procedure Code	Description
Medicaid	DC	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
Medicaid	DC	36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk
Medicaid	DC	11952	Subq Injection, Filling Mat; 5.1 To 10.0 Cc
Medicaid	DC	11954	Subq Injection, Filling Mat; > 10.0 Cc
Medicaid	DC	33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transeptal puncture
Medicaid	DC	76125	Cineradiography/Videoradiography W/Routine Exam
Medicaid	DC	76120	Cineradiography/Videoradiology, Except Where Specifically Included
Medicaid	DC	76499	Unlisted Dx Radiographic Procedure
Medicaid	DC	33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
Medicaid	DC	33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary
Medicaid	DC	33975	Insertion, Ventricular Assist Device; Extracorporeal, Single Ventricle
Medicaid	DC	33976	Insertion, Ventricular Assist Device; Extracorporeal, Biventricular
Medicaid	DC	33940	Donor Cardiectomy, W/Preparation & Maintenance, Allograft
Medicaid	DC	42145	Palatopharyngoplasty
Medicaid	DC	33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
Medicaid	DC	33928	Removal and replacement of total replacement heart system (artificial heart)
Medicaid	DC	33930	Donor Cardiectomy-Pneumonectomy, W/Preparation & Maintenance, Allograft
Medicaid	DC	41512	Tongue base suspension, permanent suture technique
Medicaid	DC	57291	Construction, Artificial Vagina; W/O Graft
Medicaid	DC	57335	Vaginoplasty, Intersex State
Medicaid	DC	57292	Construction, Artificial Vagina; W/Graft
Medicaid	DC	56800	Plastic Repair, Introitus
Medicaid	DC	21198	Osteotomy, Mandible, Segmental
Medicaid	DC	21138	Reduction Forehead; Contouring/Prosthesis/Bone Graft W/Obtaining Autograft
Medicaid	DC	21139	Reduction Forehead; Contouring & Setback, Anterior Frontal Sinus Wall
Medicaid	DC	21172	Reconstruction Superior-Lateral Orbital Rim & Lower Forehead
Medicaid	DC	21193	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/O Bone Graft
Medicaid	DC	21194	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/Bone Graft
Medicaid	DC	21195	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/O Int Rigid Fixation
Medicaid	DC	21196	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/Int Rigid Fixation
Medicaid	DC	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	DC	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	DC	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	DC	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)

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Medicaid	DC	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	DC	64505	Injection, Anesthetic Agent; Sphenopalatine Ganglion
Medicaid	DC	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
Medicaid	DC	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
Medicaid	DC	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	DC	41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
Medicaid	DC	47133	Donor Hepatectomy, W/Preparation & Maintenance, Allograft; Cadaver Donor
Medicaid	DC	47143	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; Without Trisegment Or Lobe Split
Medicaid	DC	38204	Management, Recipient Hematopoietic Progenitor Cell Donor Search & Cell Acquisition
Medicaid	DC	38207	Transplant Preparation, Hematopoietic Progenitor Cells; Cryopreservation & Storage
Medicaid	DC	38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor
Medicaid	DC	38210	Transplant Prep, Hematopoietic Progenitor Cells; Specfc Cell Deplet W/In Harvest, T-Cell Deplete
Medicaid	DC	38211	Transplant Preparation, Hematopoietic Progenitor Cells; Tumor Cell Deplete
Medicaid	DC	38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor
Medicaid	DC	38212	Transplant Preparation, Hematopoietic Progenitor Cells; Red Blood Cell Removal
Medicaid	DC	38213	Transplant Preparation, Hematopoietic Progenitor Cells; Platelet Depletion
Medicaid	DC	38214	Transplant Preparation, Hematopoietic Progenitor Cells; Plasma (Volume) Depletion
Medicaid	DC	20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)
Medicaid	DC	20979	Low Intensity Ultrasound Stimulation To Aid Bone Healing; Noninvasive
Medicaid	DC	51715	Endoscopic Injection, Implant Matl Into Submucosal Tissues, Urethra &/Or Bladder Neck
Medicaid	DC	53447	Removal & Replacement, Inflatable Sphincter W/Pump, Reservoir, Cuff, Same Session
Medicaid	DC	53448	Remov & Replace Inflatable Sphincter W/Pump/Reservoir/Cuff, Infected, W/Irrig & Debride
Medicaid	DC	54360	Plastic Operation, Penis To Correct Angulation
Medicaid	DC	54400	Insertion, Penile Prosthesis; Non-Inflatable (Semi-Rigid)
Medicaid	DC	54401	Insertion, Penile Prosthesis; Inflatable (Self-Contained)
Medicaid	DC	54405	Insertion, (Multi-Component) Inflatable Penile Prosthesis
Medicaid	DC	33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed
Medicaid	DC	33271	Insertion of subcutaneous implantable defibrillator electrode
Medicaid	DC	33263	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Dual Lead System
Medicaid	DC	30520	Septoplasty/Submucous Resection W/Wo Cartilage Scoring/Contouring/Graft
Medicaid	DC	33140	Transmyocardial Laser Revascularization, By Thoracotomy
Medicaid	DC	30120	Excision/Surgical Planing, Skin, Nose, Rhinophyma
Medicaid	DC	30430	Rhinoplasty, Secondary; Minor Revision (Small Amount, Nasal Tip Work)
Medicaid	DC	L7510	Prosthetic Device Repair Rep
Medicaid	DC	L7520	Repair Prosthesis Per 15 Min
Medicaid	DC	L5856	Elec knee-shin swing/stance
Medicaid	DC	L5857	Elec knee-shin swing only

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Medicaid	DC	L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)
Medicaid	DC	Q4116	Alloderm, per square centimeter
Medicaid	DC	Q4122	Dermacell, per square centimeter
Medicaid	DC	Q4124	OASIS ultra tri-layer wound matrix, per sq cm
Medicaid	DC	Q4128	FlexHD, AllopatchHD, or Matrix HD, per sq cm
Medicaid	DC	Q4130	Strattice TM, per sq cm
Medicaid	DC	Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm
Medicaid	DC	Q4136	Ez-derm, per square centimeter
Medicaid	DC	Q4151	Amnioband or guardian, per square centimeter
Medicaid	DC	Q4154	Biovance, per square centimeter
Medicaid	DC	Q4158	Kerecis Omega3, per sq cm
Medicaid	DC	Q4160	Nushield, per square centimeter
Medicaid	DC	27120	Acetabuloplasty;
Medicaid	DC	27122	Acetabuloplasty; Resection, Femoral Head
Medicaid	DC	15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less
Medicaid	DC	15151	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
Medicaid	DC	15152	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
Medicaid	DC	15271	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area
Medicaid	DC	15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
Medicaid	DC	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
Medicaid	DC	G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes
Medicaid	DC	15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
Medicaid	DC	15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
Medicaid	DC	15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)
Medicaid	DC	63190	Laminectomy with rhizotomy; more than 2 segments
Medicaid	DC	63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural
Medicaid	DC	G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
Medicaid	DC	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
Medicaid	DC	G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
Medicaid	DC	L8699	Prosthetic Implant Nos
Medicaid	DC	Q4101	Apligraf, per square centimeter
Medicaid	DC	Q4102	Oasis wound matrix, per square centimeter
Medicaid	DC	Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter
Medicaid	DC	Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm

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Medicaid	DC	Q4115	Alloskin, per square centimeter
Medicaid	DC	G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing
Medicaid	DC	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate
Medicaid	DC	E0748	Elec Osteogen Stim Spinal
Medicaid	DC	A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each
Medicaid	DC	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	DC	93880	Duplex Scan, Extracranial Arteries; Complete Bilat Study
Medicaid	DC	93882	Duplex Scan, Extracranial Arteries; Unilat/Limited Study
Medicaid	DC	93979	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Unilat/Limited
Medicaid	DC	93926	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study
Medicaid	DC	93930	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study
Medicaid	DC	93931	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study
Medicaid	DC	93978	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Complete Study
Medicaid	DC	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	DC	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	DC	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	DC	97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
Medicaid	DC	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes
Medicaid	DC	81275	Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) (Eg, Carcinoma) Gene Analysis, Variants In Codons 12 And 13
Medicaid	DC	21685	Hyoid Myotomy and Suspension
Medicaid	DC	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	DC	21160	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/Lefort I
Medicaid	DC	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants
Medicaid	DC	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
Medicaid	DC	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	DC	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumba
Medicaid	DC	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicaid	DC	J1559	Injection, immune globulin (hizentra), 100 mg

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Medicaid	DC	22600	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Cervical Below C2
Medicaid	DC	22808	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 2 To 3 Vertebral Segments
Medicaid	DC	22810	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 4 To 7 Vertebral Segments
Medicaid	DC	22812	Spinal Fixation, Wiring, Spinous Processes
Medicaid	DC	22818	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 1-2 Segs
Medicaid	DC	22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le
Medicaid	DC	22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral, including fluoroscopic guidance; 1 or mor
Medicaid	DC	21742	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/O Thoracoscopy
Medicaid	DC	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin
Medicaid	DC	21175	Reconstruction, Bifrontal, Superior-Lateral Orbital Rims & Lower Forehead
Medicaid	DC	21179	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Grafts (Allograft/Prosthetic)
Medicaid	DC	21180	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Autograft
Medicaid	DC	19369	Breast Reconstruction W/Myocutaneous (Tram) Flap, Double Pedicle W/Closure Donor Site
Medicaid	DC	19380	Revision, Reconstructed Breast
Medicaid	DC	19355	Correction, Inverted Nipples
Medicaid	DC	19342	Delayed Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction
Medicaid	DC	19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant
Medicaid	DC	19368	Breast Reconstruction W/Myocutan (Tram) Flap, Single Pedicle W/Closure Donor Site; W/Microvasc Anast
Medicaid	DC	19340	Immediate Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction
Medicaid	DC	19316	Mastopexy
Medicaid	DC	19318	Reduction Mammoplasty
Medicaid	DC	19328	Removal, Intact Mammary Implant
Medicaid	DC	19325	Mammoplasty, Augmentation; W/Prosthetic Implant
Medicaid	DC	19300	Mastectomy for gynecomastia
Medicaid	DC	92526	Treatment, Swallowing Dysfunction &/Or Oral Function, Feeding
Medicaid	DC	17107	Destruction, Cutaneous Vascular Proliferative Lesions; 10.0-50.0 Sq Cm
Medicaid	DC	17108	Destruction, Cutaneous Vascular Proliferative Lesions; > 50.0 Sq Cm
Medicaid	DC	15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
Medicaid	DC	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
Medicaid	DC	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
Medicaid	DC	15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
Medicaid	DC	15840	Graft, Facial Nerve Paralysis; Free Fascia Graft (W/Obtaining Fascia)
Medicaid	DC	15842	Graft, Facial Nerve Paralysis; Free Muscle Flap, Microsurgical Technique
Medicaid	DC	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
Medicaid	DC	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
Medicaid	DC	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy, abdomen, infraumbilical panniculectomy
Medicaid	DC	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
Medicaid	DC	15793	Chemical Peel, Nonfacial; Dermal
Medicaid	DC	15782	Dermabrasion; Regional, Other Than Face
Medicaid	DC	15783	Dermabrasion; Superficial, Any Site
Medicaid	DC	15786	Abrasion; Single Lesion

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Medicaid	DC	15787	Abrasion; Add'l 4 Lesions/<
Medicaid	DC	15792	Chemical Peel, Nonfacial; Epidermal
Medicaid	DC	15781	Dermabrasion; Segmental, Face
Medicaid	DC	15780	Dermabrasion; Total Face
Medicaid	DC	61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)
Medicaid	DC	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (Li
Medicaid	DC	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	DC	78813	Positron emission tomography (PET) imaging; whole body
Medicaid	DC	70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part m
Medicaid	DC	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	DC	70480	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast
Medicaid	DC	72131	Computed tomography, lumbar spine; without contrast material
Medicaid	DC	72132	Computed tomography, lumbar spine; with contrast material
Medicaid	DC	72148	Mri, Lumbar Spine; W/O Contrast
Medicaid	DC	73701	Ct Scan, Lower Extremity; W/Contrast
Medicaid	DC	73221	Mri, Any Joint, Upper Extremity; W/O Contrast Matl(S)
Medicaid	DC	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, inc
Medicaid	DC	78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Multiple Studies, Rest/Stress
Medicaid	DC	78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Rest, Spect, & Ejection Fraction W/Wo Quantification
Medicaid	DC	77778	Interstitial Radioelement Application; Complex
Medicaid	DC	70336	Mri, Temporomandibular Joints
Medicaid	DC	70546	Mra, Head; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	DC	74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing
Medicaid	DC	77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
Medicaid	DC	78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative/Quantitative
Medicaid	DC	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.
Medicaid	DC	77523	Proton Treatment Delivery; Intermediate
Medicaid	DC	77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels

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Medicaid	DC	93317	Echocardiography, Transesophageal, Congenital Anomalies; Image, Interpretation & Report
Medicaid	DC	G0339	Robot lin-radsurg com, first
Medicaid	DC	G0340	Robt lin-radsurg fractx 2-5
Medicaid	DC	71250	Ct Scan, Thorax; W/O Contrast Matl
Medicaid	DC	70490	Ct Scan, Soft Tissue Neck; W/O Contrast Matl
Medicaid	DC	70470	Ct Scan, Head/Brain; W/O Contrast, Then W/Contrast
Medicaid	DC	72141	Mri, Cervical Spine; W/O Contrast
Medicaid	DC	72146	Mri, Thoracic Spine; W/O Contrast
Medicaid	DC	73200	Ct Scan, Upper Extremity; W/O Contrast
Medicaid	DC	74150	Ct Scan, Abdomen; W/O Contrast
Medicaid	DC	74185	Mra, Abdomen, W/Wo Contrast
Medicaid	DC	78469	Myocardial Imaging, Infarct Avid, Planar; Tomographic Spect W/Wo Quantification
Medicaid	DC	20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (a
Medicaid	DC	67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of
Medicaid	DC	70544	Mra, Head; W/O Contrast Matl(S)
Medicaid	DC	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
Medicaid	DC	70548	Mra, Neck; W/Contrast Matl(S)
Medicaid	DC	70547	Mra, Neck; W/O Contrast Matl(S)
Medicaid	DC	70545	Mra, Head; W/Contrast Matl(S)
Medicaid	DC	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast ma
Medicaid	DC	70492	Ct Scan, Neck Tissue; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	DC	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
Medicaid	DC	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	DC	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	DC	70488	Ct Scan, Maxillofacial Area; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	DC	70487	Ct Scan, Maxillofacial Area; W/Contrast Matl(S)
Medicaid	DC	70486	Ct Scan, Maxillofacial Area; W/O Contrast Matl
Medicaid	DC	70491	Ct Scan, Soft Tissue Neck; W/Contrast Matl(S)
Medicaid	DC	70481	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/Contrast
Medicaid	DC	70482	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/O Contrast, Then W/Contrast
Medicaid	DC	70460	Ct Scan, Head/Brain; W/Contrast Matl(S)
Medicaid	DC	70450	Ct Scan, Head/Brain; W/O Contrast Matl
Medicaid	DC	72128	Computed tomography, thoracic spine; without contrast material
Medicaid	DC	72129	Computed tomography, thoracic spine; with contrast material
Medicaid	DC	72125	Computed tomography, cervical spine; without contrast material
Medicaid	DC	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	DC	71551	Mri, Chest; W/Contrast Matl(S)
Medicaid	DC	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	DC	72126	Computed tomography, cervical spine; with contrast material
Medicaid	DC	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	DC	71552	Mri, Chest; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences

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Line of Business	State	Procedure Code	Description
Medicaid	DC	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
Medicaid	DC	71550	Mri, Chest; W/O Contrast Matl(S)
Medicaid	DC	71270	Ct Scan, Thorax; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	DC	70551	Mri, Brain; W/O Contrast
Medicaid	DC	71260	Ct Scan, Thorax; W/Contrast Matl(S)
Medicaid	DC	70553	Mri, Brain; W/O Contrast, Then W/Contrast & Further Sequences
Medicaid	DC	70552	Mri, Brain; W/Contrast
Medicaid	DC	70549	Mra, Neck; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	DC	72158	Mri, Spine W/O Contrast, Then W/Contrast; Lumbar
Medicaid	DC	72157	Mri, Spine W/O Contrast, Then W/Contrast; Thoracic
Medicaid	DC	72156	Mri, Spine W/O Contrast, Then W/Contrast; Cervical
Medicaid	DC	72149	Mri, Lumbar Spine; W/Contrast
Medicaid	DC	72147	Mri, Thoracic Spine; W/Contrast
Medicaid	DC	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	DC	72142	Mri, Cervical Spine; W/Contrast
Medicaid	DC	73202	Ct Scan, Upper Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	DC	73219	Mri, Upper Extremity, Other Than Joint; W/Contrast Matl(S)
Medicaid	DC	72198	Mra, Pelvis, W/Wo Contrast
Medicaid	DC	72197	Mri, Pelvis; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	DC	72196	Mri, Pelvis; W/Contrast Matl(S)
Medicaid	DC	72195	Mri, Pelvis; W/O Contrast Matl(S)
Medicaid	DC	72194	Ct Scan, Pelvis; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	DC	72192	Ct Scan, Pelvis; W/O Contrast
Medicaid	DC	72193	Ct Scan, Pelvis; W/Contrast
Medicaid	DC	72159	Mra, Spine W/Wo Contrast
Medicaid	DC	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and ima
Medicaid	DC	73720	Mri, Lower Extremity, Other Than Joint; W/O Contrast Matl(S), Followed Contrast Matl(S) & Furthr Seq
Medicaid	DC	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and im
Medicaid	DC	74170	Ct Scan, Abdomen; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	DC	73723	Mri, Any Joint, Lower Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Seq
Medicaid	DC	74160	Computed tomography, abdomen; with contrast material(s)
Medicaid	DC	73725	Mra, Lower Extremity, W/Wo Contrast
Medicaid	DC	73722	Mri, Any Joint, Lower Extremity; W/Contrast Matl(S)
Medicaid	DC	73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl
Medicaid	DC	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed
Medicaid	DC	73702	Ct Scan, Lower Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	DC	73718	Mri, Lower Extremity Other Than Joint; W/O Contrast Matl(S)
Medicaid	DC	73719	Mri, Lower Extremity Other Than Joint; W/Contrast Matl(S)
Medicaid	DC	73700	Ct Scan, Lower Extremity; W/O Contrast
Medicaid	DC	73223	Mri, Any Joint Of Upper Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequ
Medicaid	DC	73225	Mra, Upper Extremity, W/Wo Contrast
Medicaid	DC	73222	Mri, Any Joint, Upper Extremity; W/Contrast Matl(S)
Medicaid	DC	73201	Ct Scan, Upper Extremity; W/Contrast
Medicaid	DC	73218	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)
Medicaid	DC	73220	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Sequenc

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Line of Business	State	Procedure Code	Description
Medicaid	DC	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed
Medicaid	DC	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	DC	77301	Intensity Modulated Radiotherapy Plan W/Dose Volume Histograms
Medicaid	DC	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	DC	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
Medicaid	DC	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	DC	77047	Magnetic resonance imaging, breast, without contrast material; bilateral
Medicaid	DC	74177	Computed tomography, abdomen and pelvis; with contrast material(s)
Medicaid	DC	77046	Magnetic resonance imaging, breast, without contrast material; unilateral
Medicaid	DC	76965	Us Guided, Interstitial Radioelement Application
Medicaid	DC	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast materi
Medicaid	DC	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of
Medicaid	DC	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D ima
Medicaid	DC	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
Medicaid	DC	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid	DC	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid	DC	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Medicaid	DC	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
Medicaid	DC	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single of first gestation
Medicaid	DC	74183	Mri, Abdomen; W/O Contrast Matl(S) Followed By Contrast Matl(S) & Further Sequences
Medicaid	DC	74182	Mri, Abdomen; W/Contrast Matl(S)
Medicaid	DC	77790	Supervision, Handling, Loading, Radiation Source
Medicaid	DC	74181	Mri, Abdomen; W/O Contrast Matl(S)
Medicaid	DC	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	DC	74176	Computed tomography, abdomen and pelvis; without contrast material
Medicaid	DC	77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
Medicaid	DC	77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
Medicaid	DC	77520	Proton Treatment Delivery; Simple W/O Compensation
Medicaid	DC	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	DC	77370	Special Medical Radiation Physics Consultation

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Line of Business	State	Procedure Code	Description
Medicaid	DC	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT
Medicaid	DC	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	DC	78492	Myocardial Pet; Multiple Studies, Rest &/Or Stress
Medicaid	DC	78454	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	DC	78491	Myocardial Pet; Single Study, Rest/Stress
Medicaid	DC	78483	Cardiac Blood Pool Imaging, Planar, 1st Pass; Mult Studies, Rest & Stress & Eject Fractn W/Wo Quant
Medicaid	DC	78481	Cardiac Blood Pool Imaging, Planar, 1st Pass; Single Study & Ejection Fraction W/Wo Quantification
Medicaid	DC	78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study, Rest/Stress
Medicaid	DC	78468	Myocardial Imaging, Infarct Avid, Planar; W/Ejection Fraction, 1st Pass Technique
Medicaid	DC	78459	Myocardial Imaging, Positron Emission Tomography (Pet), Metabolic Evaluation
Medicaid	DC	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	DC	78453	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	DC	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	DC	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	DC	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	DC	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	DC	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	DC	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	DC	93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, dur
Medicaid	DC	93316	Echocardiography, Transesophageal, Congenital Anomalies; Transesophageal Probe Placement Only
Medicaid	DC	93315	Echocardiography, Transesophageal, Congenital Anomalies; W/Probe, Image, Intepretation & Report
Medicaid	DC	93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acq
Medicaid	DC	93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement
Medicaid	DC	93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including

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Medicaid	DC	93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, fol
Medicaid	DC	93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com
Medicaid	DC	93303	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Complete
Medicaid	DC	93304	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Follow-Up/Limited Study
Medicaid	DC	93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com
Medicaid	DC	G0458	Low dose rate (ldr) prostate brachytherapy services, composite rate
Medicaid	DC	19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicaid	DC	32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment
Medicaid	DC	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	DC	19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicaid	DC	70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofun
Medicaid	DC	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	DC	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Medicaid	DC	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Medicaid	DC	78609	Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluation
Medicaid	DC	78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation
Medicaid	DC	76390	Mr Spectroscopy
Medicaid	DC	57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
Medicaid	DC	55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radi
Medicaid	DC	58346	Insertion, Heyman Capsules, Clinical Brachytherapy
Medicaid	DC	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (Lis
Medicaid	DC	61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
Medicaid	DC	61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
Medicaid	DC	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
Medicaid	DC	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separat

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Line of Business	State	Procedure Code	Description
Medicaid	DC	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
Medicaid	DC	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
Medicaid	DC	77763	Intracavitary Radiation Source Application; Complex
Medicaid	DC	77761	Intracavitary Radiation Source Application; Simple
Medicaid	DC	77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
Medicaid	DC	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image g
Medicaid	DC	77762	Intracavitary Radiation Source Application; Intermediate
Medicaid	DC	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
Medicaid	DC	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en
Medicaid	DC	J9330	Injection, tamsulosin, 1 mg
Medicaid	DC	41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transn
Medicaid	DC	31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intr
Medicaid	DC	57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
Medicaid	DC	55860	Exposure, Prostate, Any Approach, Radiation Insertion
Medicaid	DC	55865	Exposure, Prostate, Any Approach, Radiation Insertion; W/Bilat Pelvic Lymphadenectomy
Medicaid	DC	55862	Exposure, Prostate, Any Approach, Radiation Insertion; W/Lymph Node Bx (Limited Pelvic Lymphadenect)
Medicaid	DC	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	DC	77402	Radiation Treatment Delivery, Single Area, Single/Parallel Opposed Ports; Up To 5 Mev
Medicaid	DC	77412	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational
Medicaid	DC	77407	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple bl