



South Country Health Alliance

Medicaid Medical Prior Authorization Grid

Document 7584

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Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual	Note
Digestive System	Bariatric Surgery	43644	Bypass of stomach using an endoscope		CP:Procedures - Bariatric or Metabolic Surgery or Bariatric or Metabolic Surgery (Adolescent)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	Bariatric Surgery	43645	Bypass of stomach with reconstruction of small bowel using an endoscope		CP:Procedures - Bariatric or Metabolic Surgery or Bariatric or Metabolic Surgery (Adolescent)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	Bariatric Surgery	43770	Insertion of adjustable stomach reduction device using an endoscope		CP:Procedures - Bariatric or Metabolic surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	Bariatric Surgery	43771	Adjustment of stomach reduction device using an endoscope		CP:Procedures - Bariatric or Metabolic Surgery or Bariatric or Metabolic Surgery (Adolescent)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	Bariatric Surgery	43772	Removal of stomach reduction device using an endoscope		CP:Procedures - Bariatric or Metabolic Surgery or Bariatric or Metabolic Surgery (Adolescent)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	Bariatric Surgery	43773	Replacement of stomach reduction device using an endoscope		CP:Procedures - Bariatric or Metabolic Surgery or Bariatric or Metabolic Surgery (Adolescent)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	Bariatric Surgery	43774	Removal of stomach reduction device and port using an endoscope		CP:Procedures - Bariatric or Metabolic Surgery or Bariatric or Metabolic Surgery (Adolescent)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	Bariatric Surgery	43775	Partial removal of stomach for weight loss using an endoscope		CP:Procedures - Bariatric or Metabolic Surgery or Bariatric or Metabolic Surgery (Adolescent)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	Bariatric Surgery	43842	Banding of upper stomach to reduce size of stomach			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	Bariatric Surgery	43843	Reduction of size of upper stomach			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	

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Digestive System	Bariatric Surgery	43845	Partial removal of stomach, upper bowel, and ileum for weight loss		CP:Procedures - Bariatric or Metabolic surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	Bariatric Surgery	43846	Bypass of stomach for weight loss with Roux-en-Y connection of upper bowel to upper stomach		CP:Procedures - Bariatric or Metabolic Surgery or Bariatric or Metabolic Surgery (Adolescent)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	Bariatric Surgery	43847	Bypass of stomach for weight loss with small bowel reconstruction		CP:Procedures - Bariatric or Metabolic Surgery or Bariatric or Metabolic Surgery (Adolescent)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	Bariatric Surgery	43848	Revision of upper stomach bypass		CP:Procedures - Bariatric or Metabolic Surgery or Bariatric or Metabolic Surgery (Adolescent)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	Bariatric Surgery	43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastropasty (ESG), including argon plasma coagulation, when performed			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	GI Procedures	43284	Insertion of magnetic band around base of esophagus to tighten opening into stomach using an endoscope		CP:Procedures - Antireflux Surgery or Hiatal Hernia Repair	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	GI Procedures	43647	Implantation or replacement of neurostimulator electrodes in upper stomach using an endoscope		CP:Procedures - Gastric Stimulation subset	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	GI Procedures	43648	Revision or removal of neurostimulator electrodes in upper stomach using an endoscope			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	GI Procedures	43860	Revision of surgically created connection of stomach to small bowel		CP:Procedures - Bariatric or Metabolic Surgery or Bariatric or Metabolic Surgery (Adolescent)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	GI Procedures	43865	Revision of attachment of stomach to small bowel with severing of vagus nerve		CP:Procedures - Bariatric or Metabolic Surgery or Bariatric or Metabolic Surgery (Adolescent)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	GI Procedures	43881	Implantation or replacement of stimulator electrodes in upper stomach		CP:Procedures - Gastric Stimulation	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Digestive System	GI Procedures	43882	Removal or revision of stimulator electrodes in upper stomach			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Ear, Nose, Throat	Sleep Apnea Procedures	21685	Repositioning of bone and muscles in neck		CP:Procedures - Orthognathic Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Ear, Nose, Throat	Sleep Apnea Procedures	41512	Permanent suspension of tongue base using sutures			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	

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Gender Affirming	Gender Afrm Surgery	19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	19303	Simple complete removal of breast	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Mastectomy, Prophylactic, total/ simple or Mastectomy, Total or Simple	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	21087	Impression and custom preparation of nasal prosthesis	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	21120	Implantation of graft to enlarge chin bone	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	21121	Enlargement of chin by movement of bone	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures Orthognathic Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	21122	Enlargement of chin by movement of multiple bones	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth

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Gender Affirming	Gender Afrm Surgery	21123	Insertion of sliding bone graft to enlarge chin bone, additional bone graft	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	21899	Other procedure on neck or chest	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	53430	Urethroplasty, reconstruction of female urethra	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	54125	Amputation of penis	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth

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Gender Affirming	Gender Afrm Surgery	54520	Simple removal of testicle	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	55175	Simple repair of scrotum	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	55899	Other procedure on male genital system	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	56625	Removal of external female genitals	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	56800	Plastic repair of vaginal opening	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	56805	Reconstruction or creation of the external female sexual organ for intersex state	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth

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Gender Affirming	Gender Afrm Surgery	57106	Partial removal of vaginal wall	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	57110	Removal of vaginal wall	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	57335	Plastic repair of vagina for intersex state	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	58150	Removal of uterus and cervix through abdomen	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	58180	Removal of uterus through abdomen	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	58260	Removal of uterus through vagina, 250.0 g or less	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth

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Gender Affirming	Gender Afrm Surgery	58262	Removal of uterus, tubes, and/or ovaries through vagina, 250.0 g or less	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	58275	Removal of uterus and vagina	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	58290	Removal of uterus through vagina, more than 250.0 g	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	58291	Removal of uterus, tubes, and/or ovaries through vagina, more than 250.0 g	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	58345	Insertion of tube into fallopian tube	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	58541	Partial removal of uterus with retention of cervix using an endoscope, 250.0 g or less	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth

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Gender Affirming	Gender Afrm Surgery	58543	Partial removal of uterus with retention of cervix using an endoscope, more than 250.0 g	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	58550	Removal of uterus through vagina using an endoscope, 250.0 g or less	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	58553	Removal of uterus through vagina using an endoscope, more than 250.0	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	58554	Removal of uterus, tubes, and/or ovaries through vagina using an endoscope, more than 250.0 g	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	58570	Removal of uterus through abdomen using an endoscope, 250.0 g or less	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth

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Gender Affirming	Gender Afrm Surgery	58572	Removal of uterus through abdomen using an endoscope, more than 250.0 g	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	58700	Removal of uterine tubes	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	58720	Removal of uterine tubes and ovaries	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	58953	Removal of lining of abdomen, uterus, ovaries, and fallopian tubes with extensive reduction of growth	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	58956	Removal of lining of abdomen, uterus, ovaries, and fallopian tubes	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	58999	Other procedure on female genital system (nonobstetrical)	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth

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Gender Affirming	Gender Afrm Surgery	92507	Treatment of speech, language, voice, communication, and/or hearing processing disorder	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	92508	Treatment of speech, language, voice, communication, and/or hearing processing disorder in a group setting	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	55970	Operation to change sex male to female			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Gender Affirming	Gender Afrm Surgery	55980	Operation to change sex female to male			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Gender Affirming	Gender Afrm Surgery	57291	Construction of artificial vagina	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gender Affirming	Gender Afrm Surgery	57292	Construction of artificial vagina using tissue graft	DHS Provider Manual: Physician and Professional Services - Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	PA Required - only if diagnosis is for gender affirming, otherwise no auth
Gene and Cell Therapy	CAR-T	38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Gene and Cell Therapy	CAR-T	38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Gene and Cell Therapy	CAR-T	38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	

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Gene and Cell Therapy	CAR-T	38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22532	Fusion of middle spine bone through side with partial removal of disc, 1 bone		CP:Procedures- Thoracic spine fusion	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22533	Fusion of lower spine bone through side with partial removal of disc, 1 bone		CP:Procedures - Lumbar Spine Fusion	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22534	Fusion of middle or lower spine bone through side with partial removal of disc, each additional bone		CP:Procedures - Lumbar Spine Fusion or Thoracic Spine Fusion	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22548	Fusion of spine bones at base of neck, oral approach		CP:Procedures - Cervical Spine Fusion or Decompression +/- Fusion Cervical	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22551	Fusion of upper spine bone with removal of disc and release of spinal cord or nerve, 1 disc		CP:Procedures - Decompression +/- Fusion, cervical	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22552	Fusion of upper spine bone with removal of disc and release of spinal cord or nerve, each additional disc		CP:Procedures - Decompression +/- Fusion, cervical	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22554	Fusion of upper spine bones through front of neck with partial removal of disc		CP:Procedures - Cervical Spine Fusion or Decompression +/- Fusion Cervical	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22556	Fusion of middle spine bone through side of chest with partial removal of disc		CP:Procedures - Thoracic Spine Fusion or Decompression +/- Fusion, Thoracic	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22558	Fusion of lower spine bone through abdomen with partial removal of disc		CP:Procedures - Lumbar Spine Fusion or Decompression +/- Fusion, Lumbar	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22585	Fusion of spine bones through front of body with partial removal of disc, each additional disc		CP:Procedures - Decompression +/- of Cervical or Lumbar or Thoracic spine	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22586	Fusion of lower spine or sacral bone with removal of disc using image guidance			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22590	Fusion of skull and first 2 upper spine bones through back		CP:Procedures - Cervical Spine Fusion or Decompression +/- Fusion Cervical	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22595	Fusion of first 2 spine bones through back of neck		CP:Procedures - Cervical Spine Fusion or Decompression +/- Fusion Cervical	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22600	Fusion of spine in neck by posterior approach		CP:Procedures - Cervical Spine Fusion or Decompression +/- Fusion Cervical	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22610	Fusion of spine in upper back		CP:Procedures - Cervical Spine Fusion or Decompression +/- Fusion Cervical	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22612	Fusion of spine in lower back		CP:Procedures - Cervical Spine Fusion or Decompression +/- Fusion Cervical	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	

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Musculoskeletal System	Spinal Fusion	22614	Fusion of additional segment of spine		CP:Procedures - Decompression +/- Fusion, Cervical or Lumbar or Thoracic CP:Procedures Fusion Cervical or lumbar or thoracic spine	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22630	Fusion of lower spine bone and partial removal of spine bone or disc through back, 1 disc		CP:Procedures - Lumbar Spine Fusion or Decompression +/- Fusion, Lumbar	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22632	Fusion of lower back spine bone and partial removal of spine bone or disc through back, each additional disc		CP:Procedures - Lumbar Spine Fusion or Decompression +/- Fusion, Lumbar	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22633	Fusion of spine in lower back with partial removal of spine bone and disc		CP:Procedures - Lumbar Spine Fusion or Decompression +/- Fusion, Lumbar	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22634	Fusion of additional segment of spine with partial removal of spine bone and disc		CP:Procedures - Lumbar Spine Fusion or Decompression +/- Fusion, Lumbar	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22800	Fusion to repair spine deformity through back, up to 6 bones		CP:Procedures - Lumbar Spine Fusion or Decompression +/- Fusion, Lumbar	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22802	Fusion of spine bones for correction of deformity, posterior approach, 7 to 12 vertebral segments		CP:Procedures - Lumbar Spine Fusion or Decompression +/- Fusion, Lumbar	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22804	Fusion to repair spine deformity through back, 13 or more bones		CP:Procedures - Lumbar Spine Fusion or Decompression +/- Fusion, Lumbar	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22810	Fusion of spine bones for correction of deformity, anterior approach, 4 to 7 vertebral segments		CP:Procedures - Lumbar Spine Fusion or Decompression +/- Fusion, Lumbar	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22836	Tethering of 7 or fewer middle spine bones			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22837	Tethering of 8 or more middle spine bones			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22838	Revision, replacement, or removal of middle spine tethering			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22856	Insertion of artificial upper spine disc, anterior approach		CP:Procedures - Artificial Disc Replacement, Cervical	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22857	Insertion of artificial disc between bones of lower spine, single space		CP: Procedures - Artificial Disc Replacement, lumbar	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22858	Insertion of artificial upper spine disc anterior approach		CP:Procedures - Artificial Disc Replacement, Cervical	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22860	Insertion of artificial disc between bones of lower spine, additional space		CP: Procedures - Artificial Disc Replacement, lumbar	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22861	Revision of total disc replacement in upper back		CP:Procedures - Artificial Disc Replacement, Cervical	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual	Note
Musculoskeletal System	Spinal Fusion	22862	Revision of total disc replacement in lower back			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22864	Revision of artificial upper spine disc, cervical		CP:Procedures - Artificial Disc Replacement, Cervical	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22865	Revision of artificial lower spine disc, lumbar			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22868	Placement of device to stabilize or reduce pressure in lower spine in second disc space			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Musculoskeletal System	Spinal Fusion	22870	Placement of stabilizing device to second lower spine level			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Nervous System	Neurostimulation	64582	Insertion of hypoglossal nerve neurostimulator electrode and generator and breathing sensor electrode		CP:Procedures - Hypoglossal Nerve Stimulation (HNS)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Nervous System	Neurostimulation	C8007	Open implantation of hypoglossal nerve neurostimulator array and pulse generator, not requiring insertion of a separate distal respiratory sensor electrode or electrode array		CP:Procedures - Hypoglossal Nerve Stimulation (HNS)	MCP 01 General Medical Necessity		
Nervous System	Neurostimulation	C8008	Revision or replacement of hypoglossal nerve neurostimulator array including connection to existing pulse generator		CP:Procedures - Hypoglossal Nerve Stimulation (HNS)	MCP 01 General Medical Necessity		
Nervous System	Neurostimulation	C8011	Open implantation of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver, including external power source and all system components		CP:Procedures - Hypoglossal Nerve Stimulation (HNS)	MCP 01 General Medical Necessity		
Nervous System	Neurostimulation	C8012	Revision or replacement of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver		CP:Procedures - Hypoglossal Nerve Stimulation (HNS)	MCP 01 General Medical Necessity		
Reconstructive	Breast Surgery	19318	Breast reduction		CP:Procedures - Gender Affirmation or Reduction Mammoplasty female or - reduction Mammoplasty, Female (adolescent) or Reduction Mammoplasty, Male or Reduction Mammoplasty, Male (Adolescent)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Breast Surgery	19325	Insertion of breast implant		CP:Procedures - Breast Reduction or Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Breast Surgery	19328	Removal of intact breast implant		CP:Procedures - Breast Implant removal	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Breast Surgery	19340	Placement of implant on same day of breast reconstruction		CP:Procedures - Breast Reconstruction	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual	Note
Reconstructive	Breast Surgery	19342	Placement of implant on separate day of breast reconstruction		CP:Procedures - Breast Reconstruction	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Breast Surgery	19300	Removal of extra breast tissue in male	DHS Provider Manual - Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Reduction Mammoplasty, Male	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Breast Surgery	19316	Repair for sagging of the breast	DHS Provider Manual - Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Breast Reconstruction	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Breast Surgery	19355	Correction of inverted nipples	DHS Provider Manual - Physician and Professional Services - Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Dermatological	11950	Injection of filling material under skin, 1.0 cc or less			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Dermatological	11951	Injection of filling material under skin, 1.1-5.0 cc			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Dermatological	11952	Injection of filling material under skin, 5.1-10.0 cc			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Dermatological	11954	Injection of filling material under skin, more than 10.0 cc			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Dermatological	15775	Hair transplant, 1-15 punch grafts	DHS Provider Manual - Physician and Professional Services - Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Dermatological	15776	Hair transplant, more than 15 punch grafts	DHS Provider Manual - Physician and Professional Services - Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Dermatological	15780	Dermabrasion of skin of total face	DHS Provider Manual - Physician and Professional Services - Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Dermatological	15781	Dermabrasion of skin of part of face	DHS Provider Manual - Physician and Professional Services - Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual	Note
Reconstructive	Dermatological	15782	Dermabrasion of skin other than face	DHS Provider Manual - Physician and Professional Services - Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Dermatological	15783	Dermabrasion of superficial scars or tattoos from skin	DHS Provider Manual - Physician and Professional Services - Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Dermatological	15786	Scraping of skin growth, first growth			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Dermatological	15787	Scraping of skin growth, each additional 1-4 growths			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Electrolysis	17380	Hair removal by electrolysis, each 30 minutes		CP : Procedures - Gender Affirmation Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Excision of excess skin	15830	Removal of extra skin and tissue of abdomen		CP:Procedures - Panniculectomy, abdominal	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Excision of excess skin	67900	Repair of brow paralysis		CP:Procedures - Ptosis Repair	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Excision of excess skin	67901	Repair of upper eyelid muscle to correct drooping or paralysis using external material		CP:Procedures - Ptosis Repair	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Excision of excess skin	67904	Repair of tendon of upper eyelid		CP:Procedures - Ptosis Repair	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Excision of excess skin	67908	Removal of tissue, muscle, and membrane to correct eyelid drooping or paralysis		CP:Procedures - Ptosis Repair	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Excision of excess skin	15820	Repair of lower eyelid defect		CP:Procedures - Blepharoplasty	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Excision of excess skin	15821	Removal of excessive skin of lower eyelid and fat around eye		CP:Procedures - Blepharoplasty	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Excision of excess skin	15822	Removal of excessive skin of upper eyelid		CP:Procedures - Blepharoplasty	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Excision of excess skin	15823	Removal of excessive skin and fat of upper eyelid		CP:Procedures - Blepharoplasty	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Excision of excess skin	67911	Correction of lid retraction			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Excision of excess skin	15832	Removal of extra skin and tissue of thigh			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Excision of excess skin	15833	Removal of extra skin and tissue of leg			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Excision of excess skin	15834	Removal of extra skin and tissue of hip			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual	Note
Reconstructive	Excision of excess skin	15835	Removal of extra skin and tissue of buttock			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Excision of excess skin	15836	Removal of extra skin and tissue of arm			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Excision of excess skin	15837	Removal of extra skin and tissue of forearm or hand			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Excision of excess skin	15838	Removal of extra skin and tissue of chin			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Excision of excess skin	15839	Removal of extra skin and tissue of other area			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Excision of excess skin	15847	Extensive removal of extra skin and tissue of abdomen			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21141	Reconstruction of upper jaw and midface bones		CP:Procedures - Orthognathic surgery or Orthognathic Surgery Pediatric	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21142	Repair of midface bones, 2 bones		CP:Procedures - Orthognathic surgery or Orthognathic Surgery Pediatric	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21143	Repair of midface bones, 3 or more bones		CP:Procedures - Orthognathic surgery or Orthognathic Surgery Pediatric	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21145	Reconstruction of midface bones with bone graft, single piece (LeFort I)		CP:Procedures - Orthognathic surgery or Orthognathic Surgery Pediatric	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21146	Repair of midface bones with bone graft, 2 bones		CP:Procedures - Orthognathic surgery or Orthognathic Surgery Pediatric	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21147	Repair of midface bones with bone graft, 3 or more bones		CP:Procedures - Orthognathic surgery or Orthognathic Surgery Pediatric	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21150	Reconstruction of midface bones (LeFort II)		CP:Procedures - Orthognathic surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21151	Reconstruction of midface bones with bone graft (LeFort II)		CP:Procedures - Orthognathic surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21188	Reconstruction of midface bones with bone graft		CP:Procedures - Orthognathic surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21193	Reconstruction of jaw bone		CP:Procedures - Temporomandibular Joint (TMJ)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21194	Reconstruction of lower jaw bone with bone graft		CP:Procedures - Temporomandibular Joint (TMJ)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21195	Reconstruction of lower jaw bones		CP:Procedures - Orthognathic surgery, or Orthognathic surgery (pediatric) or Temporomandibular Joint Reconstruction	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21196	Reconstruction of jaw bones with insertion of hardware		CP:Procedures - Orthognathic surgery, or Orthognathic surgery (pediatric) or Temporomandibular Joint Reconstruction	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual	Note
Reconstructive	Facial Reconstruction	21198	Incision or partial removal of lower jaw bone		CP:Procedures - Orthognathic Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21206	Incision or partial removal of upper jaw bone		CP:Procedures - Orthognathic Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21208	Incision and repair of bony defect of cheek bone with repositioning of bony segment		CP:Procedures - Bone Augmentation, Maxilla	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21244	Reconstruction of lower jaw bone with insertion of bone plate		CP:Procedures - Orthognathic Surgery or Temporomandibular Joint (TMJ)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21247	Reconstruction of hinged joint of jaw bones with insertion of rib cartilage		CP:Procedures - Orthognathic Surgery or Temporomandibular Joint (TMJ)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21248	Reconstruction of part of lower or upper jaw bone with implant		CP:Procedures - Temporomandibular Joint (TMJ)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21249	Complete reconstruction of lower or upper jaw bone with jaw bone implant (endosteal)		CP:Procedures - Temporomandibular Joint (TMJ)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21270	Insertion of prosthetic material to enlarge cheek bone			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21299	Other procedure on skull, face, and upper jaw bones		CP:Procedures - Orthognathic Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21209	Incision and repair of bony defect of cheek bone including bony segment reduction	DHS Provider Manual Gender-Affirming Surgery	CP: Procedures - Orthognathic Surgery	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21125	Enlargement of lower jaw with implant	DHS Provider Manual Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	21127	Insertion of bone grafts between portions of bone to enlarge lower jaw bone	DHS Provider Manual Gender-Affirming Surgery	CP:Procedures - Bone Augmentation, Mandible	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	30120	Excision or surgical planing of skin of nose for rhinophyma	DHS Provider Manual Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	30400	Reshaping of tip of nose	DHS Provider Manual Gender-Affirming Surgery	CP:Procedures - Rhinoplasty	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	30410	Reshaping of bone, cartilage, and/or tip of nose	DHS Provider Manual Gender-Affirming Surgery	CP:Procedures - Rhinoplasty	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	30420	Reshaping of bony cartilage dividing nasal passages	DHS Provider Manual Gender-Affirming Surgery	CP:Procedures - Rhinoplasty	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	30430	Revision to reshape nose or small amount of tip of nose after previous repair	DHS Provider Manual Gender-Affirming Surgery	CP:Procedures - Rhinoplasty	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	30435	Revision to reshape nasal bones after previous repair	DHS Provider Manual Gender-Affirming Surgery	CP:Procedures - Rhinoplasty	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	30450	Revision to reshape nasal bones and tip of nose after previous repair	DHS Provider Manual Gender-Affirming Surgery	CP:Procedures - Rhinoplasty	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Facial Reconstruction	30520	Reshaping of nasal cartilage	DHS Provider Manual Gender-Affirming Surgery	CP:Procedures - Septoplasty	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual	Note
Reconstructive	Facial Reconstruction	69300	Otoplasty, protruding ear, with or without size reduction			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Lipectomy	15876	Suction assisted removal of fat of head and neck			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Lipectomy	15877	Suction assisted removal of fat of body			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Lipectomy	15878	Suction assisted removal of fat of arm			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Lipectomy	15879	Suction assisted removal of fat of leg			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Rhytidectomy	15824	Removal of wrinkles and extra skin of forehead			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Rhytidectomy	15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Rhytidectomy	15826	Incision, stretching, and suture of skin between eyebrows			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Rhytidectomy	15828	Rhytidectomy; cheek, chin, and neck			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reconstructive	Rhytidectomy	15829	Removal of wrinkles and extra skin with grafting of cheeks, chin, and neck			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Refractive Surgery	LASIK	S0800	Laser in situ keratomileusis (LASIK)			MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reproductive System	Circumcision	54150	Removal of foreskin using clamp or device	DHS Provider Manual - Physician and Professional Services - Circumcision	CP:Procedures - Circumcision - or- Circumcision (Pediatric)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reproductive System	Circumcision	54160	Removal of foreskin (28 days or younger)	DHS Provider Manual - Physician and Professional Services - Circumcision	CP:Procedures - circumcision (Pediatric)	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reproductive System	Male Genital System	54400	Insertion of non-inflatable penile implant	DHS Provider Manual - Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery or Penile Implant Insertion	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reproductive System	Male Genital System	54401	Insertion of inflatable penile implant	DHS Provider Manual - Physician and Professional Services - Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery or Penile Implant Insertion	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Reproductive System	Male Genital System	54660	Insertion of testicular implant	DHS Provider Manual - Physician and Professional Services - Gender-Affirming Surgery		MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual	Note
Reproductive System	Male Genital System	54405	Insertion of multicomponent inflatable penile implant	DHS Provider Manual Gender-Affirming Surgery	CP:Procedures - Gender Affirmation Surgery or Penile Implant Insertion	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Venous System	Vein Ablation	36473	Mechanochemical destruction of first incompetent vein of arm or leg using imaging guidance		CP:Procedures - Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Venous System	Vein Ablation	36474	Mechanochemical destruction of subsequent incompetent veins of arm or leg using imaging guidance		CP:Procedures - Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Venous System	Vein Ablation	36475	Destruction of first incompetent vein of arm or leg using radiofrequency and imaging guidance		CP:Procedures - Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Venous System	Vein Ablation	36476	Destruction of subsequent incompetent veins of arm or leg using radiofrequency and imaging guidance		CP:Procedures - Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Venous System	Vein Ablation	36478	Laser destruction of incompetent vein of arm or leg using imaging guidance		CP:Procedures - Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Venous System	Vein Ablation	36479	Laser destruction of incompetent veins of arm or leg using imaging guidance, subsequent		CP:Procedures - Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Venous System	Vein Ablation	36482	Chemical destruction of first incompetent vein of arm or leg using imaging guidance		CP:Procedures - Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	
Venous System	Vein Ablation	36483	Chemical destruction of subsequent incompetent veins of arm or leg using imaging guidance		CP:Procedures - Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein	MCP 01 - General Medical Necessity	Chapter 6 - Service authorizations and notification standards	

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Transplant	Autologous white blood cell	0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed			MCP 01 - General medical necessity
Transplant	Bone Marrow	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor		CP:Procedures - Transplantation, Allogeneic Stem Cell	
Transplant	Bone Marrow	38241	Hematopoietic progenitor cell (HPC); autologous transplantation		CP: Procedures - Tranplantation, Autologous Stem Cell	
Transplant	Bone Marrow	38242	Allogeneic lymphocyte infusions		CP: Procedures Transplantation - Allogeneic Stem Cell	
Transplant	Bone Marrow	C9782	Heart catheterization as part of a study. Patient receives either bone marrow or a placebo device.			MCP 01 - General medical necessity
Transplant	Donor hysterectomy	0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor			MCP 01 - General medical necessity
Transplant	Donor hysterectomy	0665T	Donor hysterectomy (including cold preservation); open, from living donor			MCP 01 - General medical necessity
Transplant	Donor hysterectomy	0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor			MCP 01 - General medical necessity
Transplant	Donor hysterectomy	0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor			MCP 01 - General medical necessity
Transplant	Donor hysterectomy	0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary			MCP 01 - General medical necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Transplant	Donor hysterectomy	0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each			MCP 01 - General medical necessity
Transplant	Donor hysterectomy	0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each			MCP 01 - General medical necessity
Transplant	Heart	33945	Heart transplant, with or without recipient cardiectomy	DHS Provider Manual Physician and Professional Services Transplant Services	CP:Procedures Transplantation, Cardiac	
Transplant	Heart	33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy (Report with 33945)	DHS Provider Manual Physician and Professional Services Transplant Services		
Transplant	Heart	33928	Removal and replacement of total replacement heart system (artificial heart) (Report with 33945)	DHS Provider Manual Physician and Professional Services Transplant Services		
Transplant	Heart	33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure - 33945)	DHS Provider Manual Physician and Professional Services Transplant Services		

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Transplant	Heart/Lung	33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	DHS Provider Manual Physician and Professional Services Transplant Services		
Transplant	Intestine	44135	Intestinal allotransplantation; from cadaver donor	DHS Provider Manual Physician and Professional Services Transplant Services		
Transplant	Intestine	44136	Intestinal allotransplantation; from living donor	DHS Provider Manual Physician and Professional Services Transplant Services		
Transplant	Intestine/Liver	S2053	Transplantation of small intestine and liver allografts	DHS Provider Manual Physician and Professional Services Transplant Services		
Transplant	Kidney	50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	DHS Provider Manual Physician and Professional Services Transplant Services	CP: Procedures Transplantation, Renal	

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Transplant	Kidney	50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	DHS Provider Manual Physician and Professional Services Transplant Services	CP: Procedures Transplantation, Renal	
Transplant	Kidney	50380	Renal autotransplantation, reimplantation of kidney	DHS Provider Manual Physician and Professional Services Transplant Services		
Transplant	Liver	47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	DHS Provider Manual Physician and Professional Services Transplant Services	CP: Procedures Transplantation, Liver	
Transplant	Liver	47399	Unlisted procedure, liver	DHS Provider Manual Physician and Professional Services Transplant Services	CP: Procedures Transplantation, Liver	
Transplant	Lung	32851	Lung transplant, single; without cardiopulmonary bypass	DHS Provider Manual Physician and Professional Services Transplant Services	CP: Procedures Transplantation, Lung	

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Transplant	Lung	32852	Lung transplant, single; with cardiopulmonary bypass	DHS Provider Manual Physician and Professional Services Transplant Services	CP: Procedures Transplantation, Lung	
Transplant	Lung	32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	DHS Provider Manual Physician and Professional Services Transplant Services	CP: Procedures Transplantation, Lung	
Transplant	Lung	32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	DHS Provider Manual Physician and Professional Services Transplant Services	CP: Procedures Transplantation, Lung	
Transplant	Pancreas	48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	DHS Provider Manual Physician and Professional Services Transplant Services		
Transplant	Pancreas	48554	Transplantation of pancreatic allograft	DHS Provider Manual Physician and Professional Services Transplant Services		
Transplant	Pancreas/Kidney	S2065	Simultaneous pancreas kidney transplantation			MCP 01 - General medical necessity
Transplant	Pancreatic Islet Cells	0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous			MCP 01 - General medical necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Transplant	Pancreatic Islet Cells	0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic			MCP 01 - General medical necessity
Transplant	Pancreatic Islet Cells	0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open			MCP 01 - General medical necessity

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
General	Lost, Stolen, Replacement	Varies	Replacement for lost or stolen DMEPOS, Glasses, Hearing Aids, etc need auth. Without auth the claim should be denied as Service already Provided or Duplicate Service. This does not apply to children and lost / stolen glasses. They do not require authorization for 3rd or greater pair in a 2 year period.					
Bath and Toilet	Whirlpool-nonportable	E1300	Whirlpool, portable (overtub type)				MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Bath and Toilet	Whirlpool-nonportable	E1301	Whirlpool tub, walk-in, portable				MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Bath and Toilet	Whirlpool-nonportable	E1310	Whirlpool, nonportable (built-in type)				MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Breast Pumps	Breast pump	E0604	Breast pump, hospital grade, electric (AC and/or DC), any type	PA required after 3 months rental	MN DHS Provider Manual - Equipment and Supplies - Breast Pump		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
General DME	Customized DME	K0900	Customized durable medical equipment, other than wheelchair		MN DHS Provider Manual - Equipment and Supplies		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
General DME	Robotic Device	E1399 UA	Robotic Assisitve Feeding Device	E1399 alone does not require PA - only with UA or U9 modifier	MH DHS Provider Manual - Robotic Arms and Assistive Technology		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
General DME	Robotic Device	E1399 U9	Robotic Arms	E1399 alone does not require PA - only with UA or U9 modifier	MH DHS Provider Manual - Robotic Arms and Assistive Technology		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
General DME	Oral Device	E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application				MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
General DME	Oral Device	E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply				MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
General DME	OSA Device	E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type				MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
General DME	Repairs and Maitenance	K0462	Temporary replacement for patient-owned equipment being repaired, any type	PA required after 1 months rental	MN DHS Provider Manual - Equipment and Supplies		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
General DME	Repairs and Maitenance	K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Limit: 48 units in 1 rolling day PA: Equipment that requires authorization for purchase, always requires authorization for repairs. All Wheelchair repairs for members who reside in a nursing facility require authorization.	MN DHS Provider Manual - Equipment and Supplies		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
General DME	Repairs and Maitenance	L4205	Repair of orthotic device, labor component, per 15 minutes	Equipment that requires authorization for purchase, always requires authorization for repairs	MN DHS Provider Manual - Orthotics and Prosthetics		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
General DME	Repairs and Maitenance	L4210	Repair of orthotic device, repair or replace minor parts	Equipment that requires authorization for purchase, always requires authorization for repairs	MN DHS Provider Manual - Orthotics and Prosthetics	CP: DME - Orthoses, Lower Extremity, KAFO & AFO	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
General DME	Repairs and Maitenance	L7510	Repair of prosthetic device, repair or replace minor parts	Equipment that requires authorization for purchase, always requires authorization for repairs	MN DHS Provider Manual - Equipment and Supplies		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
General DME	Repairs and Maitenance	L7520	Repair prosthetic device, labor component, per 15 minutes	Equipment that requires authorization for purchase, always requires authorization for repairs	MN DHS Provider Manual - Orthotics and Prosthetics		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
General DME	Supplemental Benefit - Home Safety	A9270	Supplemental benefit - health and safety	Limited to SCC and AbilityCare products - limited to \$1000/calendar year			UM 20 Policy Supplemental Benefits	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Hospital Beds	Air Bed	E0194	Air fluidized bed		MN DHS Provider Manual Pressure Reducing Support Surfaces	CP: DME - Support Surfaces	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Hospital Beds	Electric Hospital Bed	E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress		MN DHS Provider Manual Hospital Beds	CP: Durable Medical Equipment - Hospital Beds, Cribs, and Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Hospital Beds	Electric Hospital Bed	E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress		MN DHS Provider Manual Hospital Beds	CP: Durable Medical Equipment - Hospital Beds, Cribs, and Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Hospital Beds	Electric Hospital Bed	E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress		MN DHS Provider Manual Hospital Beds	CP: Durable Medical Equipment - Hospital Beds, Cribs, and Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Hospital Beds	Electric Hospital Bed	E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress		MN DHS Provider Manual Hospital Beds	CP: Durable Medical Equipment - Hospital Beds, Cribs, and Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Hospital Beds	Enclosed bed	E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure		MN DHS Provider Manual Hospital Beds	CP: Durable Medical Equipment - Hospital Beds, Cribs, and Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Hospital Beds	Enclosed bed	E0316	Safety enclosure frame/canopy for use with hospital bed, any type		MN DHS Provider Manual Hospital Beds	CP: Durable Medical Equipment - Hospital Beds, Cribs, and Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Hospital Beds	Cubby Bed	E1399	Durable medical equipment, miscellaneous		MN DHS Provider Manual Hospital Beds	CP: Durable Medical Equipment - Hospital Beds, Cribs, and Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Hospital Beds	Oscillating Rocking Bed	E0462	Rocking bed, with or without side rails		MN DHS Provider Manual Equipment and Supplies (under authorization requests for typically non-covered items)		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Incontinence Products	Disposable briefs/diapers	T4521	Adult sized disposable incontinence product, brief/diaper, small, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Incontinence Products	Disposable briefs/diapers	T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Incontinence Products	Disposable briefs/diapers	T4523	Adult sized disposable incontinence product, brief/diaper, large, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Incontinence Products	Disposable briefs/diapers	T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Incontinence Products	Disposable briefs/diapers	T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Incontinence Products	Disposable briefs/diapers	T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Incontinence Products	Disposable briefs/diapers	T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Incontinence Products	Disposable briefs/diapers	T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Incontinence Products	Disposable briefs/diapers	T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Incontinence Products	Disposable briefs/diapers	T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Incontinence Products	Disposable briefs/diapers	T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Incontinence Products	Disposable briefs/diapers	T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Incontinence Products	Disposable briefs/diapers	T4533	Youth sized disposable incontinence product, brief/diaper, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Incontinence Products	Disposable briefs/diapers	T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Incontinence Products	Disposable briefs/diapers	T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Incontinence Products	Disposable briefs/diapers	T4538	Diaper service, reusable diaper, each diaper	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Incontinence Products	Disposable briefs/diapers	T4541	Incontinence product, disposable underpad, large, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Incontinence Products	Disposable briefs/diapers	T4542	Incontinence product, disposable underpad, small size, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Incontinence Products	Disposable briefs/diapers	T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Incontinence Products	Disposable briefs/diapers	T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Incontinence Products	Disposable briefs/diapers	T4545	Incontinence product, disposable, penile wrap, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.	MN DHS Provider Manual Incontinence Products		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Customized DME	K0008	Custom manual wheelchair/base		MN DHS Provider Manual - Mobility Devices	CP: DME - Wheelchairs, Manual	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Customized DME	K0013	Custom motorized/power wheelchair base		None	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 1 Power Wheelchair	K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 1 Power Wheelchair	K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 1 Power Wheelchair	K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 1 Power Wheelchair	K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 2 - multiple power Wheelchair	K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 2 - multiple power Wheelchair	K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 2 - multiple power Wheelchair	K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 2 - no power Wheelchair	K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Mobility Devices	Group 2 - no power Wheelchair	K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 2 - no power Wheelchair	K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 2 - no power Wheelchair	K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 2 - no power Wheelchair	K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 2 - no power Wheelchair	K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 2 - no power Wheelchair	K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 2 - no power Wheelchair	K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 2 - no power Wheelchair	K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 2 - no power Wheelchair	K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 2 - no power Wheelchair	K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 2 - no power Wheelchair	K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 2 - single power Wheelchair	K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 2 - single power Wheelchair	K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Mobility Devices	Group 2 - single power Wheelchair	K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 2 - single power Wheelchair	K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 2 - single power Wheelchair	K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 2 - single power Wheelchair	K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 3 - multiple power Wheelchair	K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 3 - multiple power Wheelchair	K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 3 - multiple power Wheelchair	K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 3 - multiple power Wheelchair	K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 3 - no power Wheelchair	K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 3 - no power Wheelchair	K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 3 - no power Wheelchair	K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 3 - no power Wheelchair	K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 3 - no power Wheelchair	K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Mobility Devices	Group 3 - no power Wheelchair	K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 3 - no power Wheelchair	K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 3 - no power Wheelchair	K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 3 - single power Wheelchair	K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 3 - single power Wheelchair	K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 3 - single power Wheelchair	K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 3 - single power Wheelchair	K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 3 - single power Wheelchair	K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 4 - multiple power Wheelchair	K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 4 - multiple power Wheelchair	K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 4 - multiple power Wheelchair	K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 4 - no power Wheelchair	K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

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Mobility Devices	Group 4 - no power Wheelchair	K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 4 - no power Wheelchair	K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 4 - no power Wheelchair	K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 4 - single power Wheelchair	K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 4 - single power Wheelchair	K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 4 - single power Wheelchair	K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 4 - single power Wheelchair	K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchair, Power	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 5 - power Wheelchair	E1239	Power wheelchair, pediatric size, not otherwise specified		DHS Provider Manual - Equipment and Supplies - Mobility Devices	None	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 5 - power Wheelchair	K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchairs or Strollers, Pediatric -	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Group 5 - power Wheelchair	K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchairs or Strollers, Pediatric -	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Power Operated Vehicle	E1230	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number		DHS Provider Manual - Equipment and Supplies - Mobility Devices		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Power Operated Vehicle	K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Power Operated Vehicles	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Mobility Devices	Power Operated Vehicle	K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Power Operated Vehicles	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Power Operated Vehicle	K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Power Operated Vehicles	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Power Operated Vehicle	K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Power Operated Vehicles	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Power Operated Vehicle	K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Power Operated Vehicles	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Power Operated Vehicle	K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds		DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Power Operated Vehicles	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Power Operated Vehicle	K0812	Power operated vehicle, not otherwise classified		DHS Provider Manual - Equipment and Supplies - Mobility Devices		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Power Wheelchair	K0014	Other motorized/power wheelchair base		DHS Provider Manual - Equipment and Supplies - Mobility Devices		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Power Wheelchair	K0898	Power wheelchair, not otherwise classified		DHS Provider Manual - Equipment and Supplies - Mobility Devices		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 in	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Mobility Devices	Wheelchair for Members in SNF	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2207	Wheelchair accessory, crutch and cane holder, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2208	Wheelchair accessory, cylinder tank carrier, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Mobility Devices	Wheelchair for Members in SNF	E2209	Accessory, arm trough, with or without hand support, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2210	Wheelchair accessory, bearings, any type, replacement only, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Mobility Devices	Wheelchair for Members in SNF	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Mobility Devices	Wheelchair for Members in SNF	E2219	Manual wheelchair accessory, foam caster tire, any size, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

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Mobility Devices	Wheelchair for Members in SNF	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Cushions or Seating System	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Cushions or Seating System	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Mobility Devices	Wheelchair for Members in SNF	E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Cushions or Seating System	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Cushions or Seating System	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP:DME - Wheelchair Options & Accessories	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	K0001	Standard wheelchair	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchairs, Manual	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Mobility Devices	Wheelchair for Members in SNF	K0002	Standard hemi (low seat) wheelchair	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchairs, Manual	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	K0003	Lightweight wheelchair	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchairs, Manual	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	K0004	High strength, lightweight wheelchair	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchairs, Manual	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	K0005	Ultralightweight wheelchair	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchairs, Manual	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Mobility Devices	Wheelchair for Members in SNF	K0007	Extra heavy-duty wheelchair	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	DHS Provider Manual - Equipment and Supplies - Mobility Devices	CP: DME - Wheelchairs, Manual	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Nutritional Products	Enteral Nutrition	B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	PA: Required for oral administration Limit: 51 units in a rolling month	MN DHS Provider Manual - Equipment and Supplies - Nutritional Products	CP:DME - Enteral & Parenteral Nutrition Therapy	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Nutritional Products	Enteral Nutrition	B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	PA: Required for oral administration Limit: 51 units in a rolling month	MN DHS Provider Manual - Equipment and Supplies - Nutritional Products	CP:DME - Enteral & Parenteral Nutrition Therapy	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Nutritional Products	Enteral Nutrition	B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	PA: Required for oral administration Limit: 51 units in a rolling month	MN DHS Provider Manual - Equipment and Supplies - Nutritional Products	CP:DME - Enteral & Parenteral Nutrition Therapy	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Nutritional Products	Enteral Nutrition	B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	PA: Required for oral administration (BO modifier) Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth	MN DHS Provider Manual - Equipment and Supplies - Nutritional Products	CP:DME - Enteral & Parenteral Nutrition Therapy	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Nutritional Products	Enteral Nutrition	B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	PA: Required for oral administration (BO modifier) Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth	MN DHS Provider Manual - Equipment and Supplies - Nutritional Products	CP:DME - Enteral & Parenteral Nutrition Therapy	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Nutritional Products	Enteral Nutrition	B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PA: Required for oral administration (BO modifier) Limit: 1050 units in a rolling month Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth	MN DHS Provider Manual - Equipment and Supplies - Nutritional Products	CP:DME - Enteral & Parenteral Nutrition Therapy	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Nutritional Products	Enteral Nutrition	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	PA: Required for oral administration (BO modifier) Limit: 1050 units in a rolling month Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth	MN DHS Provider Manual - Equipment and Supplies - Nutritional Products	CP:DME - Enteral & Parenteral Nutrition Therapy	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Nutritional Products	Enteral Nutrition	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	PA: Required for oral administration (BO modifier) Limit: 1050 units in a rolling month Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth	MN DHS Provider Manual - Equipment and Supplies - Nutritional Products	CP:DME - Enteral & Parenteral Nutrition Therapy	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Nutritional Products	Enteral Nutrition	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	PA: Required for oral administration (BO Modifier) Limit: 1050 units in a rolling month Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth	MN DHS Provider Manual - Equipment and Supplies - Nutritional Products	CP:DME - Enteral & Parenteral Nutrition Therapy	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Nutritional Products	Enteral Nutrition	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	PA: Required for oral administration (BO Modifier) Limit: 1050 units in a rolling month Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth	MN DHS Provider Manual - Equipment and Supplies - Nutritional Products	CP:DME - Enteral & Parenteral Nutrition Therapy	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Nutritional Products	Enteral Nutrition	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	PA: Required for oral administration (BO Modifier) Limit: 1050 units in a rolling month Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth	MN DHS Provider Manual - Equipment and Supplies - Nutritional Products	CP:DME - Enteral & Parenteral Nutrition Therapy	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Nutritional Products	Enteral Nutrition	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	PA: Required for oral administration (BO Modifier) Limit: 1050 units in a rolling month Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth	MN DHS Provider Manual - Equipment and Supplies - Nutritional Products	CP:DME - Enteral & Parenteral Nutrition Therapy	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Nutritional Products	Enteral Nutrition	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	PA: Required for oral administration (BO modifier) Limit: 1050 units in a rolling month Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth	MN DHS Provider Manual - Equipment and Supplies - Nutritional Products	CP:DME - Enteral & Parenteral Nutrition Therapy	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Nutritional Products	Enteral Nutrition	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	PA: Required for oral administration (BO Modifier) Limit: 1050 units in a rolling month Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth	MN DHS Provider Manual - Equipment and Supplies - Nutritional Products	CP:DME - Enteral & Parenteral Nutrition Therapy	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Nutritional Products	Enteral Nutrition	B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 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	PA: Required for oral administration (BO modifier) Limit: 1050 units in a rolling month Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth	MN DHS Provider Manual - Equipment and Supplies - Nutritional Products	CP:DME - Enteral & Parenteral Nutrition Therapy	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Nutritional Products	Enteral Nutrition	B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PA: Required for oral administration (BO modifier) Limit: 1050 units in a rolling month Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth	MN DHS Provider Manual - Equipment and Supplies - Nutritional Products	CP:DME - Enteral & Parenteral Nutrition Therapy	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Nutritional Products	Enteral Nutrition	B4162	Enteral formula, for pediatrics, 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	PA: Required for oral administration (BO Modifier) Limit: 1050 units in a rolling month Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth	MN DHS Provider Manual - Equipment and Supplies - Nutritional Products	CP:DME - Enteral & Parenteral Nutrition Therapy	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Inserts	A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	PA: Required for members who do not have a diagnosis of diabetes Limit: 4 units in 1 calendar year - PA required for 5 or more	MN DHS Provider Manual - Orthopedic and Therapeutic Footwear	CP:DME - Therapeutic Shoes and Inserts for Persons with Diabetes	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Orthopedic and Therapeutic Footwear	Inserts	A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of Shore A 35 durometer or 3/16 inch material of Shore A 40 durometer (or higher), prefabricated, each	PA: Required for members who do not have a diagnosis of diabetes Limit: 6 units in 1 calendar year - PA required for 7 or more	MN DHS Provider Manual - Orthopedic and Therapeutic Footwear	CP:DME - Therapeutic Shoes and Inserts for Persons with Diabetes	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Inserts	A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	PA: Required for members who do not have a diagnosis of diabetes Limit: 6 units in 1 calendar year - PA required for 7 or more	MN DHS Provider Manual - Orthopedic and Therapeutic Footwear	CP:DME - Therapeutic Shoes and Inserts for Persons with Diabetes	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Inserts	A5514	For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	PA: Required for members who do not have a diagnosis of diabetes Limit: 6 units in 1 calendar year - PA required for 7 or more	MN DHS Provider Manual - Orthopedic and Therapeutic Footwear	CP:DME - Therapeutic Shoes and Inserts for Persons with Diabetes	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Modification to Shoes	A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	PA: Required for members who do not have a diagnosis of diabetes Limit: 4 units in 1 calendar year - PA required for 5 or more	MN DHS Provider Manual - Orthopedic and Therapeutic Footwear	CP:DME - Therapeutic Shoes and Inserts for Persons with Diabetes	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Modification to Shoes	A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	PA: Required for members who do not have a diagnosis of diabetes Limit: 4 units in 1 calendar year - PA required for 5 or more	MN DHS Provider Manual - Orthopedic and Therapeutic Footwear	CP:DME - Therapeutic Shoes and Inserts for Persons with Diabetes	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Orthopedic and Therapeutic Footwear	Modification to Shoes	A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	PA: Required for members who do not have a diagnosis of diabetes Limit: 4 units in 1 calendar year - PA required for 5 or more	MN DHS Provider Manual - Orthopedic and Therapeutic Footwear	CP:DME - Therapeutic Shoes and Inserts for Persons with Diabetes	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Modification to Shoes	A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	PA: Required for members who do not have a diagnosis of diabetes Limit: 4 units in 1 calendar year - PA required for 5 or more	MN DHS Provider Manual - Orthopedic and Therapeutic Footwear	CP:DME - Therapeutic Shoes and Inserts for Persons with Diabetes	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Modification to Shoes	A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	PA: Required for members who do not have a diagnosis of diabetes Limit: 4 units in 1 calendar year - PA required for 5 or more	MN DHS Provider Manual - Orthopedic and Therapeutic Footwear	CP:DME - Therapeutic Shoes and Inserts for Persons with Diabetes	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3201	Orthopedic shoe, Oxford with supinator or pronator, infant		MN DHS Provider Manual - Orthopedic and Therapeutic Footwear		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3202	Orthopedic shoe, Oxford with supinator or pronator, child		MN DHS Provider Manual - Orthopedic and Therapeutic Footwear		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3203	Orthopedic shoe, Oxford with supinator or pronator, junior		MN DHS Provider Manual - Orthopedic and Therapeutic Footwear		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3204	Orthopedic shoe, hightop with supinator or pronator, infant		MN DHS Provider Manual - Orthopedic and Therapeutic Footwear		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3206	Orthopedic shoe, hightop with supinator or pronator, child		MN DHS Provider Manual - Orthopedic and Therapeutic Footwear		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3207	Orthopedic shoe, hightop with supinator or pronator, junior		MN DHS Provider Manual - Orthopedic and Therapeutic Footwear		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3215	Orthopedic footwear, ladies shoe, Oxford, each		MN DHS Provider Manual - Orthopedic and Therapeutic Footwear		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3216	Orthopedic footwear, ladies shoe, depth inlay, each		MN DHS Provider Manual - Orthopedic and Therapeutic Footwear		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each		MN DHS Provider Manual - Orthopedic and Therapeutic Footwear		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3219	Orthopedic footwear, mens shoe, Oxford, each		MN DHS Provider Manual - Orthopedic and Therapeutic Footwear		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3221	Orthopedic footwear, mens shoe, depth inlay, each		MN DHS Provider Manual - Orthopedic and Therapeutic Footwear		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each		MN DHS Provider Manual - Orthopedic and Therapeutic Footwear		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Therapeutic Shoes	A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe	PA: Required for members who do not have a diagnosis of diabetes Limit: 4 units in 1 calendar year - PA required for 5 or more	MN DHS Provider Manual - Orthopedic and Therapeutic Footwear	CP:DME - Therapeutic Shoes and Inserts for Persons with Diabetes	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Orthopedic and Therapeutic Footwear	Therapeutic Shoes	A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	PA: Required for members who do not have a diagnosis of diabetes Limit: 4 units in 1 calendar year - PA required for 5 or more	MN DHS Provider Manual - Orthopedic and Therapeutic Footwear	CP:DME - Therapeutic Shoes and Inserts for Persons with Diabetes	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Cranial Remolding	S1040	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	Limit: 2 units before age 2 y/o (not covered after age 2) PA required for 3 or more units under the age of 2 y/o	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Cranial Remodeling	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	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	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1812	Knee orthosis (KO), elastic with joints, prefabricated, off-the-shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Prosthetic	Lower Limb Orthotics	L1820	Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1830	Knee orthosis (KO), immobilizer, canvas longitudinal, prefabricated, off-the-shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1831	Knee orthosis (KO), locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1832	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1833	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1834	Knee orthosis (KO), without knee joint, rigid, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1836	Knee orthosis (KO), rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1840	Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1843	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Prosthetic	Lower Limb Orthotics	L1844	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1845	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1846	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1847	Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1848	Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1850	Knee orthosis (KO), Swedish type, prefabricated, off-the-shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1851	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1852	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Prosthetic	Lower Limb Orthotics	L1860	Knee orthosis (KO), modification of supracondylar prosthetic socket, custom fabricated (SK)	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1900	Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist calf band, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1902	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1904	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1906	Ankle foot orthosis (AFO), multiligamentous ankle support, prefabricated, off-the-shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1907	Ankle orthosis (AO), supramalleolar with straps, with or without interface/pads, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1910	Ankle-foot orthosis (AFO), posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1920	Ankle-foot orthosis (AFO), single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1930	Ankle-foot orthosis (AFO), plastic or other material, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1932	Ankle foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1940	Ankle-foot orthosis (AFO), plastic or other material, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1945	Ankle-foot orthosis (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Prosthetic	Lower Limb Orthotics	L1950	Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1951	Ankle foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine-type), plastic or other material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1960	Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1970	Ankle-foot orthosis (AFO), plastic with ankle joint, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1971	Ankle foot orthosis (AFO), plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1980	Ankle-foot orthosis (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthosis), custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L1990	Ankle-foot orthosis (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L2000	Knee-ankle-foot orthosis (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L2005	Knee-ankle-foot orthosis (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated		MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Prosthetic	Lower Limb Orthotics	L2006	Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated		MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L2010	Knee-ankle-foot orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L2020	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L2030	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L2034	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L2035	Knee-ankle-foot orthosis (KAFO), full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L2036	Knee-ankle-foot orthosis (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L2037	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L2038	Knee-ankle-foot orthosis (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L2106	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

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Prosthetic	Lower Limb Orthotics	L2108	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L2112	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L2114	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L2116	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L2126	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L2128	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L2132	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L2134	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Orthotics	L2136	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)	MN DHS Provider Manual - Equipment and Supplies - Orthotics and Prosthetics	CP:DME - Orthoses, Lower Extremity, Knee-Ankle - Foot (KAFO) and Ankle-Foot (AFO)	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Prosthetic	L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type		MN DHS Provider Manual Orthotics and Prosthetics	CP: DME - Prosthetics, Lower Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Prosthetic	L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type		MN DHS Provider Manual Orthotics and Prosthetics	CP: DME - Prosthetics, Lower Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Prosthetic	Lower Limb Prosthetic	L5858	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type		MN DHS Provider Manual Orthotics and Prosthetics	CP: DME - Prosthetics, Lower Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Prosthetic	L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)		MN DHS Provider Manual Orthotics and Prosthetics	CP: DME - Prosthetics, Lower Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Prosthetic	L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source		MN DHS Provider Manual Orthotics and Prosthetics	CP: DME - Prosthetics, Lower Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Lower Limb Prosthetic	L2221	Addition to lower extremity orthosis, ankle system, microprocessor-controlled feature plantar flexion and/or dorsiflexion, includes power source		MN DHS Provider Manual - Equipment and Supplies - Orthoses and Prostheses		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Prosthetic	L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device		MN DHS Provider Manual Orthotics and Prosthetics	CP: DME - Prosthetics, Myoelectric, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Prosthetic	L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device		MN DHS Provider Manual Orthotics and Prosthetics	CP: DME - Prosthetics, Myoelectric, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Prosthetic	L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device		MN DHS Provider Manual Orthotics and Prosthetics	CP: DME - Prosthetics, Myoelectric, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Prosthetic	L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated		MN DHS Provider Manual Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Prosthetic	L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated		MN DHS Provider Manual Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Prosthetic	A8005	Powered, cable driven grip assist glove, hand, finger, includes microprocessor, pressure sensors, all components and accessories, custom fitted				MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Prosthetic	A8006	Powered, cable driven grip assist glove, hand, finger, includes pressure sensors, glove replacement only				MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Prosthetic	Upper Extremity Orthotics	L3650	Shoulder orthosis (SO), figure of eight design abduction restrainer, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3660	Shoulder orthosis (SO), figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3670	Shoulder orthosis (SO), acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3671	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3674	Shoulder orthosis (SO), abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3675	Shoulder orthosis (SO), vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3677	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3678	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3702	Elbow orthosis (EO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Prosthetic	Upper Extremity Orthotics	L3710	Elbow orthosis (EO), elastic with metal joints, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3720	Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3730	Elbow orthosis (EO), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3740	Elbow orthosis (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3760	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3761	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3762	Elbow orthosis (EO), rigid, without joints, includes soft interface material, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3763	Elbow-wrist-hand orthosis (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3764	Elbow-wrist-hand orthosis (EWHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Prosthetic	Upper Extremity Orthotics	L3765	Elbow-wrist-hand-finger orthosis (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3766	Elbow-wrist-hand-finger orthosis (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3806	Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3807	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3808	Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3809	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated, off-the-shelf, any type	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3900	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3901	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Prosthetic	Upper Extremity Orthotics	L3904	Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabricated	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3905	Wrist-hand orthosis (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3906	Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3908	Wrist-hand orthosis (WHO), wrist extension control cock-up, nonmolded, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3912	Hand-finger orthosis (HFO), flexion glove with elastic finger control, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3913	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3915	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3916	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Prosthetic	Upper Extremity Orthotics	L3917	Hand orthosis (HO), metacarpal fracture orthosis, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3918	Hand orthosis (HO), metacarpal fracture orthosis, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3919	Hand orthosis (HO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3921	Hand-finger orthosis (HFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3923	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3924	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3925	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3927	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Prosthetic	Upper Extremity Orthotics	L3929	Hand-finger orthosis (HFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3930	Hand-finger orthosis (HFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3931	Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3933	Finger orthosis (FO), without joints, may include soft interface, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3935	Finger orthosis (FO), nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3956	Addition of joint to upper extremity orthosis, any material; per joint	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3960	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3961	Shoulder-elbow-wrist-hand orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3962	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Prosthetic	Upper Extremity Orthotics	L3967	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3971	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3973	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3975	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3976	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3977	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	Limit/Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy	South Country Provider Manual
Prosthetic	Upper Extremity Orthotics	L3978	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics		MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment
Prosthetic	Upper Extremity Orthotics	L3999	Upper limb orthosis, not otherwise specified	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)	Equipment and Supplies - Orthotics and Prosthetics	CP: DME - Orthoses, Upper Extremity	MCP 01 - General Medical Necessity	Chapter 18 - Durable Medical Equipment

Major Group	Minor Group	Code	Description	PA, Benefit Limit, Both	Medicaid Coverage Criteria	Intenal Coverage Policy
Acupuncture	Acupuncture	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Benefit Limit - 20 in 1 calendar year	DHS Provider Manual - Acupuncture Services	MCP 01: General Medical Necessity Criteria
Acupuncture	Acupuncture	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)	Benefit Limit - 20 in 1 calendar year	DHS Provider Manual - Acupuncture Services	MCP 01: General Medical Necessity Criteria
Acupuncture	Acupuncture	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Benefit Limit - 20 in 1 calendar year	DHS Provider Manual - Acupuncture Services	MCP 01: General Medical Necessity Criteria
Acupuncture	Acupuncture	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)	Benefit Limit - 20 in 1 calendar year	DHS Provider Manual - Acupuncture Services	MCP 01: General Medical Necessity Criteria
Chiropractic	Chiropractic	98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	Benefit Limit (6 in 1 month or 24 in 1 calendar year) - for Medicaid covered services	DHS Provider Manual - Chiropractic Services	MCP 01: General Medical Necessity Criteria

Chiropractic	Chiropractic	98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Benefit Limit (6 in 1 month or 24 in 1 calendar year) - for Medicaid covered services	DHS Provider Manual - Chiropractic Services	MCP 01: General Medical Necessity Criteria
Chiropractic	Chiropractic	98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	Benefit Limit (6 in 1 month or 24 in 1 calendar year) - for Medicaid covered services	DHS Provider Manual - Chiropractic Services	MCP 01: General Medical Necessity Criteria

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	A2001	InnovaMatrix AC, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2002	Mirragen Advanced Wound Matrix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2004	XCelliStem, 1 mg		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2005	Microlyte Matrix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2006	NovoSorb SynPath dermal matrix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2007	Restrata, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2008	TheraGenesis, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2009	Symphony, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2010	Apis, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2011	Supra SDRM, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	A2012	SUPRATHEL, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2013	InnovaMatrix FS, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2014	Omeza Collagen Matrix, per 100 mg		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2015	Phoenix Wound Matrix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2016	PermeaDerm B, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2017	PermeaDerm Glove, each		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2018	PermeaDerm C, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2019	Kerecis Omega3 MariGen Shield, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2020	AC5 Advanced Wound System (AC5)		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2021	NeoMatriX, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	A2022	InnovaBurn or InnovaMatrix XL, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2023	InnovaMatrix PD, 1 mg		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2024	Resolve Matrix or XenoPatch, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2025	Miro3D, per cu cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2026	Restrata MiniMatrix, 5 mg		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2036	Cohealyx Collagen Dermal Matrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2037	G4Derm Plus, per ml			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2038	MariGen Pacto, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2039	InnovaMatrix FD, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A4100	Skin substitute, FDA-cleared as a device, not otherwise specified			MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4100	Skin substitute, not otherwise specified		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4101	Apligraf, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4102	Oasis wound matrix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4103	Oasis burn matrix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4106	Dermagraft, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4107	GRAFTJACKET, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4108	Integra matrix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4110	PriMatrix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4111	GammaGraft, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4112	Cymetra, injectable, 1 cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4113	GRAFTJACKET XPRESS, injectable, 1 cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4114	Integra flowable wound matrix, injectable, 1 cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4115	AlloSkin, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4116	AlloDerm, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4117	HYALOMATRIX, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4118	MatriStem micromatrix, 1 mg		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4121	TheraSkin, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4123	AlloSkin RT, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4124	OASIS ultra tri-layer wound matrix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4125	ArthroFlex, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4127	Talymed, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4128	FlexHD, or AllopatchHD, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4130	Strattice, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4132	Grafix Core and GrafixPL Core, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4134	HMatrix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4135	Mediskin, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4136	EZ Derm, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4138	BioDFence DryFlex, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4140	BioDFence, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4141	AlloSkin AC, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4142	XCM biologic tissue matrix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4143	Repriza, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4145	EpiFix, injectable, 1 mg		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4146	TENSIX, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4149	Excellagen, 0.1 cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4150	AlloWrap DS or dry, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4151	AmnioBand or Guardian, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4152	DermaPure, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4153	Dermavest and Plurivest, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4154	Biovance, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4155	Neox Flo or Clarix Flo 1 mg		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4156	Neox 100 or Clarix 100, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4157	Revitalon, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4158	Kerecis Omega3, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4159	Affinity, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4160	NuShield, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4161	bio-ConneKt wound matrix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4163	WoundEx, BioSkin, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4164	Helicoll, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4165	Keramatrix or Kerasorb, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4166	Cytal, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4167	Truskin, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4168	AmnioBand, 1 mg		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4169	Artacent wound, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4170	Cygnus, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4171	Interfyl, 1 mg		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4173	PalinGen or PalinGen XPlus, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4175	Miroderm, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4176	NeoPatch or Therion, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4177	FlowerAmnioFlo, 0.1 cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4178	FlowerAmnioPatch, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4179	FlowerDerm, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4180	Revita, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4181	Amnio Wound, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4182	TransCyte, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4183	surgiGRAFT, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4184	Cellesta or Cellesta Duo, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4186	Epifix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4187	Epicord, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4188	AmnioArmor, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4189	Artacent AC, 1 mg		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4190	Artacent AC, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4191	Restorigin, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4192	Restorigin, 1 cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4193	Coll-e-Derm, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4194	Novachor, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4195	PuraPly, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4196	PuraPly AM, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4197	PuraPly XT, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4198	Genesis Amniotic Membrane, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4199	Cygnus matrix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4200	SkinTE, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4201	Matrion, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4202	Keroxx (2.5 g/cc), 1 cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4203	Derma-Gide, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4204	XWRAP, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4205	Membrane Graft or Membrane Wrap, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4206	Fluid Flow or Fluid GF, 1 cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4208	Novafix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4209	SurGraft, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4211	Amnion Bio or AxoBioMembrane, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4212	AlloGen, per cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4213	Ascent, 0.5 mg		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4214	Cellesta Cord, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4216	Artacent Cord, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4218	SurgiCORD, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4219	SurgiGRAFT-DUAL, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4220	BellaCell HD or SureDerm, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4221	Amnio Wrap2, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4222	ProgenaMatrix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4225	AmnioBind or DermaBind TL, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4227	AmnioCore, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4229	Cogenex Amniotic Membrane, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4230	Cogenex Flowable Amnion, per 0.5 cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4232	Corplex, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4233	SurFactor or NuDyn, per 0.5 cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4234	XCellerate, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4235	AMNIOREPAIR or AltiPly, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4236	carePATCH, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4237	Cryo-Cord, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4238	Derm-Maxx, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4240	CoreCyte, for topical use only, per 0.5 cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4241	PolyCyte, for topical use only, per 0.5 cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4242	AmnioCyte Plus, per 0.5 cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4245	AmnioText, per cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4246	CoreText or ProText, per cc		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4247	AmnioText Patch, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4249	AMNIPLY, for topical use only, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4250	AmnioAmp-MP, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4251	Vim, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4252	Vendaje, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4253	Zenith Amniotic Membrane, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4254	Novafix DL, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4255	REGUaRD, for topical use only, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4256	MLG-Complete, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4257	Relese, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4258	Enverse, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4260	Signature APatch, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4261	TAG, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4262	Dual Layer Impax Membrane, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4263	SurGraft TL, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4264	Cocoon Membrane, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4265	NeoStim TL, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4266	NeoStim Membrane, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4267	NeoStim DL, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4268	SurGraft FT, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4269	SurGraft XT, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4270	Complete SL, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4271	Complete FT, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4272	Esano A, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4273	Esano AAA, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4274	Esano AC, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4275	Esano ACA, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4276	ORION, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4278	EPIEFFECT, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4280	Xcell Amnio Matrix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4281	Barrera SL or Barrera DL, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4282	Cygnus Dual, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4283	Biovance Tri-Layer or Biovance 3L, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4284	DermaBind SL, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4285	NuDYN DL or NuDYN DL MESH, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4286	NuDYN SL or NuDYN SLW, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4305	American Amnion AC Tri-Layer, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4306	American Amnion AC, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4307	American Amnion, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4308	Sanopellis, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4309	VIA Matrix, per sq cm		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4310	Procenta, per 100 mg		CP:Procedures Skin Substitute Graft	MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4383	Axolotl Graft Ultra, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4384	Axolotl DualGraft Ultra, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4385	Apollo FT, per sq cm			MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4386	Acesso TrifACA, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4387	NeoThelium FT, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4388	NeoThelium 4L, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4389	NeoThelium 4L Plus, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4390	Ascendion, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4391	AmnioPlast Double, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4392	GRAFIX Duo, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4393	SurGraft AC, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4394	SurGraft ACA, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4395	Acelagraft, per sq cm			MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4396	Natalin, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4397	Summit AAA, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4398	Summit ac per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4399	Summit fx per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4400	Polygon3 per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4401	Absolv3 per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4402	Xwrap 2.0 per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4403	Xwrap dual plus per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4404	Xwrap hydro plus per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4405	Xwrap fenestra plus sq cm			MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4406	Xwrap fenestra per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4407	Xwrap tribus per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4408	Xwrap hydro per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4409	Amniomatrixf3x per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4410	Amchomatrixdl per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4411	Amniomatrixf4x per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4412	Choriofix per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4413	Cygnus solo per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4414	Simplichor per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4415	Alexiguard st-l per sq cm			MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4416	Alexiguard tl-t per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4417	Alexiguard dl-t per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4420	Nuform per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4431	Pma skin substitute, nos			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4432	510(k) skin subs, nos			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4433	361 hct/p skin subs, nos			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4418	Biolab wrap flow per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4419	Biolab wrap flw lt per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4421	Biolab wrap solo per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4422	Ac wrap per sq cm			MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4423	Biolab tri wrap fl per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4424	Revive ft per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4425	Revive tl per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4426	Dermbnd tl+, tlx per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4427	Dermbnd dln dl+ dlx sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4428	Dermbnd sln sl+ slx sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4429	Dermbnd chn, chx per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4435	Renati membrane per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4436	Renati ac membrane per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4437	Revival ac per sq cm			MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4438	Pretect per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4439	Instagraft per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4440	Curamatrix per sq cm			MCP 01 - General Medical Necessity
Wound Care Treatments	Treatments or Procedures	97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s)	MN DHS Provider Manual - Equipment and Supplies - Specialized Wound Treatment Technology (non-covered)		MCP 01 - General Medical Necessity
Wound Care Treatments	Treatments or Procedures	0512T	Extracorporeal shock wave for integumentary wound healing	MN DHS Provider Manual - Equipment and Supplies - Specialized Wound Treatment Technology (non-covered)		MCP 01 - General Medical Necessity
Wound Care Treatments	Treatments or Procedures	0513T	Extracorporeal shock wave for integumentary wound healing	MN DHS Provider Manual - Equipment and Supplies - Specialized Wound Treatment Technology (non-covered)		MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Wound Care Treatments	Treatments or Procedures	0906T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm	MN DHS Provider Manual - Equipment and Supplies - Specialized Wound Treatment Technology (non-covered)		MCP 01 - General Medical Necessity
Wound Care Treatments	Treatments or Procedures	0907T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure)	MN DHS Provider Manual - Equipment and Supplies - Specialized Wound Treatment Technology (non-covered)		MCP 01 - General Medical Necessity
Wound Care Treatments	Treatments or Procedures	A4575	Hyperbaric (Topical Application for treatment of chronic wounds)	MN DHS Provider Manual - Equipment and Supplies - Specialized Wound Treatment Technology (non-covered)		MCP 01 - General Medical Necessity
Wound Care Treatments	Treatments or Procedures	E0446	Hyperbaric (Topical Application for treatment of chronic wounds)	MN DHS Provider Manual - Equipment and Supplies - Specialized Wound Treatment Technology (non-covered)		MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Wound Care Treatments	Treatments or Procedures	E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	MN DHS Provider Manual - Equipment and Supplies - Specialized Wound Treatment Technology (non-covered)		MCP 01 - General Medical Necessity
Wound Care Supplies	Supplies	See DHS Supply Guide for codes	Any code listed under category "wound care" or "surgical dressings", plus, A4450 and A6449 - has open network (no auth, even for out of state)	MN DHS Provider Manual - Equipment and Supplies - Surgical Supplies		

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)Ⓢ	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E))	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - JAK2, CALR, or MPL related Myeloproliferative Neoplasms (MPN) AND/OR CP:Molecular diagnositcs - Acute Myeloid Leukemia (AML)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - JAK2, CALR, or MPL related Myeloproliferative Neoplasms (MPN) AND/OR CP:Molecular diagnositcs - Acute Myeloid Leukemia (AML)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - BCR::ABL1 Testing in Acute Lmphoblastic Leukemia (ALL) AND/OR CP:Molecular Diagnostics - BCR::ABL1 Testing in Chronic Myeloid Leukemia (CML)	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81171	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Whole Genome Sequencing (WGS), Whole Exome Sequencing (WES), and Chromosomal Microarray (CMA), for Congenital or Hereditary Disorders	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81172	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Whole Genome Sequencing (WGS), Whole Exome Sequencing (WES), and Chromosomal Microarray (CMA), for Congenital or Hereditary Disorders	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Whole Genome Sequencing (WGS), Whole Exome Sequencing (WES), and Chromosomal Microarray (CMA), for Congenital or Hereditary Disorders	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - JAK2, CALR, or MPL related Myeloproliferative Neoplasms (MPN) AND/OR CP:Molecular diagnosis - Acute Myeloid Leukemia (AML)	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - JAK2, CALR, or MPL related Myeloproliferative Neoplasms (MPN) AND/OR CP:Molecular diagnositcs - Acute Myeloid Leukemia (AML)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Myotonic Dystrophy Type 1 and 2	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Carrier Screening (Genetic) for General Population	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Carrier Screening (Genetic) for General Population	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Whole Genome Sequencing (WGS), Whole Exome Sequencing (WES), and Chromosomal Microarray (CMA), for Congenital or Hereditary Disorders	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Pharmacogenomic Testing in Breast Cancer AND/OR CP: Molecular Diagnostics - Prognostic and Predictive Testing in Colorectal Cancer	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Pharmacogenomic Testing in Breast Cancer AND/OR CP: Molecular Diagnostics - Prognostic and Predictive Testing in Colorectal Cancer	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Pharmacogenomic Testing in Breast Cancer AND/OR CP: Molecular Diagnostics - Prognostic and Predictive Testing in Colorectal Cancer	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81194	NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Pharmacogenomic Testing in Breast Cancer AND/OR CP: Molecular Diagnostics - Prognostic and Predictive Testing in Colorectal Cancer	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81195	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Canavan Disease	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Adematous Polyposis Coli (APC)-associated Polyposis Conditions AND/OR CP:Molecular Diagnostics - Multi-Gene Panels for Hereditary Colorectal Cancer Symptoms	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Adematous Polyposis Coli (APC)-associated Polyposis Conditions	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Adematous Polyposis Coli (APC)-associated Polyposis Conditions AND/OR CP:Molecular Diagnostics - Multi-Gene Panels for Hereditary Colorectal Cancer Symptoms	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Bloom's Syndrome	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Acute Myeloid Leukemia (AML)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - CYP450 Genotyping AND/OR CP:Molecular Diagnostics - Pharmacogenomic Testing for Psychotropic Medication Drug Response	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	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)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - CYP450 Genotyping AND/OR CP:Molecular Diagnostics - Pharmacogenomic Testing for Psychotropic Medication Drug Response	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - CYP450 Genotyping AND/OR CP:Molecular Diagnostics - Pharmacogenomic Testing for Psychotropic Medication Drug Response	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Whole Genome Sequencing (WGS), Whole Exome Sequencing (WES), and Chromosomal Microarray (CMA), for Congenital or Hereditary Disorders	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - DPYD Testing for Fluoropyrimidines Toxicity	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - JAK2, CALR, or MPL related Myeloproliferative Neoplasms (MPN)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - JAK2, CALR, or MPL related Myeloproliferative Neoplasms (MPN)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Hemophilia B	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Acute Myeloid Leukemia (AML)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Acute Myeloid Leukemia (AML)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Glucose-6 phosphate dehydrogenase (G6PD) Deficiency	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Glucose-6 phosphate dehydrogenase (G6PD) Deficiency AND/OR Whole Genome Sequencing (WGS), Whole Exome Sequencing (WES), and Chromosomal Microarray (CMA) for Congenital or Hereditary Disorders	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Glycogen Storage Disease Type 1 (GSDI)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Gaucher Disease	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Carrier Screening (Genetic) for General Population AND/OR CP:Molecular Diagnostics - Hereditary hearing Loss	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Hereditary hearing Loss AND/OR CP:Molecular Diagnostics - Whole Genome Sequencing (WGS), Whole Exome Sequencing (WES), and Chromosomal Microarray (CMA) for Congenital or Hereditary disorders	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Familial Dysautonomia (FD) AND/OR CP:Molecular Diagnostics - Whole Genome Sequencing (WGS), Whole Exome Sequencing (WES), and Chromosomal Microarray (CMA) for Congenital or Hereditary Disorders	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - Chronic Lymphocytic Leukemia (CLL) Prognostic or Predictive Testing AND/OR CP:Molecular Diagnostics - clonoSEQ ® and other Clonality Testing	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Chronic Lymphocytic Leukemia (CLL) Pognostic or Predictive Testing	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Chronic Lymphocytic Leukemia (CLL) Pognostic or Predictive Testing AND/OR CP:Molecular Diagnostics - Myelodysplastic Syndromes (MDS)	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - clonoSEQ ® and other Clonality Testing	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Chimerism Analysis after Allogenic Stem Cell Transplantation (SCT)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Chimerism Analysis after Allogenic Stem Cell Transplantation (SCT)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Chimerism Analysis after Allogenic Stem Cell Transplantation (SCT)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Testing for Imatinib Response in Melanoma or Systemic Mastocytosis (SM)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Prognostic and Predictive Testing in Colorectal Cancer	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - MGMT Methylation Analysis in Glioma	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Lynch Syndrome (LS)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81290	MCOLN1 (mucolipin 1) (eg, Mucolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Mucolipidosis IV (MLIV)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Thiopurine Drug Response Testing	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Pharmacogenomic Testing in Breast Cancer AND/OR CP: Molecular Diagnostics - Prognostic and Predictive Testing in Colorectal Cancer	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Acute Myeloid Leukemia (AM)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Prognostic and Predictive Testing in Colorectal Cancer	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - PROGENSA® PCA3 Assay for Prostate Cancer	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Testing for Imatinib Response in Gastrointestinal Stromal Tumors (GISTs)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - PML-RARA Testing in Acute Promyelocytic Leukemia (APL)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - PML-RARA Testing in Acute Promyelocytic Leukemia (APL)	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Lynch Syndrome (LS)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - PTEN Hamatoma Tumor Syndrome(PHTS)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Niemann-Pick Disease Type A and B	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Angelman Syndrome (AS) AND/OR CP: Molecular Diagnostics - Prader-Willi Syndrome (WPS)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	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)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Alpha-1 Antitrypsin Deficiency (AATD) AND/OR CP: Molecular Diagnostics - Familial Cholestatic Liver Disease	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Acute Myeloid Leukemia (AML) AND/OR CP: Molecular Diagnostics - JAK2, CALR, or MPL related Myeloproliferative Neoplasms (MPN)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Thiopurine Drug Response Testing	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Carrier Screening (Genetic) for Gene4ral Populuation AND/OR CP: Molecular Diagnostics - Spinal Muscular Atrophy (SMA)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - JAK2, CALR, or MPL related Myeloproliferative Neoplasms (MPN)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - JAK2, CALR, or MPL related Myeloproliferative Neoplasms (MPN)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - clonoSEQ® and other Clonality Testing	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - clonoSEQ® and other Clonality Testing	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Thyroid Nodule Genetic Testing	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - JAK2, CALR, or MPL related Myeloproliferative Neoplasms (MPN)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - JAK2, CALR, or MPL related Myeloproliferative Neoplasms (MPN)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - CYP450 Genotyping	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	DHS Provider Manual: Lab and Pathology Services	CP:Molecular Diagnostics - JAK2, CALR, or MPL related Myeloproliferative Neoplasms	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD])	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the test that describes what is being request	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the test that describes what is being request	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Hereditary Hearing Loss AND/OR CP: Molecular Diagnostics - Whole Genome Sequencing (WGS), Whole Exome Sequencing (WES), and Chromosomal Microarray (CMA) for Congenital or Hereditary Disorders	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	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)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Whole Genome Sequencing (WGS), Whole Exome Sequencing (WES), and Chromosomal Microarray (CMA) for Congenital or Hereditary Disorders	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Whole Genome Sequencing (WGS), Whole Exome Sequencing (WES), and Chromosomal Microarray (CMA) for Congenital or Hereditary Disorders	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - CYP450 Genotyping AND/OR CP: Molecular Diagnostics - Parmacogenomic Testing for Psychotropic Medication Drug Response	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Noninvasive Prenatal Screening (NIPS)	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Whole Genome Sequencing (WGS), Whole Exome Sequencing (WES), and Chromosomal Microarray (CMA) for Congenital or Hereditary Disorders	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Whole Genome Sequencing (WGS), Whole Exome Sequencing (WES), and Chromosomal Microarray (CMA) for Congenital or Hereditary Disorders	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Whole Genome Sequencing (WGS), Whole Exome Sequencing (WES), and Chromosomal Microarray (CMA) for Congenital or Hereditary Disorders	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81437	Hereditary neuroendocrine tumor-related disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Hereditary Pheochromocytoma and Paraganglioma (PPGL)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Fanconi Anemia (FA)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81450	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81479	Unlisted molecular pathology procedure	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Cologuard ®	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81599	Unlisted multianalyte assay with algorithmic analysis	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	88299	Unlisted cytogenetic study	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Human Epidermal Growth Factor Receptor 2 (HER2) Testing for Drug Response AND/OR CP: Molecular Diagnostics - Retinoblastoma	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence or absence of variants and associated therapy(ies) to consider	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Pharmacogenomic Tsting in NSCLC	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Acute Myeloid Leukemia (AML)	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Acute Myeloid Leukemia (AML)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Acute Myeloid Leukemia (AML) AND/OR CP: Molecular Diagnostics - clonoSEQ® and other Clonality Testing	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Ataxia-Telangiectasia (A-T)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Acute Myeloid Leukemia (AML) AND/OR CP: Molecular Diagnostics - clonoSEQ® and other Clonality Testing	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Comprehensive Genomic Profiling for Solid tumor, Liquid Biopsy	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Comprehensive Genomic Profiling for Solid tumor, Liquid Biopsy	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Comprehensive Genomic Profiling, Tumor Tissue	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy, per embryo tested	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Noninvasive Prenatal Screening (NIPS)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	0285U	Oncology, disease progression and response monitoring to radiation, chemotherapy, or other systematic cancer treatments, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported in ng/mL	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing of at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient-specific panel for future comparisons to evaluate for MRD	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Chronic Lymphocytic Leukemia (CLL) Prognostic or Predictive Testing	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Chronic Lymphocytic Leukemia (CLL) Prognostic or Predictive Testing	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0552U	Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophectoderm biopsy, linkage analysis of disease-causing locus, and when possible, targeted mutation analysis for known familial variant, reported as low-risk or high-risk for familial genetic disorder	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Comprehensive Genomic Profiling, Tumor Tissue	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0553U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, and a mitochondrial DNA score, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, or mosaic, per embryo tested	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0554U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from trophectoderm biopsy for aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal (euploidy), monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	0555U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - select the subset that is most appropriate for the test being requested	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0616U	Neurology (dementia), DNA methylation analysis of more than 30,000 sites, whole blood, algorithm reported as positive or negative risk	DHS Provider Manual: Lab and Pathology Services		MCP 01 General Medical Necessity
Genetic Testing	Gene Analysis	0617U	Cardiovascular (atherosclerotic cardiovascular disease [ASCVD]), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	DHS Provider Manual: Lab and Pathology Services		MCP 01 General Medical Necessity
Genetic Testing	Gene Analysis	0618U	Psychiatry (bipolar disorder), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk	DHS Provider Manual: Lab and Pathology Services		MCP 01 General Medical Necessity
Genetic Testing	Gene Analysis	0619U	Pulmonary (chronic obstructive pulmonary disease [COPD]), DNA methylation analysis of more than 18,000 sites, whole blood, algorithm reported as positive or negative risk	DHS Provider Manual: Lab and Pathology Services		MCP 01 General Medical Necessity
Genetic Testing	Gene Analysis	0620U	Oncology (hepatocellular carcinoma), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	DHS Provider Manual: Lab and Pathology Services		MCP 01 General Medical Necessity
Genetic Testing	Gene Analysis	0621U	Infectious disease (Lyme borreliosis), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk	DHS Provider Manual: Lab and Pathology Services		MCP 01 General Medical Necessity
Genetic Testing	Gene Analysis	0622U	Psychiatry (major depressive disorder), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	DHS Provider Manual: Lab and Pathology Services		MCP 01 General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	0623U	Autoimmune (multiple sclerosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	DHS Provider Manual: Lab and Pathology Services		MCP 01 General Medical Necessity
Genetic Testing	Gene Analysis	0624U	Hepatology (nonalcoholic steatohepatitis [NASH]), DNA methylation analysis of 5,000 sites, whole blood, algorithm reported as positive or negative risk	DHS Provider Manual: Lab and Pathology Services		MCP 01 General Medical Necessity
Genetic Testing	Gene Analysis	0625U	Endocrinology (osteoporosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	DHS Provider Manual: Lab and Pathology Services		MCP 01 General Medical Necessity
Genetic Testing	Gene Analysis	0626U	Neurology (Parkinson disease), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	DHS Provider Manual: Lab and Pathology Services		MCP 01 General Medical Necessity
Genetic Testing	Gene Analysis	0627U	Psychiatry (schizophrenia), DNA methylation analysis of more than 15,000 sites, whole blood, algorithm reported as positive or negative risk	DHS Provider Manual: Lab and Pathology Services		MCP 01 General Medical Necessity
Genetic Testing	Gene Analysis	S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Multiple Endocrine Neoplasia Type 2 (MEN2)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3841	Genetic testing for retinoblastoma	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Retinoblastoma	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3842	Genetic testing for Von Hippel-Lindau disease	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Von Hippel-Lindau Syndrome (VHL)	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Hereditary Hearing Loss	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3845	Genetic testing for alpha-thalassemia	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - HBA1 and HBA2 Testing for Alpha Thalassemia	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	S3846	Genetic testing for hemoglobin E beta-thalassemia	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Beta globin (HBB) testing for Beta-thalassemia and Sickle Cell Disease	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3849	Genetic testing for Niemann-Pick disease	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Niemann-Pick Disease Type A and B AND/OR CP: Molecular Diagnostics - Niemann-Pick Disease Type C	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3850	Genetic testing for sickle cell anemia	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Beta globin (HBB) testing for Beta-thalassemia and Sickle Cell Disease	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Alzheimer' s Disease	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3853	Genetic testing for myotonic muscular dystrophy	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Myotonic Dystrophy Type 1 and 2	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3854	Gene expression profiling panel for use in the management of breast cancer treatment	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - MammaPrint ® AND/OR CP: Molecular Diagnostics - Oncotype DX ® Breast Cancer Assay	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome	DHS Provider Manual: Lab and Pathology Services		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Hereditary Cardiomyopathy	MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Hereditary Cardiomyopathy	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Genetic Testing	Gene Analysis	S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	DHS Provider Manual: Lab and Pathology Services	CP: Molecular Diagnostics - Whole Genome Sequencing (WGS), Whole Exome Sequencing (WES), and Chromosomal Microarray (CMA) for Congenital or Hereditary Disorders	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	South Country Provider Manual	Comment (Limit, etc)
Hearing	Hearing Aids	V5070	Glasses, air conduction	MN DHS Provider Manual - Hearing Aid Services	MCP 01: General Medical Necessity Criteria	Systems other than personal hearing aids always need an auth. Hearing Aid Repair > \$400 Hearing Aid: 1 every 3 years Dispensing Fee: 1 every 3 years Ear Mold: 1 every 3 months
Hearing	Hearing Aids	V5080	Glasses, bone conduction	MN DHS Provider Manual - Hearing Aid Services	MCP 01: General Medical Necessity Criteria	
Hearing	Hearing Aids	V5150	Binaural, glasses	MN DHS Provider Manual - Hearing Aid Services	MCP 01: General Medical Necessity Criteria	
Hearing	Hearing Aids	V5190	Hearing aid, contralateral routing, monaural, glasses	MN DHS Provider Manual - Hearing Aid Services	MCP 01: General Medical Necessity Criteria	
Hearing	Hearing Aids	V5230	Hearing aid, contralateral routing system, binaural, glasses	MN DHS Provider Manual - Hearing Aid Services	MCP 01: General Medical Necessity Criteria	

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	Internal Coverage Policy	Note
Vision	Contact Lens	S0500	Disposable contact lens, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	S0512	Daily wear specialty contact lens, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	S0514	Color contact lens, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2500	Contact lens, PMMA, spherical, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2501	Contact lens, PMMA, toric or prism ballast, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2502	Contact lens PMMA, bifocal, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	Internal Coverage Policy	Note
Vision	Contact Lens	V2503	Contact lens, PMMA, color vision deficiency, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2510	Contact lens, gas permeable, spherical, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2511	Contact lens, gas permeable, toric, prism ballast, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2512	Contact lens, gas permeable, bifocal, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2513	Contact lens, gas permeable, extended wear, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2520	Contact lens, hydrophilic, spherical, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	Internal Coverage Policy	Note
Vision	Contact Lens	V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2522	Contact lens, hydrophilic, bifocal, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2523	Contact lens, hydrophilic, extended wear, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2524	Contact lens, hydrophilic, spherical, photochromic additive, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2525	Contact lens, hydrophilic, dual focus, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2526	Contact lens, hydrophilic, with blue-violet filter, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	Internal Coverage Policy	Note
Vision	Contact Lens	V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2599	Contact lens, other type	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Eyeglasses	S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Eyeglasses	S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Eyeglasses	S0508	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	Internal Coverage Policy	Note
Vision	Eyeglasses	S0510	Nonprescription lens (safety, athletic, or sunglass), per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Eyeglasses	S0581	Nonstandard lens (list this code in addition to the basic code for the lens)	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Eyeglasses	V2020	Frames	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	Benefit LimitEffective 1/1/26 - 1 in 2 rolling years
Vision	Eyeglasses	V2025	Frames	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	Benefit LimitEffective 1/1/26 - 1 in 2 rolling years
Vision	Eyeglasses	V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Eyeglasses	V2755	U-V lens, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Eyeglasses	V2762	Polarization, any lens material, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Eyeglasses	V2786	Specialty occupational multifocal lens, per lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Vision Services	92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	Internal Coverage Policy	Note
Vision	Vision Services	92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Vision Services	92325	Modification of contact lens (separate procedure), with medical supervision of adaptation	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Vision Services	92326	Replacement of contact lens	MN DHS Provider Manual - Optical Services	MCP 01: General Medical Necessity Criteria	
Vision	Vision Services	0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session		MCP 01: General Medical Necessity Criteria	
Vision	Vision Services	0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month		MCP 01: General Medical Necessity Criteria	
Vision	Vision Services	0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment		MCP 01: General Medical Necessity Criteria	
Vision	Vision Services	0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days		MCP 01: General Medical Necessity Criteria	
Vision	Vision Services	0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month		MCP 01: General Medical Necessity Criteria	
Vision	Vision Services	A9292	Prescription digital visual therapy, software-only, FDA cleared, per course of treatment		MCP 01: General Medical Necessity Criteria	

Major Group	Minor Group	Code	Description	Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Assisted Transportation	Air Ambulance	A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	Auth only if originating or final destination is on an out of state, non-contracted facility (otherwise no auth)			MCP 01: General Medical Necessity Criteria
Assisted Transportation	Air Ambulance	A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	Auth only if originating or final destination is on an out of state, non-contracted facility (otherwise no auth)			MCP 01: General Medical Necessity Criteria
Assisted Transportation	Air Ambulance	A0435	Fixed wing air mileage, per statute mile	Auth only if originating or final destination is on an out of state, non-contracted facility (otherwise no auth)			MCP 01: General Medical Necessity Criteria
Assisted Transportation	Air Ambulance	A0436	Rotary wing air mileage, per statute mile	Auth only if originating or final destination is on an out of state, non-contracted facility (otherwise no auth)			MCP 01: General Medical Necessity Criteria
Assisted Transportation	Air Ambulance	A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)	This is a non-covered service			
Assisted Transportation	Non-Emergent Transport	A0130	Nonemergency transportation; encounter/trip (Wheelchair Van)	Level of needs assessment needed	MN DHS Provider Manual - Nonemergency Medical Transportation		

Major Group	Minor Group	Code	Description	Note	Medicaid Coverage Criteria	InterQual Path	Internal Coverage Policy
Assisted Transportation	Non-Emergent Transport	T2003	Nonemergency transportation; encounter/trip (ambulatory assist)	Level of needs assessment needed	MN DHS Provider Manual - Nonemergency Medical Transportation		
Assisted Transportation	Protected Transport	T2003 UA	Nonemergency transportation; encounter/trip (Protected)	Level of needs assessment needed	MN DHS Provider Manual - Nonemergency Medical Transportation		
Assisted Transportation	Non-Emergent Transport	T2005	Nonemergency transportation; encounter/trip (Stretcher Van)	Level of needs assessment needed	MN DHS Provider Manual - Nonemergency Medical Transportation		

Major Group	Minor Group	Code	Description	PA, Benefit Limit, Both	CMS Internet Only Manuals	Medicaid Coverage Criteria	Comment (Limit, etc)
SNF	Private Room	R0110	Private Room in SNF	Prior Auth Required	Medicare Benefit Policy Manual Chapter 1 - 10.1.3	DHS Provider Manual: Nursing Facilities	Must have doctor signature and QAAC signature
SNF	Skilled Care	Rate codes	Skilled Care Days	Notification Only			Up to 100 days - Skilled level of care, Medicare Part A benefit days.
SNF	Non-Skilled	Rate codes	Custodial/Non-skilled Days	Notification Only			Up to 180 days - custodial benefit.
SNF	Non-Skilled	Rate codes	Custodial/Non-skilled Days	Notification Only			Up to 100 days - custodial benefit.
SNF	Swing Bed	Rate codes	Skilled/Swing Bed	Notification Only			Up to 100 days - Skilled level of care, Medicare Part A benefit days.
SNF	Swing Bed	Rate codes	Swing Bed	Notification Only			Up to 100 days - custodial benefit.
SNF	Swing Bed	Rate codes	Swing Bed/Skilled	Notification Only			Medicare Co-Insurance Only - days 21-100 (Medicare covers days 0-20 100%, day 21 and over, this plan pays co-insurance and counts days)
SNF	Any Nursing Home Services						Nursing home stays for PMAP and MNCare: Custodial/Room & Board along with Rehabilitation Services for members residing in a SNF/Swing Bed facility are not covered. Service needs to be authorized through MN DHS. Facility should contact the MN DHS Help Desk at 800-366-5411.
Hospice	Hospice	N/A	Hospice Care	Notification Only			Notification required. Submit: Hospice notification form #4735

Major Group	Minor Group	Code	Description	Medicaid Coverage Criteria	Comment (Limit, etc)
Early Intensive Developmental and Behavioral Intervention	EIDBI	97151	Comprehensive Multi-Disciplinary Evaluation (CMDE): Behavior Identification Assessment	EIDBI Benefit	One CMDE allowed annually (max 80 units)
Early Intensive Developmental and Behavioral Intervention	EIDBI	97153	Intervention - Individual: Adaptive behavior treatment by protocol	EIDBI Benefit	Authorization cannot exceed a 180 day time span. Thresholds vary, see DHS Billing Grid
Early Intensive Developmental and Behavioral Intervention	EIDBI	97154	Intervention - Group: Group adaptive behavior treatment by protocol	EIDBI Benefit	Authorization cannot exceed a 180 day time span. Thresholds vary, see DHS Billing Grid
Early Intensive Developmental and Behavioral Intervention	EIDBI	97155	Intervention - Individual: Observation and Direction: Adaptive behavior treatment with protocol modification	EIDBI Benefit	Authorization cannot exceed a 180 day time span. Thresholds vary, see DHS Billing Grid
Early Intensive Developmental and Behavioral Intervention	EIDBI	97156	Family or Caregiver Training and Counseling - Individual: Family adaptive behavior treatment guidance	EIDBI Benefit	Authorization cannot exceed a 180 day time span. Thresholds vary, see DHS Billing Grid
Early Intensive Developmental and Behavioral Intervention	EIDBI	97157	Family or Caregiver Training and Counseling - Group: Multiple family group adaptive behavior treatment guidance	EIDBI Benefit	Authorization cannot exceed a 180 day time span. Thresholds vary, see DHS Billing Grid
Early Intensive Developmental and Behavioral Intervention	EIDBI	0373T UB	Intervention–Higher intensity: Adaptive behavior treatment with modifications in protocol administered by two or more providers.	EIDBI Benefit	Limited to 24 in 1 rolling day

Major Group	Minor Group	Code	Description	Requirement	Internal Coverage Policy	Comment (Limit, etc)
Out Of Network	OON	All codes	Inpatient Stays	PA - only outside of MN, ND, SD, IA, WI		Auth is required for inpatient stays if the provider is not in MN, ND, SD, IA or WI.
Out Of Network	OON	Office Visit codes	Direct Access Specialists	No Auth Required within 5 state area for specialists on the Direct Access Specialist List	Direct Access List	NOTE: direct access specialists are in Minnesota or surrounding states (ND, SD, IA, WI). If request is for elsewhere in the US, it needs authorization.
Out Of Network	OON	All codes	Emergency Room Services	NO AUTH REQUIRED	See UM 08 in policy library	Emergency services does not require PA
Out Of Network	OON	All codes	Reference Labs	No Auth Required when referring allifilate is a facility in MN		If referring/ordering provider is affiliated to a facility within MN, authorization is NOT required.