

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
CHIP	WV	S9125	Respite Care, In The Home, P
CHIP	WV	H0035	Mental health partial hospitalization, treatment, less than 24 hours
CHIP	WV	70552	Mri, Brain; W/Contrast
CHIP	WV	L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control
CHIP	WV	L7180	Electronic Elbow Utah Myoele
CHIP	WV	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
CHIP	WV	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
CHIP	WV	22808	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 2 To 3 Vertebral Segments
CHIP	WV	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin
CHIP	WV	19367	Breast Reconstruction W/Myocutaneous (Tram) Flap, Single Pedicle W/Closure Donor Site;
CHIP	WV	19369	Breast Reconstruction W/Myocutaneous (Tram) Flap, Double Pedicle W/Closure Donor Site
CHIP	WV	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy, abdomen, infraumbilical panniculectomy
CHIP	WV	J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml
CHIP	WV	77525	Proton Treatment Delivery; Complex
CHIP	WV	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
CHIP	WV	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
CHIP	WV	71260	Ct Scan, Thorax; W/Contrast Matl(S)
CHIP	WV	81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant
CHIP	WV	81275	Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) (Eg, Carcinoma) Gene Analysis, Variants In Codons 12 And 13
CHIP	WV	81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
CHIP	WV	81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
CHIP	WV	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
CHIP	WV	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)
CHIP	WV	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)

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CHIP	WV	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)
CHIP	WV	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)
CHIP	WV	33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transeptal puncture
CHIP	WV	33975	Insertion, Ventricular Assist Device; Extracorporeal, Single Ventricle
CHIP	WV	56800	Plastic Repair, Introitus
CHIP	WV	58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
CHIP	WV	E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg
CHIP	WV	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
CHIP	WV	67900	Repair, Brow Ptosis, (Supraciliary/Mid-Forehead/Coronal Approach)
CHIP	WV	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
CHIP	WV	31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral
CHIP	WV	38241	Hematopoietic progenitor cell (HPC); autologous transplantation
CHIP	WV	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling
CHIP	WV	E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
CHIP	WV	E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
CHIP	WV	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6
CHIP	WV	C1787	Patient programmer, neurostimulator
CHIP	WV	L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
CHIP	WV	32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass
CHIP	WV	T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes
CHIP	WV	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy service
CHIP	WV	54440	Plastic Operation, Penis, Injury

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Line of Business	State	Procedure Code	Description
CHIP	WV	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
CHIP	WV	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)
CHIP	WV	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
CHIP	WV	63190	Laminectomy with rhizotomy; more than 2 segments
CHIP	WV	62263	Lysis, Perq, Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 2 Days/>
CHIP	WV	58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less
CHIP	WV	57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
CHIP	WV	J9179	Injection, eribulin mesylate, 0.1 mg
CHIP	WV	J9223	Injection, lurbinectedin, 0.1 mg
CHIP	WV	J9229	Injection, inotuzumab ozogamicin, 0.1 mg
CHIP	WV	96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes
CHIP	WV	J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg
CHIP	WV	J1555	Injection, immune globulin (Cuvitru), 100 mg
CHIP	WV	38213	Transplant Preparation, Hematopoietic Progenitor Cells; Platelet Depletion
CHIP	WV	64738	Transection/Avulsion; Inferior Alveolar Nerve, Osteotomy
CHIP	WV	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg
CHIP	WV	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg
CHIP	WV	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupl
CHIP	WV	81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)
CHIP	WV	J0217	Injection, velmanase alfa-tycv, 1 mg
CHIP	WV	Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
CHIP	WV	J9314	Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg
CHIP	WV	Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion
CHIP	WV	Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg
CHIP	WV	S9475	Ambulatory Setting Substance
CHIP	WV	J1429	Injection, golodirsen, 10 mg
CHIP	WV	38210	Transplant Prep, Hematopoietic Progenitor Cells; Specfc Cell Deplet W/In Harvest, T-Cell Deplete
CHIP	WV	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
CHIP	WV	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
CHIP	WV	63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural
CHIP	WV	19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad

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CHIP	WV	31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intr
CHIP	WV	30410	Rhinoplasty, Primary; Complete, Ext Parts W/Bony Pyramid, Lat & Alar Cartilages &/Or Elev Nasal Tip
CHIP	WV	41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transn
CHIP	WV	J9033	Injection, bendamustine HCl (Treanda), 1 mg
CHIP	WV	J9043	Injection, cabazitaxel, 1 mg
CHIP	WV	J9061	Injection, amivantamab-vmjw, 2 mg
CHIP	WV	J9145	Injection, daratumumab, 10 mg
CHIP	WV	G0659	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes
CHIP	WV	J2840	Injection, sebelipase alfa, 1 mg
CHIP	WV	80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
CHIP	WV	J1931	Laronidase injection
CHIP	WV	J1932	Injection, lanreotide, (cipl), 1 mg
CHIP	WV	J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units
CHIP	WV	J1303	Injection, ravulizumab-cwvz, 10 mg
CHIP	WV	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
CHIP	WV	J1325	Epoprostenol Injection
CHIP	WV	J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU
CHIP	WV	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type
CHIP	WV	E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each
CHIP	WV	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
CHIP	WV	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
CHIP	WV	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
CHIP	WV	E2323	Power wheelchair accessory, specialty joystick handle for hand control
CHIP	WV	E2324	Power wheelchair accessory, chin cup for chin control interface
CHIP	WV	E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System
CHIP	WV	E0958	Whlchr Att- Conv 1 Arm Drive
CHIP	WV	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

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CHIP	WV	J3520	Edetate Disodium Per 150 Mg
CHIP	WV	K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
CHIP	WV	E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional
CHIP	WV	E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each
CHIP	WV	43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric ba
CHIP	WV	47122	Hepatectomy, Resection, Liver; Trisegmentectomy
CHIP	WV	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,
CHIP	WV	21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
CHIP	WV	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.
CHIP	WV	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7
CHIP	WV	58180	Supracervical Abdominal Hysterectomy, W/Wo Removal Tube(S)/Ovary(S)
CHIP	WV	47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation
CHIP	WV	50360	Renal Allotransplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy
CHIP	WV	47135	Liver Allotransplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age
CHIP	WV	19325	Mammoplasty, Augmentation; W/Prosthetic Implant
CHIP	WV	17108	Destruction, Cutaneous Vascular Proliferative Lesions; > 50.0 Sq Cm
CHIP	WV	58285	Vaginal Hysterectomy; Radical
CHIP	WV	55920	Placement of needles or catheters into pelvic organs and/or genitalia (expect prostate) for subsequent interstitial radi
CHIP	WV	97150	Therapeutic Proc(S), Group, (2+ Individuals)
CHIP	WV	72192	Ct Scan, Pelvis; W/O Contrast
CHIP	WV	97116	Therapeutic Proc, 1+ Areas, Each 15 Min; Gait Training (W/Stair Climbing)
CHIP	WV	70548	Mra, Neck; W/Contrast Matl(S)
CHIP	WV	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

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Line of Business	State	Procedure Code	Description
CHIP	WV	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
CHIP	WV	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
CHIP	WV	81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis
CHIP	WV	74177	Computed tomography, abdomen and pelvis; with contrast material(s)
CHIP	WV	E0601	Continuous positive airway pressure (cpap) device
CHIP	WV	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
CHIP	WV	S9126	Hospice Care, In The Home, P
CHIP	WV	T2042	Hospice routine home care; per diem
CHIP	WV	Q4101	Apligraf, per square centimeter
CHIP	WV	Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm
CHIP	WV	28446	Open osteochondral autograft, talus (includes obtaining grafts)
CHIP	WV	27860	Manipulation, Ankle Under General Anesthesia
CHIP	WV	31201	Ethmoidectomy; Intranasal, Total
CHIP	WV	95805	Multiple Sleep Latency Test, Multiple Trails
CHIP	WV	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
CHIP	WV	36475	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Radiofrequency; First Vein Treated
CHIP	WV	57291	Construction, Artificial Vagina; W/O Graft
CHIP	WV	58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
CHIP	WV	96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
CHIP	WV	96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
CHIP	WV	55862	Exposure, Prostate, Any Approach, Radiation Insertion; W/Lymph Node Bx (Limited Pelvic Lymphadenect)
CHIP	WV	J0208	Injection, sodium thiosulfate, 100 mg
CHIP	WV	A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
CHIP	WV	J0223	Injection, givosiran, 0.5 mg
CHIP	WV	64864	Suture, Facial Nerve; Extracranial
CHIP	WV	38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous
CHIP	WV	64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode arra
CHIP	WV	20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)
CHIP	WV	63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural

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Line of Business	State	Procedure Code	Description
CHIP	WV	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
CHIP	WV	61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)
CHIP	WV	J9359	Injection, loncastximab tesirine-lpyl, 0.075 mg
CHIP	WV	Q5115	Injection, rituximab-abbs, biosimilar, 10 mg
CHIP	WV	J9274	Injection, tebentafusp-tebn, 1 microgram
CHIP	WV	J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg
CHIP	WV	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)
CHIP	WV	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
CHIP	WV	J1448	Injection, trilaciclib, 1 mg
CHIP	WV	77761	Intracavitary Radiation Source Application; Simple
CHIP	WV	J1930	Injection, lanreotide, 1 mg
CHIP	WV	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
CHIP	WV	38212	Transplant Preparation, Hematopoietic Progenitor Cells; Red Blood Cell Removal
CHIP	WV	69955	Total Facial Nerve Decompression &/Or Repair, (May Include Graft)
CHIP	WV	J0584	Injection, burosumab-twza 1 mg
CHIP	WV	J1290	Injection, ecallantide, 1 mg
CHIP	WV	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
CHIP	WV	58210	Radical Abdominal Hysterectomy W/Bilat Pelvic Lymphadenectomy
CHIP	WV	15877	Suction Assisted Lipectomy; Trunk
CHIP	WV	H0040	Assertive community treatment program, per diem
CHIP	WV	J9312	Injection, rituximab, 10 mg
CHIP	WV	J9330	Injection, tamsulosin, 1 mg
CHIP	WV	22585	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Add'l Interspace
CHIP	WV	19350	Nipple/Areola Reconstruction
CHIP	WV	19357	Breast Reconstruction W/Tissue Expander, Immediate/Delayed, W/Subseq Expansion
CHIP	WV	21139	Reduction Forehead; Contouring & Setback, Anterior Frontal Sinus Wall
CHIP	WV	62282	Injection/Infusion Neurolytic Substance; Epidural, Lumbar/Caudal
CHIP	WV	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4
CHIP	WV	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
CHIP	WV	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
CHIP	WV	58200	Total Abdominal Hysterectomy, W/Partial Vaginect, W/Pelvic Node Sample, W/Wo Rem Tubes/Ovaries

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CHIP	WV	97113	Therapeutic Proc, 1+ Areas, Each 15 Min; Aquatic Therapy W/Exercises
CHIP	WV	22600	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Cervical Below C2
CHIP	WV	97034	Application, Modality To 1+ Areas; Contrast Baths, Each 15 Min
CHIP	WV	22810	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 4 To 7 Vertebral Segments
CHIP	WV	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CHIP	WV	E2402	Negative pressure wound therapy electrical pump, stationary or portable
CHIP	WV	97605	Negative Pressure Wound Therapy, Per Session; Total Area </= 50 Sq Cm
CHIP	WV	43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)
CHIP	WV	74263	Computed tomographic (CT) colonography, screening, including image postprocessing
CHIP	WV	74185	Mra, Abdomen, W/Wo Contrast
CHIP	WV	73200	Ct Scan, Upper Extremity; W/O Contrast
CHIP	WV	71555	Mra, Chest (Exclude Myocardium), W/Wo Contrast Matl(S)
CHIP	WV	70480	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast
CHIP	WV	70487	Ct Scan, Maxillofacial Area; W/Contrast Matl(S)
CHIP	WV	70547	Mra, Neck; W/O Contrast Matl(S)
CHIP	WV	78483	Cardiac Blood Pool Imaging, Planar, 1st Pass; Mult Studies, Rest & Stress & Eject Fractn W/Wo Quant
CHIP	WV	77301	Intensity Modulated Radiotherapy Plan W/Dose Volume Histograms
CHIP	WV	74150	Ct Scan, Abdomen; W/O Contrast
CHIP	WV	81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
CHIP	WV	81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
CHIP	WV	15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less
CHIP	WV	21196	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/Int Rigid Fixation
CHIP	WV	13122	Repair, Complex, Scalp/Arms/Legs; Add'l 5.0 Cm/<
CHIP	WV	33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach
CHIP	WV	76125	Cineradiography/Videoradiography W/Routine Exam
CHIP	WV	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED
CHIP	WV	E2351	Power wheelchair accessory, electronic interface to operate speech generating device
CHIP	WV	E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each
CHIP	WV	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
CHIP	WV	E2291	Planar back for ped size wc
CHIP	WV	E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, Wo Seating
CHIP	WV	E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
CHIP	WV	E1030	Wheelchair accessory, ventilator tray, gimbale
CHIP	WV	Q4113	GRAFTJACKET XPRESS, injectable, 1cc

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CHIP	WV	88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)
CHIP	WV	J2327	Injection, risankizumab-rzaa, intravenous, 1 mg
CHIP	WV	J2357	Injection, omalizumab, 5 mg
CHIP	WV	Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg
CHIP	WV	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg
CHIP	WV	J2820	Sargramostim Injection
CHIP	WV	J1745	Injection, infliximab, excludes biosimilar, 10 mg
CHIP	WV	T2045	Hospice general inpatient care; per diem
CHIP	WV	Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram
CHIP	WV	J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg
CHIP	WV	J9214	Injection, interferon, alfa-2b, recombinant, 1 million units
CHIP	WV	Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram
CHIP	WV	J1447	Injection, tbo-filgrastim, 1 microgram
CHIP	WV	Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
CHIP	WV	Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram
CHIP	WV	Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg
CHIP	WV	J1442	5G-CSFexcludes biosimilars, 1 microgram
CHIP	WV	J3358	Ustekinumab, for intravenous injection, 1 mg
CHIP	WV	H2012	Behavioral health day treatment, per hour
CHIP	WV	Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg
CHIP	WV	J1602	Injection, golimumab, 1 mg, for intravenous use
CHIP	WV	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
CHIP	WV	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
CHIP	WV	J1438	Etanercept Injection
CHIP	WV	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
CHIP	WV	Q5004	HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY (SNF)
CHIP	WV	Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg
CHIP	WV	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)
CHIP	WV	T2044	Hospice inpatient respite care; per diem
CHIP	WV	J0225	Injection, vutrisiran, 1 mg
CHIP	WV	S5121	Home Care Training, Family, Per Diem/TX LTC Pest Control
CHIP	WV	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
CHIP	WV	13151	Repair, Complex, Eyelids, Nose, Ears &/Or Lips; 1.1 To 2.5 Cm
CHIP	WV	13152	Repair, Complex, Eyelids, Nose, Ears &/Or Lips; 2.6 To 7.5 Cm
CHIP	WV	13153	Repair, Complex, Eyelids, Nose, Ears &/Or Lips; Add'l 5.0 Cm/<
CHIP	WV	H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes

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CHIP	WV	96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
CHIP	WV	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2
CHIP	WV	81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)
CHIP	WV	81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)
CHIP	WV	81240	F2 (Prothrombin, Coagulation Factor II) (Eg, Hereditary Hypercoagulability) Gene Analysis, 20210G>A Variant
CHIP	WV	57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
CHIP	WV	81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)
CHIP	WV	81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence
CHIP	WV	63056	Transpedicular Approach, 1 Segment; Lumbar (Transfacet/Lateral Extraforaminal)
CHIP	WV	63047	Laminectomy. Facetectomy & Foraminotomy, 1 Segment; Lumbar
CHIP	WV	81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *4, *8, *17)
CHIP	WV	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)
CHIP	WV	55860	Exposure, Prostate, Any Approach, Radiation Insertion
CHIP	WV	55865	Exposure, Prostate, Any Approach, Radiation Insertion; W/Bilat Pelvic Lymphadenectomy
CHIP	WV	29915	Arthroscopy, subtalar joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
CHIP	WV	29916	Arthroscopy, hip, surgical; with labral repair
CHIP	WV	63005	Laminectomy W/O Facetectomy/Foraminotomy/Dissectomy, 1/2 Segments; Lumbar
CHIP	WV	63012	Laminectomy W/Removal, Abnormal Facets, Lumbar
CHIP	WV	63017	Laminectomy W/O Facetectomy/Foraminotomy/Dissectomy, > 2 Segments; Lumbar
CHIP	WV	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
CHIP	WV	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)
CHIP	WV	63042	Laminotomy W/Partl Facetectomy/Foraminotomy/Herniated Dissect, Re-Explor, Sngle Interspc; Lumbar

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CHIP	WV	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
CHIP	WV	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
CHIP	WV	90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor Threshold Re-Determination With Delivery And Management
CHIP	WV	30520	Septoplasty/Submucous Resection W/Wo Cartilage Scoring/Contouring/Graft
CHIP	WV	J0177	Injection, aflibercept HD, 1 mg
CHIP	WV	J0178	Injection, aflibercept, 1 mg
CHIP	WV	J0179	Injection, brolocizumab-dbl, 1 mg
CHIP	WV	J0801	Injection, corticotropin (Acthar Gel), up to 40 units
CHIP	WV	J0802	Injection, corticotropin (ANI), up to 40 units
CHIP	WV	J1950	Leuprolide Acetate /3.75 Mg
CHIP	WV	J2326	Injection, nusinersen, 0.1 mg
CHIP	WV	J2562	Injection, Plerixafor, 1 Mg
CHIP	WV	J3055	Injection, talquetamab-tgvs, 0.25 mg
CHIP	WV	J3285	Injection, treprostini, 1 mg
CHIP	WV	J3380	Injection, vedolizumab, 1 mg
CHIP	WV	J9035	Bevacizumab injection
CHIP	WV	J9286	Injection, glofitamab-gxbs, 2.5 mg
CHIP	WV	J9321	Injection, epcoritamab-bysp, 0.16 mg
CHIP	WV	J9333	Injection, rozanolixizumab-noli, 1 mg
CHIP	WV	J9347	Injection, tremelimumab-actl, 1 mg
CHIP	WV	Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
CHIP	WV	Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
CHIP	WV	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
CHIP	WV	Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
CHIP	WV	J3263	Injection, toripalimab-tpzi, 1 mg
CHIP	WV	J7355	Injection, travoprost, intracameral implant, 1 mcg
CHIP	WV	30430	Rhinoplasty, Secondary; Minor Revision (Small Amount, Nasal Tip Work)
CHIP	WV	30400	Rhinoplasty, Primary; Lateral & Alar Cartilages &/Or Elevation, Nasal Tip
CHIP	WV	30435	Rhinoplasty, Secondary; Intermediate Revision (Bony Work W/Osteotomies)
CHIP	WV	30420	Rhinoplasty, Primary; W/Major Septal Repair
CHIP	WV	J9353	Injection, margetuximab-cmkb, 5 m
CHIP	WV	J9348	Injection, naxitamab-gqgk, 1 m
CHIP	WV	J9354	Injection, ado-trastuzumab emtansine, 1 mg
CHIP	WV	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
CHIP	WV	J9400	Injection, ziv-aflibercept, 1 mg
CHIP	WV	Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)
CHIP	WV	Q5105	Injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units

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CHIP	WV	Q5106	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use), 1000 units
CHIP	WV	Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg
CHIP	WV	Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 m
CHIP	WV	27437	Arthroplasty, Patella; W/O Prosthesis
CHIP	WV	J9032	Injection, belinostat, 10 mg
CHIP	WV	J9042	Injection, brentuximab vedotin, 1 mg
CHIP	WV	J9034	Injection, bendamustine hcl (bendeka), 1 mg
CHIP	WV	J9039	Injection, blinatumomab, 1 microgram
CHIP	WV	J9055	Cetuximab injection
CHIP	WV	J9047	Injection, carfilzomib, 1 mg
CHIP	WV	J9118	Injection, calaspargase pegol-mknl, 10 units
CHIP	WV	J9057	Injection, copanlisib, 1 mg
CHIP	WV	J9173	Injection, durvalumab, 10 mg
CHIP	WV	J9176	Injection, elotuzumab, 1 mg
CHIP	WV	J9119	Injection, cemiplimab-rwlc, 1 mg
CHIP	WV	J9207	Injection, ixabepilone, 1 mg
CHIP	WV	J9210	Injection, emapalumab-lzsg, 1 mg
CHIP	WV	J9177	Injection, enfortumab vedotin-efv, 0.25 mg
CHIP	WV	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg
CHIP	WV	J9216	Injection, interferon, gamma-1B, 3 million units
CHIP	WV	J9227	Injection, isatuximab-irfc, 10 mg
CHIP	WV	J9228	Injection, ipilimumab, 1 mg
CHIP	WV	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg
CHIP	WV	J9264	Injection, paclitaxel protein-bound particles, 1 mg
CHIP	WV	J9269	Injection, tagraxofusp-erzs, 10 micrograms
CHIP	WV	J9271	Injection, pembrolizumab, 1 mg
CHIP	WV	J9272	Injection, dostarlimab-gxly, 10 mg
CHIP	WV	J9266	Injection, pegaspargase, per single dose vial
CHIP	WV	J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg
CHIP	WV	J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg
CHIP	WV	J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg
CHIP	WV	J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
CHIP	WV	J9299	Injection, nivolumab, 1 mg
CHIP	WV	J9301	Injection, obinutuzumab, 10 mg
CHIP	WV	J9302	Injection, ofatumumab, 10 mg
CHIP	WV	J9303	Injection, panitumumab, 10 mg
CHIP	WV	J9305	Pemetrexed injection
CHIP	WV	J9306	Injection, pertuzumab, 1 mg
CHIP	WV	J9308	Injection, ramucirumab, 5 mg
CHIP	WV	J9309	Injection, polatuzumab vedotin-piiq, 1 mg
CHIP	WV	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
CHIP	WV	J9319	Injection, romidepsin, lyophilized, 0.1 mg
CHIP	WV	J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units
CHIP	WV	J9331	Injection, sirolimus protein-bound particles, 1 mg
CHIP	WV	J9332	Injection, efgartigimod alfa-fcab, 2mg
CHIP	WV	J9349	Injection, tafasitamab-cxix, 2 mg

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CHIP	WV	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))
CHIP	WV	J7351	Injection, bimatoprost, intracameral implant, 1 microgram
CHIP	WV	J9015	Injection, aldesleukin, per single use vial
CHIP	WV	J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg
CHIP	WV	J9022	Injection, atezolizumab, 10 mg
CHIP	WV	J9023	Injection, avelumab, 10 mg
CHIP	WV	J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose
CHIP	WV	G0480	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed
CHIP	WV	G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed
CHIP	WV	G0482	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed

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Line of Business	State	Procedure Code	Description
CHIP	WV	G0483	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed
CHIP	WV	H2015	Comprehensive community support services, per 15 minutes
CHIP	WV	J1632	Injection, brexanolone, 1 mg
CHIP	WV	J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg
CHIP	WV	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg
CHIP	WV	J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg
CHIP	WV	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)
CHIP	WV	J2350	Injection, ocrelizumab, 1 mg
CHIP	WV	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg
CHIP	WV	J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous
CHIP	WV	J2356	Injection, tezepelumab-ekko, 1 mg
CHIP	WV	J2507	Injection, pegloticase, 1 mg
CHIP	WV	J2777	Injection, faricimab-svoa, 0.1 mg
CHIP	WV	J2778	Injection, ranibizumab, 0.1 mg
CHIP	WV	J2786	Injection, reslizumab, 1 mg
CHIP	WV	J2860	Injection, siltuximab, 10 mg
CHIP	WV	J3032	Injection, eptinezumab-jjmr, 1 mg
CHIP	WV	J3060	Injection, taliglucerase alfa, 10 units
CHIP	WV	J3111	Injection, romosozumab-aqqg, 1 mg
CHIP	WV	J3241	Injection, teprotumumab-trbw, 10 mg
CHIP	WV	J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
CHIP	WV	J3385	Injection, velaglucerase alfa, 100 units
CHIP	WV	J3489	Injection, zoledronic acid, 1 mg
CHIP	WV	80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service
CHIP	WV	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)

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CHIP	WV	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
CHIP	WV	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)
CHIP	WV	J2182	Injection, mepolizumab, 1 mg
CHIP	WV	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)
CHIP	WV	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
CHIP	WV	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)
CHIP	WV	64505	Injection, Anesthetic Agent; Sphenopalatine Ganglion
CHIP	WV	64520	Injection, Anesthetic Agent; Lumbar/Thoracic (Paravertebral Sympathetic)
CHIP	WV	J2323	Injection, natalizumab, 1 mg
CHIP	WV	J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg
CHIP	WV	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
CHIP	WV	J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg
CHIP	WV	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
CHIP	WV	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image g
CHIP	WV	77762	Intracavitary Radiation Source Application; Intermediate
CHIP	WV	77763	Intracavitary Radiation Source Application; Complex
CHIP	WV	77778	Interstitial Radioelement Application; Complex
CHIP	WV	J1743	Injection, idursulfase, 1 mg
CHIP	WV	J1746	Injection, ibalizumab-uiyk, 10 mg
CHIP	WV	64450	Injection, Anesthetic Agent; Other Peripheral Nerve/Branch
CHIP	WV	J1786	Injection, imiglucerase, 10 units
CHIP	WV	80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
CHIP	WV	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg
CHIP	WV	J1458	INJECTION, GALSULFASE, 1 MG
CHIP	WV	64405	Injection, Anesthetic Agent; Greater Occipital Nerve
CHIP	WV	J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg
CHIP	WV	J1558	Injection, immune globulin (xembify), 100 mg

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Line of Business	State	Procedure Code	Description
CHIP	WV	J1554	Injection, immune globulin (asceniv), 500 mg
CHIP	WV	J0897	Injection, denosumab, 1 mg
CHIP	WV	J0888	Injectin, epoetin beta, 1 microgram, (for non esrd use)
CHIP	WV	J1301	Injection, edaravone, 1 mg
CHIP	WV	J1302	Injection, sutimlimab-jome, 10 mg
CHIP	WV	J1305	Injection, evinacumab-dgnb, 5 mg
CHIP	WV	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
CHIP	WV	J1427	Injection, viltolarsen, 10 mg
CHIP	WV	J1428	Injection, eteplirsen, 10 mg
CHIP	WV	J1437	Injection, ferric derisomaltose, 10 mg
CHIP	WV	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en
CHIP	WV	41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
CHIP	WV	J0485	Injection, belatacept, 1 mg
CHIP	WV	J0490	Injection, belimumab, 10 mg
CHIP	WV	J0491	Injection, anifrolumab-fnia, 1 mg
CHIP	WV	J0567	Injection, cerliponase alfa, 1 mg
CHIP	WV	J0585	Injection, Onabotulinumtoxina, 1 Unit
CHIP	WV	J0586	Injection, Abobotulinumtoxina, 5 Units
CHIP	WV	J0517	Injection, benralizumab, 1 mg
CHIP	WV	J0565	Injection, bezlotoxumab, 10 mg
CHIP	WV	J0587	Injection, Rimabotulinumtoxinb, 100 Units
CHIP	WV	J0588	Injection, incobotulinumtoxinA, 1 unit
CHIP	WV	J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units
CHIP	WV	J0641	Injection, levoleucovorin, 0.5 mg
CHIP	WV	J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units
CHIP	WV	J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg
CHIP	WV	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg
CHIP	WV	J0642	Injection, levoleucovorin (khapsory), 0.5 mg
CHIP	WV	J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)
CHIP	WV	J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)
CHIP	WV	J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units
CHIP	WV	J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)
CHIP	WV	69300	Otoplasty, Protruding Ear, W/Wo Size Reduction
CHIP	WV	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg
CHIP	WV	38207	Transplant Preparation, Hematopoietic Progenitor Cells; Cryopreservation & Storage
CHIP	WV	38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor
CHIP	WV	38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor
CHIP	WV	38211	Transplant Preparation, Hematopoietic Progenitor Cells; Tumor Cell Deplete
CHIP	WV	38214	Transplant Preparation, Hematopoietic Progenitor Cells; Plasma (Volume) Depletion

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CHIP	WV	38215	Transplant Prep, Hematoiepotic Progenitor Cells; Cell Conc, Plasma/Mononuclear/Buffy Coat
CHIP	WV	J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg
CHIP	WV	64736	Transection/Avulsion; Mental Nerve
CHIP	WV	64740	Transection/Avulsion; Lingual Nerve
CHIP	WV	64742	Transection/Avulsion; Facial Nerve, Differential/Complete
CHIP	WV	A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi
CHIP	WV	A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries
CHIP	WV	A9590	Iodine I-131, iobenguane, 1 mCi
CHIP	WV	A9606	Radium ra-223 dichloride, therapeutic, per microcurie
CHIP	WV	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)
CHIP	WV	J0180	Agalsidase beta injection
CHIP	WV	J0202	Injection, alemtuzumab, 1 mg
CHIP	WV	J0207	Amifostine
CHIP	WV	J0222	Injection, Patisiran, 0.1 mg
CHIP	WV	64865	Suture, Facial Nerve; Infratemporal, W/Wo Grafting
CHIP	WV	64866	Anastomosis; Facial-Spinal Accessory
CHIP	WV	64868	Anastomosis; Facial-Hypoglossal
CHIP	WV	64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electr
CHIP	WV	38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Allogenic
CHIP	WV	64610	Destruction, Neurolytic, Trigeminal Nerve; 2nd & 3rd Division W/Radiologic Monitoring
CHIP	WV	64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint
CHIP	WV	64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint
CHIP	WV	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
CHIP	WV	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
CHIP	WV	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
CHIP	WV	64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
CHIP	WV	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
CHIP	WV	64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
CHIP	WV	64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)

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CHIP	WV	64600	Destruction, Neurolytic, Trigeminal Nerve; Supraorbital/Infraorbital/Mental/Inferior Alveolar
CHIP	WV	32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment
CHIP	WV	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including flu
CHIP	WV	63685	Incision/Placement, Spinal Neurostimulator Pulse Generator/Receiver
CHIP	WV	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separat
CHIP	WV	K0108	W/C Component-Accessory Nos
CHIP	WV	63185	Laminectomy with rhizotomy; 1 or 2 segments
CHIP	WV	21087	Impression & Custom Preparation; Nasal Prosthesis
CHIP	WV	19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
CHIP	WV	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
CHIP	WV	20979	Low Intensity Ultrasound Stimulation To Aid Bone Healing; Noninvasive
CHIP	WV	21083	Impression & Custom Preparation; Palatal Lift Prosthesis
CHIP	WV	62264	Lysis, Perq Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 1 Day
CHIP	WV	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar
CHIP	WV	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)
CHIP	WV	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)
CHIP	WV	61715	MRI guided focused ultrasound high intensity stereotactic intracranial ablation
CHIP	WV	61735	Creation, Lesion, Stereotactic W/Burr Hole(S), Single/Multiple; Other Subcortical Structures
CHIP	WV	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (Lis
CHIP	WV	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (Li
CHIP	WV	61864	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; ea addl Array
CHIP	WV	61867	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array

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CHIP	WV	61868	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; ea addl Array
CHIP	WV	J3393	Injection, betibeglogene autotemcel, per treatment
CHIP	WV	61863	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array
CHIP	WV	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
CHIP	WV	61886	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection 2+ Electrode Arrays
CHIP	WV	61885	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection Sngle Electrode Array
CHIP	WV	61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with co
CHIP	WV	22558	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Lumbar
CHIP	WV	22630	Arthrodesis, Post Interbody W/Laminectomy &/Or Discect, Prep Interspace, Single Interspace; Lumbar
CHIP	WV	22800	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; Up To 6 Vertebral Segments
CHIP	WV	22802	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 7 To 12 Vertebral Segments
CHIP	WV	22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12
CHIP	WV	22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or mo
CHIP	WV	61624	Transcatheter Perm Occlusion/Embolization, Percutaneous; Cns
CHIP	WV	13121	Repair, Complex, Scalp, Arms, &/Or Legs; 2.6 To 7.5 Cm
CHIP	WV	13131	Repair, Complex, Forehead/Cheeks/Chin/Mouth/Neck/Axillae/Genitalia/Hands/Feet; 1.1-2.5 Cm
CHIP	WV	58999	Unlisted Proc, Female Genital System (Nonobstetrical)
CHIP	WV	58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less;with removal of tube(s) and/or ovary (s)
CHIP	WV	13100	Repair, Complex, Trunk; 1.1 To 2.5 Cm
CHIP	WV	13101	Repair, Complex, Trunk; 2.6 To 7.5 Cm
CHIP	WV	13120	Repair, Complex, Scalp, Arms, &/Or Legs; 1.1 To 2.5 Cm
CHIP	WV	58240	Pelvic Exenteration, Gynecologic Malignancy
CHIP	WV	58280	Vaginal Hysterectomy; W/Total/Partial Vaginectomy; W/Repair, Enterocele
CHIP	WV	58292	Vaginal Hysterectomy, Uterus >250 Gms; W/Removal, Tube(S) &/Or Ovary(S) W/Repair Of Enterocele
CHIP	WV	58346	Insertion, Heyman Capsules, Clinical Brachytherapy
CHIP	WV	58294	Vaginal Hysterectomy, Uterus >250 Gms; W/Repair Of Enterocele
CHIP	WV	58545	Laparoscopy, Surg, Myomectomy; 1-4 Intramural Myomas, Total Wt 250 Gms, &/Or Remove Surface Myomas
CHIP	WV	56805	Clitoroplasty, Intersex State
CHIP	WV	57292	Construction, Artificial Vagina; W/Graft
CHIP	WV	58150	Total Abdominal Hysterectomy W/Wo Removal Tube(S)/Ovary(S)
CHIP	WV	31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa

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Line of Business	State	Procedure Code	Description
CHIP	WV	31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)
CHIP	WV	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg
CHIP	WV	56810	Perineoplasty, Repair, Perineum, Nonobstetrical (Sep Proc)
CHIP	WV	54411	Removal & Replacement, Multi-Component Inflatable Penile Prosthesis, Infected, W/ Irrig & Debride
CHIP	WV	54416	Removal & Replacement, Non-Inflatable (Semi-Rigid)/Inflatable (Self-Contained) Penile Prosthesis
CHIP	WV	54417	Removal & Replace, Non-Inflatable/Inflatable Penile Prosthesis Infect, W/Irrig & Debride
CHIP	WV	50365	Renal Allotransplantation, Implantation, Graft; W/Recipient Nephrectomy
CHIP	WV	58553	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus >250gms
CHIP	WV	58554	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus >250gms; W/Remove Tube(S) &/Or Ovary(S)
CHIP	WV	58572	Laparoscopy; surgical, with total hysterectomy, for uterus greater than 250 g
CHIP	WV	58550	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus 250gms/<
CHIP	WV	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes
CHIP	WV	58290	Vaginal Hysterectomy, Uterus >250 Gms;
CHIP	WV	58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra typ
CHIP	WV	22554	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Cervical Below C2
CHIP	WV	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)
CHIP	WV	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
CHIP	WV	21137	Reduction Forehead; Contouring Only
CHIP	WV	21230	Graft; Rib Cartilage, Autogenous, Face/Chin/Nose/Ear (Includes Obtaining Graft)
CHIP	WV	21235	Graft; Ear Cartilage, Autogenous, Nose/Ear (Includes Obtaining Graft)
CHIP	WV	21215	Graft, Bone; Mandible (Includes Obtaining Graft)
CHIP	WV	58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
CHIP	WV	48554	Transplantation, Pancreatic Allograft
CHIP	WV	48556	Removal, Transplanted Pancreatic Allograft
CHIP	WV	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
CHIP	WV	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2
CHIP	WV	47140	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only

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Line of Business	State	Procedure Code	Description
CHIP	WV	47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy
CHIP	WV	47142	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy
CHIP	WV	47370	Laparoscopy, Surgical, Ablation 1+ Liver Tumor(S); Radiofrequency
CHIP	WV	47371	Laparoscopy, Surgical, Ablation 1+ Liver Tumor(S); Cryosurgical
CHIP	WV	47380	Ablation, Open, 1+ Liver Tumor(S); Radiofrequency
CHIP	WV	47381	Ablation, Open, 1+ Liver Tumor(S); Cryosurgical
CHIP	WV	47382	Ablation, Open, 1+ Liver Tumor(S), Percutaneous, Radiofrequency
CHIP	WV	46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])
CHIP	WV	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)
CHIP	WV	33935	Heart-Lung Transplant W/Recipient Cardiectomy-Pneumonectomy
CHIP	WV	33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach
CHIP	WV	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)
CHIP	WV	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
CHIP	WV	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
CHIP	WV	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
CHIP	WV	30120	Excision/Surgical Planing, Skin, Nose, Rhinophyma
CHIP	WV	30450	Rhinoplasty, Secondary; Major Revision (Nasal Tip Work & Osteotomies)
CHIP	WV	J0175	Injection, donanemab-azbt, 2 mg
CHIP	WV	J1560	Injection, gamma globulin, intramuscular, over 10 cc
CHIP	WV	J1460	Gamma Globulin 1 Cc Inj
CHIP	WV	47125	Hepatectomy, Resection, Liver; Total Left Lobectomy
CHIP	WV	47130	Hepatectomy, Resection, Liver; Total Right Lobectomy
CHIP	WV	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)
CHIP	WV	S9124	Nursing care, in the home; by licensed practical nurse, per hour
CHIP	WV	S9128	Speech Therapy, In The Home
CHIP	WV	S9129	Occupational Therapy, In The
CHIP	WV	S9131	Physical therapy, in the home, per diem

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Line of Business	State	Procedure Code	Description
CHIP	WV	58152	Total Abdominal Hysterectomy W/Wo Removal Tube(S)/Ovary(S); W/Colpo-Urethrocystopexy
CHIP	WV	21188	Reconstruction, Midface, Osteotomies (Non-Lefort Type), W/Grafts, W/Obtaining Autografts
CHIP	WV	21270	Malar Augmentation, Prosthetic Matl
CHIP	WV	22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace
CHIP	WV	22590	Arthrodesis, Posterior Technique, Craniocervical
CHIP	WV	22595	Arthrodesis, Posterior Technique, Atlas-Axis
CHIP	WV	22614	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Add'l Segment
CHIP	WV	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
CHIP	WV	22804	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 13+ Vertebral Segments
CHIP	WV	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 v
CHIP	WV	L8679	Implantable neurostimulator, pulse generator, any type
CHIP	WV	L8680	Implantable neurostimulator electrode, each
CHIP	WV	L8682	Implantable neurostimulator radiofrequency receiver
CHIP	WV	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
CHIP	WV	L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
CHIP	WV	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
CHIP	WV	E1399	Durable medical equipment, miscellaneous
CHIP	WV	19330	Removal, Mammary Implant Matl
CHIP	WV	19342	Delayed Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction
CHIP	WV	19364	Breast Reconstruction W/Free Flap
CHIP	WV	21172	Reconstruction Superior-Lateral Orbital Rim & Lower Forehead
CHIP	WV	15876	Suction Assisted Lipectomy; Head & Neck
CHIP	WV	97039	Unlisted Modality (Specify Type & Time If Constant Attendance)
CHIP	WV	97139	Unlisted Therapeutic Procedure (Specify)
CHIP	WV	C1767	Generator, neurostimulator (implantable), nonrechargeable
CHIP	WV	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
CHIP	WV	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence
CHIP	WV	81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)
CHIP	WV	81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1
CHIP	WV	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3
CHIP	WV	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8

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CHIP	WV	81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score
CHIP	WV	C1778	Lead, neurostimulator (implantable)
CHIP	WV	81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)
CHIP	WV	81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)
CHIP	WV	81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)
CHIP	WV	81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence
CHIP	WV	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence
CHIP	WV	81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant
CHIP	WV	81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence
CHIP	WV	81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants
CHIP	WV	81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis
CHIP	WV	81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)
CHIP	WV	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence
CHIP	WV	78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation
CHIP	WV	78609	Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluation
CHIP	WV	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
CHIP	WV	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
CHIP	WV	78813	Positron emission tomography (PET) imaging; whole body

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Line of Business	State	Procedure Code	Description
CHIP	WV	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.
CHIP	WV	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
CHIP	WV	62281	Injection/Infusion Neurolytic Substance, W/Wo Therapeutic Substance; Epidural Cervical/Thoracic
CHIP	WV	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
CHIP	WV	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)
CHIP	WV	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
CHIP	WV	81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)

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CHIP	WV	81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence
CHIP	WV	81205	Bckdhd (Branched-Chain Keto Acid Dehydrogenase E1, Beta Polypeptide) (Eg, Maple Syrup Urine Disease) Gene Analysis, Common Variants (Eg, R183P, G278S, E422X)
CHIP	WV	43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open
CHIP	WV	13132	Repair, Complex, Forehead/Cheeks/Chin/Mouth/Neck/Axillae/Genitalia/Hands/Feet; 2.6-7.5 Cm
CHIP	WV	43882	Revision or removal of gastric neurostimulator electrodes, antrum, open
CHIP	WV	33203	endoscopic approach (eg, thoracoscopy, pericardioscopy)
CHIP	WV	76390	Mr Spectroscopy
CHIP	WV	43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (s
CHIP	WV	43842	Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Vertical-Banded Gastroplasty
CHIP	WV	43843	Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Non-Vertical-Banded Gastroplasty
CHIP	WV	43846	Gastric Restrictive Procedure, W/Gastric Bypass, Morbid Obesity; W/Short Limb Roux-En-Y Gastroenterostomy
CHIP	WV	43847	Gastric Restrictive Proc, W/Gastric Bypass, Morbid Obesity; W/Small Bowel Reconstruction
CHIP	WV	43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction
CHIP	WV	43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
CHIP	WV	43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
CHIP	WV	43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device c
CHIP	WV	43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous
CHIP	WV	43644	Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb <= 150 Cm)
CHIP	WV	L5987	Shank Ft W Vert Load Pylon
CHIP	WV	L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
CHIP	WV	L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
CHIP	WV	L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC
CHIP	WV	Q4103	Oasis burn matrix, per square centimeter
CHIP	WV	Q4108	Integra matrix, per square centimeter
CHIP	WV	Q4112	Cymetra, injectable, 1cc
CHIP	WV	Q4114	Integra flowable wound matrix, injectable, 1 cc
CHIP	WV	Q4111	Gammagraft, per square centimeter
CHIP	WV	93701	Bioimpedance-derived physiologic cardiovascular analysis
CHIP	WV	50547	Laparoscopy, Surgical; Donor Nephrectomy, Living Donor W/O Allograft Prep & Maintenance
CHIP	WV	19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma

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CHIP	WV	42145	Palatopharyngoplasty
CHIP	WV	82542	Column Chromatography/Mass Spectrometry; Quantitative, Single Stationary & Mobile Phase
CHIP	WV	83921	Organic Acid, Single, Quantitative
CHIP	WV	21685	Hyoid Myotomy and Suspension
CHIP	WV	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)
CHIP	WV	50320	Donor Nephrectomy, Open, Living Donor W/O Allograft Preparation & Maintenance
CHIP	WV	50340	Recipient Nephrectomy (Sep Proc)
CHIP	WV	21247	Reconstruction, Mandibular Condyle W/Bone & Cartilage Autografts
CHIP	WV	21255	Reconstruction, Zygomatic Arch/Glenoid Fossa W/Bone & Cartilage (Includes Obtaining Autografts)
CHIP	WV	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
CHIP	WV	L1810	Knee orthosis (KO), elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
CHIP	WV	L1820	Ko Elas W/ Condyle Pads & Jo
CHIP	WV	L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf
CHIP	WV	L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
CHIP	WV	L0628	Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
CHIP	WV	L0630	Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise

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Line of Business	State	Procedure Code	Description
CHIP	WV	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
CHIP	WV	L0632	LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 v
CHIP	WV	L0633	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
CHIP	WV	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
CHIP	WV	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
CHIP	WV	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUN
CHIP	WV	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED
CHIP	WV	K0899	Power mobility device, not coded by DME PDAC or does not meet criteria
CHIP	WV	K0010	Stnd Wt Frame Power Whlchr
CHIP	WV	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
CHIP	WV	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CHIP	WV	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
CHIP	WV	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CHIP	WV	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU
CHIP	WV	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CHIP	WV	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 30
CHIP	WV	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
CHIP	WV	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
CHIP	WV	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
CHIP	WV	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 3

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Line of Business	State	Procedure Code	Description
CHIP	WV	21246	Reconstruction, Mandible/Maxilla, Subperiosteal Implant; Complete
CHIP	WV	J0470	Dimecaprol Injection
CHIP	WV	J0600	Edetate Calcium Disodium Inj
CHIP	WV	L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies
CHIP	WV	J0895	Injection, deferoxamine mesylate, 500 mg
CHIP	WV	82233	Beta-amyloid; 1-40
CHIP	WV	82234	Beta-amyloid; 1-42
CHIP	WV	83884	Neurofilament light chain
CHIP	WV	84393	Tau, phosphorylated
CHIP	WV	84394	Tau, total
CHIP	WV	11952	Subq Injection, Filling Matl; 5.1 To 10.0 Cc
CHIP	WV	11954	Subq Injection, Filling Matl; > 10.0 Cc
CHIP	WV	38230	Bone marrow harvesting for transplantation; allogeneic
CHIP	WV	15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
CHIP	WV	G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
CHIP	WV	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
CHIP	WV	21244	Reconstruction, Mandible, Extraoral, W/Transosteal Bone Plate
CHIP	WV	E2502	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.
CHIP	WV	E2506	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.
CHIP	WV	E2512	Accessory for speech generating device, mounting system
CHIP	WV	E2606	Position wc cush wdth>=22 in
CHIP	WV	E2608	Skin pro/pos wc cus wd>=22in
CHIP	WV	E2605	Position wc cush wdth <22 in
CHIP	WV	E2612	Gen use back cush wdth>=22in
CHIP	WV	E2609	Custom fabricate w/c cushion
CHIP	WV	E2614	Position back cush wd>=22in
CHIP	WV	E2613	Position back cush wd <22in
CHIP	WV	E2615	Pos back post/lat wdth <22in
CHIP	WV	E2616	Pos back post/lat wdth>=22in
CHIP	WV	E2617	Custom fab w/c back cushion
CHIP	WV	E2619	Replace cover w/c seat cush
CHIP	WV	E2621	WC planar back cush wd>=22in
CHIP	WV	E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
CHIP	WV	E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
CHIP	WV	E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
CHIP	WV	E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type
CHIP	WV	E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining

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Line of Business	State	Procedure Code	Description
CHIP	WV	E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
CHIP	WV	E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm
CHIP	WV	E2633	Wheelchair accessory, addition to mobile arm support, supinator
CHIP	WV	E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
CHIP	WV	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
CHIP	WV	E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE,
CHIP	WV	E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY,
CHIP	WV	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),
CHIP	WV	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,
CHIP	WV	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
CHIP	WV	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT
CHIP	WV	E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE,
CHIP	WV	E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE,
CHIP	WV	E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
CHIP	WV	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
CHIP	WV	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY
CHIP	WV	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED
CHIP	WV	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
CHIP	WV	E2397	Power wheelchair accessory, lithium-based battery, each
CHIP	WV	E2500	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less
CHIP	WV	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
CHIP	WV	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
CHIP	WV	E2208	Wheelchair accessory, cylinder tank carrier, each
CHIP	WV	E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
CHIP	WV	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each

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Line of Business	State	Procedure Code	Description
CHIP	WV	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
CHIP	WV	E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each
CHIP	WV	E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
CHIP	WV	E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
CHIP	WV	E2219	Manual wheelchair accessory, foam caster tire, any size, each
CHIP	WV	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
CHIP	WV	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
CHIP	WV	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
CHIP	WV	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
CHIP	WV	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
CHIP	WV	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
CHIP	WV	E2227	Manual wheelchair accessory, gear reduction drive wheel, each
CHIP	WV	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
CHIP	WV	E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
CHIP	WV	E2292	Planar seat for ped size wc
CHIP	WV	E2293	Contour back for ped size wc
CHIP	WV	E2294	Contour seat for ped size wc
CHIP	WV	E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple
CHIP	WV	E2310	Power wheelchair accessory, electronic connection between wheelchair controller
CHIP	WV	E2311	Power wheelchair accessory, electronic connection between wheelchair controller
CHIP	WV	E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional
CHIP	WV	E2321	Power wheelchair accessory, hand control interface, remote joystick,
CHIP	WV	E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches
CHIP	WV	E2313	Power wheelchair accessory, harness for upgrade to expandable controller,
CHIP	WV	E2325	Power wheelchair accessory, sip and puff interface, nonproportional
CHIP	WV	E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
CHIP	WV	E2327	Power wheelchair accessory, head control interface, mechanical, proportional
CHIP	WV	E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional
CHIP	WV	E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional
CHIP	WV	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
CHIP	WV	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches

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Line of Business	State	Procedure Code	Description
CHIP	WV	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
CHIP	WV	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
CHIP	WV	E2360	Power wheelchair accessory, 22 nf non-sealed lead acid battery, each
CHIP	WV	E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each
CHIP	WV	E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
CHIP	WV	E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each
CHIP	WV	E2368	Power wheelchair component, drive wheel motor, replacement only
CHIP	WV	E2369	Power wheelchair component, drive wheel gear box, replacement only
CHIP	WV	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
CHIP	WV	E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
CHIP	WV	E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mount
CHIP	WV	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE
CHIP	WV	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
CHIP	WV	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
CHIP	WV	E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
CHIP	WV	E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, W Seating
CHIP	WV	E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adj, Wo Seating
CHIP	WV	E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System
CHIP	WV	E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System
CHIP	WV	E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating Syst
CHIP	WV	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only,
CHIP	WV	E2201	Manual wheelchair accessory, nonstandard seat frame, width 20-24 in.
CHIP	WV	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
CHIP	WV	E0955	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each
CHIP	WV	E0956	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each
CHIP	WV	E0957	Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware, each
CHIP	WV	E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
CHIP	WV	E0969	Wheelchair Narrowing Device
CHIP	WV	E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
CHIP	WV	E0968	Wheelchair Commode Seat
CHIP	WV	E0980	Wheelchair Safety Vest
CHIP	WV	E0981	Wheelchair accessory, seat upholstery, replacement only, each
CHIP	WV	E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized

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Line of Business	State	Procedure Code	Description
CHIP	WV	E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized
CHIP	WV	E0982	Wheelchair accessory, back upholstery, replacement only, each
CHIP	WV	E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
CHIP	WV	E0992	Wheelchair Solid Seat Insert
CHIP	WV	E1010	Wheelchair accessory, addition to power seating system, power leg elevation
CHIP	WV	E1011	Modification To Pediatric Wheelchair, Width Adjustment Package (Not To
CHIP	WV	E1014	Reclining Back, Addition To Pediatric Wheelchair
CHIP	WV	E1015	Shock Absorber For Manual Wheelchair, Each
CHIP	WV	E1016	Shock Absorber For Power Wheelchair, Each
CHIP	WV	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware
CHIP	WV	E1029	Wheelchair accessory, ventilator tray, fixed
CHIP	WV	E1161	Manual Adult Size Wheelchair, Includes Tilt In Space
CHIP	WV	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)
CHIP	WV	E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type
CHIP	WV	E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
CHIP	WV	E0250	Hosp Bed Fixed Ht W/ Mattres
CHIP	WV	E0255	Hospital Bed Var Ht W/ Matrr
CHIP	WV	E0260	Hosp Bed Semi-Electr W/ Matt
CHIP	WV	E0261	Hosp Bed Semi-Electr W/O Mat
CHIP	WV	E0277	Powered Pres-Redu Air Matrrs
CHIP	WV	E0303	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress
CHIP	WV	E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress
CHIP	WV	C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance
CHIP	WV	A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only
CHIP	WV	37215	Transcatheter Placement Of Intravascular Stent(S), Cervical Carotid Artery, Percutaneous; With Distal Embolic Protection
CHIP	WV	95921	Testing, Autonomic Nervous System; Cardioagal Innervation Parasympathetic
CHIP	WV	95923	Testing of autonomic nervous system function; vasomotor adrenergic innervations (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt
CHIP	WV	36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
CHIP	WV	91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report

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CHIP	WV	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)
CHIP	WV	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
CHIP	WV	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
CHIP	WV	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)
CHIP	WV	88356	Morphometric Analysis; Nerve
CHIP	WV	36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Laser; First Vein Treated
CHIP	WV	36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
CHIP	WV	64732	Transection/Avulsion; Supraorbital Nerve
CHIP	WV	64734	Transection/Avulsion; Infraorbital Nerve
CHIP	WV	93580	Perc Transcatheter Closure, Congenital Interatrial Communication W/Implant
CHIP	WV	86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required
CHIP	WV	86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);
CHIP	WV	14060	Adjacent Tissue Transfer/Rearrangement, Eyelids/Nose/Ears/Lips; Defect 10 Sq Cm/<
CHIP	WV	14061	Adjacent Tissue Transfer/Rearrangement, Eyelids/Nose/Ears/Lips; Defect 10.1-30.0 Sq Cm
CHIP	WV	64640	Destruction, Neurolytic; Other Peripheral Nerve/Branch
CHIP	WV	64716	Neuroplasty &/Or Transposition; Cranial Nerve (Specify)
CHIP	WV	43633	Gastrectomy, Partial, Distal; W/Roux-En-Y Reconstruction
CHIP	WV	21154	Reconstruction Midface, Lefort Iii, W/Bone Grafts; W/O Lefort I
CHIP	WV	21159	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/O Lefort I
CHIP	WV	21160	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/Lefort I
CHIP	WV	L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder
CHIP	WV	43632	Gastrectomy, Partial, Distal; W/Gastrojejunostomy
CHIP	WV	76120	Cineradiography/Videoradiology, Except Where Specifically Included
CHIP	WV	33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only
CHIP	WV	33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion
CHIP	WV	33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only
CHIP	WV	33976	Insertion, Ventricular Assist Device; Extracorporeal, Biventricular

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CHIP	WV	33979	Insertion, Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle
CHIP	WV	33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
CHIP	WV	33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary
CHIP	WV	33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary byp
CHIP	WV	33945	Heart Transplant, W/Wo Recipient Cardiectomy
CHIP	WV	58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
CHIP	WV	58291	Vaginal Hysterectomy, Uterus >250 Gms; W/Removal, Tube(S) &/Or Ovary(S)
CHIP	WV	58573	Laparoscopy; surgical, with total hysterectomy, for uterus greater than 250 g, with removal of tube(s) and/or ovary (s)
CHIP	WV	58552	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus 250gms/<; W/Removal, Tube(S) &/Or Ovary(S)
CHIP	WV	57335	Vaginoplasty, Intersex State
CHIP	WV	58260	Vaginal hysterectomy, for uterus 250 g or less;
CHIP	WV	58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
CHIP	WV	21193	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/O Bone Graft
CHIP	WV	21194	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/Bone Graft
CHIP	WV	21195	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/O Int Rigid Fixation
CHIP	WV	21198	Osteotomy, Mandible, Segmental
CHIP	WV	21208	Osteoplasty, Facial Bones; Augmentation (Autograft, Allograft/Prosthetic Implant)
CHIP	WV	21209	Osteoplasty, Facial Bones; Reduction
CHIP	WV	93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
CHIP	WV	93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
CHIP	WV	93624	Electrophys, Follow-Up Study W/Pacing & Recording W/Arrhyth Induction
CHIP	WV	21120	Genioplasty; Augmentation (Autograft, Allograft, Prosthetic Matl)
CHIP	WV	53445	Insertion, Inflatable Urethra/Bladder Neck Sphincter, W/Placement Pump &/Or Reservoir & Cuff

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CHIP	WV	53447	Removal & Replacement, Inflatable Sphincter W/Pump, Reservoir, Cuff, Same Session
CHIP	WV	53448	Remov & Replace Inflatable Sphincter W/Pump/Reservoir/Cuff, Infected, W/Irrig & Debride
CHIP	WV	53449	Repair, Inflatable Urethral/Bladder Neck Sphincter Device, Incl Pump/Reservoir/Cuff
CHIP	WV	54360	Plastic Operation, Penis To Correct Angulation
CHIP	WV	51715	Endoscopic Injection, Implant Matl Into Submucosal Tissues, Urethra &/Or Bladder Neck
CHIP	WV	50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed
CHIP	WV	50300	Donor Nephrectomy; Cadaver Donor, Unilat/Bilat W/Prep & Maintenance, Allograft
CHIP	WV	15841	Graft, Facial Nerve Paralysis; Free Muscle Graft (W/Obtaining Graft)
CHIP	WV	15845	Graft, Facial Nerve Paralysis; Regional Muscle Transfer
CHIP	WV	31200	Ethmoidectomy; Intranasal, Anterior
CHIP	WV	31205	Ethmoidectomy; Extranasal, Total
CHIP	WV	33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed
CHIP	WV	95807	Sleep Study, Attended
CHIP	WV	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
CHIP	WV	13102	Repair, Complex, Trunk; Add'l 5.0 Cm/<
CHIP	WV	E2210	Wheelchair accessory, bearings, any type, replacement only, each
CHIP	WV	33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach
CHIP	WV	33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach
CHIP	WV	33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)
CHIP	WV	33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)
CHIP	WV	33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
CHIP	WV	33271	Insertion of subcutaneous implantable defibrillator electrode
CHIP	WV	31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])
CHIP	WV	33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial ana
CHIP	WV	33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)
CHIP	WV	Q5001	Hospice or home health care provided in patient's home/residence
CHIP	WV	Q5002	Hospice or home health care provided in assisted living facility

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CHIP	WV	Q5003	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY (LTC) OR NON-SKILLED
CHIP	WV	Q5007	HOSPICE CARE PROVIDED IN LONG TERM CARE FACILITY
CHIP	WV	T2043	Hospice continuous home care; per hour
CHIP	WV	V2790	Amniotic Membrane
CHIP	WV	L7499	Upper extremity prosthesis, not otherwise specified
CHIP	WV	Q4102	Oasis wound matrix, per square centimeter
CHIP	WV	Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter
CHIP	WV	Q4107	Graftjacket, per square centimeter
CHIP	WV	Q4110	Primatrix, per square centimeter
CHIP	WV	33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber
CHIP	WV	33263	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Dual Lead System
CHIP	WV	33264	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Multiple Lead System
CHIP	WV	E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface
CHIP	WV	E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type
CHIP	WV	E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type
CHIP	WV	G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
CHIP	WV	G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
CHIP	WV	G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
CHIP	WV	G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
CHIP	WV	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
CHIP	WV	G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes
CHIP	WV	Q4121	Theraskin, per square centimeter
CHIP	WV	65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
CHIP	WV	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)
CHIP	WV	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
CHIP	WV	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)

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Line of Business	State	Procedure Code	Description
CHIP	WV	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)
CHIP	WV	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
CHIP	WV	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
CHIP	WV	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)
CHIP	WV	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
CHIP	WV	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
CHIP	WV	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)
CHIP	WV	33140	Transmyocardial Laser Revascularization, By Thoracotomy
CHIP	WV	33141	Transmyocardial Laser Revascularization, By Thoracotomy; Performed W/Other Open Cardiac Proc
CHIP	WV	32851	Lung Transplant, Single; W/O Cardiopulmonary Bypass
CHIP	WV	32852	Lung Transplant, Single; W/Cardiopulmonary Bypass
CHIP	WV	32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass
CHIP	WV	L7510	Prosthetic Device Repair Rep
CHIP	WV	L7520	Repair Prosthesis Per 15 Min
CHIP	WV	27488	Removal, Knee Prosthesis, Methylmethacrylate W/Wo Spacer Insertion
CHIP	WV	27120	Acetabuloplasty;
CHIP	WV	27122	Acetabuloplasty; Resection, Femoral Head
CHIP	WV	E0470	Respiratory assist device, bi-level pressure capability, without backup rate
CHIP	WV	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate
CHIP	WV	E0748	Elec Osteogen Stim Spinal
CHIP	WV	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
CHIP	WV	81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score
CHIP	WV	81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy

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Line of Business	State	Procedure Code	Description
CHIP	WV	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score
CHIP	WV	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score
CHIP	WV	81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis
CHIP	WV	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
CHIP	WV	81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue,
CHIP	WV	81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)
CHIP	WV	81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11
CHIP	WV	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)
CHIP	WV	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10
CHIP	WV	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant
CHIP	WV	96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
CHIP	WV	96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
CHIP	WV	81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
CHIP	WV	81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants

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Line of Business	State	Procedure Code	Description
CHIP	WV	81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg, Prader-Willi Syndrome And/Or Angelman Syndrome), Methylation Analysis
CHIP	WV	81270	Jak2 (Janus Kinase 2) (Eg, Myeloproliferative Disorder) Gene Analysis, P.Val617Phe (V617F) Variant
CHIP	WV	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)
CHIP	WV	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)
CHIP	WV	81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
CHIP	WV	81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
CHIP	WV	81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
CHIP	WV	81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
CHIP	WV	81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
CHIP	WV	81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
CHIP	WV	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
CHIP	WV	97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
CHIP	WV	58275	Vaginal Hysterectomy, W/Total/Partial Vaginectomy
CHIP	WV	21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open
CHIP	WV	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
CHIP	WV	81210	Braf (V-Raf Murine Sarcoma Viral Oncogene Homolog B1) (Eg, Colon Cancer), Gene Analysis, V600E Variant
CHIP	WV	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants
CHIP	WV	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
CHIP	WV	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
CHIP	WV	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
CHIP	WV	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)

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CHIP	WV	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis
CHIP	WV	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis
CHIP	WV	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis
CHIP	WV	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
CHIP	WV	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
CHIP	WV	54400	Insertion, Penile Prosthesis; Non-Inflatable (Semi-Rigid)
CHIP	WV	81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
CHIP	WV	54405	Insertion, (Multi-Component) Inflatable Penile Prosthesis
CHIP	WV	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
CHIP	WV	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
CHIP	WV	78481	Cardiac Blood Pool Imaging, Planar, 1st Pass; Single Study & Ejection Fraction W/Wo Quantification
CHIP	WV	78491	Myocardial Pet; Single Study, Rest/Stress
CHIP	WV	78492	Myocardial Pet; Multiple Studies, Rest &/Or Stress
CHIP	WV	78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Rest, Spect, & Ejection Fraction W/Wo Quantification
CHIP	WV	78454	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
CHIP	WV	78459	Myocardial Imaging, Positron Emission Tomography (Pet), Metabolic Evaluation
CHIP	WV	78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative/Quantitative
CHIP	WV	78468	Myocardial Imaging, Infarct Avid, Planar; W/Ejection Fraction, 1st Pass Technique
CHIP	WV	78469	Myocardial Imaging, Infarct Avid, Planar; Tomographic Spect W/Wo Quantification
CHIP	WV	78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study, Rest/Stress
CHIP	WV	78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Multiple Studies, Rest/Stress
CHIP	WV	78453	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
CHIP	WV	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
CHIP	WV	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
CHIP	WV	77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
CHIP	WV	77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel

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CHIP	WV	E0482	Cough stimulating device, alternating positive and negative airway pressure
CHIP	WV	77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
CHIP	WV	77520	Proton Treatment Delivery; Simple W/O Compensation
CHIP	WV	77523	Proton Treatment Delivery; Intermediate
CHIP	WV	77522	Proton Treatment Delivery; Simple W/Compensation
CHIP	WV	77047	Magnetic resonance imaging, breast, without contrast material; bilateral
CHIP	WV	77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
CHIP	WV	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
CHIP	WV	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT
CHIP	WV	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of
CHIP	WV	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, inc
CHIP	WV	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, wit
CHIP	WV	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast materi
CHIP	WV	76391	Magnetic resonance (eg, vibration) elastography
CHIP	WV	76965	Us Guided, Interstitial Radioelement Application
CHIP	WV	77046	Magnetic resonance imaging, breast, without contrast material; unilateral
CHIP	WV	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
CHIP	WV	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single of first gestation
CHIP	WV	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
CHIP	WV	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
CHIP	WV	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
CHIP	WV	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
CHIP	WV	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D ima
CHIP	WV	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and im
CHIP	WV	74176	Computed tomography, abdomen and pelvis; without contrast material
CHIP	WV	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
CHIP	WV	74181	Mri, Abdomen; W/O Contrast Matl(S)

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CHIP	WV	74182	Mri, Abdomen; W/Contrast Matl(S)
CHIP	WV	74183	Mri, Abdomen; W/O Contrast Matl(S) Followed By Contrast Matl(S) & Further Sequences
CHIP	WV	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including
CHIP	WV	73720	Mri, Lower Extremity, Other Than Joint; W/O Contrast Matl(S), Followed Contrast Matl(S) & Furthr Seq
CHIP	WV	73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl
CHIP	WV	73722	Mri, Any Joint, Lower Extremity; W/Contrast Matl(S)
CHIP	WV	73725	Mra, Lower Extremity, W/Wo Contrast
CHIP	WV	74160	Computed tomography, abdomen; with contrast material(s)
CHIP	WV	73723	Mri, Any Joint, Lower Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Seq
CHIP	WV	74170	Ct Scan, Abdomen; W/O Contrast, Then W/Contrast & Further Sections
CHIP	WV	74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing
CHIP	WV	73225	Mra, Upper Extremity, W/Wo Contrast
CHIP	WV	73700	Ct Scan, Lower Extremity; W/O Contrast
CHIP	WV	73701	Ct Scan, Lower Extremity; W/Contrast
CHIP	WV	97140	Manual Therapy Techniques, 1+ Regions, Each 15 Min
CHIP	WV	73718	Mri, Lower Extremity Other Than Joint; W/O Contrast Matl(S)
CHIP	WV	73719	Mri, Lower Extremity Other Than Joint; W/Contrast Matl(S)
CHIP	WV	73702	Ct Scan, Lower Extremity; W/O Contrast, Then W/Contrast & Further Sections
CHIP	WV	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed
CHIP	WV	73201	Ct Scan, Upper Extremity; W/Contrast
CHIP	WV	73219	Mri, Upper Extremity, Other Than Joint; W/Contrast Matl(S)
CHIP	WV	73220	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Sequenc
CHIP	WV	21121	Genioplasty; Sliding Osteotomy, Single Piece
CHIP	WV	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed
CHIP	WV	73218	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)
CHIP	WV	73222	Mri, Any Joint, Upper Extremity; W/Contrast Matl(S)
CHIP	WV	73221	Mri, Any Joint, Upper Extremity; W/O Contrast Matl(S)
CHIP	WV	73223	Mri, Any Joint Of Upper Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequ
CHIP	WV	72194	Ct Scan, Pelvis; W/O Contrast, Then W/Contrast & Further Sections
CHIP	WV	72195	Mri, Pelvis; W/O Contrast Matl(S)
CHIP	WV	72196	Mri, Pelvis; W/Contrast Matl(S)
CHIP	WV	72197	Mri, Pelvis; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
CHIP	WV	72198	Mra, Pelvis, W/Wo Contrast
CHIP	WV	73202	Ct Scan, Upper Extremity; W/O Contrast, Then W/Contrast & Further Sections
CHIP	WV	24300	Manipulation, Elbow, Under Anesthesia
CHIP	WV	72193	Ct Scan, Pelvis; W/Contrast

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CHIP	WV	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and ima
CHIP	WV	72147	Mri, Thoracic Spine; W/Contrast
CHIP	WV	72148	Mri, Lumbar Spine; W/O Contrast
CHIP	WV	72149	Mri, Lumbar Spine; W/Contrast
CHIP	WV	72156	Mri, Spine W/O Contrast, Then W/Contrast; Cervical
CHIP	WV	72157	Mri, Spine W/O Contrast, Then W/Contrast; Thoracic
CHIP	WV	72158	Mri, Spine W/O Contrast, Then W/Contrast; Lumbar
CHIP	WV	72132	Computed tomography, lumbar spine; with contrast material
CHIP	WV	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
CHIP	WV	72141	Mri, Cervical Spine; W/O Contrast
CHIP	WV	72142	Mri, Cervical Spine; W/Contrast
CHIP	WV	72146	Mri, Thoracic Spine; W/O Contrast
CHIP	WV	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
CHIP	WV	L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each
CHIP	WV	L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband O
CHIP	WV	72125	Computed tomography, cervical spine; without contrast material
CHIP	WV	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
CHIP	WV	72128	Computed tomography, thoracic spine; without contrast material
CHIP	WV	72129	Computed tomography, thoracic spine; with contrast material
CHIP	WV	72131	Computed tomography, lumbar spine; without contrast material
CHIP	WV	13133	Repair, Complex, Forehead/Cheeks/Chin/Mouth/Neck/Axillae/Genitalia/Hands/Feet; Add'l 5.0 Cm/<
CHIP	WV	71270	Ct Scan, Thorax; W/O Contrast, Then W/Contrast & Further Sections
CHIP	WV	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
CHIP	WV	71550	Mri, Chest; W/O Contrast Matl(S)
CHIP	WV	71551	Mri, Chest; W/Contrast Matl(S)
CHIP	WV	71552	Mri, Chest; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
CHIP	WV	72126	Computed tomography, cervical spine; with contrast material
CHIP	WV	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
CHIP	WV	70546	Mra, Head; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
CHIP	WV	70544	Mra, Head; W/O Contrast Matl(S)
CHIP	WV	70549	Mra, Neck; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
CHIP	WV	70551	Mri, Brain; W/O Contrast
CHIP	WV	70553	Mri, Brain; W/O Contrast, Then W/Contrast & Further Sequences
CHIP	WV	71250	Ct Scan, Thorax; W/O Contrast Matl
CHIP	WV	70492	Ct Scan, Neck Tissue; W/O Contrast, Then W/Contrast & Further Sections

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CHIP	WV	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CHIP	WV	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CHIP	WV	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
CHIP	WV	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
CHIP	WV	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast ma
CHIP	WV	70545	Mra, Head; W/Contrast Matl(S)
CHIP	WV	70460	Ct Scan, Head/Brain; W/Contrast Matl(S)
CHIP	WV	70470	Ct Scan, Head/Brain; W/O Contrast, Then W/Contrast
CHIP	WV	70481	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/Contrast
CHIP	WV	70482	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/O Contrast, Then W/Contrast
CHIP	WV	70488	Ct Scan, Maxillofacial Area; W/O Contrast, Then W/Contrast & Further Sections
CHIP	WV	70490	Ct Scan, Soft Tissue Neck; W/O Contrast Matl
CHIP	WV	70491	Ct Scan, Soft Tissue Neck; W/Contrast Matl(S)
CHIP	WV	70486	Ct Scan, Maxillofacial Area; W/O Contrast Matl
CHIP	WV	L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
CHIP	WV	L6925	Wrist Disart Myoelectronic C
CHIP	WV	L6935	Below Elbow Myoelectronic Ct
CHIP	WV	L6945	Elbow Disart Myoelectronic C
CHIP	WV	L6955	Above Elbow Myoelectronic Ct
CHIP	WV	L6965	Shldr Disartic Myoelectronic
CHIP	WV	L6975	Interscap-Thor Myoelectronic
CHIP	WV	L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ONTROLLED, PEDIATRIC
CHIP	WV	L7190	Elbow Adolescent Myoelectron
CHIP	WV	L7191	Elbow Child Myoelectronic Ct
CHIP	WV	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
CHIP	WV	L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement
CHIP	WV	70336	Mri, Temporomandibular Joints
CHIP	WV	70450	Ct Scan, Head/Brain; W/O Contrast Matl
CHIP	WV	J1823	Injection, inebilizumab-cdon, 1 mg
CHIP	WV	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
CHIP	WV	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
CHIP	WV	97112	Therapeutic Proc, 1+ Areas, Each 15 Min; Neuromuscular Reeducation
CHIP	WV	J3262	Injection, tocilizumab, 1 mg
CHIP	WV	J0174	Injection, lecanemab-irmb, 1 mg
CHIP	WV	97035	Application, Modality To 1+ Areas; Ultrasound, Each 15 Min
CHIP	WV	22812	Spinal Fixation, Wiring, Spinous Processes
CHIP	WV	97036	Application, Modality To 1+ Areas; Hubbard Tank, Each 15 Min

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CHIP	WV	97110	Therapeutic Proc, 1+ Areas, Each 15 Min; Therapeutic Exercises
CHIP	WV	22818	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 1-2 Segs
CHIP	WV	22819	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 3 / More
CHIP	WV	67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of
CHIP	WV	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
CHIP	WV	22548	Arthrodesis, Anterior Transoral/Extraoral, Atlas-Axis, W/Wo Excision Odontoid Process
CHIP	WV	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CHIP	WV	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS
CHIP	WV	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
CHIP	WV	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CHIP	WV	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACTIY UP TO AND INCLUDING 300 POUNDS
CHIP	WV	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CHIP	WV	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CHIP	WV	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
CHIP	WV	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
CHIP	WV	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
CHIP	WV	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
CHIP	WV	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS
CHIP	WV	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
CHIP	WV	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
CHIP	WV	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
CHIP	WV	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
CHIP	WV	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
CHIP	WV	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
CHIP	WV	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CHIP	WV	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

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CHIP	WV	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
CHIP	WV	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
CHIP	WV	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
CHIP	WV	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
CHIP	WV	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
CHIP	WV	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
CHIP	WV	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO
CHIP	WV	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 PO
CHIP	WV	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CHIP	WV	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CHIP	WV	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
CHIP	WV	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
CHIP	WV	97032	Application, Modality 1+ Areas; Electrical Stimulation (Manual), Each 15 Min
CHIP	WV	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC
CHIP	WV	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
CHIP	WV	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
CHIP	WV	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS
CHIP	WV	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
CHIP	WV	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
CHIP	WV	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
CHIP	WV	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU
CHIP	WV	E1230	Power Operated Vehicle
CHIP	WV	E1239	Ped power wheelchair NOS
CHIP	WV	E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.
CHIP	WV	E2510	Speech generating device, synthesized speech, permitting multiple methods
CHIP	WV	22505	Manipulation, Spine, Requiring Anesthesia, Any Region

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Line of Business	State	Procedure Code	Description
CHIP	WV	J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose
CHIP	WV	K0005	Ultralightweight Wheelchair
CHIP	WV	K0011	Stnd Wt Pwr Whlchr W Control
CHIP	WV	K0012	Ltwrt Portbl Power Whlchr
CHIP	WV	21179	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Grafts (Allograft/Prosthetic)
CHIP	WV	21180	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Autograft
CHIP	WV	21199	Osteotomy, Mandible, Segmental; W/Genioglossus Advancement
CHIP	WV	E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each
CHIP	WV	21206	Osteotomy, Maxilla, Segmental
CHIP	WV	E0747	Elec Osteogen Stim Not Spine
CHIP	WV	E0760	Osteogen Ultrasound Stimltor
CHIP	WV	21256	Reconstruction, Orbit W/Osteotomies & Bone Grafts (Includes Obtaining Autografts)
CHIP	WV	E1002	Wheelchair accessory, power seating system, tilt only
CHIP	WV	E1003	Wheelchair accessory, power seating system, recline only, without shear
CHIP	WV	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear
CHIP	WV	E1005	Wheelchair accessory, power seatng system, recline only, with power shear
CHIP	WV	E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction
CHIP	WV	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction
CHIP	WV	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
CHIP	WV	21210	Graft, Bone; Nasal, Maxillary/Malar Areas (Includes Obtaining Graft)
CHIP	WV	97012	Application of a modality to 1 or more areas; traction, mechanical
CHIP	WV	21125	Augmentation, Mandibular Body/Angle; Prosthetic Matl
CHIP	WV	21138	Reduction Forehead; Contouring/Prosthesis/Bone Graft W/Obtaining Autograft
CHIP	WV	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
CHIP	WV	A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
CHIP	WV	21141	Reconstruction Midface, Lefort I; 1 Piece, W/O Bone Graft
CHIP	WV	21145	Reconstruction Midface, Lefort I; 1 Piece, W/Bone Grafts
CHIP	WV	21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining
CHIP	WV	21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes o
CHIP	WV	21175	Reconstruction, Bifrontal, Superior-Lateral Orbital Rims & Lower Forehead
CHIP	WV	19368	Breast Reconstruction W/Myocutan (Tram) Flap, Single Pedicle W/Closure Donor Site; W/Microvasc Anast
CHIP	WV	19380	Revision, Reconstructed Breast
CHIP	WV	20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (a
CHIP	WV	19300	Mastectomy for gynecomastia

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Line of Business	State	Procedure Code	Description
CHIP	WV	19316	Mastopexy
CHIP	WV	19328	Removal, Intact Mammary Implant
CHIP	WV	19318	Reduction Mammoplasty
CHIP	WV	19340	Immediate Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction
CHIP	WV	19355	Correction, Inverted Nipples
CHIP	WV	19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant
CHIP	WV	15842	Graft, Facial Nerve Paralysis; Free Muscle Flap, Microsurgical Technique
CHIP	WV	17106	Destruction, Cutaneous Vascular Proliferative Lesions; < 10 Sq Cm
CHIP	WV	17107	Destruction, Cutaneous Vascular Proliferative Lesions; 10.0-50.0 Sq Cm
CHIP	WV	15840	Graft, Facial Nerve Paralysis; Free Fascia Graft (W/Obtaining Fascia)
CHIP	WV	B4161	EF ped hydrolyzed/amino acid
CHIP	WV	H0038	Self-help/peer services, per 15 minutes
CHIP	WV	98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
CHIP	WV	J3315	Injection, Triptorelin Pamoate, 3.75 Mg
CHIP	WV	B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
CHIP	WV	J9155	Injection, Degarelix, 1 Mg
CHIP	WV	J9395	Injection, fulvestrant, 25 mg
CHIP	WV	98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions
CHIP	WV	J3490	Unclassified drugs
CHIP	WV	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
CHIP	WV	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
CHIP	WV	92526	Treatment, Swallowing Dysfunction &/Or Oral Function, Feeding
CHIP	WV	97018	Application of a modality to 1 or more areas; paraffin bath
CHIP	WV	97026	Application of a modality to 1 or more areas; infrared
CHIP	WV	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
CHIP	WV	J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes
CHIP	WV	J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose
CHIP	WV	Q5009	Hospice or home health care provided in place not otherwise specified (nos)
CHIP	WV	B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
CHIP	WV	B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, v
CHIP	WV	B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

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CHIP	WV	B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit
CHIP	WV	B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
CHIP	WV	B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
CHIP	WV	B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
CHIP	WV	B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
CHIP	WV	11951	Subq Injection, Filling Matl; 1.1 To 5.0 Cc
CHIP	WV	H0004	Behavioral health counseling and therapy, per 15 minutes
CHIP	WV	J3399	Injection, onasemnogene abeparovvec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes
CHIP	WV	11950	Subq Injection, Filling Matl; 1 Cc/<
CHIP	WV	81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities
CHIP	WV	J9225	Histrelin implant (Vantas), 50 mg
CHIP	WV	J3398	Injection, voretigene neparovvec-rzyl, 1 billion vector genomes
CHIP	WV	J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg
CHIP	WV	J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg
CHIP	WV	J3316	Injection, triptorelin, extended-release, 3.75 mg
CHIP	WV	J9217	Leuprolide Acetate Suspnsion
CHIP	WV	J9226	Histrelin implant (supprelin LA), 50 mg
CHIP	WV	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
CHIP	WV	J1675	Injection, histrelin acetate, 10 mcg
CHIP	WV	98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
CHIP	WV	J3121	Injection, testosterone enanthate, 1mg
CHIP	WV	J3145	Injection, testosterone undecanoate, 1 mg
CHIP	WV	J1071	Injection, testosterone cypionate, 1mg
CHIP	WV	B4160	EF ped caloric dense>/=0.7kc
Medicaid	WV	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
Medicaid	WV	11951	Subq Injection, Filling Matl; 1.1 To 5.0 Cc

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Line of Business	State	Procedure Code	Description
Medicaid	WV	J3145	Injection, testosterone undecanoate, 1 mg
Medicaid	WV	J1675	Injection, histrelin acetate, 10 mcg
Medicaid	WV	J3121	Injection, testosterone enanthate, 1mg
Medicaid	WV	J1071	Injection, testosterone cypionate, 1mg
Medicaid	WV	J3490	Unclassified drugs
Medicaid	WV	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	WV	J3316	Injection, triptorelin, extended-release, 3.75 mg
Medicaid	WV	J9217	Leuprolide Acetate Suspnsion
Medicaid	WV	J9226	Histrelin implant (supprelin LA), 50 mg
Medicaid	WV	J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg
Medicaid	WV	J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg
Medicaid	WV	J9395	Injection, fulvestrant, 25 mg
Medicaid	WV	J9155	Injection, Degarelix, 1 Mg
Medicaid	WV	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes
Medicaid	WV	43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)
Medicaid	WV	J9225	Histrelin implant (Vantas), 50 mg
Medicaid	WV	J3315	Injection, Triptorelin Pamoate, 3.75 Mg
Medicaid	WV	81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities
Medicaid	WV	11950	Subq Injection, Filling Matl; 1 Cc/<
Medicaid	WV	H0004	Behavioral health counseling and therapy, per 15 minutes
Medicaid	WV	J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes
Medicaid	WV	E1002	Wheelchair accessory, power seating system, tilt only
Medicaid	WV	Q5009	Hospice or home health care provided in place not otherwise specified (nos)
Medicaid	WV	J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes
Medicaid	WV	J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose
Medicaid	WV	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
Medicaid	WV	92526	Treatment, Swallowing Dysfunction &/Or Oral Function, Feeding
Medicaid	WV	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
Medicaid	WV	J1438	Etanercept Injection
Medicaid	WV	88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)
Medicaid	WV	22505	Manipulation, Spine, Requiring Anesthesia, Any Region
Medicaid	WV	19368	Breast Reconstruction W/Myocutan (Tram) Flap, Single Pedicle W/Closure Donor Site; W/Microvasc Anast
Medicaid	WV	72126	Computed tomography, cervical spine; with contrast material
Medicaid	WV	72128	Computed tomography, thoracic spine; without contrast material
Medicaid	WV	72131	Computed tomography, lumbar spine; without contrast material

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Line of Business	State	Procedure Code	Description
Medicaid	WV	22600	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Cervical Below C2
Medicaid	WV	74182	Mri, Abdomen; W/Contrast Matl(S)
Medicaid	WV	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	WV	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	WV	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10
Medicaid	WV	21159	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/O Lefort I
Medicaid	WV	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
Medicaid	WV	33945	Heart Transplant, W/Wo Recipient Cardiectomy
Medicaid	WV	33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion
Medicaid	WV	33271	Insertion of subcutaneous implantable defibrillator electrode
Medicaid	WV	31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])
Medicaid	WV	Q4107	Graftjacket, per square centimeter
Medicaid	WV	30430	Rhinoplasty, Secondary; Minor Revision (Small Amount, Nasal Tip Work)
Medicaid	WV	64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
Medicaid	WV	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only,
Medicaid	WV	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicaid	WV	E1029	Wheelchair accessory, ventilator tray, fixed
Medicaid	WV	E0255	Hospital Bed Var Ht W/ Mattr
Medicaid	WV	C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance
Medicaid	WV	A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
Medicaid	WV	A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only
Medicaid	WV	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	WV	E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
Medicaid	WV	E2227	Manual wheelchair accessory, gear reduction drive wheel, each
Medicaid	WV	E2292	Planar seat for ped size wc
Medicaid	WV	E1230	Power Operated Vehicle
Medicaid	WV	E1239	Ped power wheelchair NOS
Medicaid	WV	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance

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Medicaid	WV	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	WV	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	WV	43846	Gastric Restrictive Procede, W/Gastric Bypass, Morbd Obsty; W/Short Limb Roux-En-Y Gastroenterostmy
Medicaid	WV	Q4114	Integra flowable wound matrix, injectable, 1 cc
Medicaid	WV	L6955	Above Elbow Myoelectronic Ct
Medicaid	WV	L7191	Elbow Child Myoelectronic Ct
Medicaid	WV	30450	Rhinoplasty, Secondary; Major Revision (Nasal Tip Work & Osteotomies)
Medicaid	WV	S9124	Nursing care, in the home; by licensed practical nurse, per hour
Medicaid	WV	58200	Total Abdominal Hysterectomy, W/Partial Vaginect, W/Pelvic Node Sample, W/Wo Rem Tubes/Ovaries
Medicaid	WV	47381	Ablation, Open, 1+ Liver Tumor(S); Cryosurgical
Medicaid	WV	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	WV	54417	Removal & Replace, Non-Inflatable/Inflatable Penile Prosthesis Infect, W/Irrig & Debride
Medicaid	WV	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes
Medicaid	WV	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (Lis
Medicaid	WV	13100	Repair, Complex, Trunk; 1.1 To 2.5 Cm
Medicaid	WV	13121	Repair, Complex, Scalp, Arms, &/Or Legs; 2.6 To 7.5 Cm
Medicaid	WV	58294	Vaginal Hysterectomy, Uterus >250 Gms; W/Repair Of Enterocele
Medicaid	WV	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
Medicaid	WV	J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg
Medicaid	WV	J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg
Medicaid	WV	63185	Laminectomy with rhizotomy; 1 or 2 segments
Medicaid	WV	J9299	Injection, nivolumab, 1 mg
Medicaid	WV	J9301	Injection, obinutuzumab, 10 mg
Medicaid	WV	J9330	Injection, temsirolimus, 1 mg
Medicaid	WV	J9210	Injection, emapalumab-lzsg, 1 mg
Medicaid	WV	63056	Transpedicular Approach, 1 Segment; Lumbar (Transfacet/Lateral Extraforaminal)
Medicaid	WV	J3285	Injection, treprostini, 1 mg
Medicaid	WV	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	WV	J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	WV	J2357	Injection, omalizumab, 5 mg
Medicaid	WV	J1554	Injection, immune globulin (asceniv), 500 mg
Medicaid	WV	38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous

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Medicaid	WV	32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment
Medicaid	WV	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including flu
Medicaid	WV	21195	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/O Int Rigid Fixation
Medicaid	WV	J9264	Injection, paclitaxel protein-bound particles, 1 mg
Medicaid	WV	J7314	Injection, fluocinolone acetone, intravitreal implant (Yutiq), 0.01 mg
Medicaid	WV	J2860	Injection, siltuximab, 10 mg
Medicaid	WV	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
Medicaid	WV	J1301	Injection, edaravone, 1 mg
Medicaid	WV	96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
Medicaid	WV	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	WV	55865	Exposure, Prostate, Any Approach, Radiation Insertion; W/Bilat Pelvic Lymphadenectomy
Medicaid	WV	J0208	Injection, sodium thiosulfate, 100 mg
Medicaid	WV	E2313	Power wheelchair accessory, harness for upgrade to expandable controller,
Medicaid	WV	E2325	Power wheelchair accessory, sip and puff interface, nonproportional
Medicaid	WV	E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
Medicaid	WV	E0982	Wheelchair accessory, back upholstery, replacement only, each
Medicaid	WV	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
Medicaid	WV	E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each
Medicaid	WV	E0747	Elec Osteogen Stim Not Spine
Medicaid	WV	E0957	Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware, each
Medicaid	WV	E0968	Wheelchair Commode Seat
Medicaid	WV	L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies
Medicaid	WV	E2351	Power wheelchair accessory, electronic interface to operate speech generating device
Medicaid	WV	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE
Medicaid	WV	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),
Medicaid	WV	E2500	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less
Medicaid	WV	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	WV	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC

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Medicaid	WV	K0005	Ultralightweight Wheelchair
Medicaid	WV	21139	Reduction Forehead; Contouring & Setback, Anterior Frontal Sinus Wall
Medicaid	WV	43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
Medicaid	WV	L6925	Wrist Disart Myoelectronic C
Medicaid	WV	L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
Medicaid	WV	19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma
Medicaid	WV	J1460	Gamma Globulin 1 Cc Inj
Medicaid	WV	81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants
Medicaid	WV	97039	Unlisted Modality (Specify Type & Time If Constant Attendance)
Medicaid	WV	58210	Radical Abdominal Hysterectomy W/Bilat Pelvic Lymphadenectomy
Medicaid	WV	47140	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only
Medicaid	WV	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	WV	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	WV	72197	Mri, Pelvis; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	WV	70549	Mra, Neck; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	WV	71250	Ct Scan, Thorax; W/O Contrast Matl
Medicaid	WV	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	WV	71551	Mri, Chest; W/Contrast Matl(S)
Medicaid	WV	71552	Mri, Chest; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	WV	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis
Medicaid	WV	81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score
Medicaid	WV	13122	Repair, Complex, Scalp/Arms/Legs; Add'l 5.0 Cm/<
Medicaid	WV	E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type
Medicaid	WV	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	WV	31200	Ethmoidectomy; Intranasal, Anterior

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Medicaid	WV	L7520	Repair Prosthesis Per 15 Min
Medicaid	WV	95807	Sleep Study, Attended
Medicaid	WV	50320	Donor Nephrectomy, Open, Living Donor W/O Allograft Preparation & Maintenance
Medicaid	WV	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
Medicaid	WV	64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicaid	WV	21246	Reconstruction, Mandible/Maxilla, Subperiosteal Implant; Complete
Medicaid	WV	33141	Transmyocardial Laser Revascularization, By Thoracotomy; Performed W/Other Open Cardiac Proc
Medicaid	WV	33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary byp
Medicaid	WV	G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
Medicaid	WV	J1602	Injection, golimumab, 1 mg, for intravenous use
Medicaid	WV	55860	Exposure, Prostate, Any Approach, Radiation Insertion
Medicaid	WV	63005	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, 1/2 Segments; Lumbar
Medicaid	WV	K0108	W/C Component-Accessory Nos
Medicaid	WV	21193	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/O Bone Graft
Medicaid	WV	57291	Construction, Artificial Vagina; W/O Graft
Medicaid	WV	13120	Repair, Complex, Scalp, Arms, &/Or Legs; 1.1 To 2.5 Cm
Medicaid	WV	58545	Laparoscopy, Surg, Myomectomy; 1-4 Intramural Myomas, Total Wt 250 Gms, &/Or Remove Surface Myomas
Medicaid	WV	55920	Placement of needles or catheters into pelvic organs and/or genitalia (expect prostate) for subsequent interstitial radi
Medicaid	WV	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg
Medicaid	WV	J3241	Injection, teprotumumab-trbw, 10 mg
Medicaid	WV	J1746	Injection, ibalizumab-uiyk, 10 mg
Medicaid	WV	41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
Medicaid	WV	J0585	Injection, Onabotulinumtoxin, 1 Unit
Medicaid	WV	J0586	Injection, Abobotulinumtoxin, 5 Units
Medicaid	WV	J0641	Injection, levoleucovorin, 0.5 mg
Medicaid	WV	J0897	Injection, denosumab, 1 mg
Medicaid	WV	J0222	Injection, Patisiran, 0.1 mg
Medicaid	WV	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	WV	Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg
Medicaid	WV	J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose
Medicaid	WV	J9057	Injection, copanlisib, 1 mg
Medicaid	WV	J9227	Injection, isatuximab-irfc, 10 mg
Medicaid	WV	J9229	Injection, inotuzumab ozogamicin, 0.1 mg

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Medicaid	WV	G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed
Medicaid	WV	81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence
Medicaid	WV	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence
Medicaid	WV	81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence
Medicaid	WV	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
Medicaid	WV	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy servic
Medicaid	WV	S9131	Physical therapy, in the home, per diem
Medicaid	WV	L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
Medicaid	WV	97036	Application, Modality To 1+ Areas; Hubbard Tank, Each 15 Min
Medicaid	WV	67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of
Medicaid	WV	21199	Osteotomy, Mandible, Segmental; W/Genioglossus Advancement
Medicaid	WV	21138	Reduction Forehead; Contouring/Prosthesis/Bone Graft W/Obtaining Autograft
Medicaid	WV	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
Medicaid	WV	21180	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Autograft
Medicaid	WV	19369	Breast Reconstruction W/Myocutaneous (Tram) Flap, Double Pedicle W/Closure Donor Site
Medicaid	WV	72195	Mri, Pelvis; W/O Contrast Matl(S)
Medicaid	WV	97140	Manual Therapy Techniques, 1+ Regions, Each 15 Min
Medicaid	WV	70482	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/O Contrast, Then W/Contrast
Medicaid	WV	70545	Mra, Head; W/Contrast Matl(S)
Medicaid	WV	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
Medicaid	WV	73725	Mra, Lower Extremity, W/Wo Contrast
Medicaid	WV	97150	Therapeutic Proc(S), Group, (2+ Individuals)
Medicaid	WV	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score

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Line of Business	State	Procedure Code	Description
Medicaid	WV	81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	WV	13133	Repair, Complex, Forehead/Cheeks/Chin/Mouth/Neck/Axillae/Genitalia/Hands/Feet; Add'l 5.0 Cm/<
Medicaid	WV	43633	Gastrectomy, Partial, Distal; W/Roux-En-Y Reconstruction
Medicaid	WV	81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg, Prader-Willi Syndrome And/Or Angelman Syndrome), Methylation Analysis
Medicaid	WV	T2042	Hospice routine home care; per diem
Medicaid	WV	33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)
Medicaid	WV	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	WV	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	WV	33140	Transmyocardial Laser Revascularization, By Thoracotomy
Medicaid	WV	33976	Insertion, Ventricular Assist Device; Extracorporeal, Biventricular
Medicaid	WV	58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
Medicaid	WV	82233	Beta-amyloid; 1-40
Medicaid	WV	E2621	WC planar back cush wd>=22in
Medicaid	WV	E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
Medicaid	WV	E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm
Medicaid	WV	E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional
Medicaid	WV	E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each
Medicaid	WV	E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each
Medicaid	WV	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type
Medicaid	WV	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY
Medicaid	WV	E2512	Accessory for speech generating device, mounting system
Medicaid	WV	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
Medicaid	WV	E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
Medicaid	WV	E0980	Wheelchair Safety Vest
Medicaid	WV	K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	WV	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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Medicaid	WV	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 PO
Medicaid	WV	L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control
Medicaid	WV	98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
Medicaid	WV	Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
Medicaid	WV	Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg
Medicaid	WV	S9125	Respite Care, In The Home, P
Medicaid	WV	S9475	Ambulatory Setting Substance
Medicaid	WV	98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
Medicaid	WV	98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions
Medicaid	WV	J1442	5G-CSFexcludes biosimilars, 1 microgram
Medicaid	WV	J2327	Injection, risankizumab-rzaa, intravenous, 1 mg
Medicaid	WV	Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram
Medicaid	WV	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
Medicaid	WV	J1745	Injection, infliximab, excludes biosimilar, 10 mg
Medicaid	WV	Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg
Medicaid	WV	Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg
Medicaid	WV	T2044	Hospice inpatient respite care; per diem
Medicaid	WV	Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram
Medicaid	WV	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	WV	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	WV	J1429	Injection, golodirsen, 10 mg
Medicaid	WV	S5121	Home Care Training, Family, Per Diem/TX LTC Pest Control
Medicaid	WV	J3358	Ustekinumab, for intravenous injection, 1 mg
Medicaid	WV	Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram
Medicaid	WV	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg
Medicaid	WV	J1447	Injection, tbo-filgrastim, 1 microgram
Medicaid	WV	H0035	Mental health partial hospitalization, treatment, less than 24 hours
Medicaid	WV	J0225	Injection, vutrisiran, 1 mg
Medicaid	WV	J2820	Sargramostim Injection
Medicaid	WV	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
Medicaid	WV	T2045	Hospice general inpatient care; per diem
Medicaid	WV	H2012	Behavioral health day treatment, per hour
Medicaid	WV	Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg
Medicaid	WV	Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg
Medicaid	WV	J9214	Injection, interferon, alfa-2b, recombinant, 1 million units
Medicaid	WV	Q5004	HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY (SNF)
Medicaid	WV	13151	Repair, Complex, Eyelids, Nose, Ears &/Or Lips; 1.1 To 2.5 Cm
Medicaid	WV	13152	Repair, Complex, Eyelids, Nose, Ears &/Or Lips; 2.6 To 7.5 Cm
Medicaid	WV	13153	Repair, Complex, Eyelids, Nose, Ears &/Or Lips; Add'l 5.0 Cm/<
Medicaid	WV	H0038	Self-help/peer services, per 15 minutes
Medicaid	WV	H0040	Assertive community treatment program, per diem

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Medicaid	WV	96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
Medicaid	WV	96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
Medicaid	WV	96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
Medicaid	WV	96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
Medicaid	WV	96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes
Medicaid	WV	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2
Medicaid	WV	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	WV	81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)
Medicaid	WV	81240	F2 (Prothrombin, Coagulation Factor II) (Eg, Hereditary Hypercoagulability) Gene Analysis, 20210G>A Variant
Medicaid	WV	57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
Medicaid	WV	81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)
Medicaid	WV	81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence
Medicaid	WV	81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *4, *8, *17)
Medicaid	WV	81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)
Medicaid	WV	55862	Exposure, Prostate, Any Approach, Radiation Insertion; W/Lymph Node Bx (Limited Pelvic Lymphadenect)
Medicaid	WV	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar

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Medicaid	WV	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	WV	63042	Laminotomy W/Partl Facetectomy/Foraminotomy/Herniated Dissect, Re-Explor, Sngle Interspc; Lumbar
Medicaid	WV	63047	Laminectomy. Facetectomy & Foraminotomy, 1 Segment; Lumbar
Medicaid	WV	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
Medicaid	WV	29915	Arthroscopy, subtalar joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
Medicaid	WV	29916	Arthroscopy, hip, surgical; with labral repair
Medicaid	WV	63012	Laminectomy W/Removal, Abnormal Facets, Lumbar
Medicaid	WV	63017	Laminectomy W/O Facetectomy/Foraminotomy/Dissectomy, > 2 Segments; Lumbar
Medicaid	WV	J9035	Bevacizumab injection
Medicaid	WV	J9286	Injection, glofitamab-gxhm, 2.5 mg
Medicaid	WV	J9321	Injection, epcoritamab-bysp, 0.16 mg
Medicaid	WV	J9333	Injection, rozanolixizumab-noli, 1 mg
Medicaid	WV	Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	WV	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	WV	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	WV	Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
Medicaid	WV	Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Medicaid	WV	J3263	Injection, toripalimab-tpzi, 1 mg
Medicaid	WV	J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU
Medicaid	WV	J7355	Injection, travoprost, intracameral implant, 1 mcg
Medicaid	WV	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
Medicaid	WV	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
Medicaid	WV	90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor Threshold Re-Determination With Delivery And Management
Medicaid	WV	J9347	Injection, tremelimumab-actl, 1 mg
Medicaid	WV	J0177	Injection, aflibercept HD, 1 mg
Medicaid	WV	J0178	Injection, aflibercept, 1 mg
Medicaid	WV	J0179	Injection, brolocizumab-dbl, 1 mg
Medicaid	WV	J0217	Injection, velmanase alfa-tycv, 1 mg
Medicaid	WV	J0801	Injection, corticotropin (Acthar Gel), up to 40 units
Medicaid	WV	J0802	Injection, corticotropin (ANI), up to 40 units
Medicaid	WV	J1325	Epoprostenol Injection
Medicaid	WV	J1950	Leuprolide Acetate /3.75 Mg
Medicaid	WV	J2326	Injection, nusinersen, 0.1 mg

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Medicaid	WV	J2562	Injection, Plerixafor, 1 Mg
Medicaid	WV	J3055	Injection, talquetamab-tgvs, 0.25 mg
Medicaid	WV	J3380	Injection, vedolizumab, 1 mg
Medicaid	WV	41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transn
Medicaid	WV	31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intr
Medicaid	WV	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg
Medicaid	WV	J9223	Injection, lurbinectedin, 0.1 mg
Medicaid	WV	J9216	Injection, interferon, gamma-1B, 3 million units
Medicaid	WV	J9228	Injection, ipilimumab, 1 mg
Medicaid	WV	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg
Medicaid	WV	J9269	Injection, tagraxofusp-erzs, 10 micrograms
Medicaid	WV	J9271	Injection, pembrolizumab, 1 mg
Medicaid	WV	J9272	Injection, dostarlimab-gxly, 10 mg
Medicaid	WV	J9274	Injection, tebentafusp-tebn, 1 microgram
Medicaid	WV	J9266	Injection, pegaspargase, per single dose vial
Medicaid	WV	J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg
Medicaid	WV	J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg
Medicaid	WV	J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg
Medicaid	WV	J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
Medicaid	WV	J9302	Injection, ofatumumab, 10 mg
Medicaid	WV	J9303	Injection, panitumumab, 10 mg
Medicaid	WV	J9305	Pemetrexed injection
Medicaid	WV	J9306	Injection, pertuzumab, 1 mg
Medicaid	WV	J9308	Injection, ramucirumab, 5 mg
Medicaid	WV	J9309	Injection, polatuzumab vedotin-piiq, 1 mg
Medicaid	WV	J9312	Injection, rituximab, 10 mg
Medicaid	WV	J9314	Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg
Medicaid	WV	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
Medicaid	WV	J9319	Injection, romidepsin, lyophilized, 0.1 mg
Medicaid	WV	J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units
Medicaid	WV	J9331	Injection, sirolimus protein-bound particles, 1 mg
Medicaid	WV	J9332	Injection, efgartigimod alfa-fcab, 2mg
Medicaid	WV	J9349	Injection, tafasitamab-cxix, 2 mg
Medicaid	WV	J9353	Injection, margetuximab-cmkb, 5 m
Medicaid	WV	J9348	Injection, naxitamab-gqgk, 1 m
Medicaid	WV	J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg
Medicaid	WV	J9354	Injection, ado-trastuzumab emtansine, 1 mg
Medicaid	WV	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
Medicaid	WV	J9400	Injection, ziv-aflibercept, 1 mg
Medicaid	WV	Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion
Medicaid	WV	Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)
Medicaid	WV	Q5105	Injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units

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Medicaid	WV	Q5106	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use), 1000 units
Medicaid	WV	Q5115	Injection, rituximab-abbs, biosimilar, 10 mg
Medicaid	WV	Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 m
Medicaid	WV	27437	Arthroplasty, Patella; W/O Prosthesis
Medicaid	WV	J9015	Injection, aldesleukin, per single use vial
Medicaid	WV	J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg
Medicaid	WV	J9022	Injection, atezolizumab, 10 mg
Medicaid	WV	J9023	Injection, avelumab, 10 mg
Medicaid	WV	J9032	Injection, belinostat, 10 mg
Medicaid	WV	J9033	Injection, bendamustine HCl (Treanda), 1 mg
Medicaid	WV	J9042	Injection, brentuximab vedotin, 1 mg
Medicaid	WV	J9043	Injection, cabazitaxel, 1 mg
Medicaid	WV	J9034	Injection, bendamustine hcl (bendeka), 1 mg
Medicaid	WV	J9039	Injection, blinatumomab, 1 microgram
Medicaid	WV	J9055	Cetuximab injection
Medicaid	WV	J9047	Injection, carfilzomib, 1 mg
Medicaid	WV	J9118	Injection, calaspargase pegol-mknl, 10 units
Medicaid	WV	J9061	Injection, amivantamab-vmjw, 2 mg
Medicaid	WV	J9173	Injection, durvalumab, 10 mg
Medicaid	WV	J9176	Injection, elotuzumab, 1 mg
Medicaid	WV	J9119	Injection, cemiplimab-rwlc, 1 mg
Medicaid	WV	J9145	Injection, daratumumab, 10 mg
Medicaid	WV	J9207	Injection, ixabepilone, 1 mg
Medicaid	WV	J9177	Injection, enfortumab vedotin-efjv, 0.25 mg
Medicaid	WV	J9179	Injection, eribulin mesylate, 0.1 mg
Medicaid	WV	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))
Medicaid	WV	J7351	Injection, bimatoprost, intracameral implant, 1 microgram
Medicaid	WV	G0482	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed

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Medicaid	WV	G0483	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed
Medicaid	WV	G0659	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes
Medicaid	WV	H2015	Comprehensive community support services, per 15 minutes
Medicaid	WV	J1632	Injection, brexanolone, 1 mg
Medicaid	WV	G0480	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed
Medicaid	WV	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg
Medicaid	WV	J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg
Medicaid	WV	J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg
Medicaid	WV	J2356	Injection, tezepelumab-ekko, 1 mg
Medicaid	WV	J2507	Injection, pegloticase, 1 mg
Medicaid	WV	J2777	Injection, faricimab-svoa, 0.1 mg
Medicaid	WV	J2778	Injection, ranibizumab, 0.1 mg
Medicaid	WV	J2786	Injection, reslizumab, 1 mg
Medicaid	WV	J2840	Injection, sebelipase alfa, 1 mg
Medicaid	WV	J3032	Injection, eptinezumab-jjmr, 1 mg
Medicaid	WV	J3060	Injection, taliglucerase alfa, 10 units
Medicaid	WV	J3111	Injection, romosozumab-aqqg, 1 mg

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Medicaid	WV	J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
Medicaid	WV	J3385	Injection, velaglucerase alfa, 100 units
Medicaid	WV	J3489	Injection, zoledronic acid, 1 mg
Medicaid	WV	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
Medicaid	WV	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	WV	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	WV	J2182	Injection, mepolizumab, 1 mg
Medicaid	WV	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	WV	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	WV	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
Medicaid	WV	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	WV	64505	Injection, Anesthetic Agent; Sphenopalatine Ganglion
Medicaid	WV	64520	Injection, Anesthetic Agent; Lumbar/Thoracic (Paravertebral Sympathetic)
Medicaid	WV	J2323	Injection, natalizumab, 1 mg
Medicaid	WV	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	WV	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	WV	J2350	Injection, ocrelizumab, 1 mg
Medicaid	WV	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg
Medicaid	WV	J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous
Medicaid	WV	J1743	Injection, idursulfase, 1 mg
Medicaid	WV	64450	Injection, Anesthetic Agent; Other Peripheral Nerve/Branch
Medicaid	WV	J1786	Injection, imiglucerase, 10 units
Medicaid	WV	80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
Medicaid	WV	J1930	Injection, lanreotide, 1 mg

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Medicaid	WV	80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
Medicaid	WV	J1931	Laronidase injection
Medicaid	WV	J1932	Injection, lanreotide, (cipl), 1 mg
Medicaid	WV	80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service
Medicaid	WV	J1555	Injection, immune globulin (Cuvitru), 100 mg
Medicaid	WV	J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	WV	64405	Injection, Anesthetic Agent; Greater Occipital Nerve
Medicaid	WV	J1558	Injection, immune globulin (xembify), 100 mg
Medicaid	WV	77761	Intracavitary Radiation Source Application; Simple
Medicaid	WV	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
Medicaid	WV	J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	WV	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
Medicaid	WV	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image g
Medicaid	WV	77762	Intracavitary Radiation Source Application; Intermediate
Medicaid	WV	77763	Intracavitary Radiation Source Application; Complex
Medicaid	WV	77778	Interstitial Radioelement Application; Complex
Medicaid	WV	J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg
Medicaid	WV	J1302	Injection, sutimlimab-jome, 10 mg
Medicaid	WV	J1303	Injection, ravulizumab-cwvz, 10 mg
Medicaid	WV	J1305	Injection, evinacumab-dgnb, 5 mg
Medicaid	WV	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
Medicaid	WV	J1427	Injection, viltolarsen, 10 mg
Medicaid	WV	J1428	Injection, eteplirsen, 10 mg
Medicaid	WV	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en
Medicaid	WV	J1437	Injection, ferric derisomaltose, 10 mg
Medicaid	WV	J1448	Injection, trilaciclib, 1 mg
Medicaid	WV	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	WV	J1458	INJECTION, GALSULFASE, 1 MG
Medicaid	WV	J0642	Injection, levoleucovorin (khapsory), 0.5 mg
Medicaid	WV	J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)

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Medicaid	WV	J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)
Medicaid	WV	J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units
Medicaid	WV	J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)
Medicaid	WV	J0888	Injectin, epoetin beta, 1 microgram, (for non esrd use)
Medicaid	WV	J1290	Injection, ecallantide, 1 mg
Medicaid	WV	69955	Total Facial Nerve Decompression &/Or Repair, (May Include Graft)
Medicaid	WV	J0485	Injection, belatacept, 1 mg
Medicaid	WV	J0490	Injection, belimumab, 10 mg
Medicaid	WV	J0491	Injection, anifrolumab-fnia, 1 mg
Medicaid	WV	J0567	Injection, cerliponase alfa, 1 mg
Medicaid	WV	J0584	Injection, burosumab-twza 1 mg
Medicaid	WV	J0517	Injection, benralizumab, 1 mg
Medicaid	WV	J0565	Injection, bezlotoxumab, 10 mg
Medicaid	WV	J0587	Injection, Rimabotulinumtoxinb, 100 Units
Medicaid	WV	J0588	Injection, incobotulinumtoxinA, 1 unit
Medicaid	WV	J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units
Medicaid	WV	J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units
Medicaid	WV	J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units
Medicaid	WV	J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg
Medicaid	WV	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg
Medicaid	WV	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg
Medicaid	WV	38207	Transplant Preparation, Hematopoietic Progenitor Cells; Cryopreservation & Storage
Medicaid	WV	38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor
Medicaid	WV	38210	Transplant Prep, Hematopoietic Progenitor Cells; Specfc Cell Deplet W/In Harvest, T-Cell Deplete
Medicaid	WV	38211	Transplant Preparation, Hematopoietic Progenitor Cells; Tumor Cell Deplete
Medicaid	WV	38212	Transplant Preparation, Hematopoietic Progenitor Cells; Red Blood Cell Removal
Medicaid	WV	38213	Transplant Preparation, Hematopoietic Progenitor Cells; Platelet Depletion
Medicaid	WV	38214	Transplant Preparation, Hematopoietic Progenitor Cells; Plasma (Volume) Depletion
Medicaid	WV	38215	Transplant Prep, Hematoiepotic Progenitor Cells; Cell Conc, Plasma/Mononuclear/Buffy Coat
Medicaid	WV	69300	Otoplasty, Protruding Ear, W/Wo Size Reduction
Medicaid	WV	38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor
Medicaid	WV	J0202	Injection, alemtuzumab, 1 mg
Medicaid	WV	J0207	Amifostine
Medicaid	WV	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg
Medicaid	WV	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg
Medicaid	WV	J0223	Injection, givosiran, 0.5 mg
Medicaid	WV	64864	Suture, Facial Nerve; Extracranial
Medicaid	WV	64865	Suture, Facial Nerve; Infratemporal, W/Wo Grafting
Medicaid	WV	64866	Anastomosis; Facial-Spinal Accessory
Medicaid	WV	64868	Anastomosis; Facial-Hypoglossal

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Medicaid	WV	64736	Transection/Avulsion; Mental Nerve
Medicaid	WV	64738	Transection/Avulsion; Inferior Alveolar Nerve, Osteotomy
Medicaid	WV	64740	Transection/Avulsion; Lingual Nerve
Medicaid	WV	64732	Transection/Avulsion; Supraorbital Nerve
Medicaid	WV	64742	Transection/Avulsion; Facial Nerve, Differential/Complete
Medicaid	WV	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
Medicaid	WV	A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
Medicaid	WV	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	WV	J0180	Agalsidase beta injection
Medicaid	WV	67900	Repair, Brow Ptosis, (Supraciliary/Mid-Forehead/Coronal Approach)
Medicaid	WV	64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint
Medicaid	WV	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
Medicaid	WV	64640	Destruction, Neurolytic; Other Peripheral Nerve/Branch
Medicaid	WV	64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint
Medicaid	WV	38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Allogenic
Medicaid	WV	64716	Neuroplasty &/Or Transposition; Cranial Nerve (Specify)
Medicaid	WV	64734	Transection/Avulsion; Infraorbital Nerve
Medicaid	WV	64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode arra
Medicaid	WV	64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electr
Medicaid	WV	64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
Medicaid	WV	63685	Incision/Placement, Spinal Neurostimulator Pulse Generator/Receiver
Medicaid	WV	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
Medicaid	WV	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separat
Medicaid	WV	63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural
Medicaid	WV	63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural
Medicaid	WV	63190	Laminectomy with rhizotomy; more than 2 segments
Medicaid	WV	21087	Impression & Custom Preparation; Nasal Prosthesis
Medicaid	WV	19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicaid	WV	19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad

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Line of Business	State	Procedure Code	Description
Medicaid	WV	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	WV	20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)
Medicaid	WV	20979	Low Intensity Ultrasound Stimulation To Aid Bone Healing; Noninvasive
Medicaid	WV	21083	Impression & Custom Preparation; Palatal Lift Prosthesis
Medicaid	WV	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	WV	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	WV	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	WV	53449	Repair, Inflatable Urethral/Bladder Neck Sphincter Device, Incl Pump/Reservoir/Cuff
Medicaid	WV	56800	Plastic Repair, Introitus
Medicaid	WV	57335	Vaginoplasty, Intersex State
Medicaid	WV	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	WV	21120	Genioplasty; Augmentation (Autograft, Allograft, Prosthetic Matl)
Medicaid	WV	21194	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/Bone Graft
Medicaid	WV	21196	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/Int Rigid Fixation
Medicaid	WV	21198	Osteotomy, Mandible, Segmental
Medicaid	WV	21208	Osteoplasty, Facial Bones; Augmentation (Autograft, Allograft/Prosthetic Implant)
Medicaid	WV	21209	Osteoplasty, Facial Bones; Reduction
Medicaid	WV	50300	Donor Nephrectomy; Cadaver Donor, Unilat/Bilat W/Prep & Maintenance, Allograft
Medicaid	WV	50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed
Medicaid	WV	51715	Endoscopic Injection, Implant Matl Into Submucosal Tissues, Urethra &/Or Bladder Neck
Medicaid	WV	53445	Insertion, Inflatable Urethra/Bladder Neck Sphincter, W/Placement Pump &/Or Reservoir & Cuff
Medicaid	WV	53447	Removal & Replacement, Inflatable Sphincter W/Pump, Reservoir, Cuff, Same Session
Medicaid	WV	53448	Remov & Replace Inflatable Sphincter W/Pump/Reservoir/Cuff, Infected, W/Irrig & Debride

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Medicaid	WV	61715	MRI guided focused ultrasound high intensity stereotactic intracranial ablation
Medicaid	WV	61735	Creation, Lesion, Stereotactic W/Burr Hole(S), Single/Multiple; Other Subcortical Structures
Medicaid	WV	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (Li
Medicaid	WV	J3393	Injection, betibeglogene autotemcel, per treatment
Medicaid	WV	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
Medicaid	WV	61885	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection Sngle Electrode Array
Medicaid	WV	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	WV	22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12
Medicaid	WV	22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or mo
Medicaid	WV	61624	Transcatheter Perm Occlusion/Embolization, Percutaneous; Cns
Medicaid	WV	22558	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Lumbar
Medicaid	WV	22630	Arthrodesis, Post Interbody W/Laminectomy &/Or Discect, Prep Interspace, Single Interspace; Lumbar
Medicaid	WV	22800	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; Up To 6 Vertebral Segments
Medicaid	WV	22802	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 7 To 12 Vertebral Segments
Medicaid	WV	58999	Unlisted Proc, Female Genital System (Nonobstetrical)
Medicaid	WV	13101	Repair, Complex, Trunk; 2.6 To 7.5 Cm
Medicaid	WV	13131	Repair, Complex, Forehead/Cheeks/Chin/Mouth/Neck/Axillae/Genitalia/Hands/Feet; 1.1-2.5 Cm
Medicaid	WV	58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less;with removal of tube(s) and/or ovary (s)
Medicaid	WV	58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less
Medicaid	WV	58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
Medicaid	WV	58280	Vaginal Hysterectomy; W/Total/Partial Vaginectomy; W/Repair, Enterocele
Medicaid	WV	58285	Vaginal Hysterectomy; Radical
Medicaid	WV	58346	Insertion, Heyman Capsules, Clinical Brachytherapy
Medicaid	WV	58292	Vaginal Hysterectomy, Uterus >250 Gms; W/Removal, Tube(S) &/Or Ovary(S) W/Repair Of Enterocele
Medicaid	WV	57292	Construction, Artificial Vagina; W/Graft
Medicaid	WV	58150	Total Abdominal Hysterectomy W/Wo Removal Tube(S)/Ovary(S)
Medicaid	WV	58240	Pelvic Exenteration, Gynecologic Malignancy
Medicaid	WV	56805	Clitoroplasty, Intersex State
Medicaid	WV	56810	Perineoplasty, Repair, Perineum, Nonobstetrical (Sep Proc)
Medicaid	WV	57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
Medicaid	WV	54440	Plastic Operation, Penis, Injury
Medicaid	WV	54411	Removal & Replacement, Multi-Component Inflatable Penile Prosthesis, Infected, W/ Irrig & Debride

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Line of Business	State	Procedure Code	Description
Medicaid	WV	54416	Removal & Replacement, Non-Inflatable (Semi-Rigid)/Inflatable (Self-Contained) Penile Prosthesis
Medicaid	WV	58553	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus >250gms
Medicaid	WV	58554	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus >250gms; W/Remove Tube(S) &/Or Ovary(S)
Medicaid	WV	58572	Laparoscopy; surgical, with total hysterectomy, for uterus greater than 250 g
Medicaid	WV	58290	Vaginal Hysterectomy, Uterus >250 Gms;
Medicaid	WV	58550	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus 250gms/<
Medicaid	WV	58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
Medicaid	WV	58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra typ
Medicaid	WV	22585	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Add'l Interspace
Medicaid	WV	22554	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Cervical Below C2
Medicaid	WV	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	WV	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	WV	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
Medicaid	WV	58180	Supracervical Abdominal Hysterectomy, W/Wo Removal Tube(S)/Ovary(S)
Medicaid	WV	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
Medicaid	WV	21215	Graft, Bone; Mandible (Includes Obtaining Graft)
Medicaid	WV	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2
Medicaid	WV	47122	Hepatectomy, Resection, Liver; Trisegmentectomy
Medicaid	WV	47125	Hepatectomy, Resection, Liver; Total Left Lobectomy
Medicaid	WV	47130	Hepatectomy, Resection, Liver; Total Right Lobectomy
Medicaid	WV	47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy
Medicaid	WV	47142	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy
Medicaid	WV	47370	Laparoscopy, Surgical, Ablation 1+ Liver Tumor(S); Radiofrequency
Medicaid	WV	47371	Laparoscopy, Surgical, Ablation 1+ Liver Tumor(S); Cryosurgical
Medicaid	WV	47380	Ablation, Open, 1+ Liver Tumor(S); Radiofrequency
Medicaid	WV	47382	Ablation, Open, 1+ Liver Tumor(S), Percutaneous, Radiofrequency
Medicaid	WV	47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation
Medicaid	WV	15877	Suction Assisted Lipectomy; Trunk

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Medicaid	WV	46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])
Medicaid	WV	47135	Liver Allograft Transplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age
Medicaid	WV	33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach
Medicaid	WV	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
Medicaid	WV	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
Medicaid	WV	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	WV	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	WV	T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes
Medicaid	WV	J0175	Injection, donanemab-azbt, 2 mg
Medicaid	WV	J1560	Injection, gamma globulin, intramuscular, over 10 cc
Medicaid	WV	22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace
Medicaid	WV	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	WV	S9128	Speech Therapy, In The Home
Medicaid	WV	S9129	Occupational Therapy, In The
Medicaid	WV	58152	Total Abdominal Hysterectomy W/Wo Removal Tube(S)/Ovary(S); W/Colpo-Urethrocystopexy
Medicaid	WV	22595	Arthrodesis, Posterior Technique, Atlas-Axis
Medicaid	WV	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,
Medicaid	WV	22614	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Add'l Segment
Medicaid	WV	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
Medicaid	WV	22804	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 13+ Vertebral Segments
Medicaid	WV	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 v
Medicaid	WV	21172	Reconstruction Superior-Lateral Orbital Rim & Lower Forehead
Medicaid	WV	21188	Reconstruction, Midface, Osteotomies (Non-Lefort Type), W/Grafts, W/Obtaining Autografts
Medicaid	WV	21206	Osteotomy, Maxilla, Segmental
Medicaid	WV	21270	Malar Augmentation, Prosthetic Matl

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Line of Business	State	Procedure Code	Description
Medicaid	WV	22548	Arthrodesis, Anterior Transoral/Extraoral, Atlas-Axis, W/Wo Excision Odontoid Process
Medicaid	WV	22590	Arthrodesis, Posterior Technique, Craniocervical
Medicaid	WV	L8680	Implantable neurostimulator electrode, each
Medicaid	WV	L8682	Implantable neurostimulator radiofrequency receiver
Medicaid	WV	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
Medicaid	WV	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
Medicaid	WV	L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
Medicaid	WV	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
Medicaid	WV	E1399	Durable medical equipment, miscellaneous
Medicaid	WV	21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
Medicaid	WV	L8679	Implantable neurostimulator, pulse generator, any type
Medicaid	WV	81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)
Medicaid	WV	97139	Unlisted Therapeutic Procedure (Specify)
Medicaid	WV	C1767	Generator, neurostimulator (implantable), nonrechargeable
Medicaid	WV	C1778	Lead, neurostimulator (implantable)
Medicaid	WV	C1787	Patient programmer, neurostimulator
Medicaid	WV	81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score
Medicaid	WV	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence
Medicaid	WV	81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)
Medicaid	WV	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence
Medicaid	WV	81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)
Medicaid	WV	81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)
Medicaid	WV	81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)
Medicaid	WV	81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant
Medicaid	WV	81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence

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Line of Business	State	Procedure Code	Description
Medicaid	WV	81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis
Medicaid	WV	81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1
Medicaid	WV	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3
Medicaid	WV	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4
Medicaid	WV	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6
Medicaid	WV	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7
Medicaid	WV	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8
Medicaid	WV	76390	Mr Spectroscopy
Medicaid	WV	78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation
Medicaid	WV	78609	Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluation
Medicaid	WV	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Medicaid	WV	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Medicaid	WV	78813	Positron emission tomography (PET) imaging; whole body
Medicaid	WV	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	WV	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

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Line of Business	State	Procedure Code	Description
Medicaid	WV	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	WV	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	WV	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	WV	81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	WV	81205	Bckdhd (Branched-Chain Keto Acid Dehydrogenase E1, Beta Polypeptide) (Eg, Maple Syrup Urine Disease) Gene Analysis, Common Variants (Eg, R183P, G278S, E422X)
Medicaid	WV	33203	endoscopic approach (eg, thoracoscopy, pericardioscopy)
Medicaid	WV	19364	Breast Reconstruction W/Free Flap
Medicaid	WV	19357	Breast Reconstruction W/Tissue Expander, Immediate/Delayed, W/Subseq Expansion
Medicaid	WV	62281	Injection/Infusion Neurolytic Substance, W/Wo Therapeutic Substance; Epidural Cervical/Thoracic
Medicaid	WV	62282	Injection/Infusion Neurolytic Substance; Epidural, Lumbar/Caudal
Medicaid	WV	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	WV	19330	Removal, Mammary Implant Matl
Medicaid	WV	19342	Delayed Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction
Medicaid	WV	19350	Nipple/Areola Reconstruction
Medicaid	WV	15876	Suction Assisted Lipectomy; Head & Neck
Medicaid	WV	43842	Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Vertical-Banded Gastroplasty

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Line of Business	State	Procedure Code	Description
Medicaid	WV	43843	Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Non-Vertical-Banded Gastroplasty
Medicaid	WV	43847	Gastric Restrictive Proc, W/Gastric Bypass, Morbid Obesity; W/Small Bowel Reconstruction
Medicaid	WV	43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (s
Medicaid	WV	13132	Repair, Complex, Forehead/Cheeks/Chin/Mouth/Neck/Axillae/Genitalia/Hands/Feet; 2.6-7.5 Cm
Medicaid	WV	43644	Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb <= 150 Cm)
Medicaid	WV	43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction
Medicaid	WV	43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric ba
Medicaid	WV	43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device c
Medicaid	WV	43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous
Medicaid	WV	Q4112	Cymetra, injectable, 1cc
Medicaid	WV	Q4113	GRAFTJACKET XPRESS, injectable, 1cc
Medicaid	WV	Q4111	Gammagraft, per square centimeter
Medicaid	WV	L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ONTROLLED, PEDIATRIC
Medicaid	WV	L6945	Elbow Disart Myoelectronic C
Medicaid	WV	L6965	Shldr Disartic Myoelectronic
Medicaid	WV	L6975	Interscap-Thor Myoelectronic
Medicaid	WV	L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
Medicaid	WV	L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC
Medicaid	WV	L7180	Electronic Elbow Utah Myoele
Medicaid	WV	L7190	Elbow Adolescent Myoelectron
Medicaid	WV	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
Medicaid	WV	L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement
Medicaid	WV	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
Medicaid	WV	L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each
Medicaid	WV	L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband O
Medicaid	WV	Q4103	Oasis burn matrix, per square centimeter
Medicaid	WV	Q4108	Integra matrix, per square centimeter
Medicaid	WV	L5987	Shank Ft W Vert Load Pylon
Medicaid	WV	L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
Medicaid	WV	L6935	Below Elbow Myoelectronic Ct
Medicaid	WV	82542	Column Chromatography/Mass Spectrometry; Quantitative, Single Stationary & Mobile Phase
Medicaid	WV	83921	Organic Acid, Single, Quantitative

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Line of Business	State	Procedure Code	Description
Medicaid	WV	93701	Bioimpedance-derived physiologic cardiovascular analysis
Medicaid	WV	21685	Hyoid Myotomy and Suspension
Medicaid	WV	42145	Palatopharyngoplasty
Medicaid	WV	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	WV	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	WV	L1810	Knee orthosis (KO), elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
Medicaid	WV	L1820	Ko Elas W/ Condyle Pads & Jo
Medicaid	WV	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
Medicaid	WV	L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf
Medicaid	WV	L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
Medicaid	WV	L0628	Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
Medicaid	WV	L0630	Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
Medicaid	WV	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	WV	L0632	LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 v

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Line of Business	State	Procedure Code	Description
Medicaid	WV	L0633	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
Medicaid	WV	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	WV	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	WV	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	WV	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	WV	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	WV	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	WV	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS
Medicaid	WV	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	WV	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	WV	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicaid	WV	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	WV	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU
Medicaid	WV	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED
Medicaid	WV	K0899	Power mobility device, not coded by DME PDAC or does not meet criteria
Medicaid	WV	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 3
Medicaid	WV	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	WV	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicaid	WV	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUN
Medicaid	WV	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	WV	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	WV	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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Line of Business	State	Procedure Code	Description
Medicaid	WV	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	WV	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS
Medicaid	WV	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	WV	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	WV	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	WV	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	WV	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	WV	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicaid	WV	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	WV	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	WV	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO
Medicaid	WV	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	WV	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	WV	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	WV	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	WV	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	WV	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU
Medicaid	WV	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	WV	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	WV	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	WV	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	WV	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	WV	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	WV	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

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Line of Business	State	Procedure Code	Description
Medicaid	WV	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	WV	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	WV	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 30
Medicaid	WV	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicaid	WV	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	WV	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	WV	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	WV	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	WV	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS
Medicaid	WV	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	WV	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED
Medicaid	WV	J3520	Edetate Disodium Per 150 Mg
Medicaid	WV	K0010	Stnd Wt Frame Power Whlchr
Medicaid	WV	K0011	Stnd Wt Pwr Whlchr W Control
Medicaid	WV	K0012	Ltwt Portbl Power Whlchr
Medicaid	WV	J0895	Injection, deferoxamine mesylate, 500 mg
Medicaid	WV	J0470	Dimecaprol Injection
Medicaid	WV	J0600	Edetate Calcium Disodium Inj
Medicaid	WV	83884	Neurofilament light chain
Medicaid	WV	84393	Tau, phosphorylated
Medicaid	WV	84394	Tau, total
Medicaid	WV	82234	Beta-amyloid; 1-42
Medicaid	WV	38241	Hematopoietic progenitor cell (HPC); autologous transplantation
Medicaid	WV	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
Medicaid	WV	E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
Medicaid	WV	11952	Subq Injection, Filling Matl; 5.1 To 10.0 Cc
Medicaid	WV	11954	Subq Injection, Filling Matl; > 10.0 Cc
Medicaid	WV	15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
Medicaid	WV	38230	Bone marrow harvesting for transplantation; allogeneic
Medicaid	WV	31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral
Medicaid	WV	G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes

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Line of Business	State	Procedure Code	Description
Medicaid	WV	E2510	Speech generating device, synthesized speech, permitting multiple methods
Medicaid	WV	E2506	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.
Medicaid	WV	E2606	Position wc cush wth>=22 in
Medicaid	WV	E2608	Skin pro/pos wc cus wd>=22in
Medicaid	WV	E2605	Position wc cush wth <22 in
Medicaid	WV	E2612	Gen use back cush wth>=22in
Medicaid	WV	E2609	Custom fabricate w/c cushion
Medicaid	WV	E2614	Position back cush wd>=22in
Medicaid	WV	E2613	Position back cush wd <22in
Medicaid	WV	E2615	Pos back post/lat wth <22in
Medicaid	WV	E2616	Pos back post/lat wth>=22in
Medicaid	WV	E2617	Custom fab w/c back cushion
Medicaid	WV	E2619	Replace cover w/c seat cush
Medicaid	WV	E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
Medicaid	WV	E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
Medicaid	WV	E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type
Medicaid	WV	E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
Medicaid	WV	E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
Medicaid	WV	E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
Medicaid	WV	E2633	Wheelchair accessory, addition to mobile arm support, supinator
Medicaid	WV	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	WV	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	WV	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	WV	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicaid	WV	E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE,
Medicaid	WV	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,
Medicaid	WV	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicaid	WV	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT
Medicaid	WV	E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY,
Medicaid	WV	E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE,

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Line of Business	State	Procedure Code	Description
Medicaid	WV	E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE,
Medicaid	WV	E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
Medicaid	WV	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
Medicaid	WV	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
Medicaid	WV	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED
Medicaid	WV	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
Medicaid	WV	E2397	Power wheelchair accessory, lithium-based battery, each
Medicaid	WV	E2402	Negative pressure wound therapy electrical pump, stationary or portable
Medicaid	WV	E2502	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.
Medicaid	WV	E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.
Medicaid	WV	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling
Medicaid	WV	E2327	Power wheelchair accessory, head control interface, mechanical, proportional
Medicaid	WV	E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional
Medicaid	WV	E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional
Medicaid	WV	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
Medicaid	WV	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicaid	WV	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
Medicaid	WV	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
Medicaid	WV	E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
Medicaid	WV	E2360	Power wheelchair accessory, 22 nf non-sealed lead acid battery, each
Medicaid	WV	E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
Medicaid	WV	E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each
Medicaid	WV	E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each
Medicaid	WV	E2368	Power wheelchair component, drive wheel motor, replacement only
Medicaid	WV	E2369	Power wheelchair component, drive wheel gear box, replacement only
Medicaid	WV	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
Medicaid	WV	E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
Medicaid	WV	E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each
Medicaid	WV	E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mount
Medicaid	WV	E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
Medicaid	WV	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each

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Line of Business	State	Procedure Code	Description
Medicaid	WV	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
Medicaid	WV	E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each
Medicaid	WV	E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
Medicaid	WV	E2219	Manual wheelchair accessory, foam caster tire, any size, each
Medicaid	WV	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
Medicaid	WV	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
Medicaid	WV	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
Medicaid	WV	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
Medicaid	WV	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
Medicaid	WV	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
Medicaid	WV	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
Medicaid	WV	E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
Medicaid	WV	E2291	Planar back for ped size wc
Medicaid	WV	E2293	Contour back for ped size wc
Medicaid	WV	E2294	Contour seat for ped size wc
Medicaid	WV	E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multip
Medicaid	WV	E2310	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid	WV	E2311	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid	WV	E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional
Medicaid	WV	E2321	Power wheelchair accessory, hand control interface, remote joystick,
Medicaid	WV	E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches
Medicaid	WV	E2323	Power wheelchair accessory, specialty joystick handle for hand control
Medicaid	WV	E2324	Power wheelchair accessory, chin cup for chin control interface
Medicaid	WV	E2201	Manual wheelchair accessory, nonstandard seat frame, width 20-24 in.
Medicaid	WV	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
Medicaid	WV	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
Medicaid	WV	E2208	Wheelchair accessory, cylinder tank carrier, each
Medicaid	WV	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
Medicaid	WV	E1161	Manual Adult Size Wheelchair, Includes Tilt In Space
Medicaid	WV	E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
Medicaid	WV	E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, W Seating
Medicaid	WV	E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adj, Wo Seating

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Medicaid	WV	E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, Wo Seating
Medicaid	WV	E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System
Medicaid	WV	E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System
Medicaid	WV	E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating Syst
Medicaid	WV	E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System
Medicaid	WV	E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg
Medicaid	WV	E1010	Wheelchair accessory, addition to power seating system, power leg elevation
Medicaid	WV	E1011	Modification To Pediatric Wheelchair, Width Adjustment Package (Not To
Medicaid	WV	E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
Medicaid	WV	E1015	Shock Absorber For Manual Wheelchair, Each
Medicaid	WV	E1016	Shock Absorber For Power Wheelchair, Each
Medicaid	WV	E1014	Reclining Back, Addition To Pediatric Wheelchair
Medicaid	WV	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware
Medicaid	WV	E1030	Wheelchair accessory, ventilator tray, gimbale
Medicaid	WV	E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
Medicaid	WV	E0955	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each
Medicaid	WV	E0956	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each
Medicaid	WV	E0958	Whlchr Att- Conv 1 Arm Drive
Medicaid	WV	E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
Medicaid	WV	E0969	Wheelchair Narrowing Device
Medicaid	WV	E0981	Wheelchair accessory, seat upholstery, replacement only, each
Medicaid	WV	E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized
Medicaid	WV	E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized
Medicaid	WV	E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
Medicaid	WV	E0992	Wheelchair Solid Seat Insert
Medicaid	WV	E1003	Wheelchair accessory, power seating system, recline only, without shear
Medicaid	WV	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear
Medicaid	WV	E1005	Wheelchair accessory, power seatng system, recline only, with power shear
Medicaid	WV	E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction
Medicaid	WV	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction
Medicaid	WV	E0760	Osteogen Ultrasound Stimltor
Medicaid	WV	E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type
Medicaid	WV	E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress

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Line of Business	State	Procedure Code	Description
Medicaid	WV	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)
Medicaid	WV	E0250	Hosp Bed Fixed Ht W/ Mattres
Medicaid	WV	E0260	Hosp Bed Semi-Electr W/ Matt
Medicaid	WV	E0261	Hosp Bed Semi-Electr W/O Mat
Medicaid	WV	E0277	Powered Pres-Redu Air Mattrs
Medicaid	WV	E0303	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress
Medicaid	WV	B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
Medicaid	WV	B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
Medicaid	WV	B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
Medicaid	WV	B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
Medicaid	WV	B4160	EF ped caloric dense >/=0.7kc
Medicaid	WV	B4161	EF ped hydrolyzed/amino acid
Medicaid	WV	B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
Medicaid	WV	B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, v
Medicaid	WV	B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
Medicaid	WV	B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit
Medicaid	WV	B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
Medicaid	WV	97605	Negative Pressure Wound Therapy, Per Session; Total Area </= 50 Sq Cm
Medicaid	WV	37215	Transcatheter Placement Of Intravascular Stent(S), Cervical Carotid Artery, Percutaneous; With Distal Embolic Protection
Medicaid	WV	95921	Testing, Autonomic Nervous System; Cardiovagal Innervation Parasympathetic

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Line of Business	State	Procedure Code	Description
Medicaid	WV	95923	Testing of autonomic nervous system function; vasomotor adrenergic innervations (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt
Medicaid	WV	36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
Medicaid	WV	91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report
Medicaid	WV	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)
Medicaid	WV	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	WV	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)
Medicaid	WV	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
Medicaid	WV	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
Medicaid	WV	88356	Morphometric Analysis; Nerve
Medicaid	WV	36475	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Radiofrequency; First Vein Treated
Medicaid	WV	36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Laser; First Vein Treated
Medicaid	WV	36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
Medicaid	WV	86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required
Medicaid	WV	86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);
Medicaid	WV	L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder
Medicaid	WV	76125	Cineradiography/Videoradiography W/Routine Exam
Medicaid	WV	76120	Cineradiography/Videoradiology, Except Where Specifically Included
Medicaid	WV	58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
Medicaid	WV	58291	Vaginal Hysterectomy, Uterus >250 Gms; W/Removal, Tube(S) &/Or Ovary(S)
Medicaid	WV	58552	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus 250gms/<; W/Removal, Tube(S) &/Or Ovary(S)

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Medicaid	WV	58573	Laparoscopy; surgical, with total hysterectomy, for uterus greater than 250 g, with removal of tube(s) and/or ovary (s)
Medicaid	WV	58260	Vaginal hysterectomy, for uterus 250 g or less;
Medicaid	WV	58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
Medicaid	WV	93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
Medicaid	WV	93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
Medicaid	WV	93624	Electrophys, Follow-Up Study W/Pacing & Recording W/Arrhyth Induction
Medicaid	WV	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
Medicaid	WV	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicaid	WV	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	WV	H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes
Medicaid	WV	95805	Multiple Sleep Latency Test, Multiple Trails
Medicaid	WV	33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed
Medicaid	WV	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupl
Medicaid	WV	64600	Destruction, Neurolytic, Trigeminal Nerve; Supraorbital/Infraorbital/Mental/Inferior Alveolar
Medicaid	WV	64610	Destruction, Neurolytic, Trigeminal Nerve; 2nd & 3rd Division W/Radiologic Monitoring
Medicaid	WV	61863	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array
Medicaid	WV	61864	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; ea addl Array
Medicaid	WV	61867	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array
Medicaid	WV	61868	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; ea addl Array
Medicaid	WV	61886	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection 2+ Electrode Arrays
Medicaid	WV	62263	Lysis, Perq, Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 2 Days/>

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Line of Business	State	Procedure Code	Description
Medicaid	WV	62264	Lysis, Perq Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 1 Day
Medicaid	WV	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar
Medicaid	WV	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
Medicaid	WV	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicaid	WV	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
Medicaid	WV	50360	Renal Allotransplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy
Medicaid	WV	43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
Medicaid	WV	43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open
Medicaid	WV	43882	Revision or removal of gastric neurostimulator electrodes, antrum, open
Medicaid	WV	48554	Transplantation, Pancreatic Allograft
Medicaid	WV	48556	Removal, Transplanted Pancreatic Allograft
Medicaid	WV	50340	Recipient Nephrectomy (Sep Proc)
Medicaid	WV	50365	Renal Allotransplantation, Implantation, Graft; W/Recipient Nephrectomy
Medicaid	WV	50547	Laparoscopy, Surgical; Donor Nephrectomy, Living Donor W/O Allograft Prep & Maintenance
Medicaid	WV	31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)
Medicaid	WV	32851	Lung Transplant, Single; W/O Cardiopulmonary Bypass
Medicaid	WV	32852	Lung Transplant, Single; W/Cardiopulmonary Bypass
Medicaid	WV	32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass
Medicaid	WV	32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass
Medicaid	WV	33935	Heart-Lung Transplant W/Recipient Cardectomy-Pneumonectomy
Medicaid	WV	33975	Insertion, Ventricular Assist Device; Extracorporeal, Single Ventricle
Medicaid	WV	33979	Insertion, Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle
Medicaid	WV	33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
Medicaid	WV	33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary
Medicaid	WV	33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only
Medicaid	WV	33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transeptal puncture
Medicaid	WV	33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only

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Medicaid	WV	19300	Mastectomy for gynecomastia
Medicaid	WV	21154	Reconstruction Midface, Lefort Iii, W/Bone Grafts; W/O Lefort I
Medicaid	WV	21244	Reconstruction, Mandible, Extraoral, W/Transosteal Bone Plate
Medicaid	WV	21247	Reconstruction, Mandibular Condyle W/Bone & Cartilage Autografts
Medicaid	WV	21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open
Medicaid	WV	31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa
Medicaid	WV	E2210	Wheelchair accessory, bearings, any type, replacement only, each
Medicaid	WV	33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach
Medicaid	WV	33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)
Medicaid	WV	S9126	Hospice Care, In The Home, P
Medicaid	WV	T2043	Hospice continuous home care; per hour
Medicaid	WV	V2790	Amniotic Membrane
Medicaid	WV	Q5001	Hospice or home health care provided in patient's home/residence
Medicaid	WV	Q5002	Hospice or home health care provided in assisted living facility
Medicaid	WV	Q5003	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY (LTC) OR NON-SKILLED
Medicaid	WV	Q5007	HOSPICE CARE PROVIDED IN LONG TERM CARE FACILITY
Medicaid	WV	33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach
Medicaid	WV	33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach
Medicaid	WV	Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm
Medicaid	WV	Q4110	Primatrix, per square centimeter
Medicaid	WV	Q4121	Theraskin, per square centimeter
Medicaid	WV	E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface
Medicaid	WV	E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type
Medicaid	WV	G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
Medicaid	WV	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
Medicaid	WV	G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
Medicaid	WV	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	WV	33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)
Medicaid	WV	G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
Medicaid	WV	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
Medicaid	WV	G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes

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Medicaid	WV	L7499	Upper extremity prosthesis, not otherwise specified
Medicaid	WV	Q4101	Apligraf, per square centimeter
Medicaid	WV	Q4102	Oasis wound matrix, per square centimeter
Medicaid	WV	Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter
Medicaid	WV	33263	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Dual Lead System
Medicaid	WV	65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
Medicaid	WV	93580	Perc Transcatheter Closure, Congenital Interatrial Communication W/Implant
Medicaid	WV	33264	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Multiple Lead System
Medicaid	WV	33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
Medicaid	WV	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	WV	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	WV	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	WV	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	WV	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	WV	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	WV	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	WV	31201	Ethmoidectomy; Intranasal, Total
Medicaid	WV	31205	Ethmoidectomy; Extranasal, Total
Medicaid	WV	33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber

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Line of Business	State	Procedure Code	Description
Medicaid	WV	15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less
Medicaid	WV	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	WV	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	WV	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	WV	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	WV	30120	Excision/Surgical Planing, Skin, Nose, Rhinophyma
Medicaid	WV	30410	Rhinoplasty, Primary; Complete, Ext Parts W/Bony Pyramid, Lat & Alar Cartilages &/Or Elev Nasal Tip
Medicaid	WV	L7510	Prosthetic Device Repair Rep
Medicaid	WV	28446	Open osteochondral autograft, talus (includes obtaining grafts)
Medicaid	WV	27860	Manipulation, Ankle Under General Anesthesia
Medicaid	WV	27488	Removal, Knee Prosthesis, Methylmethacrylate W/Wo Spacer Insertion
Medicaid	WV	27120	Acetabuloplasty;
Medicaid	WV	27122	Acetabuloplasty; Resection, Femoral Head
Medicaid	WV	E0601	Continuous positive airway pressure (cpap) device
Medicaid	WV	E0748	Elec Osteogen Stim Spinal
Medicaid	WV	E0470	Respiratory assist device, bi-level pressure capability, without backup rate
Medicaid	WV	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate
Medicaid	WV	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
Medicaid	WV	81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy
Medicaid	WV	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score
Medicaid	WV	81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis
Medicaid	WV	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	WV	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant
Medicaid	WV	81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)
Medicaid	WV	81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11

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Medicaid	WV	43632	Gastrectomy, Partial, Distal; W/Gastrojejunostomy
Medicaid	WV	81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant
Medicaid	WV	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)
Medicaid	WV	14060	Adjacent Tissue Transfer/Rearrangement, Eyelids/Nose/Ears/Lips; Defect 10 Sq Cm/<
Medicaid	WV	14061	Adjacent Tissue Transfer/Rearrangement, Eyelids/Nose/Ears/Lips; Defect 10.1-30.0 Sq Cm
Medicaid	WV	15841	Graft, Facial Nerve Paralysis; Free Muscle Graft (W/Obtaining Graft)
Medicaid	WV	15845	Graft, Facial Nerve Paralysis; Regional Muscle Transfer
Medicaid	WV	21160	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/Lefort I
Medicaid	WV	81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	WV	81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	WV	81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	WV	21230	Graft; Rib Cartilage, Autogenous, Face/Chin/Nose/Ear (Includes Obtaining Graft)
Medicaid	WV	21235	Graft; Ear Cartilage, Autogenous, Nose/Ear (Includes Obtaining Graft)
Medicaid	WV	21255	Reconstruction, Zygomatic Arch/Glenoid Fossa W/Bone & Cartilage (Includes Obtaining Autografts)
Medicaid	WV	30400	Rhinoplasty, Primary; Lateral & Alar Cartilages &/Or Elevation, Nasal Tip
Medicaid	WV	30420	Rhinoplasty, Primary; W/Major Septal Repair
Medicaid	WV	30435	Rhinoplasty, Secondary; Intermediate Revision (Bony Work W/Osteotomies)
Medicaid	WV	30520	Septoplasty/Submucous Resection W/Wo Cartilage Scoring/Contouring/Graft
Medicaid	WV	81270	Jak2 (Janus Kinase 2) (Eg, Myeloproliferative Disorder) Gene Analysis, P.Val617Phe (V617F) Variant
Medicaid	WV	81275	Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) (Eg, Carcinoma) Gene Analysis, Variants In Codons 12 And 13
Medicaid	WV	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)
Medicaid	WV	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)
Medicaid	WV	81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	WV	81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants

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Medicaid	WV	81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	WV	81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	WV	81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	WV	81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	WV	13102	Repair, Complex, Trunk; Add'l 5.0 Cm/<
Medicaid	WV	81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	WV	81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	WV	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	WV	58275	Vaginal Hysterectomy, W/Total/Partial Vaginectomy
Medicaid	WV	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	WV	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
Medicaid	WV	81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis
Medicaid	WV	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis
Medicaid	WV	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
Medicaid	WV	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
Medicaid	WV	81210	Braf (V-Raf Murine Sarcoma Viral Oncogene Homolog B1) (Eg, Colon Cancer), Gene Analysis, V600E Variant
Medicaid	WV	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants
Medicaid	WV	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
Medicaid	WV	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	WV	J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml
Medicaid	WV	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis
Medicaid	WV	78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Rest, Spect, & Ejection Fraction W/Wo Quantification
Medicaid	WV	54400	Insertion, Penile Prosthesis; Non-Inflatable (Semi-Rigid)

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Line of Business	State	Procedure Code	Description
Medicaid	WV	54405	Insertion, (Multi-Component) Inflatable Penile Prosthesis
Medicaid	WV	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	WV	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	WV	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	WV	78454	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	WV	78459	Myocardial Imaging, Positron Emission Tomography (Pet), Metabolic Evaluation
Medicaid	WV	78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative/Quantitative
Medicaid	WV	78468	Myocardial Imaging, Infarct Avid, Planar; W/Ejection Fraction, 1st Pass Technique
Medicaid	WV	78469	Myocardial Imaging, Infarct Avid, Planar; Tomographic Spect W/Wo Quantification
Medicaid	WV	78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study, Rest/Stress
Medicaid	WV	78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Multiple Studies, Rest/Stress
Medicaid	WV	78481	Cardiac Blood Pool Imaging, Planar, 1st Pass; Single Study & Ejection Fraction W/Wo Quantification
Medicaid	WV	78483	Cardiac Blood Pool Imaging, Planar, 1st Pass; Mult Studies, Rest & Stress & Eject Fractn W/Wo Quant
Medicaid	WV	78491	Myocardial Pet; Single Study, Rest/Stress
Medicaid	WV	78492	Myocardial Pet; Multiple Studies, Rest &/Or Stress
Medicaid	WV	77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
Medicaid	WV	77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
Medicaid	WV	77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
Medicaid	WV	78453	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	WV	E0482	Cough stimulating device, alternating positive and negative airway pressure
Medicaid	WV	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	WV	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	WV	77520	Proton Treatment Delivery; Simple W/O Compensation
Medicaid	WV	77523	Proton Treatment Delivery; Intermediate
Medicaid	WV	77522	Proton Treatment Delivery; Simple W/Compensation
Medicaid	WV	77525	Proton Treatment Delivery; Complex

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Line of Business	State	Procedure Code	Description
Medicaid	WV	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	WV	77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
Medicaid	WV	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
Medicaid	WV	77301	Intensity Modulated Radiotherapy Plan W/Dose Volume Histograms
Medicaid	WV	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT
Medicaid	WV	77047	Magnetic resonance imaging, breast, without contrast material; bilateral
Medicaid	WV	77046	Magnetic resonance imaging, breast, without contrast material; unilateral
Medicaid	WV	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid	WV	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D ima
Medicaid	WV	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of
Medicaid	WV	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, inc
Medicaid	WV	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, wit
Medicaid	WV	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast materi
Medicaid	WV	76391	Magnetic resonance (eg, vibration) elastography
Medicaid	WV	76965	Us Guided, Interstitial Radioelement Application
Medicaid	WV	74181	Mri, Abdomen; W/O Contrast Matl(S)
Medicaid	WV	74177	Computed tomography, abdomen and pelvis; with contrast material(s)
Medicaid	WV	74183	Mri, Abdomen; W/O Contrast Matl(S) Followed By Contrast Matl(S) & Further Sequences
Medicaid	WV	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including
Medicaid	WV	74263	Computed tomographic (CT) colonography, screening, including image postprocessing
Medicaid	WV	74185	Mra, Abdomen, W/Wo Contrast
Medicaid	WV	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
Medicaid	WV	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single of first gestation
Medicaid	WV	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
Medicaid	WV	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Medicaid	WV	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid	WV	73720	Mri, Lower Extremity, Other Than Joint; W/O Contrast Matl(S), Followed Contrast Matl(S) & Furthr Seq
Medicaid	WV	73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl
Medicaid	WV	73722	Mri, Any Joint, Lower Extremity; W/Contrast Matl(S)

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Medicaid	WV	74150	Ct Scan, Abdomen; W/O Contrast
Medicaid	WV	74160	Computed tomography, abdomen; with contrast material(s)
Medicaid	WV	73723	Mri, Any Joint, Lower Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Seq
Medicaid	WV	74170	Ct Scan, Abdomen; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	WV	74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing
Medicaid	WV	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and im
Medicaid	WV	74176	Computed tomography, abdomen and pelvis; without contrast material
Medicaid	WV	73225	Mra, Upper Extremity, W/Wo Contrast
Medicaid	WV	73700	Ct Scan, Lower Extremity; W/O Contrast
Medicaid	WV	73701	Ct Scan, Lower Extremity; W/Contrast
Medicaid	WV	21121	Genioplasty; Sliding Osteotomy, Single Piece
Medicaid	WV	73718	Mri, Lower Extremity Other Than Joint; W/O Contrast Matl(S)
Medicaid	WV	73719	Mri, Lower Extremity Other Than Joint; W/Contrast Matl(S)
Medicaid	WV	73702	Ct Scan, Lower Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	WV	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed
Medicaid	WV	73202	Ct Scan, Upper Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	WV	73201	Ct Scan, Upper Extremity; W/Contrast
Medicaid	WV	73219	Mri, Upper Extremity, Other Than Joint; W/Contrast Matl(S)
Medicaid	WV	73220	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Sequenc
Medicaid	WV	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed
Medicaid	WV	73218	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)
Medicaid	WV	73222	Mri, Any Joint, Upper Extremity; W/Contrast Matl(S)
Medicaid	WV	73221	Mri, Any Joint, Upper Extremity; W/O Contrast Matl(S)
Medicaid	WV	73223	Mri, Any Joint Of Upper Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequ
Medicaid	WV	72193	Ct Scan, Pelvis; W/Contrast
Medicaid	WV	72194	Ct Scan, Pelvis; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	WV	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and ima
Medicaid	WV	72192	Ct Scan, Pelvis; W/O Contrast
Medicaid	WV	72196	Mri, Pelvis; W/Contrast Matl(S)
Medicaid	WV	72198	Mra, Pelvis, W/Wo Contrast
Medicaid	WV	73200	Ct Scan, Upper Extremity; W/O Contrast
Medicaid	WV	54360	Plastic Operation, Penis To Correct Angulation
Medicaid	WV	24300	Manipulation, Elbow, Under Anesthesia
Medicaid	WV	72148	Mri, Lumbar Spine; W/O Contrast
Medicaid	WV	72149	Mri, Lumbar Spine; W/Contrast
Medicaid	WV	72156	Mri, Spine W/O Contrast, Then W/Contrast; Cervical
Medicaid	WV	72157	Mri, Spine W/O Contrast, Then W/Contrast; Thoracic
Medicaid	WV	72158	Mri, Spine W/O Contrast, Then W/Contrast; Lumbar

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Line of Business	State	Procedure Code	Description
Medicaid	WV	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	WV	72141	Mri, Cervical Spine; W/O Contrast
Medicaid	WV	72142	Mri, Cervical Spine; W/Contrast
Medicaid	WV	72146	Mri, Thoracic Spine; W/O Contrast
Medicaid	WV	72147	Mri, Thoracic Spine; W/Contrast
Medicaid	WV	71555	Mra, Chest (Exclude Myocardium), W/Wo Contrast Matl(S)
Medicaid	WV	72125	Computed tomography, cervical spine; without contrast material
Medicaid	WV	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	WV	72129	Computed tomography, thoracic spine; with contrast material
Medicaid	WV	72132	Computed tomography, lumbar spine; with contrast material
Medicaid	WV	70551	Mri, Brain; W/O Contrast
Medicaid	WV	70552	Mri, Brain; W/Contrast
Medicaid	WV	70553	Mri, Brain; W/O Contrast, Then W/Contrast & Further Sequences
Medicaid	WV	71260	Ct Scan, Thorax; W/Contrast Matl(S)
Medicaid	WV	71270	Ct Scan, Thorax; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	WV	71550	Mri, Chest; W/O Contrast Matl(S)
Medicaid	WV	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	WV	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	WV	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	WV	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
Medicaid	WV	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
Medicaid	WV	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast ma
Medicaid	WV	70546	Mra, Head; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	WV	70547	Mra, Neck; W/O Contrast Matl(S)
Medicaid	WV	70544	Mra, Head; W/O Contrast Matl(S)
Medicaid	WV	97116	Therapeutic Proc, 1+ Areas, Each 15 Min; Gait Training (W/Stair Climbing)
Medicaid	WV	70548	Mra, Neck; W/Contrast Matl(S)
Medicaid	WV	70450	Ct Scan, Head/Brain; W/O Contrast Matl
Medicaid	WV	70460	Ct Scan, Head/Brain; W/Contrast Matl(S)
Medicaid	WV	70470	Ct Scan, Head/Brain; W/O Contrast, Then W/Contrast
Medicaid	WV	70480	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast
Medicaid	WV	70481	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/Contrast
Medicaid	WV	70488	Ct Scan, Maxillofacial Area; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	WV	70490	Ct Scan, Soft Tissue Neck; W/O Contrast Matl
Medicaid	WV	70491	Ct Scan, Soft Tissue Neck; W/Contrast Matl(S)
Medicaid	WV	70486	Ct Scan, Maxillofacial Area; W/O Contrast Matl
Medicaid	WV	70487	Ct Scan, Maxillofacial Area; W/Contrast Matl(S)
Medicaid	WV	70492	Ct Scan, Neck Tissue; W/O Contrast, Then W/Contrast & Further Sections

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Medicaid	WV	70336	Mri, Temporomandibular Joints
Medicaid	WV	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
Medicaid	WV	97112	Therapeutic Proc, 1+ Areas, Each 15 Min; Neuromuscular Reeducation
Medicaid	WV	97113	Therapeutic Proc, 1+ Areas, Each 15 Min; Aquatic Therapy W/Exercises
Medicaid	WV	J3262	Injection, tocilizumab, 1 mg
Medicaid	WV	J0174	Injection, lecanemab-irmb, 1 mg
Medicaid	WV	97110	Therapeutic Proc, 1+ Areas, Each 15 Min; Therapeutic Exercises
Medicaid	WV	22819	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 3 / More
Medicaid	WV	22818	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 1-2 Segs
Medicaid	WV	J1823	Injection, inebilizumab-cdon, 1 mg
Medicaid	WV	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
Medicaid	WV	J1411	Injection, etranacogene dezaparvec-drlb, per therapeutic dose
Medicaid	WV	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicaid	WV	97032	Application, Modality 1+ Areas; Electrical Stimulation (Manual), Each 15 Min
Medicaid	WV	97026	Application of a modality to 1 or more areas; infrared
Medicaid	WV	97034	Application, Modality To 1+ Areas; Contrast Baths, Each 15 Min
Medicaid	WV	97035	Application, Modality To 1+ Areas; Ultrasound, Each 15 Min
Medicaid	WV	22808	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 2 To 3 Vertebral Segments
Medicaid	WV	22810	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 4 To 7 Vertebral Segments
Medicaid	WV	22812	Spinal Fixation, Wiring, Spinous Processes
Medicaid	WV	21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining
Medicaid	WV	21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes o
Medicaid	WV	21175	Reconstruction, Bifrontal, Superior-Lateral Orbital Rims & Lower Forehead
Medicaid	WV	21179	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Grafts (Allograft/Prosthetic)
Medicaid	WV	97018	Application of a modality to 1 or more areas; paraffin bath
Medicaid	WV	21256	Reconstruction, Orbit W/Osteotomies & Bone Grafts (Includes Obtaining Autografts)
Medicaid	WV	21210	Graft, Bone; Nasal, Maxillary/Malar Areas (Includes Obtaining Graft)
Medicaid	WV	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin
Medicaid	WV	97012	Application of a modality to 1 or more areas; traction, mechanical
Medicaid	WV	21125	Augmentation, Mandibular Body/Angle; Prosthetic Matl
Medicaid	WV	21141	Reconstruction Midface, Lefort I; 1 Piece, W/O Bone Graft
Medicaid	WV	21145	Reconstruction Midface, Lefort I; 1 Piece, W/Bone Grafts
Medicaid	WV	19380	Revision, Reconstructed Breast
Medicaid	WV	20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (a
Medicaid	WV	19340	Immediate Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction
Medicaid	WV	19355	Correction, Inverted Nipples

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Line of Business	State	Procedure Code	Description
Medicaid	WV	19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant
Medicaid	WV	19367	Breast Reconstruction W/Myocutaneous (Tram) Flap, Single Pedicle W/Closure Donor Site;
Medicaid	WV	21137	Reduction Forehead; Contouring Only
Medicaid	WV	19316	Mastopexy
Medicaid	WV	19325	Mammoplasty, Augmentation; W/Prosthetic Implant
Medicaid	WV	19318	Reduction Mammoplasty
Medicaid	WV	19328	Removal, Intact Mammary Implant
Medicaid	WV	17108	Destruction, Cutaneous Vascular Proliferative Lesions; > 50.0 Sq Cm
Medicaid	WV	15840	Graft, Facial Nerve Paralysis; Free Fascia Graft (W/Obtaining Fascia)
Medicaid	WV	15842	Graft, Facial Nerve Paralysis; Free Muscle Flap, Microsurgical Technique
Medicaid	WV	17106	Destruction, Cutaneous Vascular Proliferative Lesions; < 10 Sq Cm
Medicaid	WV	17107	Destruction, Cutaneous Vascular Proliferative Lesions; 10.0-50.0 Sq Cm
Medicaid	WV	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy, abdomen, infraumbilical panniculectomy)