

## List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	NY	D7996	Implant-Mandible For Augmentation Purposes (Excluding Alveolar Ridge), By Report
Medicaid	NY	D7946	LeFort I (maxilla - total)
Medicaid	NY	D7947	Lefort I (Maxilla - Segmented)
Medicaid	NY	D7949	Lefort Ii Or Lefort Iii - With Bone Graft
Medicaid	NY	D7941	Osteotomy - Mandibular Rami
Medicaid	NY	D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL
Medicaid	NY	D7943	Osteotomy - Mandibular Rami With Bone Graft; Includes Obtaining The Graft
Medicaid	NY	D7940	Osteoplasty - For Orthognathic Deformities
Medicaid	NY	D7945	osteotomy - body of mandible
Medicaid	NY	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft
Medicaid	NY	77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed
Medicaid	NY	E0601	Continuous positive airway pressure (cpap) device
Medicaid	NY	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
Medicaid	NY	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
Medicaid	NY	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
Medicaid	NY	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization
Medicaid	NY	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography
Medicaid	NY	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;
Medicaid	NY	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
Medicaid	NY	92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel

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Medicaid	NY	77778	Interstitial Radioelement Application; Complex
Medicaid	NY	77763	Intracavitary Radiation Source Application; Complex
Medicaid	NY	77762	Intracavitary Radiation Source Application; Intermediate
Medicaid	NY	77761	Intracavitary Radiation Source Application; Simple
Medicaid	NY	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en
Medicaid	NY	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
Medicaid	NY	E0562	Humidifier, heated, used with positive airway pressure device
Medicaid	NY	E0561	Humidifier, non-heated, used with positive airway pressure device
Medicaid	NY	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate
Medicaid	NY	E0470	Respiratory assist device, bi-level pressure capability, without backup rate
Medicaid	NY	93931	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study
Medicaid	NY	93930	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study
Medicaid	NY	93979	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Unilat/Limited
Medicaid	NY	93882	Duplex Scan, Extracranial Arteries; Unilat/Limited Study
Medicaid	NY	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	NY	77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
Medicaid	NY	77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
Medicaid	NY	77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
Medicaid	NY	92606	Therapeutic Service(S), Use Non-Speech Generatiing Device, W/Programming & Modification
Medicaid	NY	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
Medicaid	NY	63272	Laminectomy, Excision, Intraspinial Lesion Other Than Neoplasm, Intradural; Lumbar
Medicaid	NY	63282	Laminectomy, Bx/Excision, Intraspinial Neoplasm; Intradural, Extradural, Lumbar
Medicaid	NY	92609	Therapeutic services for the use of speech-generating device, including programming and modification
Medicaid	NY	63290	Laminectomy, Bx/Excision, Intraspinial Neoplasm; Extradural-Intradural Lesion, Any Level
Medicaid	NY	63287	Laminectomy, Bx/Excision, Intraspinial Neoplasm; Intradural, Intramedullary, Thoracolumbar
Medicaid	NY	20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)

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Medicaid	NY	20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)
Medicaid	NY	20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
Medicaid	NY	97012	Application of a modality to 1 or more areas; traction, mechanical
Medicaid	NY	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
Medicaid	NY	97010	Application of a modality to 1 or more areas; hot or cold packs
Medicaid	NY	20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separat
Medicaid	NY	20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments
Medicaid	NY	97022	Application of a modality to 1 or more areas; whirlpool
Medicaid	NY	97018	Application of a modality to 1 or more areas; paraffin bath
Medicaid	NY	97016	Application of a modality to 1 or more areas; vasopneumatic devices
Medicaid	NY	22206	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicaid	NY	22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
Medicaid	NY	22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic
Medicaid	NY	22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
Medicaid	NY	22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment
Medicaid	NY	22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
Medicaid	NY	22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
Medicaid	NY	22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
Medicaid	NY	22216	Osteotomy, Spine, Posterior/Posterolateral Approach, 1 Vertebral Segment; Add'l Segment
Medicaid	NY	22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral, including fluoroscopic guidance; 1 or mor
Medicaid	NY	22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le
Medicaid	NY	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
Medicaid	NY	22548	Arthrodesis, Anterior Transoral/Extraoral, Atlas-Axis, W/Wo Excision Odontoid Process
Medicaid	NY	97035	Application, Modality To 1+ Areas; Ultrasound, Each 15 Min
Medicaid	NY	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
Medicaid	NY	97034	Application, Modality To 1+ Areas; Contrast Baths, Each 15 Min
Medicaid	NY	22600	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Cervical Below C2
Medicaid	NY	97026	Application of a modality to 1 or more areas; infrared
Medicaid	NY	22830	Exploration of Spinal Fusion

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Line of Business	State	Procedure Code	Description
Medicaid	NY	22818	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 1-2 Segs
Medicaid	NY	67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of
Medicaid	NY	97036	Application, Modality To 1+ Areas; Hubbard Tank, Each 15 Min
Medicaid	NY	22810	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 4 To 7 Vertebral Segments
Medicaid	NY	22808	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 2 To 3 Vertebral Segments
Medicaid	NY	22812	Spinal Fixation, Wiring, Spinous Processes
Medicaid	NY	22632	Arthrodesis, Post Interbody W/Laminect &/Or Dissect, Prep Interspace, Sngl Intrspc; Add'l Interspc
Medicaid	NY	22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoax
Medicaid	NY	22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separate
Medicaid	NY	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
Medicaid	NY	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
Medicaid	NY	97110	Therapeutic Proc, 1+ Areas, Each 15 Min; Therapeutic Exercises
Medicaid	NY	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumba
Medicaid	NY	22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
Medicaid	NY	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for
Medicaid	NY	22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
Medicaid	NY	97112	Therapeutic Proc, 1+ Areas, Each 15 Min; Neuromuscular Reeducation
Medicaid	NY	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervi
Medicaid	NY	97113	Therapeutic Proc, 1+ Areas, Each 15 Min; Aquatic Therapy W/Exercises
Medicaid	NY	22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
Medicaid	NY	22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
Medicaid	NY	70482	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/O Contrast, Then W/Contrast
Medicaid	NY	70481	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/Contrast
Medicaid	NY	70480	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast
Medicaid	NY	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast ma

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Medicaid	NY	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
Medicaid	NY	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
Medicaid	NY	97124	Therapeutic Proc, 1+ Areas, Each 15 Min; Massage
Medicaid	NY	97116	Therapeutic Proc, 1+ Areas, Each 15 Min; Gait Training (W/Stair Climbing)
Medicaid	NY	97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
Medicaid	NY	97140	Manual Therapy Techniques, 1+ Regions, Each 15 Min
Medicaid	NY	97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
Medicaid	NY	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and im
Medicaid	NY	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
Medicaid	NY	97150	Therapeutic Proc(S), Group, (2+ Individuals)
Medicaid	NY	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral
Medicaid	NY	97164	Reevaluation of physical therapy established plan of care requiring components
Medicaid	NY	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
Medicaid	NY	77046	Magnetic resonance imaging, breast, without contrast material; unilateral
Medicaid	NY	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
Medicaid	NY	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);
Medicaid	NY	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan

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Line of Business	State	Procedure Code	Description
Medicaid	NY	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes
Medicaid	NY	97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
Medicaid	NY	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
Medicaid	NY	97168	Reevaluation of occupational therapy care/established plan of care requiring components
Medicaid	NY	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
Medicaid	NY	97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes
Medicaid	NY	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
Medicaid	NY	97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
Medicaid	NY	97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes
Medicaid	NY	97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
Medicaid	NY	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel
Medicaid	NY	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
Medicaid	NY	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	NY	93926	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study
Medicaid	NY	93925	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study
Medicaid	NY	93880	Duplex Scan, Extracranial Arteries; Complete Bilat Study

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Line of Business	State	Procedure Code	Description
Medicaid	NY	93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)
Medicaid	NY	A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair
Medicaid	NY	A7037	Tubing Used With Positive Airway Pressure Device
Medicaid	NY	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Press
Medicaid	NY	A7035	Headgear Used With Positive Airway Pressure Device
Medicaid	NY	A7028	Oral cushion for combination oral/nasal mask, replacement only, each
Medicaid	NY	93978	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Complete Study
Medicaid	NY	A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each
Medicaid	NY	A7045	Repl exhalation port for PAP
Medicaid	NY	A7044	Oral Interface Used With Positive Airway Pressure Device, Each
Medicaid	NY	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device
Medicaid	NY	A7038	Filter, Disposable, Used With Positive Airway Pressure Device
Medicaid	NY	A7033	Pillow for use on nasal cannula type interface, replacement only, pair
Medicaid	NY	A7032	Cushion for use on nasal mask interface, replacement only, each
Medicaid	NY	A7031	Face Mask Interface, Replacement For Full Face Mask, Each
Medicaid	NY	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each
Medicaid	NY	C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
Medicaid	NY	C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	NY	C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	NY	E0748	Elec Osteogen Stim Spinal
Medicaid	NY	27122	Acetabuloplasty; Resection, Femoral Head
Medicaid	NY	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
Medicaid	NY	27138	Revision, Total Hip Arthroplasty; Femoral Component Only, W/Wo Allograft
Medicaid	NY	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
Medicaid	NY	27488	Removal, Knee Prosthesis, Methylmethacrylate W/Wo Spacer Insertion
Medicaid	NY	C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromio
Medicaid	NY	27345	Excision, Synovial Cyst, Popliteal Space

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Medicaid	NY	70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part m
Medicaid	NY	62282	Injection/Infusion Neurolytic Substance; Epidural, Lumbar/Caudal
Medicaid	NY	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
Medicaid	NY	62281	Injection/Infusion Neurolytic Substance, W/Wo Therapeutic Substance; Epidural Cervical/Thoracic
Medicaid	NY	20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)
Medicaid	NY	64520	Injection, Anesthetic Agent; Lumbar/Thoracic (Paravertebral Sympathetic)
Medicaid	NY	64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
Medicaid	NY	64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)
Medicaid	NY	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
Medicaid	NY	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
Medicaid	NY	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
Medicaid	NY	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
Medicaid	NY	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
Medicaid	NY	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
Medicaid	NY	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
Medicaid	NY	64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
Medicaid	NY	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicaid	NY	22590	Arthrodesis, Posterior Technique, Craniocervical
Medicaid	NY	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 v

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Medicaid	NY	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
Medicaid	NY	22804	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 13+ Vertebral Segments
Medicaid	NY	22595	Arthrodesis, Posterior Technique, Atlas-Axis
Medicaid	NY	22614	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Add'l Segment
Medicaid	NY	23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty
Medicaid	NY	27137	Revision, Total Hip Arthroplasty; Acetabular Component Only, W/Wo Autograft/Allograft
Medicaid	NY	27132	Conversion, Previous Hip Surgery To Total Hip Arthroplasty, W/Wo Autograft/Allograft
Medicaid	NY	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
Medicaid	NY	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
Medicaid	NY	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
Medicaid	NY	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
Medicaid	NY	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)
Medicaid	NY	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
Medicaid	NY	22554	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Cervical Below C2
Medicaid	NY	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes
Medicaid	NY	22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)
Medicaid	NY	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)

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Medicaid	NY	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
Medicaid	NY	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)
Medicaid	NY	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar
Medicaid	NY	22585	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Add'l Interspace
Medicaid	NY	23105	Arthrotomy; Glenohumeral Joint, W/Synovectomy, W/Wo Bx
Medicaid	NY	23120	Claviclectomy; Partial
Medicaid	NY	23107	Arthrotomy, Glenohumeral Joint, W/Exploration, W/Wo Loose/Fb Removal
Medicaid	NY	23410	Repair, Ruptured Musculotendinous Cuff, Open; Acute
Medicaid	NY	23130	Acromioplasty/Acromionectomy, Partial, W/Wo Coracoacromial Ligament Release
Medicaid	NY	23420	Reconstruction, Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty)
Medicaid	NY	23415	Coracoacromial Ligament Release, W/Wo Acromioplasty
Medicaid	NY	23430	Tenodesis, Long Tendon, Biceps
Medicaid	NY	23440	Resection/Transplantation, Long Tendon, Biceps
Medicaid	NY	23450	Capsulorrhaphy, Anterior; Putti-Platt Proc/Magnuson Type Operation
Medicaid	NY	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicaid	NY	22802	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 7 To 12 Vertebral Segments
Medicaid	NY	22800	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; Up To 6 Vertebral Segments
Medicaid	NY	22630	Arthrodesis, Post Interbody W/Laminectomy &/Or Discect, Prep Interspace, Single Interspace; Lumbar
Medicaid	NY	22558	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Lumbar
Medicaid	NY	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis])
Medicaid	NY	22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or mo
Medicaid	NY	22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12
Medicaid	NY	63200	Laminectomy, W/Release, Tethered Spinal Cord, Lumbar
Medicaid	NY	23455	Capsulorrhaphy, Anterior; W/Labral Repair
Medicaid	NY	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis])
Medicaid	NY	63277	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural, Lumbar

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Line of Business	State	Procedure Code	Description
Medicaid	NY	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
Medicaid	NY	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar
Medicaid	NY	62264	Lysis, Perq Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 1 Day
Medicaid	NY	62263	Lysis, Perq, Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 2 Days/>
Medicaid	NY	63045	Laminectomy, Facetectomy & Foraminotomy, 1 Segment; Cervical
Medicaid	NY	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
Medicaid	NY	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
Medicaid	NY	63190	Laminectomy with rhizotomy; more than 2 segments
Medicaid	NY	63103	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression Spinal Cord/Nerve Rts; Thoracic/Lumbar, ea addl Seg
Medicaid	NY	63102	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Lumbar, Sgl Segment
Medicaid	NY	63091	Vertebral Corpectomy, Trans/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; Add'l Segment
Medicaid	NY	63090	Vertebral Corpectomy, Transperitoneal/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; 1 Segment
Medicaid	NY	63087	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar; 1 Segment
Medicaid	NY	63088	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar; Add'l Segment
Medicaid	NY	63086	Vertebral Corpectomy, Transthoracic; Thoracic, Add'l Segment
Medicaid	NY	63302	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Thoracolumbar Approach
Medicaid	NY	63301	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Transthoracic Approach
Medicaid	NY	63300	Vertebral Corpectomy, 1 Segment; Extradural, Cervical
Medicaid	NY	63305	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Transthoracic Approach
Medicaid	NY	63304	Vertebral Corpectomy, 1 Segment; Intradural, Cervical
Medicaid	NY	23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component

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Line of Business	State	Procedure Code	Description
Medicaid	NY	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy
Medicaid	NY	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including flu
Medicaid	NY	63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural
Medicaid	NY	63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural
Medicaid	NY	63306	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Thoracolumbar Approach
Medicaid	NY	23460	Capsulorrhaphy, Anterior, Any Type; W/Bone Block
Medicaid	NY	63688	Revision/Removal, Implanted Spinal Neurostimulator Pulse Generator/Receiver
Medicaid	NY	63685	Incision/Placement, Spinal Neurostimulator Pulse Generator/Receiver
Medicaid	NY	64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint
Medicaid	NY	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
Medicaid	NY	64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code)
Medicaid	NY	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral
Medicaid	NY	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
Medicaid	NY	27125	Hemiarthroplasty, Hip, Partial
Medicaid	NY	77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
Medicaid	NY	23466	Capsulorrhaphy, Glenohumeral Joint, Any Type Multi-Directional Instability
Medicaid	NY	23462	Capsulorrhaphy, Anterior, Any Type; W/Coracoid Process Transfer
Medicaid	NY	23465	Capsulorrhaphy, Glenohumeral Joint, Posterior, W/Wo Bone Block
Medicaid	NY	27332	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial/Lateral
Medicaid	NY	27331	Arthrotomy, Knee; W/Joint Exploration, Bx/Removal, Loose/Fb
Medicaid	NY	27130	Arthroplasty, Acetabular/Proximal Femoral Prosthetic Replacement, W/Wo Autograft/Allograft
Medicaid	NY	27333	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial & Lateral
Medicaid	NY	27335	Arthrotomy, W/Synovectomy Knee; Anterior & Posterior W/Popliteal Area
Medicaid	NY	27334	Arthrotomy, W/Synovectomy Knee; Anterior/Posterior
Medicaid	NY	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography

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Line of Business	State	Procedure Code	Description
Medicaid	NY	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
Medicaid	NY	27403	Arthrotomy W/Meniscus Repair, Knee
Medicaid	NY	27405	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral
Medicaid	NY	27407	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Cruciate
Medicaid	NY	27415	Osteochondral allograft, knee, open
Medicaid	NY	27409	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral & Cruciate Ligaments
Medicaid	NY	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))
Medicaid	NY	27427	Ligamentous Reconstruction (Augmentation), Knee; Extra-Articular
Medicaid	NY	27428	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open)
Medicaid	NY	27429	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open) & Extra-Articular
Medicaid	NY	27443	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee; W/Debridement & Partial Synovectomy
Medicaid	NY	27438	Arthroplasty, Patella; W/Prosthesis
Medicaid	NY	27442	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee
Medicaid	NY	27441	Arthroplasty, Knee, Tibial Plateau; W/Debridement & Partial Synovectomy
Medicaid	NY	27437	Arthroplasty, Patella; W/O Prosthesis
Medicaid	NY	29819	Arthroscopy, Shoulder, Surgical; W/Removal, Loose/Fb
Medicaid	NY	29807	Arthroscopy, Shoulder, Surgical; Repair, Slap Lesion
Medicaid	NY	29806	Arthroscopy, Shoulder, Surgical; Capsulorrhaphy
Medicaid	NY	29805	Arthroscopy, Shoulder, Dx, W/Wo Synovial Bx (Sep Proc)
Medicaid	NY	27447	Arthroplasty, Knee, Condyle & Plateau; Medial & Lateral Compartments, W/Wo Patella Resurfacing
Medicaid	NY	29824	Arthroscopy, Shoulder, Surgical; Distal Claviclectomy W/ Articular Surface
Medicaid	NY	29821	Arthroscopy, Shoulder, Surgical; Synovectomy, Complete
Medicaid	NY	29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)
Medicaid	NY	29823	Arthroscopy, Shoulder, Surgical; Debridement, Extensive
Medicaid	NY	29862	Arthroscopy, Hip, Surgical; W/Chondroplasty/Arthroplasty, &/Or Resection, Labrum
Medicaid	NY	29861	Arthroscopy, Hip, Surgical; W/Removal, Loose/Foreign Body
Medicaid	NY	29828	Arthroscopy, shoulder, surgical; biceps tenodesis
Medicaid	NY	29827	Arthroscopy, Shoulder, Surgical; W/Rotator Cuff Repair
Medicaid	NY	29868	Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral
Medicaid	NY	29867	Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty)
Medicaid	NY	29863	Arthroscopy, Hip, Surgical; W/Synovectomy
Medicaid	NY	29877	Arthroscopy, Knee, Surgical; Debridement/Shaving, Articular Cartilage (Chondroplasty)
Medicaid	NY	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
Medicaid	NY	29874	Arthroscopy, Knee, Surgical; Removal, Loose/Fb

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Line of Business	State	Procedure Code	Description
Medicaid	NY	29873	Arthroscopy, Knee, Surgical; W/Lateral Release
Medicaid	NY	29870	Arthroscopy, Knee, Dx, W/Wo Synovial Bx (Sep Proc)
Medicaid	NY	29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
Medicaid	NY	29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
Medicaid	NY	29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (W/Chondroplasty)/Multiple Drilling/Microfx
Medicaid	NY	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
Medicaid	NY	29892	Arthroscopically Aided Repair, Osteochondritis/Talar Dome Fx/Tibial Plafond Fx
Medicaid	NY	29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation/Reconstruction
Medicaid	NY	29886	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion
Medicaid	NY	29885	Arthroscopy, Knee, Surgical; Drill, Osteochondritis Dissecans W/Bone Graft, W/Wo Int/Ext Fixation
Medicaid	NY	29884	Arthroscopy, Knee, Surgical; W/Lysis, Adhesions, W/Wo Manipulation (Sep Proc)
Medicaid	NY	29883	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial & Lateral
Medicaid	NY	29882	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial/Lateral
Medicaid	NY	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
Medicaid	NY	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
Medicaid	NY	63017	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, > 2 Segments; Lumbar
Medicaid	NY	63005	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, 1/2 Segments; Lumbar
Medicaid	NY	29916	Arthroscopy, hip, surgical; with labral repair
Medicaid	NY	29915	Arthroscopy, subtalar joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
Medicaid	NY	29889	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation/Reconstruction
Medicaid	NY	63047	Laminectomy. Facetectomy & Foraminotomy, 1 Segment; Lumbar
Medicaid	NY	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex
Medicaid	NY	63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex
Medicaid	NY	63042	Laminotomy W/Partl Facetectomy/Foraminotomy/Herniated Diskect, Re-Explor, Sngle Interspc; Lumbar

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Line of Business	State	Procedure Code	Description
Medicaid	NY	63040	Laminotomy W/Partl Facetectomy/Foramnotmy/Herniated Discect, Re-Exploratn, Sngle Interspc; Cervical
Medicaid	NY	63267	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Lumbar
Medicaid	NY	63075	Discectomy, Anterior; Cervical, 1 Interspace
Medicaid	NY	63048	Laminectomy, Facetectomy & Foraminotomy; Add'l Segment, Cervical/Thoracic/Lumbar
Medicaid	NY	63056	Transpedicular Approach, 1 Segment; Lumbar (Transfacet/Lateral Extraforaminal)
Medicaid	NY	63001	Laminectomy, W/O Facetectomy/Foraminotomy/Discectomy, 1/2 Segments; Cervical
Medicaid	NY	63051	Laminoplasty, Cerv, W Decompression Of Spinal Cord, 2 Or > Verteb Segments; W Reconstruction Of Posterior Bony Elements
Medicaid	NY	63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments;
Medicaid	NY	63015	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, > 2 Segments; Cervical
Medicaid	NY	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	NY	A7027	Combination oral/nasal mask, used with continuous positive airway pressure
Medicaid	NY	C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
Medicaid	NY	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, wit
Medicaid	NY	22207	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicaid	NY	22819	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 3 / More
Medicaid	NY	27486	Revision, Total Knee Arthroplasty, W/Wo Allograft; 1 Component
Medicaid	NY	23412	Repair, Ruptured Musculotendinous Cuff; Chronic
Medicaid	NY	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
Medicaid	NY	29860	Arthroscopy, Hip, Dx W/Wo Synovial Bx (Sep Proc)
Medicaid	NY	27440	Arthroplasty, Knee, Tibial Plateau
Medicaid	NY	29825	Arthroscopy, Shoulder, Surgical; W/Lysis & Resection, Adhesions, W/Wo Manipulation
Medicaid	NY	29822	Arthroscopy, Shoulder, Surgical; Debridement, Limited
Medicaid	NY	63308	Vertebral Corpectomy, Add'l Segment
Medicaid	NY	63185	Laminectomy with rhizotomy; 1 or 2 segments
Medicaid	NY	63252	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Thoracolumbar
Medicaid	NY	63101	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Thoracic, Sgl Segment
Medicaid	NY	23472	Arthroplasty, Glenohumeral Joint; Total Shoulder
Medicaid	NY	29887	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion W/Int Fixation
Medicaid	NY	27120	Acetabuloplasty;

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Line of Business	State	Procedure Code	Description
Medicaid	NY	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan
Medicaid	NY	93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)
Medicaid	NY	97032	Application, Modality 1+ Areas; Electrical Stimulation (Manual), Each 15 Min
Medicaid	NY	97028	Application of a modality to 1 or more areas; ultraviolet
Medicaid	NY	92526	Treatment, Swallowing Dysfunction &/Or Oral Function, Feeding
Medicaid	NY	20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)
Medicaid	NY	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
Medicaid	NY	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2
Medicaid	NY	22849	Reinsertion, Spinal Fixation Device
Medicaid	NY	29820	Arthroscopy, Shoulder, Surgical; Synovectomy, Partial
Medicaid	NY	29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
Medicaid	NY	63057	Transpedicular Approach, Add'l Segment; Thoracic/Lumbar
Medicaid	NY	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
Medicaid	NY	63076	Discectomy, Anterior; Cervical, Add'l Interspace
Medicaid	NY	63081	Vertebral Corpectomy, Anterior; Cervical, 1 Segment
Medicaid	NY	63303	Vertebral Corpectomy, 1 Segment; Extradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach
Medicaid	NY	63307	Vertebral Corpectomy, 1 Segment; Intradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach
Medicaid	NY	63012	Laminectomy W/Removal, Abnormal Facets, Lumbar
Medicaid	NY	27446	Arthroplasty, Knee, Condyle & Plateau; Medial/Lateral Compartment
Medicaid	NY	29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Sep Proc)
Medicaid	NY	27487	Revision, Total Knee Arthroplasty; Femoral & Entire Tibial Component
Medicaid	NY	63082	Vertebral Corpectomy, Anterior; Cervical, Add'l Segment

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Line of Business	State	Procedure Code	Description
Medicaid	NY	63085	Vertebral Corpectomy, Transthoracic; Thoracic, 1 Segment
Medicaid	NY	23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
Medicaid	NY	64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint
Medicaid	NY	27280	Arthrodesis, Sacroiliac Joint (Including Obtaining Graft)
Medicaid	NY	A7036	Chinstrap Used With Positive Airway Pressure Device
Medicaid	NY	27134	Revision, Total Hip Arthroplasty; Both Components, W/Wo Autograft/Allograft
Medicaid	NY	77047	Magnetic resonance imaging, breast, without contrast material; bilateral
Medicaid	NY	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
Medicaid	NY	93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study
Medicaid	NY	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
Medicaid	NY	20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)
Medicaid	NY	20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)
Medicaid	NY	22208	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicaid	NY	31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intr
Medicaid	NY	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT
Medicaid	NY	20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (a
Medicaid	NY	77301	Intensity Modulated Radiotherapy Plan W/Dose Volume Histograms
Medicaid	NY	76965	Us Guided, Interstitial Radioelement Application
Medicaid	NY	77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
Medicaid	NY	77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
Medicaid	NY	77520	Proton Treatment Delivery; Simple W/O Compensation
Medicaid	NY	19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad

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Line of Business	State	Procedure Code	Description
Medicaid	NY	19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
Medicaid	NY	19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicaid	NY	32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment
Medicaid	NY	61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)
Medicaid	NY	57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
Medicaid	NY	55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radi
Medicaid	NY	58346	Insertion, Heyman Capsules, Clinical Brachytherapy
Medicaid	NY	61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
Medicaid	NY	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (Li
Medicaid	NY	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (Lis
Medicaid	NY	61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
Medicaid	NY	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separat
Medicaid	NY	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
Medicaid	NY	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image g
Medicaid	NY	41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transn
Medicaid	NY	55860	Exposure, Prostate, Any Approach, Radiation Insertion
Medicaid	NY	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
Medicaid	NY	77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)
Medicaid	NY	57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
Medicaid	NY	15821	Blepharoplasty, Lower Eyelid; W/Extensive Herniated Fat Pad
Medicaid	NY	17106	Destruction, Cutaneous Vascular Proliferative Lesions; < 10 Sq Cm
Medicaid	NY	17108	Destruction, Cutaneous Vascular Proliferative Lesions; > 50.0 Sq Cm
Medicaid	NY	17107	Destruction, Cutaneous Vascular Proliferative Lesions; 10.0-50.0 Sq Cm
Medicaid	NY	66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach
Medicaid	NY	67900	Repair, Brow Ptosis, (Supraciliary/Mid-Forehead/Coronal Approach)
Medicaid	NY	95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

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Line of Business	State	Procedure Code	Description
Medicaid	NY	95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
Medicaid	NY	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicaid	NY	95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
Medicaid	NY	0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only
Medicaid	NY	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2
Medicaid	NY	J7353	Anacaulase-bcdb, 8.8% gel, 1 gm
Medicaid	NY	J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
Medicaid	NY	J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units
Medicaid	NY	J9348	Injection, naxitamab-gqgk, 1 m
Medicaid	NY	Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
Medicaid	NY	Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use
Medicaid	NY	Q5119	Injection, rituximab-pwr, biosimilar, (RUXIENCE), 10 mg
Medicaid	NY	S9338	Home infusion therapy, immunotherapy therapy
Medicaid	NY	S9558	Home injectable therapy; growth hormone,
Medicaid	NY	S2054	Transplantation Of Multivisc
Medicaid	NY	S2065	Simultaneous pancreas kidney transplantation
Medicaid	NY	J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose
Medicaid	NY	J9179	Injection, eribulin mesylate, 0.1 mg
Medicaid	NY	J7198	Anti-Inhibitor
Medicaid	NY	J3111	Injection, romosozumab-aqqg, 1 mg
Medicaid	NY	J3241	Injection, teprotumumab-trbw, 10 mg
Medicaid	NY	J3385	Injection, velaglucerase alfa, 100 units
Medicaid	NY	J7192	Factor Viii (Antihemophilic Factor, Recombinant) Per I.U., Not Otherwise Specified
Medicaid	NY	J1823	Injection, inebilizumab-cdon, 1 mg
Medicaid	NY	J2507	Injection, pegloticase, 1 mg
Medicaid	NY	J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg
Medicaid	NY	64865	Suture, Facial Nerve; Infratemporal, W/Wo Grafting
Medicaid	NY	64868	Anastomosis; Facial-Hypoglossal
Medicaid	NY	J0585	Injection, OnabotulinumtoxinA, 1 Unit
Medicaid	NY	J0586	Injection, AbobotulinumtoxinA, 5 Units
Medicaid	NY	C9047	Injection, caplacizumab-yhdp, 1 mg
Medicaid	NY	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
Medicaid	NY	61863	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array
Medicaid	NY	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin

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Line of Business	State	Procedure Code	Description
Medicaid	NY	47142	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy
Medicaid	NY	47135	Liver Allotransplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age
Medicaid	NY	Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg
Medicaid	NY	Q5136	Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg
Medicaid	NY	J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs
Medicaid	NY	Q5152	Injection, eculizumab-aeeb (Bkemb), biosimilar, 2 mg
Medicaid	NY	21206	Osteotomy, Maxilla, Segmental
Medicaid	NY	64405	Injection, Anesthetic Agent; Greater Occipital Nerve
Medicaid	NY	64447	Injection, Anesthetic Agent; Femoral Nerve, Single
Medicaid	NY	44721	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Arterial Anastomosis, Each
Medicaid	NY	33933	Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft
Medicaid	NY	L7190	Elbow Adolescent Myoelectron
Medicaid	NY	L5280	Hemipelvect Canad Sing Axis
Medicaid	NY	L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system
Medicaid	NY	L2628	Metal Frame Recipro Hip & Ca
Medicaid	NY	K0009	Other Manual Wheelchair/Base
Medicaid	NY	G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
Medicaid	NY	E2502	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.
Medicaid	NY	G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 min
Medicaid	NY	E2301	Wheelchair accessory, power standing system, any type
Medicaid	NY	E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional
Medicaid	NY	E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
Medicaid	NY	E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each
Medicaid	NY	E1221	Wheelchair Spec Size W Foot
Medicaid	NY	E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System
Medicaid	NY	S5125	Attendant Care Services, Per 15 Minutes
Medicaid	NY	E1171	Wheelchair Amputee W/O Leg R
Medicaid	NY	E1172	Wheelchair Amputee Detach Ar
Medicaid	NY	E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized
Medicaid	NY	E0250	Hosp Bed Fixed Ht W/ Mattres
Medicaid	NY	B9999	Parenteral Supp Not Othrws C
Medicaid	NY	A4575	Hyperbaric O2 Chamber Disps
Medicaid	NY	33976	Insertion, Ventricular Assist Device; Extracorporeal, Biventricular
Medicaid	NY	33930	Donor Cardiectomy-Pneumonectomy, W/Preparation & Maintenance, Allograft

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Line of Business	State	Procedure Code	Description
Medicaid	NY	0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system
Medicaid	NY	33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed
Medicaid	NY	0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound
Medicaid	NY	0513T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)
Medicaid	NY	33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)
Medicaid	NY	33264	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Multiple Lead System
Medicaid	NY	E0942	Cervical Head Harness/Halter
Medicaid	NY	30410	Rhinoplasty, Primary; Complete, Ext Parts W/Bony Pyramid, Lat & Alar Cartilages &/Or Elev Nasal Tip
Medicaid	NY	Q5002	Hospice or home health care provided in assisted living facility
Medicaid	NY	0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve
Medicaid	NY	J0739	Injection, cabotegravir, 1 mg
Medicaid	NY	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NY	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	NY	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NY	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	NY	K0010	Stnd Wt Frame Power Whlchr
Medicaid	NY	K0013	Custom motorized/power wheelchair base
Medicaid	NY	15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
Medicaid	NY	15787	Abrasion; Add'l 4 Lesions/<
Medicaid	NY	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
Medicaid	NY	48160	Pancreatectomy, Total/Subtotal W/Autologous Transplantation Pancreas/Pancreatic Islets
Medicaid	NY	47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy
Medicaid	NY	J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 m
Medicaid	NY	J3316	Injection, triptorelin, extended-release, 3.75 mg
Medicaid	NY	Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg
Medicaid	NY	S5180	Home Health Respiratory Therapy, Initial Evaluation
Medicaid	NY	J9276	Injection, zanidatamab-hrii, 2 mg
Medicaid	NY	Q9999	Injection, ustekinumab-aauz (Otulfi), biosimilar, 1 mg

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Line of Business	State	Procedure Code	Description
Medicaid	NY	64450	Injection, Anesthetic Agent; Other Peripheral Nerve/Branch
Medicaid	NY	48552	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each
Medicaid	NY	L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control
Medicaid	NY	K0007	Extra Heavy Duty Wheelchair
Medicaid	NY	C1787	Patient programmer, neurostimulator
Medicaid	NY	G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes
Medicaid	NY	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type
Medicaid	NY	E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE,
Medicaid	NY	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY
Medicaid	NY	E2512	Accessory for speech generating device, mounting system
Medicaid	NY	E2609	Custom fabricate w/c cushion
Medicaid	NY	E2619	Replace cover w/c seat cush
Medicaid	NY	S5121	Home Care Training, Family, Per Diem/TX LTC Pest Control
Medicaid	NY	E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
Medicaid	NY	E1195	Wheelchair Amputee Heavy Dut
Medicaid	NY	E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating Syst
Medicaid	NY	E1297	Wheelchair Special Seat Dept
Medicaid	NY	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction
Medicaid	NY	E1010	Wheelchair accessory, addition to power seating system, power leg elevation
Medicaid	NY	Q5005	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL
Medicaid	NY	E0760	Osteogen Ultrasound Stimltor
Medicaid	NY	E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
Medicaid	NY	E0265	Hosp Bed Total Electr W/ Mat
Medicaid	NY	J9223	Injection, lurbinedectin, 0.1 mg
Medicaid	NY	J9266	Injection, pegaspargase, per single dose vial
Medicaid	NY	J9319	Injection, romidepsin, lyophilized, 0.1 mg
Medicaid	NY	J9043	Injection, cabazitaxel, 1 mg
Medicaid	NY	J7204	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU
Medicaid	NY	J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.
Medicaid	NY	J3032	Injection, eptinezumab-jjmr, 1 mg
Medicaid	NY	J3060	Injection, taliglucerase alfa, 10 units
Medicaid	NY	J3245	Injection, tildrakizumab, 1 mg
Medicaid	NY	J7175	Injection, factor x, (human), 1 i.u.
Medicaid	NY	J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu
Medicaid	NY	J1756	Injection, Iron Sucrose, 1 Mg

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Line of Business	State	Procedure Code	Description
Medicaid	NY	J1830	Interferon Beta-1b / .25 Mg
Medicaid	NY	J1932	Injection, lanreotide, (cipl), 1 mg
Medicaid	NY	J2356	Injection, tezepelumab-ekko, 1 mg
Medicaid	NY	J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units
Medicaid	NY	J1440	Fecal microbiota, live - jsln, 1 ml
Medicaid	NY	Q4306	American Amnion AC, per sq cm
Medicaid	NY	K0108	W/C Component-Accessory Nos
Medicaid	NY	61860	Craniectomy/Craniotomy, Implantation, Neurostimulator Electrodes, Cerebral, Cortical
Medicaid	NY	58999	Unlisted Proc, Female Genital System (Nonobstetrical)
Medicaid	NY	E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid
Medicaid	NY	J2760	Phentolaine Mesylate Inj
Medicaid	NY	E2513	Accessory for speech generating device, electromyographic sensor
Medicaid	NY	G0176	Opps/Php;Activity Therapy
Medicaid	NY	36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment
Medicaid	NY	H0035	Mental health partial hospitalization, treatment, less than 24 hours
Medicaid	NY	76120	Cineradiography/Videoradiology, Except Where Specifically Included
Medicaid	NY	76499	Unlisted Dx Radiographic Procedure
Medicaid	NY	33975	Insertion, Ventricular Assist Device; Extracorporeal, Single Ventricle
Medicaid	NY	33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary
Medicaid	NY	0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)
Medicaid	NY	37788	Penile Revascularization, Artery, W/Wo Vein Graft
Medicaid	NY	53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon
Medicaid	NY	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero
Medicaid	NY	30120	Excision/Surgical Planing, Skin, Nose, Rhinophyma
Medicaid	NY	J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 <sup>13</sup> vector genomes
Medicaid	NY	B4222	Parenteral Supply Kit Homemi
Medicaid	NY	E0735	Non-invasive vagus nerve stimulator
Medicaid	NY	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
Medicaid	NY	J9011	Injection, datopotamab deruxtecan-dlnk, 1 mg
Medicaid	NY	77522	Proton Treatment Delivery; Simple W/Compensation

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Line of Business	State	Procedure Code	Description
Medicaid	NY	77790	Supervision, Handling, Loading, Radiation Source
Medicaid	NY	T2028	Specialized supply, not otherwise specified, waiver
Medicaid	NY	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	NY	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	NY	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	NY	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 PO
Medicaid	NY	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NY	21138	Reduction Forehead; Contouring/Prosthesis/Bone Graft W/Obtaining Autograft
Medicaid	NY	92630	Auditory rehabilitation; pre-lingual hearing loss
Medicaid	NY	19369	Breast Reconstruction W/Myocutaneous (Tram) Flap, Double Pedicle W/Closure Donor Site
Medicaid	NY	54416	Removal & Replacement, Non-Inflatable (Semi-Rigid)/Inflatable (Self-Contained) Penile Prosthesis
Medicaid	NY	0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional
Medicaid	NY	20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)
Medicaid	NY	20561	Needle insertion(s) without injection(s); 3 or more muscles
Medicaid	NY	15782	Dermabrasion; Regional, Other Than Face
Medicaid	NY	15786	Abrasion; Single Lesion
Medicaid	NY	15789	Chemical Peel, Facial; Dermal
Medicaid	NY	15792	Chemical Peel, Nonfacial; Epidermal
Medicaid	NY	15793	Chemical Peel, Nonfacial; Dermal
Medicaid	NY	15824	Rhytidectomy; Forehead
Medicaid	NY	15826	Rhytidectomy; Glabellar Frown Lines
Medicaid	NY	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy, abdomen, infraumbilical panniculectomy
Medicaid	NY	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
Medicaid	NY	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
Medicaid	NY	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
Medicaid	NY	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
Medicaid	NY	15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
Medicaid	NY	15840	Graft, Facial Nerve Paralysis; Free Fascia Graft (W/Obtaining Fascia)
Medicaid	NY	15842	Graft, Facial Nerve Paralysis; Free Muscle Flap, Microsurgical Technique
Medicaid	NY	69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral
Medicaid	NY	69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral
Medicaid	NY	19300	Mastectomy for gynecomastia
Medicaid	NY	19316	Mastopexy

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Line of Business	State	Procedure Code	Description
Medicaid	NY	19318	Reduction Mammoplasty
Medicaid	NY	19325	Mammoplasty, Augmentation; W/Prosthetic Implant
Medicaid	NY	19367	Breast Reconstruction W/Myocutaneous (Tram) Flap, Single Pedicle W/Closure Donor Site;
Medicaid	NY	19368	Breast Reconstruction W/Myocutan (Tram) Flap, Single Pedicle W/Closure Donor Site; W/Microvasc Anast
Medicaid	NY	92633	Auditory rehabilitation; post-lingual hearing loss
Medicaid	NY	21199	Osteotomy, Mandible, Segmental; W/Genioglossus Advancement
Medicaid	NY	21742	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/O Thoracoscopy
Medicaid	NY	J1411	Injection, etranacogene dezaparovec-drlb, per therapeutic dose
Medicaid	NY	K0005	Ultralightweight Wheelchair
Medicaid	NY	K0012	Ltwt Portbl Power Whlchr
Medicaid	NY	K0011	Stnd Wt Pwr Whlchr W Control
Medicaid	NY	K0014	Other Power Whlchr Base
Medicaid	NY	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS
Medicaid	NY	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	NY	K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	NY	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	NY	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED
Medicaid	NY	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NY	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACTIY UP TO AND INCLUDING 300 POUNDS
Medicaid	NY	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU
Medicaid	NY	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NY	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NY	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NY	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	NY	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	NY	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicaid	NY	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	NY	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	NY	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

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Line of Business	State	Procedure Code	Description
Medicaid	NY	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	NY	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	NY	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUN
Medicaid	NY	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	NY	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 3
Medicaid	NY	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	NY	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NY	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NY	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	NY	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	NY	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	NY	J1559	Injection, immune globulin (hizentra), 100 mg
Medicaid	NY	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS
Medicaid	NY	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	NY	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	NY	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	NY	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicaid	NY	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	NY	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	NY	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	NY	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	NY	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	NY	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	NY	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO
Medicaid	NY	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED

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Line of Business	State	Procedure Code	Description
Medicaid	NY	K0899	Power mobility device, not coded by DME PDAC or does not meet criteria
Medicaid	NY	K0900	Customized durable medical equipment, other than wheelchair
Medicaid	NY	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	NY	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS
Medicaid	NY	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	NY	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicaid	NY	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU
Medicaid	NY	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC
Medicaid	NY	22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
Medicaid	NY	J0614	Injection, treosulfan, 50 mg
Medicaid	NY	J0738	Injection, lenacapavir, 1 mg, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (PrEP) (not for use as treatment for HIV)
Medicaid	NY	J0752	Oral, lenacapavir, 300 mg, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (PrEP) (not for use as treatment for HIV)
Medicaid	NY	S5150	Unskilled Respite Care, Not Hospice, Per 15 Minutes
Medicaid	NY	S5165	Home Modifications, Per Service
Medicaid	NY	S5151	Unskilled Respite Care, Not Hospice, Per Diem
Medicaid	NY	T2039	Vehicle modifications, waiver; per service
Medicaid	NY	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
Medicaid	NY	77523	Proton Treatment Delivery; Intermediate
Medicaid	NY	77525	Proton Treatment Delivery; Complex
Medicaid	NY	J7173	Injection, concizumab-mtci, 0.5 mg
Medicaid	NY	J7174	Injection, fitusiran, 0.04 mg
Medicaid	NY	J7356	Injection, foscarbidopa 0.25 mg/foslevodopa 5 mg
Medicaid	NY	Q5155	Injection, aflibercept-jbvf (Yesafili), biosimilar, 1 mg
Medicaid	NY	Q5154	Injection, omalizumab-igec (Omyclo), biosimilar, 5 mg
Medicaid	NY	Q5156	Injection, tocilizumab-anoh (Avtozma), biosimilar, 1 mg
Medicaid	NY	Q5157	Injection, denosumab-bmwo (Stoboclo/Osenvelt), biosimilar, 1 mg
Medicaid	NY	97750	Physical Performance Test, W/Written Report, Each 15 Min
Medicaid	NY	Q5158	Injection, denosumab-bnht (Bomyntra/Conexence), biosimilar, 1 mg
Medicaid	NY	Q5159	Injection, denosumab-dssb (Ospomyv/Xbryk), biosimilar, 1 mg
Medicaid	NY	S2202	Echosclerotherapy
Medicaid	NY	81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT
Medicaid	NY	S8948	Application of a modality (requiring constant provider attendance) to one or
Medicaid	NY	S8950	Complex Lymphedema Therapy
Medicaid	NY	S8990	Physical or manipulative therapy performed for maintenance rather than restoration
Medicaid	NY	S9090	Vertebral Axial Decompressio
Medicaid	NY	90901	Biofeedback Training, Any Modality

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Line of Business	State	Procedure Code	Description
Medicaid	NY	90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient
Medicaid	NY	90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or
Medicaid	NY	55899	Unlisted Proc, Male Genital System
Medicaid	NY	A4604	Tubing with integrated heating element for use with positive airway pressure device
Medicaid	NY	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
Medicaid	NY	G0339	Robot lin-radsurg com, first
Medicaid	NY	G0340	Robt lin-radsurg fractx 2-5
Medicaid	NY	G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing
Medicaid	NY	Q3001	Brachytherapy Radioelements
Medicaid	NY	E1399	Durable medical equipment, miscellaneous
Medicaid	NY	L1499	Spinal Orthosis Nos
Medicaid	NY	S3850	Genetic testing for sickle cell anemia
Medicaid	NY	S3861	Genetic testing, sodium channel, voltage-gated, Type V, alpha subunit (SCN5A) and variants for suspected brugada syndrom
Medicaid	NY	S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy
Medicaid	NY	S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy
Medicaid	NY	E0784	Ext Amb Infusn Pump Insulin
Medicaid	NY	E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing
Medicaid	NY	0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve
Medicaid	NY	95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
Medicaid	NY	95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional

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Line of Business	State	Procedure Code	Description
Medicaid	NY	B4164	Parenteral 50% Dextrose Solu
Medicaid	NY	B4168	Parenteral Sol Amino Acid 3.
Medicaid	NY	B4172	Parenteral Sol Amino Acid 5.
Medicaid	NY	B4176	Parenteral Sol Amino Acid 7-
Medicaid	NY	B4178	Parenteral Sol Amino Acid >
Medicaid	NY	B4180	Parenteral Sol Carb > 50%
Medicaid	NY	B4185	Parenteral nutrition solution, per 10 grams lipids
Medicaid	NY	B4187	Omegaven, 10 g lipids
Medicaid	NY	B4189	Parenteral Sol Amino Acid &
Medicaid	NY	B4197	Parenteral Sol 74-100 Gm Pro
Medicaid	NY	B4199	Parenteral Sol > 100gm Prote
Medicaid	NY	B5000	Parenteral Sol Renal-Amirosoy
Medicaid	NY	B5100	Parenteral Sol Hepatic-Fream
Medicaid	NY	B5200	Parenteral Sol Stres-Brnch C
Medicaid	NY	E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface
Medicaid	NY	E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type
Medicaid	NY	E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type
Medicaid	NY	G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
Medicaid	NY	G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
Medicaid	NY	G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
Medicaid	NY	G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
Medicaid	NY	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
Medicaid	NY	G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes
Medicaid	NY	L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping
Medicaid	NY	L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional EMG inputs, pattern-recognition decoding intent movement
Medicaid	NY	Q5001	Hospice or home health care provided in patient's home/residence
Medicaid	NY	Q5003	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY (LTC) OR NON-SKILLED
Medicaid	NY	Q5009	Hospice or home health care provided in place not otherwise specified (nos)
Medicaid	NY	J1413	Injection, delandistrogene mosexparovec-rokl, per therapeutic dose

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Line of Business	State	Procedure Code	Description
Medicaid	NY	0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field
Medicaid	NY	0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)
Medicaid	NY	L5856	Elec knee-shin swing/stance
Medicaid	NY	L5857	Elec knee-shin swing only
Medicaid	NY	L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only
Medicaid	NY	L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)
Medicaid	NY	L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)
Medicaid	NY	L5973	Endoskeletal Ankle Foot System, Microprocessor Controlled Feature, Dorsiflexion And/Or Plantar Flexion Control, Includes
Medicaid	NY	L7510	Prosthetic Device Repair Rep
Medicaid	NY	L7520	Repair Prosthesis Per 15 Min
Medicaid	NY	30430	Rhinoplasty, Secondary; Minor Revision (Small Amount, Nasal Tip Work)
Medicaid	NY	32851	Lung Transplant, Single; W/O Cardiopulmonary Bypass
Medicaid	NY	32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass
Medicaid	NY	33140	Transmyocardial Laser Revascularization, By Thoracotomy
Medicaid	NY	33141	Transmyocardial Laser Revascularization, By Thoracotomy; Performed W/Other Open Cardiac Proc
Medicaid	NY	66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent
Medicaid	NY	66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent
Medicaid	NY	33263	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Dual Lead System
Medicaid	NY	B9006	Parenteral nutrition infusion pump, stationary
Medicaid	NY	33271	Insertion of subcutaneous implantable defibrillator electrode
Medicaid	NY	33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)
Medicaid	NY	0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device

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Line of Business	State	Procedure Code	Description
Medicaid	NY	E2210	Wheelchair accessory, bearings, any type, replacement only, each
Medicaid	NY	66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif
Medicaid	NY	66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif
Medicaid	NY	S2400	Repair, congenital hernia in the fetus, procedure performed in utero
Medicaid	NY	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero
Medicaid	NY	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero
Medicaid	NY	S2404	Repair, myelomeningocele in the fetus, procedure performed in utero
Medicaid	NY	S2405	Repair Of Sacrococcygeal Teratoma In The Fetus, Procedure Performed In
Medicaid	NY	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified
Medicaid	NY	15841	Graft, Facial Nerve Paralysis; Free Muscle Graft (W/Obtaining Graft)
Medicaid	NY	15845	Graft, Facial Nerve Paralysis; Regional Muscle Transfer
Medicaid	NY	37790	Penile Venous Occlusive Proc
Medicaid	NY	50300	Donor Nephrectomy; Cadaver Donor, Unilat/Bilat W/Prep & Maintenance, Allograft
Medicaid	NY	51715	Endoscopic Injection, Implant Matl Into Submucosal Tissues, Urethra &/Or Bladder Neck
Medicaid	NY	53445	Insertion, Inflatable Urethra/Bladder Neck Sphincter, W/Placement Pump &/Or Reservoir & Cuff
Medicaid	NY	53447	Removal & Replacement, Inflatable Sphincter W/Pump, Reservoir, Cuff, Same Session
Medicaid	NY	53448	Remov & Replace Inflatable Sphincter W/Pump/Reservoir/Cuff, Infected, W/Irrig & Debride
Medicaid	NY	53449	Repair, Inflatable Urethral/Bladder Neck Sphincter Device, Incl Pump/Reservoir/Cuff
Medicaid	NY	53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance
Medicaid	NY	53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume
Medicaid	NY	54360	Plastic Operation, Penis To Correct Angulation
Medicaid	NY	54400	Insertion, Penile Prosthesis; Non-Inflatable (Semi-Rigid)
Medicaid	NY	54401	Insertion, Penile Prosthesis; Inflatable (Self-Contained)
Medicaid	NY	54405	Insertion, (Multi-Component) Inflatable Penile Prosthesis
Medicaid	NY	21193	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/O Bone Graft
Medicaid	NY	21195	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/O Int Rigid Fixation
Medicaid	NY	55970	Intersex Surgery; Male To Female
Medicaid	NY	55980	Intersex Surgery; Female To Male
Medicaid	NY	56800	Plastic Repair, Introitus
Medicaid	NY	57335	Vaginoplasty, Intersex State
Medicaid	NY	C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)

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Line of Business	State	Procedure Code	Description
Medicaid	NY	33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
Medicaid	NY	0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)
Medicaid	NY	33928	Removal and replacement of total replacement heart system (artificial heart)
Medicaid	NY	33940	Donor Cardiectomy, W/Preparation & Maintenance, Allograft
Medicaid	NY	0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system
Medicaid	NY	33945	Heart Transplant, W/Wo Recipient Cardiectomy
Medicaid	NY	33979	Insertion, Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle
Medicaid	NY	33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
Medicaid	NY	33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary byp
Medicaid	NY	76125	Cineradiography/Videoradiography W/Routine Exam
Medicaid	NY	33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture
Medicaid	NY	33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion
Medicaid	NY	33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only
Medicaid	NY	H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem
Medicaid	NY	H2013	Psychiatric health facility service, per diem
Medicaid	NY	21159	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/O Lefort I
Medicaid	NY	H2015	Comprehensive community support services, per 15 minutes
Medicaid	NY	21160	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/Lefort I
Medicaid	NY	L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder
Medicaid	NY	J7199	Hemophilia Clot Factor Noc
Medicaid	NY	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)
Medicaid	NY	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg
Medicaid	NY	36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk
Medicaid	NY	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)

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Line of Business	State	Procedure Code	Description
Medicaid	NY	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
Medicaid	NY	36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;
Medicaid	NY	36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
Medicaid	NY	36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
Medicaid	NY	36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit
Medicaid	NY	36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)
Medicaid	NY	36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)
Medicaid	NY	99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session
Medicaid	NY	99509	Home Visit, Assistance W/Activities Daily Living & Personal Care
Medicaid	NY	99511	Home Visit, Fecal Impaction Management & Enema Administration

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Line of Business	State	Procedure Code	Description
Medicaid	NY	99600	Unlisted Home Visit Service/Procedure
Medicaid	NY	J3392	Injection, exagamglogene autotemcel, per treatment
Medicaid	NY	A0430	Fixed Wing Air Transport
Medicaid	NY	C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical dev
Medicaid	NY	A0431	Rotary Wing Air Transport
Medicaid	NY	J1414	Injection, fidanacogene elaparvec-dzkt, per therapeutic dose
Medicaid	NY	A0888	Noncovered Ambulance Mileage
Medicaid	NY	A0435	Fixed Wing Air Mileage
Medicaid	NY	A0436	Rotary Wing Air Mileage
Medicaid	NY	A7025	High Frequency Chest Wall Oscillation System Vest, Replacement For Use
Medicaid	NY	A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply
Medicaid	NY	A9278	Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)
Medicaid	NY	B4087	Gastrostomy/jejunostomy tube, standard, and material, any type, each
Medicaid	NY	B4083	Enteral Stomach Tube Levine
Medicaid	NY	B4100	Food Thickener, Administered Orally, Per Ounce
Medicaid	NY	C1816	Receiver and/or transmitter, neurostimulator (implantable)
Medicaid	NY	C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance
Medicaid	NY	E0194	Air Fluidized Bed
Medicaid	NY	E0217	Water Circ Heat Pad W Pump
Medicaid	NY	E0251	Hosp Bed Fixd Ht W/O Mattres
Medicaid	NY	E0256	Hospital Bed Var Ht W/O Matt
Medicaid	NY	E0261	Hosp Bed Semi-Electr W/O Mat
Medicaid	NY	E0266	Hosp Bed Total Elec W/O Matt
Medicaid	NY	E0280	Bed Cradle
Medicaid	NY	E0290	Hosp Bed Fx Ht W/O Rails W/M
Medicaid	NY	E0294	Hosp Bed Semi-Elect W/ Matr
Medicaid	NY	E0301	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress
Medicaid	NY	E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress
Medicaid	NY	E0303	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress
Medicaid	NY	E0316	Safety enclosure frame/canopy for use with hospital bed, any type
Medicaid	NY	E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress
Medicaid	NY	E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard
Medicaid	NY	E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures,
Medicaid	NY	E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
Medicaid	NY	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)

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Line of Business	State	Procedure Code	Description
Medicaid	NY	E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions
Medicaid	NY	E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each
Medicaid	NY	E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels
Medicaid	NY	E0636	Multipositional Patient Support System, With Integrated Lift, Patient
Medicaid	NY	E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels
Medicaid	NY	E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels
Medicaid	NY	E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric
Medicaid	NY	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE
Medicaid	NY	E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less
Medicaid	NY	E0694	Ultraviolet Multidirectional Light Therapy System In 6 Foot Cabinet, I
Medicaid	NY	E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type
Medicaid	NY	E0747	Elec Osteogen Stim Not Spine
Medicaid	NY	E0782	Non-Programable Infusion Pump
Medicaid	NY	E0955	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each
Medicaid	NY	E0956	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each
Medicaid	NY	E0957	Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware, each
Medicaid	NY	E0958	Whlchr Att- Conv 1 Arm Drive
Medicaid	NY	E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
Medicaid	NY	E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
Medicaid	NY	E0968	Wheelchair Commode Seat
Medicaid	NY	E0969	Wheelchair Narrowing Device
Medicaid	NY	E0980	Wheelchair Safety Vest
Medicaid	NY	E0981	Wheelchair accessory, seat upholstery, replacement only, each
Medicaid	NY	E0985	Wheelchair accessory, seat lift mechanism
Medicaid	NY	E0982	Wheelchair accessory, back upholstery, replacement only, each
Medicaid	NY	E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
Medicaid	NY	E0992	Wheelchair Solid Seat Insert
Medicaid	NY	E1002	Wheelchair accessory, power seating system, tilt only
Medicaid	NY	E1003	Wheelchair accessory, power seating system, recline only, without shear
Medicaid	NY	E0995	Wheelchair accessory, calf rest/pad, replacement only, each
Medicaid	NY	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear

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Line of Business	State	Procedure Code	Description
Medicaid	NY	E1005	Wheelchair accessory, power seatng system, recline only, with power shear
Medicaid	NY	E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction
Medicaid	NY	E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
Medicaid	NY	E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg
Medicaid	NY	Q5004	HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY (SNF)
Medicaid	NY	Q5006	HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY
Medicaid	NY	Q5008	HOSPICE CARE PROVIDED IN INPATIENT PSYCHIATRIC FACILITY
Medicaid	NY	E1011	Modification To Pediatric Wheelchair, Width Adjustment Package (Not To
Medicaid	NY	Q5010	Hospice home care provided in a hospice facility
Medicaid	NY	E1014	Reclining Back, Addition To Pediatric Wheelchair
Medicaid	NY	E1016	Shock Absorber For Power Wheelchair, Each
Medicaid	NY	E1015	Shock Absorber For Manual Wheelchair, Each
Medicaid	NY	E1018	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Whe
Medicaid	NY	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware
Medicaid	NY	E1017	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wh
Medicaid	NY	E1029	Wheelchair accessory, ventilator tray, fixed
Medicaid	NY	E1030	Wheelchair accessory, ventilator tray, gimbaled
Medicaid	NY	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To An
Medicaid	NY	E1050	Whelchr Fxd Full Length Arms
Medicaid	NY	E1083	Hemi-wheelchair, fixed full-length arms, swing-away, detachable elevating legrest
Medicaid	NY	E1084	Hemi-Wheelchair Detachable A
Medicaid	NY	E1085	Hemi-Wheelchair Fixed Arms
Medicaid	NY	E1086	Hemi-Wheelchair Detachable A
Medicaid	NY	E1087	Wheelchair Lightwt Fixed Arm
Medicaid	NY	E1090	Wheelchair Lightweight Det A
Medicaid	NY	E1110	Wheelchair Semi-Recl Detach
Medicaid	NY	E1170	Whlchr Ampu Fxd Arm Leg Rest
Medicaid	NY	E1180	Wheelchair Amputee W/ Foot R
Medicaid	NY	E1161	Manual Adult Size Wheelchair, Includes Tilt In Space
Medicaid	NY	E1200	Wheelchair Amputee Fixed Arm
Medicaid	NY	E1220	Whlchr Special Size/Constrc
Medicaid	NY	E1190	Wheelchair Amputee W/ Leg Re
Medicaid	NY	E1223	Wheelchair Spec Size W Foot
Medicaid	NY	E1224	Wheelchair Spec Size W/ Leg
Medicaid	NY	E1222	Wheelchair Spec Size W/ Leg
Medicaid	NY	E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
Medicaid	NY	E1229	Pediatric wheelchair NOS
Medicaid	NY	E1230	Power Operated Vehicle
Medicaid	NY	E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adj, Wo Seating
Medicaid	NY	E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, Wo Seating
Medicaid	NY	E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System

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Line of Business	State	Procedure Code	Description
Medicaid	NY	E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System
Medicaid	NY	E1239	Ped power wheelchair NOS
Medicaid	NY	E1250	Wheelchair Lightwt Fixed Arm
Medicaid	NY	E1270	Wheelchair Lightweight Leg R
Medicaid	NY	E1285	Wheelchair Heavy Duty Fixed
Medicaid	NY	E1295	Wheelchair Heavy Duty Fixed
Medicaid	NY	E1296	Wheelchair Special Seat Heig
Medicaid	NY	E1298	Wheelchair Spec Seat Depth/W
Medicaid	NY	E1392	Portable oxygen concentrator, rental
Medicaid	NY	S5100	Day Care Services, Adult, Per 15 Minutes
Medicaid	NY	S5101	Day Care Services, Adult, Per Half Day
Medicaid	NY	S5102	Day Care Services, Adult, Per Diem
Medicaid	NY	S5105	Day Care Services, Center Based, Not Incl In Program Fee, Per Diem
Medicaid	NY	S5120	Chore Services, Per 15 Minutes
Medicaid	NY	S5126	Attendant Care Services, Per Diem
Medicaid	NY	S5130	Homemaker Service, NOS, Per 15 Minutes
Medicaid	NY	S5140	Foster Care, Adult, Per Diem
Medicaid	NY	S5160	Emergency Response System, Installation And Testing
Medicaid	NY	S5170	Home Delivered Meals, Including Preparation, Per Meal
Medicaid	NY	E2201	Manual wheelchair accessory, nonstandard seat frame, width 20-24 in.
Medicaid	NY	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicaid	NY	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
Medicaid	NY	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only,
Medicaid	NY	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
Medicaid	NY	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
Medicaid	NY	E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
Medicaid	NY	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each
Medicaid	NY	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
Medicaid	NY	E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
Medicaid	NY	E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
Medicaid	NY	E2219	Manual wheelchair accessory, foam caster tire, any size, each
Medicaid	NY	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
Medicaid	NY	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
Medicaid	NY	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
Medicaid	NY	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
Medicaid	NY	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
Medicaid	NY	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
Medicaid	NY	E2227	Manual wheelchair accessory, gear reduction drive wheel, each

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Line of Business	State	Procedure Code	Description
Medicaid	NY	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
Medicaid	NY	E2291	Planar back for ped size wc
Medicaid	NY	E2293	Contour back for ped size wc
Medicaid	NY	E2292	Planar seat for ped size wc
Medicaid	NY	E2294	Contour seat for ped size wc
Medicaid	NY	E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multip
Medicaid	NY	E2310	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid	NY	E2311	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid	NY	E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional
Medicaid	NY	E2321	Power wheelchair accessory, hand control interface, remote joystick,
Medicaid	NY	E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches
Medicaid	NY	E2323	Power wheelchair accessory, specialty joystick handle for hand control
Medicaid	NY	E2324	Power wheelchair accessory, chin cup for chin control interface
Medicaid	NY	E2313	Power wheelchair accessory, harness for upgrade to expandable controller,
Medicaid	NY	E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
Medicaid	NY	E2327	Power wheelchair accessory, head control interface, mechanical, proportional
Medicaid	NY	E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional
Medicaid	NY	E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional
Medicaid	NY	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
Medicaid	NY	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicaid	NY	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
Medicaid	NY	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
Medicaid	NY	E2351	Power wheelchair accessory, electronic interface to operate speech generating device
Medicaid	NY	E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each
Medicaid	NY	E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
Medicaid	NY	E2360	Power wheelchair accessory, 22 nf non-sealed lead acid battery, each
Medicaid	NY	E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each
Medicaid	NY	E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each
Medicaid	NY	E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each
Medicaid	NY	E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type
Medicaid	NY	E2368	Power wheelchair component, drive wheel motor, replacement only
Medicaid	NY	E2369	Power wheelchair component, drive wheel gear box, replacement only
Medicaid	NY	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
Medicaid	NY	E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each

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Line of Business	State	Procedure Code	Description
Medicaid	NY	E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each
Medicaid	NY	E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mount
Medicaid	NY	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE
Medicaid	NY	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	NY	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	NY	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	NY	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicaid	NY	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),
Medicaid	NY	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,
Medicaid	NY	E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE,
Medicaid	NY	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT
Medicaid	NY	E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY,
Medicaid	NY	E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
Medicaid	NY	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicaid	NY	E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE,
Medicaid	NY	T1019	Personal Care Services, Per 15 Minutes, Not For An Inpatient Or Reside
Medicaid	NY	T1020	Personal Care Services, Per Diem, Not For An Inpatient Or Resident Of
Medicaid	NY	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
Medicaid	NY	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
Medicaid	NY	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED
Medicaid	NY	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
Medicaid	NY	E2397	Power wheelchair accessory, lithium-based battery, each
Medicaid	NY	E2398	Wheelchair accessory, dynamic positioning hardware for back
Medicaid	NY	E2402	Negative pressure wound therapy electrical pump, stationary or portable
Medicaid	NY	T2024	Service assessment/plan of care development, waiver
Medicaid	NY	E2500	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less
Medicaid	NY	T2027	Specialized childcare, waiver; per 15 minutes
Medicaid	NY	T2030	Assisted living, waiver; per month
Medicaid	NY	T2031	Assisted living; waiver, per diem

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Line of Business	State	Procedure Code	Description
Medicaid	NY	T2038	Community transition, waiver; per service
Medicaid	NY	E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.
Medicaid	NY	E2510	Speech generating device, synthesized speech, permitting multiple methods
Medicaid	NY	E2511	Speech generating software program, for personal computer or personal digital assistant
Medicaid	NY	E2506	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.
Medicaid	NY	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling
Medicaid	NY	E2608	Skin pro/pos wc cus wd>=22in
Medicaid	NY	E2605	Position wc cush wdth <22 in
Medicaid	NY	E2606	Position wc cush wdth>=22 in
Medicaid	NY	E2612	Gen use back cush wdth>=22in
Medicaid	NY	E2613	Position back cush wd <22in
Medicaid	NY	E2610	Powered w/c cushion
Medicaid	NY	E2614	Position back cush wd>=22in
Medicaid	NY	E2615	Pos back post/lat wdth <22in
Medicaid	NY	E2616	Pos back post/lat wdth>=22in
Medicaid	NY	E2617	Custom fab w/c back cushion
Medicaid	NY	E2621	WC planar back cush wd>=22in
Medicaid	NY	E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
Medicaid	NY	E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
Medicaid	NY	E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
Medicaid	NY	E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type
Medicaid	NY	E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
Medicaid	NY	E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
Medicaid	NY	E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm
Medicaid	NY	E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
Medicaid	NY	E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
Medicaid	NY	G0089	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min

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Line of Business	State	Procedure Code	Description
Medicaid	NY	G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min
Medicaid	NY	G0088	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 min
Medicaid	NY	38230	Bone marrow harvesting for transplantation; allogeneic
Medicaid	NY	38232	Bone Marrow Harvesting For Transplantation; Autologous
Medicaid	NY	G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
Medicaid	NY	G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes
Medicaid	NY	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
Medicaid	NY	38241	Hematopoietic progenitor cell (HPC); autologous transplantation
Medicaid	NY	G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
Medicaid	NY	G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15
Medicaid	NY	0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)
Medicaid	NY	0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing
Medicaid	NY	0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing
Medicaid	NY	J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to $5 \times 10^{15}$ vector genomes
Medicaid	NY	K0008	Custom manual wheelchair/base
Medicaid	NY	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
Medicaid	NY	C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed
Medicaid	NY	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed

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Line of Business	State	Procedure Code	Description
Medicaid	NY	C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed
Medicaid	NY	C1767	Generator, neurostimulator (implantable), nonrechargeable
Medicaid	NY	C1778	Lead, neurostimulator (implantable)
Medicaid	NY	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
Medicaid	NY	C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
Medicaid	NY	L8679	Implantable neurostimulator, pulse generator, any type
Medicaid	NY	L8680	Implantable neurostimulator electrode, each
Medicaid	NY	L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
Medicaid	NY	L8682	Implantable neurostimulator radiofrequency receiver
Medicaid	NY	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
Medicaid	NY	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
Medicaid	NY	L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
Medicaid	NY	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
Medicaid	NY	L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
Medicaid	NY	S8085	Fluorine-18 Fluorodeoxygluco
Medicaid	NY	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
Medicaid	NY	L0632	LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 v
Medicaid	NY	L0999	Add To Spinal Orthosis Nos
Medicaid	NY	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
Medicaid	NY	L2034	KAFO, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without f
Medicaid	NY	L2036	KAFO, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricat
Medicaid	NY	L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion an
Medicaid	NY	21255	Reconstruction, Zygomatic Arch/Glenoid Fossa W/Bone & Cartilage (Includes Obtaining Autografts)
Medicaid	NY	L3000	Ft Insert Ucb Berkeley Shell
Medicaid	NY	50320	Donor Nephrectomy, Open, Living Donor W/O Allograft Preparation & Maintenance
Medicaid	NY	L5050	Ank Symes Mold Sckt Sach Ft
Medicaid	NY	50340	Recipient Nephrectomy (Sep Proc)
Medicaid	NY	L5200	Kne Sing Axis Fric Shin Sach
Medicaid	NY	L5210	No Knee/Ankle Joints W/ Ft B
Medicaid	NY	L5220	No Knee Joint With Artic Ali

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Line of Business	State	Procedure Code	Description
Medicaid	NY	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
Medicaid	NY	L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system
Medicaid	NY	J9248	Injection, melphalan (Hepzato), 1 mg
Medicaid	NY	L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee
Medicaid	NY	L5590	Prep Ak Ischial Laminated
Medicaid	NY	L5613	Ak 4 Bar Ling W/Hydraul Swig
Medicaid	NY	L5649	Addition to lower extremity, ischial containment/narrow M-L socket
Medicaid	NY	L5700	Replace Socket Below Knee
Medicaid	NY	L5701	Replace Socket Above Knee
Medicaid	NY	L5702	Replace Socket Hip
Medicaid	NY	L5814	Endo Knee-Shin Hydral Swg Ph
Medicaid	NY	L5828	Endo Knee-Shin Fluid Swg/Sta
Medicaid	NY	L5840	Multi-Axial Knee/Shin System
Medicaid	NY	L5845	Knee-Shin Sys Stance Flexion
Medicaid	NY	L5960	Endo Hip Ultra-Light Materia
Medicaid	NY	50547	Laparoscopy, Surgical; Donor Nephrectomy, Living Donor W/O Allograft Prep & Maintenance
Medicaid	NY	L5968	Multiaxial Ankle W Dorsiflex
Medicaid	NY	L5979	Multi-Axial Ankle/Ft Prosth
Medicaid	NY	L5987	Shank Ft W Vert Load Pylon
Medicaid	NY	20979	Low Intensity Ultrasound Stimulation To Aid Bone Healing; Noninvasive
Medicaid	NY	L5980	Flex Foot System
Medicaid	NY	L5981	Flex-Walk Sys Low Ext Prosth
Medicaid	NY	L5988	Vertical Shock Reducing Pylo
Medicaid	NY	L5999	Lower Extremity Prosthesis Nos
Medicaid	NY	L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)
Medicaid	NY	L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
Medicaid	NY	L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement
Medicaid	NY	21086	Impression & Custom Preparation; Auricular Prosthesis
Medicaid	NY	L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)
Medicaid	NY	L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL
Medicaid	NY	L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device
Medicaid	NY	L6935	Below Elbow Myoelectronic Ct
Medicaid	NY	L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
Medicaid	NY	L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ONTROLLED, PEDIATRIC
Medicaid	NY	L6945	Elbow Disart Myoelectronic C

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Line of Business	State	Procedure Code	Description
Medicaid	NY	L6955	Above Elbow Myoelectronic Ct
Medicaid	NY	L6965	Shldr Disartic Myoelectronic
Medicaid	NY	L6975	Interscap-Thor Myoelectronic
Medicaid	NY	L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
Medicaid	NY	L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC
Medicaid	NY	L7180	Electronic Elbow Utah Myoele
Medicaid	NY	L7181	Electronic elbow simultaneous
Medicaid	NY	L7191	Elbow Child Myoelectronic Ct
Medicaid	NY	L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement
Medicaid	NY	L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband O
Medicaid	NY	33944	Backbench Standard Preparation Of Cadaver Donor Heart Allograft
Medicaid	NY	38204	Management, Recipient Hematopoietic Progenitor Cell Donor Search & Cell Acquisition
Medicaid	NY	38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Allogenic
Medicaid	NY	38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous
Medicaid	NY	38207	Transplant Preparation, Hematopoietic Progenitor Cells; Cryopreservation & Storage
Medicaid	NY	38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor
Medicaid	NY	38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor
Medicaid	NY	38210	Transplant Prep, Hematopoietic Progenitor Cells; Specfc Cell Deplet W/In Harvest, T-Cell Deplete
Medicaid	NY	38212	Transplant Preparation, Hematopoietic Progenitor Cells; Red Blood Cell Removal
Medicaid	NY	38213	Transplant Preparation, Hematopoietic Progenitor Cells; Platelet Depletion
Medicaid	NY	38214	Transplant Preparation, Hematopoietic Progenitor Cells; Plasma (Volume) Depletion
Medicaid	NY	38215	Transplant Prep, Hematoiepotic Progenitor Cells; Cell Conc, Plasma/Mononuclear/Buffy Coat
Medicaid	NY	38243	Hematopoietic progenitor cell (HPC); HPC boost
Medicaid	NY	41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
Medicaid	NY	44715	Backbench Standard Preparation Of Cadaver Or Living Donor Intestine Allograft
Medicaid	NY	44720	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Venous Anastomosis, Each
Medicaid	NY	47133	Donor Hepatectomy, W/Preparation & Maintenance, Allograft; Cadaver Donor
Medicaid	NY	47143	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; Without Trisegment Or Lobe Split
Medicaid	NY	47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy

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Line of Business	State	Procedure Code	Description
Medicaid	NY	47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy
Medicaid	NY	47146	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each
Medicaid	NY	47147	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Arterial Anastomosis, Each
Medicaid	NY	48550	Donor Pancreatectomy, W/Prep & Maintenance, Cadaver Donor, W/Wo Duodenal Segment
Medicaid	NY	48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft
Medicaid	NY	50323	Backbench Standard Preparation Of Cadaver Donor Renal Allograft
Medicaid	NY	50325	Backbench Standard Preparation Of Living Donor Renal Allograft (Open Or Laparoscopic)
Medicaid	NY	50327	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Venous Anastomosis, Each
Medicaid	NY	50328	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Arterial Anastomosis, Each
Medicaid	NY	50329	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis, Each
Medicaid	NY	43499	Unlisted Proc, Esophagus
Medicaid	NY	64415	Injection, Anesthetic Agent; Brachial Plexus, Single
Medicaid	NY	64417	Injection, Anesthetic Agent; Axillary Nerve
Medicaid	NY	64505	Injection, Anesthetic Agent; Sphenopalatine Ganglion
Medicaid	NY	S2140	Cord Blood Harvesting
Medicaid	NY	S2142	Cord Blood-Derived Stem-Cell
Medicaid	NY	21685	Hyoid Myotomy and Suspension
Medicaid	NY	43842	Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Vertical-Banded Gastroplasty
Medicaid	NY	43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
Medicaid	NY	15828	Rhytidectomy; Cheek, Chin, & Neck
Medicaid	NY	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
Medicaid	NY	15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
Medicaid	NY	19330	Removal, Mammary Implant Matl
Medicaid	NY	19364	Breast Reconstruction W/Free Flap
Medicaid	NY	21743	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/Thoracoscopy
Medicaid	NY	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,
Medicaid	NY	S2055	Harvesting Of Donor Multivis
Medicaid	NY	S2150	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including phe
Medicaid	NY	S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear
Medicaid	NY	S2235	Implantation of auditory brain stem implant
Medicaid	NY	S2300	Arthroscopy, Shoulder, Surgi

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Line of Business	State	Procedure Code	Description
Medicaid	NY	44132	Donor Enterectomy, Open, W/Prep & Maintenance, Allograft; Cadaver Donor
Medicaid	NY	44136	Intestinal Allotransplantation; From Living Donor
Medicaid	NY	44133	Donor Enterectomy, Open With Prep & Maintenance, Allograft; Partial, Living Donor
Medicaid	NY	44135	Intestinal Allotransplantation; From Cadaver Donor
Medicaid	NY	J1299	Injection, eculizumab, 2 mg
Medicaid	NY	J1326	Injection, zolbetuximab-clzb, 2 mg
Medicaid	NY	J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq
Medicaid	NY	J9038	Injection, axatilimab-csfr, 0.1 mg
Medicaid	NY	J9161	Injection, denileukin diftitox-cxdl, 1 mcg
Medicaid	NY	J9275	Injection, cosibelimab-ipdl, 2 mg
Medicaid	NY	J9382	Injection, zenocutuzumab-zbco, 1 mg
Medicaid	NY	Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	NY	Q2058	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion
Medicaid	NY	Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg
Medicaid	NY	Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg
Medicaid	NY	Q5147	Injection, aflibercept-ayyh (Pavblu), biosimilar, 1 mg
Medicaid	NY	Q5148	Injection, filgrastim-txid (Nypozi), biosimilar, 1 mcg
Medicaid	NY	Q5149	Injection, aflibercept-abzv (Enzeevu), biosimilar, 1 mg
Medicaid	NY	Q5151	Injection, eculizumab-aagh (Epysqli), biosimilar, 2 mg
Medicaid	NY	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
Medicaid	NY	S5109	Home care training to home care client, per 15 minutes per session
Medicaid	NY	S5111	Home Care Training, Family, Per Session
Medicaid	NY	S5116	Home Care Training, Non-Family, Per Session
Medicaid	NY	S8035	Magnetic Source Imaging
Medicaid	NY	S9122	Home health aide or certified nurse assistant, providing care in the home; per hour
Medicaid	NY	S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)
Medicaid	NY	S9124	Nursing care, in the home; by licensed practical nurse, per hour
Medicaid	NY	S9128	Speech Therapy, In The Home
Medicaid	NY	J9026	Injection, tarlatamab-dlle, 1 mg
Medicaid	NY	J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram
Medicaid	NY	J9217	Leuprolide Acetate Suspension
Medicaid	NY	J9329	Injection, tislelizumab-jsgr, 1mg
Medicaid	NY	Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg
Medicaid	NY	Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg
Medicaid	NY	Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg
Medicaid	NY	Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg
Medicaid	NY	Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg

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Line of Business	State	Procedure Code	Description
Medicaid	NY	Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg
Medicaid	NY	Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg
Medicaid	NY	Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg
Medicaid	NY	S9129	Occupational Therapy, In The
Medicaid	NY	J0139	Injection, adalimumab, 1 mg
Medicaid	NY	J0175	Injection, donanemab-azbt, 2 mg
Medicaid	NY	J0870	Injection, imetelstat, 1 mg
Medicaid	NY	J1307	Injection, crovalimab-akkz, 10 mg
Medicaid	NY	J1552	Injection, immune globulin (alyglo), 500 mg
Medicaid	NY	J1950	Leuprolide Acetate /3.75 Mg
Medicaid	NY	J2802	Injection, romiplostim, 1 microgram
Medicaid	NY	S9131	Physical therapy, in the home, per diem
Medicaid	NY	J1071	Injection, testosterone cypionate, 1mg
Medicaid	NY	J1426	Injection, casimersen, 10 mg
Medicaid	NY	J1427	Injection, viltolarsen, 10 mg
Medicaid	NY	J1428	Injection, eteplirsen, 10 mg
Medicaid	NY	J1429	Injection, golodirsen, 10 mg
Medicaid	NY	J1460	Gamma Globulin 1 Cc Inj
Medicaid	NY	90281	Immune Globulin (Ig), Human, Im Use
Medicaid	NY	J1560	Injection, gamma globulin, intramuscular, over 10 cc
Medicaid	NY	37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
Medicaid	NY	J1675	Injection, histrelin acetate, 10 mcg
Medicaid	NY	J1952	Leuprolide injectable, camcevi, 1 mg
Medicaid	NY	J3121	Injection, testosterone enanthate, 1mg
Medicaid	NY	J3145	Injection, testosterone undecanoate, 1 mg
Medicaid	NY	J9155	Injection, Degarelix, 1 Mg
Medicaid	NY	J9202	Goserelin Acetate Implant
Medicaid	NY	J9225	Histrelin implant (Vantas), 50 mg
Medicaid	NY	J3315	Injection, Triptorelin Pamoate, 3.75 Mg
Medicaid	NY	J9226	Histrelin implant (supprelin LA), 50 mg
Medicaid	NY	S9364	Home infusion therapy, total parenteral nutrition (TPN) (do not use with home infusion codes S9365-S9368 using daily vol
Medicaid	NY	S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day
Medicaid	NY	S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day
Medicaid	NY	S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liter but no more than three liters per day
Medicaid	NY	S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liter per day
Medicaid	NY	H2012	Behavioral health day treatment, per hour
Medicaid	NY	S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
Medicaid	NY	S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)

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Medicaid	NY	T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes
Medicaid	NY	T1002	RN services, up to 15 minutes
Medicaid	NY	T1003	LPN/LVN services, up to 15 minutes
Medicaid	NY	32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass
Medicaid	NY	T1030	Nursing Care, In The Home, By Registered Nurse, Per Diem
Medicaid	NY	T1031	Nursing Care, In The Home, By Licensed Practical Nurse, Per Diem
Medicaid	NY	33935	Heart-Lung Transplant W/Recipient Cardiectomy-Pneumonectomy
Medicaid	NY	15877	Suction Assisted Lipectomy; Trunk
Medicaid	NY	17380	Electrolysis epilation, each 30 minutes
Medicaid	NY	47140	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only
Medicaid	NY	47381	Ablation, Open, 1+ Liver Tumor(S); Cryosurgical
Medicaid	NY	47999	Unlisted Proc, Biliary Tract
Medicaid	NY	55870	Electroejaculation
Medicaid	NY	48554	Transplantation, Pancreatic Allograft
Medicaid	NY	48556	Removal, Transplanted Pancreatic Allograft
Medicaid	NY	0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue
Medicaid	NY	0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage
Medicaid	NY	0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis
Medicaid	NY	50360	Renal Allotransplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy
Medicaid	NY	50365	Renal Allotransplantation, Implantation, Graft; W/Recipient Nephrectomy
Medicaid	NY	54408	Repair Component(S) Multi-Component, Inflatable Penile Prosthesis
Medicaid	NY	54410	Removal & Replacement, Multi-Component Inflatable Penile Prosthesis, Same Session
Medicaid	NY	54411	Removal & Replacement, Multi-Component Inflatable Penile Prosthesis, Infected, W/ Irrig & Debride
Medicaid	NY	54440	Plastic Operation, Penis, Injury
Medicaid	NY	54417	Removal & Replace, Non-Inflatable/Inflatable Penile Prosthesis Infect, W/Irrig & Debride
Medicaid	NY	55881	Transurethral ablation of prostate tissue, using thermal ultrasound
Medicaid	NY	32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor
Medicaid	NY	61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous
Medicaid	NY	61715	MRI guided focused ultrasound high intensity stereotactic intracranial ablation
Medicaid	NY	61864	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; ea addl Array

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Line of Business	State	Procedure Code	Description
Medicaid	NY	61867	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array
Medicaid	NY	61868	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; ea addl Array
Medicaid	NY	J3393	Injection, betibeglogene autotemcel, per treatment
Medicaid	NY	J3394	Injection, lovetibeglogene autotemcel, per treatment
Medicaid	NY	61885	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection Sngle Electrode Array
Medicaid	NY	61886	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection 2+ Electrode Arrays
Medicaid	NY	61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with co
Medicaid	NY	61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)
Medicaid	NY	E0761	Non-Thermal Pulsed High Frequency Radiowaves, High Peak Power Electrom
Medicaid	NY	A2026	Restrata MiniMatrix, 5 mg
Medicaid	NY	A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each
Medicaid	NY	C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to-bone (implantable)
Medicaid	NY	C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])
Medicaid	NY	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type
Medicaid	NY	L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
Medicaid	NY	L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
Medicaid	NY	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
Medicaid	NY	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicaid	NY	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
Medicaid	NY	Q4308	Sanopellis, per sq cm
Medicaid	NY	Q4305	American Amnion AC Tri-Layer, per sq cm
Medicaid	NY	Q4309	VIA Matrix, per sq cm
Medicaid	NY	Q4310	Procenta, per 100 mg
Medicaid	NY	64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
Medicaid	NY	64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicaid	NY	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupl

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Line of Business	State	Procedure Code	Description
Medicaid	NY	64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode arra
Medicaid	NY	64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electr
Medicaid	NY	64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed
Medicaid	NY	64640	Destruction, Neurolytic; Other Peripheral Nerve/Branch
Medicaid	NY	64716	Neuroplasty &/Or Transposition; Cranial Nerve (Specify)
Medicaid	NY	64736	Transection/Avulsion; Mental Nerve
Medicaid	NY	64738	Transection/Avulsion; Inferior Alveolar Nerve, Osteotomy
Medicaid	NY	64740	Transection/Avulsion; Lingual Nerve
Medicaid	NY	64732	Transection/Avulsion; Supraorbital Nerve
Medicaid	NY	64734	Transection/Avulsion; Infraorbital Nerve
Medicaid	NY	64742	Transection/Avulsion; Facial Nerve, Differential/Complete
Medicaid	NY	90283	Immune Globulin (Igiv), Human, Iv Use
Medicaid	NY	90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100mg, each
Medicaid	NY	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
Medicaid	NY	A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
Medicaid	NY	J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Medicaid	NY	69300	Otoplasty, Protruding Ear, W/Wo Size Reduction
Medicaid	NY	J0179	Injection, brolocizumab-dbl, 1 mg
Medicaid	NY	J0180	Agalsidase beta injection
Medicaid	NY	J0207	Amifostine
Medicaid	NY	J0174	Injection, lecanemab-irmb, 1 mg
Medicaid	NY	J0178	Injection, aflibercept, 1 mg
Medicaid	NY	J0218	Injection, olipudase alfa-rpcp, 1 mg
Medicaid	NY	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg
Medicaid	NY	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg
Medicaid	NY	J0222	Injection, Patisiran, 0.1 mg
Medicaid	NY	J0208	Injection, sodium thiosulfate, 100 mg
Medicaid	NY	64864	Suture, Facial Nerve; Extracranial
Medicaid	NY	64866	Anastomosis; Facial-Spinal Accessory
Medicaid	NY	J0225	Injection, vutrisiran, 1 mg
Medicaid	NY	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg
Medicaid	NY	69955	Total Facial Nerve Decompression &/Or Repair, (May Include Graft)
Medicaid	NY	J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg
Medicaid	NY	J0485	Injection, belatacept, 1 mg
Medicaid	NY	J0490	Injection, belimumab, 10 mg
Medicaid	NY	J0491	Injection, anifrolumab-fnia, 1 mg
Medicaid	NY	J0517	Injection, benralizumab, 1 mg
Medicaid	NY	J0567	Injection, cerliponase alfa, 1 mg

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Medicaid	NY	J0584	Injection, burosumab-twza 1 mg
Medicaid	NY	J0565	Injection, bezlotoxumab, 10 mg
Medicaid	NY	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes
Medicaid	NY	J0588	Injection, incobotulinumtoxinA, 1 unit
Medicaid	NY	J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units
Medicaid	NY	J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units
Medicaid	NY	J0599	Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units
Medicaid	NY	J0638	Injection, canakinumab, 1 mg
Medicaid	NY	J0641	Injection, levoleucovorin, 0.5 mg
Medicaid	NY	J0642	Injection, levoleucovorin (khapsory), 0.5 mg
Medicaid	NY	J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)
Medicaid	NY	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg
Medicaid	NY	J0791	Injection, crizanlizumab-tmca, 5 mg
Medicaid	NY	J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Medicaid	NY	J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)
Medicaid	NY	J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units
Medicaid	NY	J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)
Medicaid	NY	J0897	Injection, denosumab, 1 mg
Medicaid	NY	J0888	Injectin, epoetin beta, 1 microgram, (for non esrd use)
Medicaid	NY	J1290	Injection, ecallantide, 1 mg
Medicaid	NY	J1301	Injection, edaravone, 1 mg
Medicaid	NY	J1302	Injection, sutimlimab-jome, 10 mg
Medicaid	NY	J1303	Injection, ravulizumab-cwvz, 10 mg
Medicaid	NY	J1304	Injection, tofersen, 1 mg
Medicaid	NY	J1306	Injection, inclisiran, 1 mg
Medicaid	NY	J1322	Injection, elosulfase alfa, 1mg
Medicaid	NY	J1324	INJECTION, ENFUVIRTIDE, 1 MG
Medicaid	NY	J1325	Epoprostenol Injection
Medicaid	NY	J1437	Injection, ferric derisomaltose, 10 mg
Medicaid	NY	J1438	Etanercept Injection
Medicaid	NY	J1439	Injection, ferric carboxymaltose, 1mg
Medicaid	NY	J1442	5G-CSFexcludes biosimilars, 1 microgram
Medicaid	NY	J1447	Injection, tbo-filgrastim, 1 microgram
Medicaid	NY	J1448	Injection, trilaciclib, 1 mg
Medicaid	NY	J1449	Injection, eflapegrastim-xnst, 0.1 mg
Medicaid	NY	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg
Medicaid	NY	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	NY	J1458	INJECTION, GALSULFASE, 1 MG
Medicaid	NY	J1555	Injection, immune globulin (Cuvitru), 100 mg
Medicaid	NY	J1556	Injection, immune globulin (bivigam), 500 mg
Medicaid	NY	J1558	Injection, immune globulin (xembify), 100 mg
Medicaid	NY	J1554	Injection, immune globulin (asceniv), 500 mg

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Medicaid	NY	J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg
Medicaid	NY	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
Medicaid	NY	J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	NY	J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin
Medicaid	NY	J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
Medicaid	NY	J1595	Injection, glatiramer acetate, 20 mg
Medicaid	NY	J1602	Injection, golimumab, 1 mg, for intravenous use
Medicaid	NY	J1628	Injection, guselkumab, 1 mg
Medicaid	NY	J1743	Injection, idursulfase, 1 mg
Medicaid	NY	J1744	Injection, icatibant, 1 mg
Medicaid	NY	J1745	Injection, infliximab, excludes biosimilar, 10 mg
Medicaid	NY	J1746	Injection, ibalizumab-uiyk, 10 mg
Medicaid	NY	J1747	Injection, spesolimab-sbzo, 1 mg
Medicaid	NY	J1750	Injection, Iron Dextran, 50mg
Medicaid	NY	J1786	Injection, imiglucerase, 10 units
Medicaid	NY	J1826	Injection, interferon beta-1a, 30 mcg
Medicaid	NY	J1930	Injection, lanreotide, 1 mg
Medicaid	NY	J1931	Laronidase injection
Medicaid	NY	J1961	Injection, lenacapavir, 1 mg
Medicaid	NY	J2170	INJECTION, MECASERMIN, 1 MG
Medicaid	NY	J2182	Injection, mepolizumab, 1 mg
Medicaid	NY	J2323	Injection, natalizumab, 1 mg
Medicaid	NY	J2326	Injection, nusinersen, 0.1 mg
Medicaid	NY	J2278	Injection, ziconotide, 1 mcg
Medicaid	NY	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg
Medicaid	NY	J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous
Medicaid	NY	J2327	Injection, risankizumab-rzaa, intravenous, 1 mg
Medicaid	NY	J2329	Injection, ublituximab-xiyy, 1mg
Medicaid	NY	J2502	Injection, pasireotide long acting, 1 mg
Medicaid	NY	J2357	Injection, omalizumab, 5 mg
Medicaid	NY	J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg
Medicaid	NY	J2562	Injection, Plerixafor, 1 Mg
Medicaid	NY	J2777	Injection, faricimab-svoa, 0.1 mg
Medicaid	NY	J2778	Injection, ranibizumab, 0.1 mg
Medicaid	NY	J2781	Injection, pegcetacoplan, intravitreal, 1 mg
Medicaid	NY	J2793	Injection, Rilonacept, 1 Mg
Medicaid	NY	J2820	Sargramostim Injection
Medicaid	NY	J2840	Injection, sebelipase alfa, 1 mg
Medicaid	NY	J2860	Injection, siltuximab, 10 mg
Medicaid	NY	J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
Medicaid	NY	J2941	Injection, somatropin, 1 mg
Medicaid	NY	J2998	Injection, plasminogen, human-tvmh, 1 mg
Medicaid	NY	J3262	Injection, tocilizumab, 1 mg

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Line of Business	State	Procedure Code	Description
Medicaid	NY	J3285	Injection, treprostnil, 1 mg
Medicaid	NY	J3357	Ustekinumab, for subcutaneous injection, 1 mg
Medicaid	NY	J3299	Injection, triamcinolone acetonide (xipere), 1 mg
Medicaid	NY	J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
Medicaid	NY	J3358	Ustekinumab, for intravenous injection, 1 mg
Medicaid	NY	J3380	Injection, vedolizumab, 1 mg
Medicaid	NY	J3489	Injection, zoledronic acid, 1 mg
Medicaid	NY	J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. wvf:rc0
Medicaid	NY	J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU
Medicaid	NY	J7181	Injection, factor xiii a-subunit, (recombinant), per iu
Medicaid	NY	J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg
Medicaid	NY	J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg
Medicaid	NY	J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.
Medicaid	NY	J7187	Injection, von Willebrand factor complex (Humate-P), per IU vWF-RC0
Medicaid	NY	J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.
Medicaid	NY	J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RC0
Medicaid	NY	J7185	Injection, Factor VIII (Antihemophilic Factor, Recombinant) (Xyntha), Per I.U.
Medicaid	NY	J7190	Factor Viii
Medicaid	NY	J7191	Factor Viii (Porcine)
Medicaid	NY	J7189	Factor VIIa (antihemophilic Factor, recombinant), per 1 mcg
Medicaid	NY	J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU
Medicaid	NY	J7194	Factor Ix Complex
Medicaid	NY	J7195	Factor IX (antihemophilic factor, recombinant) per IU
Medicaid	NY	J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu
Medicaid	NY	J7201	Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU
Medicaid	NY	J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.
Medicaid	NY	J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebiny), 1 IU
Medicaid	NY	J7205	Injection, factor viii fc fusion (recombinant), per iu
Medicaid	NY	J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.
Medicaid	NY	J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.
Medicaid	NY	J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.
Medicaid	NY	J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU
Medicaid	NY	J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU
Medicaid	NY	J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram
Medicaid	NY	J7214	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviio), per Factor VIII IU
Medicaid	NY	J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg
Medicaid	NY	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg
Medicaid	NY	93580	Perc Transcatheter Closure, Congenital Interatrial Communication W/Implant
Medicaid	NY	J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg
Medicaid	NY	J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg

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Line of Business	State	Procedure Code	Description
Medicaid	NY	96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
Medicaid	NY	96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
Medicaid	NY	96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
Medicaid	NY	J1632	Injection, brexanolone, 1 mg
Medicaid	NY	J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml
Medicaid	NY	J7351	Injection, bimatoprost, intracameral implant, 1 microgram
Medicaid	NY	J7352	Afamelanotide implant, 1 mg
Medicaid	NY	S2053	Transplantation Of Small Int
Medicaid	NY	S2060	Lobar Lung Transplantation
Medicaid	NY	S2061	Donor Lobectomy (Lung)
Medicaid	NY	J7686	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg
Medicaid	NY	J7999	Compounded drug, not otherwise classified
Medicaid	NY	S2080	Laser-assisted uvulopalatoplasty (LAUP)
Medicaid	NY	S2102	Islet Cell Tissue Transplant
Medicaid	NY	S2103	Adrenal Tissue Transplant
Medicaid	NY	J9015	Injection, aldesleukin, per single use vial
Medicaid	NY	S2117	Arthroereisis, subtalar
Medicaid	NY	J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg
Medicaid	NY	J9022	Injection, atezolizumab, 10 mg
Medicaid	NY	S2118	Metal-on-metal total hip resurfacing including acetabular and femoral components
Medicaid	NY	J9023	Injection, avelumab, 10 mg
Medicaid	NY	S2348	Decompress disc RF lumbar
Medicaid	NY	J9034	Injection, bendamustine hcl (bendeka), 1 mg
Medicaid	NY	J9033	Injection, bendamustine HCl (Treanda), 1 mg
Medicaid	NY	J9042	Injection, brentuximab vedotin, 1 mg
Medicaid	NY	J9035	Bevacizumab injection
Medicaid	NY	J9039	Injection, blinatumomab, 1 microgram
Medicaid	NY	J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg
Medicaid	NY	J9057	Injection, copanlisib, 1 mg
Medicaid	NY	J9047	Injection, carfilzomib, 1 mg
Medicaid	NY	J9055	Cetuximab injection
Medicaid	NY	J9118	Injection, calaspargase pegol-mknl, 10 units

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Line of Business	State	Procedure Code	Description
Medicaid	NY	J9119	Injection, cemiplimab-rwlc, 1 mg
Medicaid	NY	J9061	Injection, amivantamab-vmjw, 2 mg
Medicaid	NY	J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg
Medicaid	NY	J9064	Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg
Medicaid	NY	J9173	Injection, durvalumab, 10 mg
Medicaid	NY	J9176	Injection, elotuzumab, 1 mg
Medicaid	NY	J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj
Medicaid	NY	J9145	Injection, daratumumab, 10 mg
Medicaid	NY	J9207	Injection, ixabepilone, 1 mg
Medicaid	NY	J9210	Injection, emapalumab-lzsg, 1 mg
Medicaid	NY	J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg
Medicaid	NY	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg
Medicaid	NY	J9216	Injection, interferon, gamma-1B, 3 million units
Medicaid	NY	J9227	Injection, isatuximab-irfc, 10 mg
Medicaid	NY	J9228	Injection, ipilimumab, 1 mg
Medicaid	NY	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg
Medicaid	NY	J9264	Injection, paclitaxel protein-bound particles, 1 mg
Medicaid	NY	J9229	Injection, inotuzumab ozogamicin, 0.1 mg
Medicaid	NY	J9271	Injection, pembrolizumab, 1 mg
Medicaid	NY	J9272	Injection, dostarlimab-gxly, 10 mg
Medicaid	NY	J9274	Injection, tebentafusp-tebn, 1 microgram
Medicaid	NY	J9286	Injection, glofitamab-gxbm, 2.5 mg
Medicaid	NY	J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg
Medicaid	NY	J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg
Medicaid	NY	J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg
Medicaid	NY	J9299	Injection, nivolumab, 1 mg
Medicaid	NY	J9301	Injection, obinutuzumab, 10 mg
Medicaid	NY	J9303	Injection, panitumumab, 10 mg
Medicaid	NY	J9304	Injection, pemetrexed (pemfexy), 10 mg
Medicaid	NY	J9305	Pemetrexed injection
Medicaid	NY	J9306	Injection, pertuzumab, 1 mg
Medicaid	NY	J9308	Injection, ramucirumab, 5 mg
Medicaid	NY	J9309	Injection, polatuzumab vedotin-piiq, 1 mg
Medicaid	NY	J9312	Injection, rituximab, 10 mg
Medicaid	NY	J9314	Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg
Medicaid	NY	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
Medicaid	NY	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg
Medicaid	NY	J9321	Injection, epcoritamab-bysp, 0.16 mg
Medicaid	NY	J9322	Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg
Medicaid	NY	J9323	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg
Medicaid	NY	J9324	Injection, pemetrexed (pemrydi rtu), 10 mg
Medicaid	NY	J9331	Injection, sirolimus protein-bound particles, 1 mg

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Line of Business	State	Procedure Code	Description
Medicaid	NY	J9332	Injection, efgartigimod alfa-fcab, 2mg
Medicaid	NY	J9333	Injection, rozanolixumab-noli, 1 mg
Medicaid	NY	J9345	Injection, retifanlimab-dlwr, 1 mg
Medicaid	NY	J9330	Injection, temsirolimus, 1 mg
Medicaid	NY	J9349	Injection, tafasitamab-cxix, 2 mg
Medicaid	NY	J9353	Injection, margetuximab-cmkb, 5 m
Medicaid	NY	J9354	Injection, ado-trastuzumab emtansine, 1 mg
Medicaid	NY	J9347	Injection, tremelimumab-actl, 1 mg
Medicaid	NY	J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg
Medicaid	NY	J9380	Injection, teclistamab-cqyv, 0.5 mg
Medicaid	NY	J9355	Injection, trastuzumab, excludes biosimilar, 10 mg
Medicaid	NY	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
Medicaid	NY	J9400	Injection, ziv-aflibercept, 1 mg
Medicaid	NY	J9381	Injection, teplizumab-mzww, 5 mcg
Medicaid	NY	J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg
Medicaid	NY	J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg
Medicaid	NY	J9395	Injection, fulvestrant, 25 mg
Medicaid	NY	Q0138	Injection, Ferumoxytol, For Treatment Of Iron Deficiency Anemia, 1 Mg (Non-Esrd Use)
Medicaid	NY	Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	NY	Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	NY	Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	NY	Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	NY	Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)
Medicaid	NY	Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram
Medicaid	NY	Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use
Medicaid	NY	Q4074	Iloprost, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Up
Medicaid	NY	Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg
Medicaid	NY	Q5105	Injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units
Medicaid	NY	Q5106	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use), 1000 units
Medicaid	NY	Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
Medicaid	NY	Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg
Medicaid	NY	Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram
Medicaid	NY	Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg
Medicaid	NY	Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg
Medicaid	NY	Q5113	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg
Medicaid	NY	Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg
Medicaid	NY	Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Medicaid	NY	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg

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Line of Business	State	Procedure Code	Description
Medicaid	NY	Q5114	Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg
Medicaid	NY	Q5115	Injection, rituximab-abbs, biosimilar, 10 mg
Medicaid	NY	Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg
Medicaid	NY	Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram
Medicaid	NY	Q5126	Injection, bevacizumab-maly, biosimilar, (alymys), 10 mg
Medicaid	NY	Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg
Medicaid	NY	Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg
Medicaid	NY	Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg
Medicaid	NY	Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg
Medicaid	NY	Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg
Medicaid	NY	S0155	Sterile dilutant for epoprostenol, 50 ml
Medicaid	NY	S2340	Chemodeneration Of Abductor
Medicaid	NY	S2341	Chemodeneration of adductor muscle(s) of vocal cord
Medicaid	NY	S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous infusion therapy (e.g., Epoprostenol)
Medicaid	NY	S9562	Home Injectable Therapy, Palivizumab, Including Administrative Service
Medicaid	NY	S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., Infliximab)
Medicaid	NY	S9559	Home injectable therapy; interferon
Medicaid	NY	30420	Rhinoplasty, Primary; W/Major Septal Repair
Medicaid	NY	31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve
Medicaid	NY	J0177	Injection, aflibercept HD, 1 mg
Medicaid	NY	J0217	Injection, velmanase alfa-tycv, 1 mg
Medicaid	NY	J0589	Injection, daxibotulinumtoxina-lanm, 1 unit
Medicaid	NY	J1203	Injection, cipaglucoasidase alfa-atga, 5 mg
Medicaid	NY	J1323	Injection, elranatamab-bcmm, 1 mg
Medicaid	NY	J2277	Injection, motixafortide, 0.25 mg
Medicaid	NY	J2782	Injection, avacincaptad pegol, 0.1 mg
Medicaid	NY	J3055	Injection, talquetamab-tgvs, 0.25 mg
Medicaid	NY	J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)
Medicaid	NY	J9376	Injection, pozelimab-bbfg, 1 mg
Medicaid	NY	Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg
Medicaid	NY	Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg
Medicaid	NY	J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg
Medicaid	NY	J2267	Injection, mirikizumab-mrkz, 1 mg
Medicaid	NY	J3247	Injection, secukinumab, IV, 1 mg
Medicaid	NY	J3263	Injection, toripalimab-tpzi, 1 mg
Medicaid	NY	J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU
Medicaid	NY	J7355	Injection, travoprost, intracameral implant, 1 mcg
Medicaid	NY	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
Medicaid	NY	Q5137	Injection, ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg
Medicaid	NY	Q5138	Injection, ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg
Medicaid	NY	42145	Palatopharyngoplasty
Medicaid	NY	41512	Tongue base suspension, permanent suture technique
Medicaid	NY	30520	Septoplasty/Submucous Resection W/Wo Cartilage Scoring/Contouring/Graft

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Line of Business	State	Procedure Code	Description
Medicaid	NY	30999	Unlisted Proc, Nose
Medicaid	NY	E0986	Manual wheelchair accessory, push-rim activated power assist, each
Medicaid	NY	55865	Exposure, Prostate, Any Approach, Radiation Insertion; W/Bilat Pelvic Lymphadenectomy
Medicaid	NY	0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes
Medicaid	NY	0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only
Medicaid	NY	0412T	Removal of permanent cardiac contractility modulation system; pulse generator only
Medicaid	NY	0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)
Medicaid	NY	0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only
Medicaid	NY	0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)
Medicaid	NY	0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator
Medicaid	NY	0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transeptal puncture, when performed
Medicaid	NY	0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)
Medicaid	NY	0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])
Medicaid	NY	0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only
Medicaid	NY	0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only
Medicaid	NY	0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing
Medicaid	NY	0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)
Medicaid	NY	0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode
Medicaid	NY	C9727	Insertion of implants into the soft palate; minimum of 3 implants
Medicaid	NY	0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transeptal puncture

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Medicaid	NY	0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed
Medicaid	NY	C2622	Prosthesis, penile, noninflatable
Medicaid	NY	L8600	Implant Breast Silicone/Eq
Medicaid	NY	J7172	Injection, marstacimab-hncq, 0.5 mg
Medicaid	NY	J9999	NOC, antineoplastic drug
Medicaid	NY	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	NY	C9399	Unclassified Drugs Or Biologicals
Medicaid	NY	J3490	Unclassified drugs
Medicaid	NY	J3590	Unclassified Biologics
Medicaid	NY	S5135	Companion Care, Adult, Per 15 Minutes
Medicaid	NY	Q0515	Injection, sermorelin acetate, 1 mcg
Medicaid	NY	J2797	Injection, rolapitant, 0.5 mg
Medicaid	NY	96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
Medicaid	NY	0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
Medicaid	NY	S8080	Scintimammography
Medicaid	NY	97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
Medicaid	NY	96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes
Medicaid	NY	J9256	Injection, nipocalimab-aahu, 3 mg
Medicaid	NY	96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
Medicaid	NY	92631	Hearing aid selection services, unilateral or bilateral, including review of audiologic function tests and hearing aid candidacy evaluation, assessment of visual and dexterity
Medicaid	NY	43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastropasty (ESG), including argon plasma coagulation, when performed
Medicaid	NY	L7902	Tension ring, for vacuum erection device, any type, replacement only, each
Medicaid	NY	L6100	Elb Mold Sock Flex Hinge Pad
Medicaid	NY	J0275	Alprostadil Urethral Suppos

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Line of Business	State	Procedure Code	Description
Medicaid	NY	97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
Medicaid	NY	97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
Medicaid	NY	97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
Medicaid	NY	S5136	Companion Care, Adult, Per Diem
Medicaid	NY	A4638	Replacement battery for patient-owned ear pulse generator, each
Medicaid	NY	97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
Medicaid	NY	J9326	Injection, telisotuzumab vedotin-tllv, 1 mg
Medicaid	NY	J9282	Mitomycin, intravesical instillation, 1 mg
Medicaid	NY	J0270	Injection, alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under the direct supervision of a
Medicaid	NY	T2034	Crisis intervention, waiver; per diem
Medicaid	NY	G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a
Medicaid	NY	E1037	Transport Chair, Pediatric Size
Medicaid	NY	Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg
Medicaid	NY	J9285	Injection, olaratumab, 10 mg
Medicaid	NY	J2440	Papaverin Hcl Injection
Medicaid	NY	J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg
Medicaid	NY	J1726	Injection, hydroxyprogesterone caproate, (Makena), 10 mg
Medicaid	NY	C9307	Injection, linvoseltamab-gcpt, 1 mg
Medicaid	NY	97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes
Medicaid	NY	J1954	Injection, leuprolide acetate for depot suspension (Lutrate), 7.5 mg
Medicaid	NY	J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	NY	J1073	Testosterone pellet, implant, 75 mg
Medicaid	NY	E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
Medicaid	NY	97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes

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Medicaid	NY	96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
Medicaid	NY	0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
Medicaid	NY	T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit
Medicaid	NY	L7900	Vacuum Erection System
Medicaid	NY	J1072	Injection, testosterone cypionate (Azmiro), 1 mg
Medicaid	NY	97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
Medicaid	NY	C1813	Prosthesis, penile, inflatable
Medicaid	NY	L6925	Wrist Disart Myoelectronic C
Medicaid	NY	32855	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Unilateral
Medicaid	NY	32856	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Bilateral
Medicaid	NY	L5100	Molded Socket Shin Sach Foot
Medicaid	NY	L0631	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
Medicaid	NY	E2633	Wheelchair accessory, addition to mobile arm support, supinator
Medicaid	NY	E2331	Power wheelchair accessory, attendant control, proportional, including all electronics and hardware
Medicaid	NY	S5161	Emergency Response System, Service Fee Per Month
Medicaid	NY	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
Medicaid	NY	E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each
Medicaid	NY	E2230	Manual wheelchair accessory, manual standing system
Medicaid	NY	E2325	Power wheelchair accessory, sip and puff interface, nonproportional
Medicaid	NY	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
Medicaid	NY	E0255	Hospital Bed Var Ht W/ Matr
Medicaid	NY	E0277	Powered Pres-Redu Air Matts
Medicaid	NY	A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
Medicaid	NY	B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each

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Medicaid	NY	H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
Medicaid	NY	0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)
Medicaid	NY	21137	Reduction Forehead; Contouring Only
Medicaid	NY	53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance
Medicaid	NY	33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial ana
Medicaid	NY	99506	Home Visit, Im Injections
Medicaid	NY	33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber
Medicaid	NY	32852	Lung Transplant, Single; W/Cardiopulmonary Bypass
Medicaid	NY	0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed
Medicaid	NY	B4193	Parenteral Sol 52-73 Gm Prot
Medicaid	NY	B4220	Parenteral Supply Kit Premix
Medicaid	NY	B4224	Parenteral Administration Ki
Medicaid	NY	L7499	Upper extremity prosthesis, not otherwise specified
Medicaid	NY	L8699	Prosthetic Implant Nos
Medicaid	NY	Q5007	HOSPICE CARE PROVIDED IN LONG TERM CARE FACILITY
Medicaid	NY	G0260	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Ste
Medicaid	NY	G0458	Low dose rate (ldr) prostate brachytherapy services, composite rate
Medicaid	NY	G0283	Electrical Stimulation (Unattended), To One Or More Areas For Indicati
Medicaid	NY	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NY	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	NY	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NY	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	NY	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	NY	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 30
Medicaid	NY	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicaid	NY	S9056	Coma Stimulation Per Diem
Medicaid	NY	Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg
Medicaid	NY	S8040	Topographic Brain Mapping
Medicaid	NY	J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy

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Line of Business	State	Procedure Code	Description
Medicaid	NY	Q5150	Injection, aflibercept-mrbb (Ahzantive), biosimilar, 1 mg
Medicaid	NY	21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open
Medicaid	NY	38211	Transplant Preparation, Hematopoietic Progenitor Cells; Tumor Cell Deplete
Medicaid	NY	31242	Nasa/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve
Medicaid	NY	J9302	Injection, ofatumumab, 10 mg
Medicaid	NY	J9350	Injection, mosunetuzumab-axgb, 1 mg
Medicaid	NY	Q2056	Ciltacabtagene autoleucl, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures
Medicaid	NY	Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 m
Medicaid	NY	Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg
Medicaid	NY	J9032	Injection, belinostat, 10 mg
Medicaid	NY	J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg
Medicaid	NY	J9269	Injection, tagraxofusp-erzs, 10 micrograms
Medicaid	NY	96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
Medicaid	NY	J7170	Injection, emicizumab-kxwh, 0.5 mg
Medicaid	NY	J2350	Injection, ocrelizumab, 1 mg
Medicaid	NY	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
Medicaid	NY	J2786	Injection, reslizumab, 1 mg
Medicaid	NY	J3110	Teriparatide injection
Medicaid	NY	J3397	Injection, vestronidase alfa-vjvk, 1 mg
Medicaid	NY	J3401	Beremagene geperpavec-svdt for topical administration, containing nominal $5 \times 10^9$ pfu/ml vector genomes, per 0.1 ml
Medicaid	NY	J1557	Injection, immune globulin, (Gammalex), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	NY	J0587	Injection, Rimabotulinumtoxinb, 100 Units
Medicaid	NY	J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg
Medicaid	NY	J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)
Medicaid	NY	J0896	Injection, luspatercept-aamt, 0.25 mg
Medicaid	NY	J1305	Injection, evinacumab-dgnb, 5 mg
Medicaid	NY	J0202	Injection, alemtuzumab, 1 mg
Medicaid	NY	J0224	Injection, lumasiran, 0.5 m
Medicaid	NY	Q4307	American Amnion, per sq cm
Medicaid	NY	64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
Medicaid	NY	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
Medicaid	NY	61850	Twist Drill/Burr Hole(S), Implantation, Neurostimulator Electrodes, Cortical
Medicaid	NY	55862	Exposure, Prostate, Any Approach, Radiation Insertion; W/Lymph Node Bx (Limited Pelvic Lymphadenect)
Medicaid	NY	J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg

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Line of Business	State	Procedure Code	Description
Medicaid	NY	81330	Smpd1(Sphingomyelin Phosphodiesterase 1, Acid Lysosomal) (Eg, Niemann-Pick Disease, Type A) Gene Analysis, Common Variants (Eg, R496L, L302P, Fsp330)
Medicaid	NY	81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	NY	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6
Medicaid	NY	81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	NY	81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis
Medicaid	NY	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)
Medicaid	NY	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)
Medicaid	NY	81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)
Medicaid	NY	81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)
Medicaid	NY	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence
Medicaid	NY	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence
Medicaid	NY	81303	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Known Familial Variant
Medicaid	NY	81245	Ft3 (Fms-Related Tyrosine Kinase 3) (Eg, Acute Myeloid Leukemia), Gene Analysis, Internal Tandem Duplication (Itd) Variants (Ie, Exons 14, 15)
Medicaid	NY	81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	NY	81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)
Medicaid	NY	81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	NY	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
Medicaid	NY	81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	NY	81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence

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Medicaid	NY	81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET),
Medicaid	NY	81310	Npm1 (Nucleophosmin) (Eg, Acute Myeloid Leukemia) Gene Analysis, Exon 12 Variants
Medicaid	NY	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
Medicaid	NY	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
Medicaid	NY	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis
Medicaid	NY	81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis
Medicaid	NY	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis
Medicaid	NY	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis
Medicaid	NY	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain
Medicaid	NY	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	NY	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	NY	81275	Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) (Eg, Carcinoma) Gene Analysis, Variants In Codons 12 And 13
Medicaid	NY	81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)
Medicaid	NY	81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)
Medicaid	NY	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)
Medicaid	NY	81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence
Medicaid	NY	81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)
Medicaid	NY	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
Medicaid	NY	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	NY	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant

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Medicaid	NY	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants
Medicaid	NY	81210	Braf (V-Raf Murine Sarcoma Viral Oncogene Homolog B1) (Eg, Colon Cancer), Gene Analysis, V600E Variant
Medicaid	NY	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant
Medicaid	NY	81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	NY	81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant
Medicaid	NY	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis
Medicaid	NY	81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)
Medicaid	NY	81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	NY	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
Medicaid	NY	81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant
Medicaid	NY	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
Medicaid	NY	81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	NY	81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9,
Medicaid	NY	81302	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	NY	81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	NY	81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	NY	81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	NY	81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants

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Medicaid	NY	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score
Medicaid	NY	81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	NY	81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	NY	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)
Medicaid	NY	81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported
Medicaid	NY	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score
Medicaid	NY	81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1,
Medicaid	NY	81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A
Medicaid	NY	81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1
Medicaid	NY	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)
Medicaid	NY	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant
Medicaid	NY	81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)
Medicaid	NY	81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)
Medicaid	NY	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10
Medicaid	NY	81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg, Prader-Willi Syndrome And/Or Angelman Syndrome), Methylation Analysis

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Medicaid	NY	81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score
Medicaid	NY	81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue,
Medicaid	NY	S3846	Genetic testing for hemoglobin e beta-thalassemia
Medicaid	NY	S3840	DNA analysis for germline mutations of the ret proto-oncogene
Medicaid	NY	S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mu
Medicaid	NY	S3853	Genetic testing for myotonic muscular dystrophy
Medicaid	NY	81200	Aspa (Aspartoacylase) (Eg, Canavan Disease) Gene Analysis, Common Variants (Eg, E285A, Y231X)
Medicaid	NY	81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)
Medicaid	NY	81243	Fmr1 (Fragile X Mental Retardation 1) (Eg, Fragile X Mental Retardation) Gene Analysis; Evaluation To Detect Abnormal (Eg, Expanded) Alleles
Medicaid	NY	81242	Fancc (Fanconi Anemia, Complementation Group C) (Eg, Fanconi Anemia, Type C) Gene Analysis, Common Variant (Eg, lvs4+4A>T)
Medicaid	NY	81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities
Medicaid	NY	81224	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Intron 8 Poly-T Analysis (Eg, Male Infertility)
Medicaid	NY	81223	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Full Gene Sequence
Medicaid	NY	81222	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Duplication/Deletion Variants
Medicaid	NY	81221	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Known Familial Variants
Medicaid	NY	81209	Blm (Bloom Syndrome, Recq Helicase-Like) (Eg, Bloom Syndrome) Gene Analysis, 2281Del6Ins7 Variant
Medicaid	NY	81205	Bckdhb (Branched-Chain Keto Acid Dehydrogenase E1, Beta Polypeptide) (Eg, Maple Syrup Urine Disease) Gene Analysis, Common Variants (Eg, R183P, G278S, E422X)
Medicaid	NY	81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed
Medicaid	NY	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	NY	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	NY	81250	G6Pc (Glucose-6-Phosphatase, Catalytic Subunit) (Eg, Glycogen Storage Disease, Type 1A, Von Gierke Disease) Gene Analysis, Common Variants (Eg, R83C, Q347X)
Medicaid	NY	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5

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Medicaid	NY	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7
Medicaid	NY	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9
Medicaid	NY	81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)
Medicaid	NY	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4
Medicaid	NY	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3
Medicaid	NY	81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1
Medicaid	NY	81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence
Medicaid	NY	81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)
Medicaid	NY	81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)
Medicaid	NY	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence
Medicaid	NY	81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass
Medicaid	NY	81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)
Medicaid	NY	81304	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	NY	81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence
Medicaid	NY	81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants
Medicaid	NY	81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant
Medicaid	NY	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)
Medicaid	NY	81255	Hexa (Hexosaminidase A [Alpha Polypeptide]) (Eg, Tay-Sachs Disease) Gene Analysis, Common Variants (Eg, 1278Instatc, 1421+1G>C, G269S)
Medicaid	NY	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)])
Medicaid	NY	81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants
Medicaid	NY	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8
Medicaid	NY	84999	Unlisted Chemistry Proc
Medicaid	NY	81240	F2 (Prothrombin, Coagulation Factor II) (Eg, Hereditary Hypercoagulability) Gene Analysis, 20210G>A Variant
Medicaid	NY	81241	F5 (Coagulation Factor V) (Eg, Hereditary Hypercoagulability) Gene Analysis, Leiden Variant

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Line of Business	State	Procedure Code	Description
Medicaid	NY	81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)
Medicaid	NY	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)
Medicaid	NY	81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)
Medicaid	NY	81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion an
Medicaid	NY	81355	Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) (Eg, Warfarin Metabolism), Gene Analysis, Common Variants (Eg, -1639/3673)
Medicaid	NY	81350	Ugt1A1 (Udp Glucuronosyltransferase 1 Family, Polypeptide A1) (Eg, Irinotecan Metabolism), Gene Analysis, Common Variants (Eg, *28, *36, *37)
Medicaid	NY	81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)
Medicaid	NY	81479	Unlisted molecular pathology procedure
Medicaid	NY	81251	Gba (Glucosidase, Beta, Acid) (Eg, Gaucher Disease) Gene Analysis, Common Variants (Eg, N370S, 84Gg, L444P, lvs2+1G>A)
Medicaid	NY	81290	Mcoln1 (Mucolipin 1) (Eg, Mucopolipidosis, Type Iv) Gene Analysis, Common Variants (Eg, lvs3-2A>G, Del6.4Kb)
Medicaid	NY	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)
Medicaid	NY	81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)
Medicaid	NY	77402	Radiation Treatment Delivery, Single Area, Single/Parallel Opposed Ports; Up To 5 Mev
Medicaid	NY	77412	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational
Medicaid	NY	77407	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple bl

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Line of Business	State	Procedure Code	Description
Medicaid	NY	78816	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning.
Medicaid	NY	70488	Ct Scan, Maxillofacial Area; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	NY	70491	Ct Scan, Soft Tissue Neck; W/Contrast Matl(S)
Medicaid	NY	71270	Ct Scan, Thorax; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	NY	73722	Mri, Any Joint, Lower Extremity; W/Contrast Matl(S)
Medicaid	NY	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid	NY	70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofun
Medicaid	NY	71250	Ct Scan, Thorax; W/O Contrast Matl
Medicaid	NY	70544	Mra, Head; W/O Contrast Matl(S)
Medicaid	NY	70547	Mra, Neck; W/O Contrast Matl(S)
Medicaid	NY	70460	Ct Scan, Head/Brain; W/Contrast Matl(S)
Medicaid	NY	72132	Computed tomography, lumbar spine; with contrast material
Medicaid	NY	72193	Ct Scan, Pelvis; W/Contrast
Medicaid	NY	73701	Ct Scan, Lower Extremity; W/Contrast
Medicaid	NY	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid	NY	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	NY	78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Multiple Studies, Rest/Stress
Medicaid	NY	70551	Mri, Brain; W/O Contrast
Medicaid	NY	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	NY	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and ima
Medicaid	NY	73725	Mra, Lower Extremity, W/Wo Contrast
Medicaid	NY	93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, fol

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Line of Business	State	Procedure Code	Description
Medicaid	NY	93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, dur
Medicaid	NY	70336	Mri, Temporomandibular Joints
Medicaid	NY	70492	Ct Scan, Neck Tissue; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	NY	70487	Ct Scan, Maxillofacial Area; W/Contrast Matl(S)
Medicaid	NY	70486	Ct Scan, Maxillofacial Area; W/O Contrast Matl
Medicaid	NY	70490	Ct Scan, Soft Tissue Neck; W/O Contrast Matl
Medicaid	NY	70470	Ct Scan, Head/Brain; W/O Contrast, Then W/Contrast
Medicaid	NY	70450	Ct Scan, Head/Brain; W/O Contrast Matl
Medicaid	NY	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	NY	71550	Mri, Chest; W/O Contrast Matl(S)
Medicaid	NY	71555	Mra, Chest (Exclude Myocardium), W/Wo Contrast Matl(S)
Medicaid	NY	71552	Mri, Chest; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	NY	72126	Computed tomography, cervical spine; with contrast material
Medicaid	NY	72125	Computed tomography, cervical spine; without contrast material
Medicaid	NY	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	NY	71551	Mri, Chest; W/Contrast Matl(S)
Medicaid	NY	71260	Ct Scan, Thorax; W/Contrast Matl(S)
Medicaid	NY	70552	Mri, Brain; W/Contrast
Medicaid	NY	70553	Mri, Brain; W/O Contrast, Then W/Contrast & Further Sequences
Medicaid	NY	70549	Mra, Neck; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	NY	70548	Mra, Neck; W/Contrast Matl(S)
Medicaid	NY	70546	Mra, Head; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	NY	70545	Mra, Head; W/Contrast Matl(S)
Medicaid	NY	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	NY	72192	Ct Scan, Pelvis; W/O Contrast
Medicaid	NY	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	NY	72159	Mra, Spine W/Wo Contrast
Medicaid	NY	72148	Mri, Lumbar Spine; W/O Contrast
Medicaid	NY	72158	Mri, Spine W/O Contrast, Then W/Contrast; Lumbar
Medicaid	NY	72157	Mri, Spine W/O Contrast, Then W/Contrast; Thoracic
Medicaid	NY	72156	Mri, Spine W/O Contrast, Then W/Contrast; Cervical
Medicaid	NY	72149	Mri, Lumbar Spine; W/Contrast
Medicaid	NY	72147	Mri, Thoracic Spine; W/Contrast
Medicaid	NY	72141	Mri, Cervical Spine; W/O Contrast
Medicaid	NY	72146	Mri, Thoracic Spine; W/O Contrast
Medicaid	NY	72142	Mri, Cervical Spine; W/Contrast
Medicaid	NY	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	NY	72131	Computed tomography, lumbar spine; without contrast material

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Line of Business	State	Procedure Code	Description
Medicaid	NY	73718	Mri, Lower Extremity Other Than Joint; W/O Contrast Matl(S)
Medicaid	NY	72129	Computed tomography, thoracic spine; with contrast material
Medicaid	NY	72128	Computed tomography, thoracic spine; without contrast material
Medicaid	NY	73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl
Medicaid	NY	73720	Mri, Lower Extremity, Other Than Joint; W/O Contrast Matl(S), Followed Contrast Matl(S) & Furthr Seq
Medicaid	NY	73719	Mri, Lower Extremity Other Than Joint; W/Contrast Matl(S)
Medicaid	NY	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed
Medicaid	NY	73702	Ct Scan, Lower Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	NY	73700	Ct Scan, Lower Extremity; W/O Contrast
Medicaid	NY	73225	Mra, Upper Extremity, W/Wo Contrast
Medicaid	NY	73218	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)
Medicaid	NY	73223	Mri, Any Joint Of Upper Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequ
Medicaid	NY	73222	Mri, Any Joint, Upper Extremity; W/Contrast Matl(S)
Medicaid	NY	73221	Mri, Any Joint, Upper Extremity; W/O Contrast Matl(S)
Medicaid	NY	73220	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Sequenc
Medicaid	NY	73200	Ct Scan, Upper Extremity; W/O Contrast
Medicaid	NY	73219	Mri, Upper Extremity, Other Than Joint; W/Contrast Matl(S)
Medicaid	NY	73201	Ct Scan, Upper Extremity; W/Contrast
Medicaid	NY	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed
Medicaid	NY	72195	Mri, Pelvis; W/O Contrast Matl(S)
Medicaid	NY	73202	Ct Scan, Upper Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	NY	72198	Mra, Pelvis, W/Wo Contrast
Medicaid	NY	72197	Mri, Pelvis; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	NY	72196	Mri, Pelvis; W/Contrast Matl(S)
Medicaid	NY	72194	Ct Scan, Pelvis; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	NY	77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
Medicaid	NY	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, inc
Medicaid	NY	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast materi
Medicaid	NY	74263	Computed tomographic (CT) colonography, screening, including image postprocessing
Medicaid	NY	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Medicaid	NY	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
Medicaid	NY	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single of first gestation
Medicaid	NY	74176	Computed tomography, abdomen and pelvis; without contrast material

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Line of Business	State	Procedure Code	Description
Medicaid	NY	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including
Medicaid	NY	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
Medicaid	NY	74185	Mra, Abdomen, W/Wo Contrast
Medicaid	NY	74183	Mri, Abdomen; W/O Contrast Matl(S) Followed By Contrast Matl(S) & Further Sequences
Medicaid	NY	74182	Mri, Abdomen; W/Contrast Matl(S)
Medicaid	NY	74181	Mri, Abdomen; W/O Contrast Matl(S)
Medicaid	NY	74177	Computed tomography, abdomen and pelvis; with contrast material(s)
Medicaid	NY	74150	Ct Scan, Abdomen; W/O Contrast
Medicaid	NY	74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing
Medicaid	NY	74170	Ct Scan, Abdomen; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	NY	74160	Computed tomography, abdomen; with contrast material(s)
Medicaid	NY	73723	Mri, Any Joint, Lower Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Seq
Medicaid	NY	78453	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	NY	78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Rest, Spect, & Ejection Fraction W/Wo Quantification
Medicaid	NY	78492	Myocardial Pet; Multiple Studies, Rest &/Or Stress
Medicaid	NY	78491	Myocardial Pet; Single Study, Rest/Stress
Medicaid	NY	78483	Cardiac Blood Pool Imaging, Planar, 1st Pass; Mult Studies, Rest & Stress & Eject Fractn W/Wo Quant
Medicaid	NY	78481	Cardiac Blood Pool Imaging, Planar, 1st Pass; Single Study & Ejection Fraction W/Wo Quantification
Medicaid	NY	78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study, Rest/Stress
Medicaid	NY	78469	Myocardial Imaging, Infarct Avid, Planar; Tomographic Spect W/Wo Quantification
Medicaid	NY	78468	Myocardial Imaging, Infarct Avid, Planar; W/Ejection Fraction, 1st Pass Technique
Medicaid	NY	78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative/Quantitative
Medicaid	NY	78459	Myocardial Imaging, Positron Emission Tomography (Pet), Metabolic Evaluation
Medicaid	NY	78454	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	NY	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	NY	93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com
Medicaid	NY	93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acq
Medicaid	NY	93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement

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Line of Business	State	Procedure Code	Description
Medicaid	NY	93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including
Medicaid	NY	93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com
Medicaid	NY	93316	Echocardiography, Transesophageal, Congenital Anomalies; Transesophageal Probe Placement Only
Medicaid	NY	93304	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Follow-Up/Limited Study
Medicaid	NY	93303	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Complete
Medicaid	NY	93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional
Medicaid	NY	93315	Echocardiography, Transesophageal, Congenital Anomalies; W/Probe, Image, Intepretation & Report
Medicaid	NY	93317	Echocardiography, Transesophageal, Congenital Anomalies; Image, Interpretation & Report
Medicaid	NY	76390	Mr Spectroscopy
Medicaid	NY	78815	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning

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Line of Business	State	Procedure Code	Description
Medicaid	NY	78814	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. These radionuclides must be produced in a cyclotron or generator that can bombard chemicals with neutrons to produce unstable, short-lived radioisotopes, such as carbon-11, nitrogen-13, and oxygen-15. These can be readily incorporated into common and important, biological body compounds for administration. Data from this kind of imaging yields metabolic or biochemical function information depending on the type of molecule tagged. In PET tumor imaging, information about the tumor's glucose and oxygen utilization is obtained, which reveals the tumor's behavior compared to normal tissue or benign tumors. Report 78811 for PET imaging of a limited area such as the chest alone; 78812 for imaging from the skull base to the mid-thigh; and 78813 for imaging of the whole body.
Medicaid	NY	78813	Positron emission tomography (PET) imaging; whole body
Medicaid	NY	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Medicaid	NY	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Medicaid	NY	78609	Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluation
Medicaid	NY	78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation